

Business Meeting of the Board of Directors

Thursday 07 January 2021

**Session in public
11:00 – 12:30**

(via video conference)



MEMBERSHIP: MEETINGS OF THE BOARD OF DIRECTORS January 2021

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 (apols)
Director of Nursing (interim)	-	Nicky Reeves
Director of Finance and performance	-	Michelle Miles

In full attendance (non-voting):

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



Annual declarations by directors 2020/21

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 Ltd Director, Longmeadow Views Management Co Ltd 	Part owner of Professional Governance Services Ltd	NA	Nil	PGS charity clients may contract with NHS organisations, (not QVH) and the Royal Colleges	Nil	Nil	
Paul Dillon-Robinson Non-Executive Director	Nil	Nil	Nil	<ul style="list-style-type: none"> Trustee of Hurstpierpoint College Trustee of the Association of Governing Bodies of Independent Schools 	Independent consultant working with Healthcare Financial Management Association (including NHS operating game, HFMA Academy and Best possible value facilitator)	Nil	Nil	
Kevin Gould Non-Executive Director	<ul style="list-style-type: none"> Director, Sharpthorne Services Ltd. 	Nil	Nil	<ul style="list-style-type: none"> Independent member of the Board of Governors at Staffordshire University Independent Member of the Audit & Risk Committee at Grand Union Housing Group Director, Look Ahead care and support Trustee, Centre for Alternative Technology 	Nil	Nil	Nil	

Gary Needle Non-Executive Director	<ul style="list-style-type: none"> Director, T & G Property Ltd 	Nil	Nil	<ul style="list-style-type: none"> Contact Tracing Team Leader, Public Health England (self-employed on PHE bank) 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	<ul style="list-style-type: none"> Visiting professor, school of nursing, Kingston University & St Georges, University of London Visiting professor, Doctorate in management programme, complexity and management group, business school, University of Hertfordshire 	Nil	Nil	Nil
Steve Jenkin Chief Executive	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Keith Altman Medical Director	Director, Maxfac Medical Ltd	Director, Maxfac Medical Ltd	Nil	Nil	Nil	Nil	
Michelle Miles , Director of Finance	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nicky Reeves 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
Nicky Reeves 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 07 January 2020
11:00 – 12:30
via MS Teams

Agenda: session held in public			
Welcome			
01-21	Welcome, apologies and declarations of interest <i>Beryl Hobson, Chair</i>		
Standing items		Purpose	Page
02-21	Patient Story	<i>Assurance</i>	-
03-21	QVH Black, Asian and Minority Ethnic (BAME) network <i>Kokila Ramalingam and Aneela Arshad, staff network leads</i>	<i>assurance</i>	-
04-21	Draft minutes of the meeting held on 05 November 2020 <i>Beryl Hobson, Chair</i>	<i>approval</i>	1
05-21	Matters arising and actions pending <i>Beryl Hobson, Chair</i>	<i>review</i>	11
06-21	Chair's report <i>Beryl Hobson, Chair</i>	<i>to note</i>	12
07-21	Chief executive's report <i>Steve Jenkin, Chief executive</i>	<i>assurance</i>	14
Governance			
08-21	Securing the long-term future of QVH <i>Steve Jenkin, Chief executive</i>	<i>information</i>	25
09-21	Review of Trust Constitution <i>Clare Pirie, Director of communications and corporate affairs</i>	<i>approval</i>	32
10-21	Review of Trust Reservation of Powers/Scheme of Delegation <i>Clare Pirie, Director of communications and corporate affairs</i>	<i>approval</i>	139
11-21	Nomination and remuneration committee <i>Beryl Hobson, Chair</i>	<i>assurance</i>	141
12-21	Audit committee <i>Kevin Gould, Chair</i>	<i>assurance</i>	142
Key strategic objective 5: organisational excellence			
13-21	Board assurance framework <i>Geraldine Opreshko, Director of Workforce and OD</i>	<i>assurance</i>	144

14-21	Workforce monthly report <i>Geraldine Opreshko, Director of Workforce and OD</i>	<i>assurance</i>	145
Key strategic objectives 3 and 4: operational excellence and financial sustainability			
15-21	Board Assurance Framework <i>Abigail Jago, Director of operations and Michelle Miles, Director of finance</i>	<i>assurance</i>	159
16-21	Financial, operational and workforce performance assurance <i>Paul Dillon-Robinson, Committee chair</i>	<i>assurance</i>	161
17-21	Operational performance <i>Abigail Jago, Director of operations</i>	<i>assurance</i>	164
18-21	Financial performance <i>Michelle Miles, Director of finance</i>	<i>assurance</i>	177
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services			
19-21	Board Assurance Framework <i>Nicky Reeves, interim Director of nursing, and Ian Francis, Associate medical director</i>	<i>assurance</i>	185
20-21	Quality and governance assurance <i>Karen Norman, Non-executive director</i>	<i>assurance</i>	187
21-21	Corporate risk register (CRR) <i>Nicky Reeves, interim Director of nursing</i>	<i>review</i>	194
22-21	Quality and safety report <i>Nicky Reeves, interim Director of nursing, and Ian Francis, Deputy medical director</i>	<i>assurance</i>	201
23-21	BAF, QVH Risk Appetite Statement and CRR review <i>Nicky Reeves, interim Director of nursing</i>	<i>approval</i>	230
24-21	EPRR core standards & statement of readiness - update <i>Nicky Reeves, interim Director of nursing</i>	<i>assurance</i>	-
Any other business (by application to the Chair)			
25-21	<i>Beryl Hobson, Chair</i>	<i>discussion</i>	-
Questions from members of the public			

26-21	<p><i>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.</i></p> <p><i>Beryl Hobson, Chair</i></p>	discussion	-
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Document: Minutes (Draft & Unconfirmed)	
Meeting:	Board of Directors (session in private) Thursday 05 November 2020, 14:00 – 15:00 via videoconference
Present:	Beryl Hobson (BH) Trust Chair (voting)
	Keith Altman (KA) Medical Director
	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)
	Karen Norman (KN) Non-executive director (voting)
	Clare Pirie (CP) Director of communications and corporate affairs (non-voting)
	Jo Thomas (JMT) Director of nursing (voting)
	Gary Needle (GN) Non-executive director (voting)
	Geraldine Opreshko (GO) Director of workforce and OD (non-voting)
In attendance:	Hilary Saunders (HS) Deputy company secretary (minutes)
	Nicky Reeves (NR) Deputy director of nursing
	Peter Shore (PS) Lead governor
	Nicolle Ferguson (NF) Patient experience manager [155-20]
	Sheila Perkins (SP) Freedom to Speak up Guardian [156-20]
Public gallery	Nine, including members of staff, public governors and the representative from the Care Quality Commission.
Welcome	
154-20	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting, and welcomed members of the public gallery which included regular governor attendees, staff members, patients and our CQC contact.</p> <p>As a result of the pandemic, this was a virtual meeting although under normal circumstances Board members would meet in person. For those not familiar with corporate governance the Chair explained that all NHS board meetings were held in public as a means of transparency; however, this was a board meeting held in public, not a public meeting. For this reason she would taking questions, comments and discussion on agenda items from board members only. All members of the public gallery had been invited to submit questions in advance and these would be addressed either during, or at the end, of the meeting.</p> <p>The Chair went on to explain that the agenda was structured around the Hospital's five key strategic objectives; this enabled the Board to ensure areas such as clinical quality, workforce and finance all received equal attention.</p> <p>To better manage online discussions, the Board had been asked to submit questions in advance. Strategic queries and some operational questions would be addressed during this session. However, a record of all questions and responses would be circulated after the meeting, and retained for the record</p> <p>The Chair noted that all board members had a conflict of interest regarding item 161-20. There were no further declarations of interest and no apologies.</p>
Standing items	
155-20	<p>Patient story</p> <p>A patient, accompanied by the Patient experience manager, joined the meeting to describe her experience following recent breast cancer and reconstructive surgery at the Trust.</p>

	<p>The patient described her experience in positive terms, in particular the high level of support provided by the breast care nurses, Rebecca Spence and Pam Golton. The Chair would write to both, expressing the Board's gratitude. [Action: BH]</p> <p>The patient went on to explain that following surgery she had subsequently experienced a breakdown of the donor site, which had been traumatic. Initially she had attended her local hospital for treatment instead of returning to QVH however, in response to a question from the Board she did not believe that the Trust's discharge instructions had been at fault.</p> <p>On behalf of the Board, BH thanked the patient for attending and wished her the very best for her future recovery.</p>
156-20	<p>Freedom to speak up (FTSU) SP, the FTSU Guardian, joined to present her bi-annual report to the Board.</p> <p>The Board considered the update and sought clarification as follows:</p> <ul style="list-style-type: none"> • Reporting themes were determined by the national Speak Up reporting template and as a result were fairly broad. • Noting the majority of concerns focused on unacceptable behaviour from colleagues, managers and team leaders, the Board asked what other sources of evidence there were to determine the full extent of the problem at the Trust. SP reminded members of various options available to staff in addition to access to the FTSU guardian which included Datix, 'Ask Jo' and Workforce reporting. • SP provided assurance that all allegations of unacceptable behaviour were being addressed. • The table of themes highlighting eight incidents of bullying/unacceptable behaviour was limited to three areas and mostly related to inadequate communication. Processes were already in place in all three areas, with HR involvement, mediation and support from the Psychological therapy team, together with clarification around expectations. • The Staff Survey now included two specific questions; the first was whether staff felt safe to raise concerns, and the second on whether the Trust took action. Whilst the Trust had intended last year to ascertain if there was any correlation between staff survey results and FTSU reporting, progress had been prevented due to COVID. • SP had not been notified of any concerns in respect of the potential merger. <p>SJ acknowledged that staff were feeling fatigued and less tolerant than usual, and there were some challenges around social distancing. He thanked SP and the Psychological Therapies team who had been very supportive. The Trust had secured additional funding for further support from the team but warned the Board not to underestimate the challenges going in a second wave.</p> <p>BH thanked SP for her report, noting the assurance that people were speaking up.</p> <p>There were no further comments and the Board noted the contents of the update.</p>
157-20	<p>Draft minutes of meeting held on 01 September 2020 The minutes of the meeting held on 01 September were approved as a correct record.</p>
158-20	<p>Matters arising and actions pending The Board received the latest report on matters arising and actions pending.</p>
159-20	<p>Chair's report The Chair presented her report, drawing particular attention to Sir Simon Stevens' comments at the recent NHS Providers conference, where he had spoken about potential forthcoming NHS legislation and the need to move to operating at ICS System level by default. She</p>

	<p>reminded the Board that all providers were now operating within an ICS system which had some challenges for QVH as we provide services to patients across a much wider geography. It was important to maintain focus on Kent, Surrey and South London to ensure these patients are recognised within the Sussex ICS.</p> <p>There were no further comments and the Board noted the contents of the update.</p>
160-20	<p>Chief executive's report</p> <p>SJ presented his latest report noting that all individual BAF KSOs would be reviewed in December. The Board was reminded that introduction of the block contract at the start of the pandemic had concealed the Trust's true financial position; whilst reports show where we are at this moment in time, we are also fully cognisant of the extent of our underlying deficit.</p> <p>Other highlights of the report included:</p> <ul style="list-style-type: none"> • The appointment of Kokila Ramalingam, specialty team lead for plastic and reconstructive surgery, and Aneela Arshad, senior biomedical scientist in histopathology, as our new co-chairs of the BAME staff network. The Board asked that they be invited to attend the next public meeting in January. [Action: CP] • Continuation of staff engagement sessions regarding the possible merger of QVH with Western Sussex Hospital NHS Trust (Western) and Brighton and Sussex University Hospitals NHS Trust (BSUH). SJ reminded the Board that commissioners had thanked QVH for the part it had played at the start of the pandemic; commissioners also recognised the Trust's strategic role and had expressed the hope that this would carry on as QVH continues its strategy discussions. • A reminder of the current Sussex Acute Collaborative Services review being undertaken by KPMG. SJ echoed the Chair's previous comments regarding patients from Kent, Surrey and South London, noting the importance of ensuring these patients were recognised within the Sussex ICS. • This was JMT's last board meeting after 37 years in the NHS. SJ thanked her not only for her service to QVH but also to the NHS as a whole, and wished her a long and healthy retirement. He also went on to congratulate NR who would be stepping up as interim Director of Nursing. • Congratulations to Dr Rachael Liebmann, our consultant histopathologist, who was awarded an OBE in the Queen's Birthday Honours in recognition of her services to pathology. • Recognition of the 200 QVH staff (amongst c100,000 NHS and Social Care staff from across the country) who have been recruited to take part in the SIREN (SARSCoV2 Immunity and Reinfection Evaluation) study. <p>The Board sought the following clarification:</p> <ul style="list-style-type: none"> • Implications for QVH following the announcement of the return to Incident Level 4 of the COVID-19 NHS preparedness and response plan. SJ reported that the south east region medical director was asking for re-establishment of cancer hubs. QVH is a cancer hub but to resume mastectomy work would need at least three weeks' notice to work around patients already scheduled in line with recovery plan, and to lease necessary equipment; the Trust has no plan to cancel any non-urgent treatment. • Dashboard colour coding: Whilst we were not achieving national constitutional standards, there had been an improvement on last month's performance; arrows were used to indicate improved or deteriorating performance. <p>There were no further questions and the Board noted the contents of the latest update.</p>

Governance

161-20

Securing the long-term future of QVH

The Board received a report which set out the process and potential timetable to support decision making on the proposed merger of QVH with the new organisation formed by the merger of Western Hospitals NHS Foundation Trust (WSHFT) and Brighton and Sussex University Hospitals NHS Trust (BSUHT). The Chair noted that the Board had been focused on partnership working for quite a considerable time now, raising lots of questions throughout this process.

All questions raised in advance by the public related to this agenda item and BH reminded everyone present that these would be addressed during the course of this discussion, with a written record circulated after the meeting. **[Action: CP]** The Chair also reminded those present that this was a Board meeting held in public, not a public meeting, and in response to a query raised by a staff member suggested engaging through existing consultant meetings would be the way in which to raise any concerns.

The Chair reminded the meeting that the Board was not taking a decision on merger today, only the process which will help get answers to the many questions around this issue. A merger would only go ahead if ensuing business cases demonstrated that this would be in the interests of the Trust. The Chair hoped this clarification would be helpful in view of current speculation.

SJ presented the report focusing in particular on the following:

- A summary of work undertaken since 2016. In January QVH established a programme board with WSHFT/BSUH and NHSEI to develop a detailed plan for a partnership, which had the full support of the NHSI/E Regional Director for the South East; however, the impact of Covid challenges resulted in this being paused.
- In July, the Trust learned that that Boards of WSHFT and BSUH had agreed to explore a merger to create a new single organisation by April 2021; we are now considering joining this proposed new organisation.
- The case for change had been developed over the last 12 months and focused on three key challenges:
 - Reliance on key individuals.
 - Synergies between services
 - Financial sustainability: our costs exceed our income and we have difficulties in delivering year on year efficiencies. Responding to a question from the public asking what other financial solutions have been considered, SJ explained that our underlying deficit has several contributing factors, including:
 - our reporting requirements remained the same as a much larger trust and we need back office functions to support these which are not proportional to our income
 - we have been impacted by changes in case mix of activity and changes in tariffs which have a disproportionate effect on QVH as they are a larger part of our income
 - it is more difficult for a small trust to generate significant efficiency savings

SJ went on to explain that for some years the Trust pursued a policy of seeking growth but this carried risks around waiting list size and in recent years our commissioners had been very clear that they valued our current services and did not support further growth. Teams continue to work hard on areas like efficiency in theatres and outpatients but it is clear that efficiency gains are not going to be sufficient to address the underlying deficit, and a more fundamental change is needed.

- The formal process which enables organisations to consider and address a number of factors prior to any decision. This included details of the outline timetable, stakeholder engagement, governor elections, development of the strategic case, pre-implementation activities (eg. TUPE), and corporate approval processes for the full business case (FBC).
- Reiteration that in reviewing the case for change and considering 'local health economy', plans will include consideration of our cross system health economies for Kent and Surrey, given our service populations and specialist services. SJ was clear that the full business case would recognise the wider work across the region as well as internationally, and if this didn't demonstrate benefits to patients then we shouldn't merge. If the full business case was approved it was likely the new organisation would come into effect on 01 October 2021.
- In response to a question raised a member of the public, SJ reminded the meeting that our facial palsy service treats patients from across the country and, alongside our other specialisms, is held in very high regard by patients. QVH specialisms also generate innovations that are shared nationally and internationally. The leadership team of our potential merger partners (WSHFT and BSUH) recognise these high quality services. In considering whether merger is right for QVH the Board will be looking at whether it will enable us to maintain this high quality or even improve on it; this is one of the four fundamental questions that will be addressed in the strategic case and we will not proceed to merger unless we are confident of that.

The Board considered the contents of the update, and sought additional clarification as follows:

- Issues raised by staff and other stakeholders were collated, regularly updated and published to the Qnet website. These contained a variety of themes including queries as to whether the Trust had considered partnerships with other organisations, and clarification around the corporate decision making process. There had also been quite a few questions about 'guarantees' and staff had been reminded that whilst the leadership of Western Sussex are making no promises about future change if merger did go ahead, the Trust itself could not make promises about future change if the merger did not go ahead. SJ had been impressed with maturity of questions and whilst recognising this was an anxious time for many people, he also noted that others had recognised potential benefits around staff progression, procurement efficiencies and implementation of the continuous improvement programme, Patient First. However, we would not proceed if we couldn't see benefits for patients, staff and QVH as a whole.
- No changes to services were planned as part of any merger process. The current KPMG review of clinical services also included East Sussex Hospital Trust. It was noted that QVH consultants were more engaged with this process than those from any other trust.
- Responding to a concern raised by a member of the public suggesting that a merger would destabilise service networks and impact on quality of care, SJ argued that on the contrary, QVH was probably already the most networked hospital trust in the South East and had a strong reputation for collaborative working.
- With regard to resources, there would be support from Sussex ICS to fund this work and SJ was confident that we would have sufficient resource to support this process.
- The Chair and CEO of Western/BSUH recognised QVH's unique identity and SJ thought that our hospital would still be known as QVH (in the same way that PRH has retained its identity since merging with Brighton).

	<ul style="list-style-type: none"> The engagement process to develop the strategic and full business cases would be fully inclusive and incorporate executive directors, senior management, general managers, clinical directors, clinical leads and commissioners. The Trust has worked closely with commissioners over the last 12 months who now have a better understanding of the work we undertake, and SJ reminded the Board that commissioners had recognised the strategic significance of QVH across Kent, Surrey and Sussex which had been particularly evident during the pandemic The Hospital Management Team and Board of Directors would be kept fully apprised of developments throughout the process. Focus will remain on the clear strategic rationale, seeking assurance that quality would be maintained or improved; the overall aim was to uphold what we are good at whilst addressing our significant challenges. <p>There were no further comments and the Board unanimously approved the recommendation to proceed with the process to enable a decision to be made about a merger of QVH with the new organisation to be formed by WSHFT/BSUH with a preliminary date of 1 October 2021.</p>
162-20	<p>Audit committee</p> <p>The Board noted the latest assurance report from the Chair of the Audit Committee.</p>
163-20	<p>Revised Trust Reservation of Powers and Scheme of Delegation</p> <p>The Board received the updated Reservation of Powers and Scheme of Delegation to support the distribution of NHS Charities Together Stage 2 funding in Sussex. There were no questions and the Board approved the revised document which would come into immediate effect.</p>
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
164-20	<p>Board assurance framework</p> <p>The Board noted the contents of the BAFs for KSOs 3 and 4.</p>
165-20	<p>Financial, operational and workforce performance assurance</p> <p>The Board received the latest assurance report on financial, operational and workforce performance. Due to the NHS block contract funding arrangement, PD-R reminded the Board that we had had broken even up to MO06, with year-end projections indicating a similar position. However, he emphasised that the Board should remain cognisant that this break-even position was a particular one-off quirk due to funding arrangements at ICS level; it did not provide any assurance on longer-term financial sustainability of the Trust.</p> <p>There were no further questions and the Board noted the contents of the latest update.</p>
166-20	<p>Operational performance</p> <p>AJ presented the latest operational performance report; key items of note included updated performance of constitutional standards, and an update on the restoration and recovery programme, and associated risks.</p> <p>The Board considered the report and sought the following additional clarification:</p> <ul style="list-style-type: none"> The national target for day cases is 90% and plans set the ICS summary against national standards. Colour coding indicates whether or not the plan will hit the national trajectory. AJ explained that percentages were not always consistent due to the fact that performance is calculated as a % of 2019/20 activity. The denominator will therefore change with the variation of activity in the previous year. When asked if plans were realistic, AJ advised that the most recent iteration of the plan was stretching, based on a number of caveats.

	<ul style="list-style-type: none"> Discussions were still ongoing regarding the Trust's access to The McIndoe Centre. This would essentially be a local negotiation between QVH and TMC within the context of national rules. SJ was due to attend a call where he hoped to learn whether NHSI/E would assume control again following reintroduction of the level 4 rules. QVH would need the maximum capacity available at TMC, subject to current workforce challenges. Given the increasing prevalence of COVID, there was clearly some uncertainty at present as to the restoration of planned care services and resumption of breast care capacity. <p>There were no further questions and the Board noted the contents of the latest update.</p>
167-20	<p>Financial performance</p> <p>MM presented the latest financial report which included an update on 2020/21 budget setting. Reiterating the point made previously MM reminded the Board of the Trust's significant underlying deficit.</p> <p>The Board sought and received the following additional information:</p> <ul style="list-style-type: none"> Actions being taken to address the underlying deficit, included continuation of the programme of procurement efficiencies. MM acknowledged that we still needed to push forward with further efficiencies but progress had been slower than anticipated due to a significant number of conflicting priorities, including service reconfiguration on site to ensure patient safety during the pandemic. Efficiencies within theatres and outpatients continued and whilst these would not release additional cash, it was hoped these would lead to a drop in the number of patients not attending appointments (DNAs). It was also noted that vacancy reviews were undertaken alongside the use of health roster to maximise the use of workforce. The Board queried the anticipated cost impact of COVID wave 2 on the Trust. QVH would be less affected than in the first half of the year, although there would be significant impact on the recovery and restoration programme in the second half of the year. The current plan didn't include the likely need to re-establish as a cancer hub which would increase financial risk. <p>There were no further comments and the Board noted the contents of the update.</p>
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services	
168-20	<p>Board assurance framework</p> <p>The Board noted the contents of the latest BAFs for KSOs 1 and 2.</p>
169-20	<p>Quality and governance assurance</p> <p>The Board received the Quality and governance assurance report following the recent committee meeting. Concerns were raised that, whilst recognising the ongoing work on clinical harm, it was difficult to be assured that no harm had been identified as a consequence of evident treatment delays.</p> <p>KN stated that she had raised concerns previously about the accuracy of the assessment tool, which didn't include an assessment of psychological impact. She also noted that for a number of patients, the level of harm could only be determined after treatment.</p> <p>The Director of Nursing reminded the Board that at no time had the Clinical Harm Review process suggested there had been 'no harm'. Its terms of reference specified 'moderate or above' as its definition of clinical harm, and in applying this criteria the number of incidents was not high.</p> <p>The Director of Nursing and Medical Director were now refining the process in light of the significant number of delays for patients as a consequence of COVID; this review would be</p>

	<p>led by clinical directors and include a tool to assess psychological harm. The definition would be refined slightly and better prompt the reviewer to consider lower levels of harm.</p> <p>Whilst a review was also currently underway by the ICS Director of Nursing group, JMT noted that our Trust was keen to implement an improved system without further delay to ensure we continued to do the right thing for our patients. Psychological assessments were now underway and whilst to date reviews hadn't identified any moderate or serious harm, the Board was assured that any patient identified as suffering any significant harm as a consequence of delay would be subject to full Duty of Candour.</p> <p>The challenge remained around resources, as at other provider organisations. To provide additional context, AJ explained that the number of patients waiting over 52 weeks had changed exponentially and would be in the region of 800+ patients by November.</p> <p>AJ added that the Trust is also in parallel undertaking work set out by the national clinical validation programme to review patients on the Trust admitted waiting list; this is c3.5k patients. These demands required clinical and administrative input and there was a need to balance the process with utilising capacity to treat our patients.</p> <p>There were no further comments and the Board noted the contents of the latest update.</p>
170-20	<p>Corporate risk register</p> <p>The Board noted the contents of the latest corporate risk register.</p>
171-20	<p>Quality and safety report</p> <p>The Board received the latest quality and safety report and congratulated the team on the early successes of the e-observation project.</p> <p>The Board sought assurance as to the levels of fatigue staff were experiencing and the potential impact that this could have on patient safety. JMT noted that this had already been highlighted under the FTSU report [156-20] and was being carefully monitored. GO was leading on Health and Wellbeing and managers were ensuring team meetings and 1:1s were protected. The 'Tell Jo' resource suggested staff were tired and anxious so it was important to remain supportive and compassionate. AJ concurred, noting that constant change in recent months had already created much extra work, which was only likely to continue in the future and impact on staff resilience.</p> <p>There were no further comments and the Board noted the contents of the latest update.</p>
172-20	<p>6-monthly nursing workforce review</p> <p>The Board received the latest 6-monthly nursing workforce review and noted the summary of key issues.</p>
173-20	<p>Healthcare worker flu vaccination programme: 2020/21</p> <p>NR presented a report on the current flu vaccination programme. In response to a query as to how the Trust would immunise staff working from home, NR reminded the Board that the focus of this programme was on front line staff; by definition this is staff who must be on site. Once this cohort had been vaccinated, we would consider what could be offered to other staff groups.</p> <p>There were no further questions and the Board noted the contents of the report.</p>
174-20	<p>Annual review of risk appetite</p> <p>The Board received the annual of risk appetite review, noting that further work would be undertaken at the December seminar to ensure new risks surrounding the impact of a potential merger could be identified and incorporated.</p>

	There were no further questions and the Board noted the contents of the latest update.
175-20	<p>7-day services</p> <p>The Board received the latest bi-annual report on 7-day services. Additional clarification was sought in respect of:</p> <ul style="list-style-type: none"> • A statement regarding Standards 2 and 8, maintaining these were applicable to all patients, although the audit reported these had been met more than 90% of the time. KA reminded the Board that originally these standards had been required for all patients, although subsequently NHSE had granted QVH permission to self-assess and capture data that was meaningful. This had been agreed quite some time ago and was not COVID related. • Although it was difficult to drill down to the detail of the audit at today's meeting, KA was assured that there was no impact on quality or compliance. The Board also noted that 7DS would regard a very senior registrar as a consultant for the purposes of the audit. <p>There were no further questions and the Board noted the contents of the report.</p>
176-20	<p>Guardian of safe working (GSW)</p> <p>The Board received the latest Guardian of Safe Working report. The Chair suggested that at some point it would be good to invite Joy Curran, report author and GSW for QVH to a future board meeting to present the report in person. [Action: KA]</p> <p>There were no questions and the Board noted the contents of the report.</p>
Key strategic objective 5: organisational excellence	
177-20	<p>Board assurance framework</p> <p>The Board noted the contents of the KSO5 BAF.</p>
178-20	<p>Workforce monthly report</p> <p>GO presented the latest workforce report, asking the Board to note the following subsequent additions:</p> <ul style="list-style-type: none"> • Further standard operating procedures had been agreed to support those staff who were required to work from home at short notice if given notice to self-isolate. • NHS Employers had updated guidance to support the new category of extremely clinically vulnerable staff. This cohort would be notified that they would be unable to continue to work if they were unable to work from home. • The recent homeworking survey had provided valuable data and would inform the future approach to flexible working and revision of the current policy. • The Trust had been successful in its funding bid to NHSI in January; money would be used to support short-term isolation of overseas nurses and fast tracking of a more intense OSCE preparation time to enable faster registration (with the intention that all nurses would be fully registered within 6 weeks of arriving in UK). <p>There were no further comments and the Board noted the contents of the latest update.</p>
179-20	<p>Annual workforce diversity report 2019/20</p> <p>The Board received the annual workforce diversity report for 2019/20, seeking clarification as follows:</p> <ul style="list-style-type: none"> • In response to concerns that the report suggested a problem with accessing training, GO explained that the issue was in fact an error in bringing across non-statutory and mandatory training to the ESR system. She was aware of a number of BAME staff who were accessing this training and would ensure the Workforce team rectified the discrepancy. [Action: GO]

	<ul style="list-style-type: none"> In response to a request for all requirements to be collated under one single document, with KPIs and deadline dates, GO confirmed that this was in progress. A further review either at F&PC or at Board would be scheduled. [Action: GO]
Any other business	
180-20	The Trust had recently experienced a major IT incident; on behalf of the Board, BH thanked the IT team who had work tirelessly to resolve the situation.
Questions from members of the public	
181-20	The Chair noted that those members of the public who had raised questions in advance were no longer present. However, she was assured that all questions had been addressed during the meeting and, as promised, would ensure written responses would follow on after today.

Matters arising and actions pending from previous meetings of the Board of Directors									
ITEM	MEETING Month	REF.	TOPIC	CATEGORY	AGREED ACTION	OWNER	DUE	UPDATE	STATUS
1	Nov 2020	155-20	Patient story	Standing items	Chair to write to Breast Care nurses to thank them for their significant care and support, as highlighted during this month's patient story	BH	ASAP	Confirmation that this has now been actioned	Closed
2	Nov 2020	160-20	CEO update	Standing items	Recently appointed co-chairs of QVH BAME staff network to be invited to attend next public meeting in January.	CP	BoD Jan 2021	On January agenda	Pending
3	Nov 2020	176-20	Guardian of Safe Working	KSO2	GSW Joy Curran, to be invited to attend board meeting in March-21 to present next report in person.	KA	BoD March 2021		Pending
4	Nov 2020	179-20	Annual workforce diversity report 2019/20	KSO5	Discrepancy in recording BAME staff access to training to be rectified.	GO	April 2021	This update will be included in the action plan when it returns to F&P in April.	Closed
5	Nov 2020	179-10	Annual workforce diversity report 2019/20	KSO5	All mandatory requirements to be collated under one single document, to include KPIs and deadline dates. Also confirmation whether this would be returned to BoD for review, in addition to F&PC	GO	April 2021	This update will be included in the action plan when it returns to F&P in April.	Closed
6	Sept 2020	126-20	BAME disparity work programme	KSO5	Finance and performance committee to consider how best to integrate overall BAME reporting for clarity. This will include method for maintaining Board oversight.	GO	Sept F&PC	<u>22 Sept 2020</u> GO advised that we produce an annual QVH Equality and Diversity report in November each year which will bring all protected characteristics together in one place.	Closed
7	July 2020	97-20	CEO report	Standing items	Noting that KSO4 metrics have moved from red to amber or green as a result of block payments, Board have asked that additional KPIs be added into KSO4 to measure underlying deficit.	MM	ASAP	Nov 2020 BoD agreed for this to be closed	Closed
8	March 2020	41-20	CRR	KSO1	F&PC to consider how to capture impact on performance of those corporate risks which relate to staffing.	PD-R	May 2020 July 2020 Sept 2020 Nov 2020	25 08 20 F&P agreed have agreed to defer until Sept meeting Nov 2020 Still work in progress being managed through F&PC but closed for purposes of matters arising	Closed

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	07/01/21	Agenda reference:		06-21	
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 Chair, NED and governor 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 7 January 2021
Agenda item reference no:	06-21
Report from:	Beryl Hobson, Chair
Date of report:	21 December 2020

Chairs Report

1. Chair and NED activity

a) Board Seminar

The Board held a seminar day in December, where we focussed on risks facing the hospital - we considered our risk appetite, the Board Assurance Framework and the Corporate Risk Register. In particular we decided that some of the risk should be considered by other board sub-committees, not just the Quality and Governance sub-committee. Work is ongoing and I am pleased with the commitment that all board members showed in ensuring that our risk strategy is treated as a dynamic document.

b. East Grinstead Town Council Public Services committee

Steve Jenkin and I attended this meeting. We outlined the proposal for QVH to possibly merge with BSUH/ Western and dispelled some of the rumours and myths which have been circulating in the local area and which had been passed on to the Council. Many of the Councillors know QVH well (including former Governors) and understand well the issues facing the hospital. One of their questions related to public consultation and we were able to assure them that this would not be needed as it was not proposed to change clinical services.

c. Pre-Governor election events

My thanks to the Corporate Affairs team, existing Governors and NEDs who attended the pre-election events for potential new Governors. It is a requirement of our constitution that all nominees should attend one of these events so we can outline the statutory role of a Governor. These events were well attended and this year we have 30 members standing for election to the 14 public Governor roles, along with 4 members of staff for the 3 staff Governor roles. The results will be announced on 13 January 2021.

d. Nursing Associate graduates

It was my great privilege to attend a 'mini graduation' of two recently qualified nursing associates, Kara Beal and Toni Brown. Their graduation from the university had been postponed due to COVID so their colleagues organised a celebration for them at QVH, which included a brilliant cake made by Julie Baker, Matron of Peanut Ward. Kara and Toni had achieved their Level 5 foundation degree apprenticeship and registered as Nursing Associates with the NMC.

e. QVH Black, Asian and Minority Ethnic (BAME) network

I am looking forward to welcoming Kokila Ramalingam and Aneela Arsha to our Board meeting. Kokila and Aneela are our recently appointed BAME staff network leads. I look forward to hearing their first impressions in the role, and sharing any opportunities and challenges in developing the network.

Board Assurance Framework – Risks to achievement of KSOs

KSO 1 Outstanding Patient Experience	KSO 2 World Class Clinical Services	KSO 3 Operational Excellence	KSO 4 Financial Sustainability	KSO 5 Organisational Excellence
We put the patient at the heart of safe, compassionate and competent care that is provided by well led teams in an environment that meets the needs of the patient and their families.	We provide world class services that are evidenced by clinical and patient outcomes and underpinned by our reputation for high quality education and training and innovative R&D.	We provide streamlined services that ensure our patients are offered choice and are treated in a timely manner	We maximize existing resources to offer cost-effective and efficient care whilst looking for opportunities to grow and develop our services.	We seek to be the best place to work by maintaining a well led organisation delivering safe, effective and compassionate care through an engaged and motivated workforce

Current Risk Levels

The entire BAF and CRR were reviewed at executive management meeting 07/12/2020. KSO1 and 2 were also reviewed at the Quality and Governance Committee, 17/12/2020. KSO 3, 4 and 5 were reviewed at the Finance and Performance Committee 23/11/2020. The trust finances are break even due the national requirement and we await further national /regional instruction regarding the financial flows, in view of this the financial sustainability corporate risk was rescored in October to reflect this position however if the contract arrangements were to change this would have an impact on the trust financial position.

Changes since the last report are shown in underlined type on the individual KSO sheets. The integrated pandemic governance process has been embedded and the trust is proactively managing the new and emerging risks identified as part of the restoration and recovery phase Additional assurance continues to be sought internally and the evidence of this will be referenced in the respective director reports to the January trust board .

	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Target risk
KSO 1	12	12	12	12	9
KSO 2	12	16	16	16	8
KSO 3	16	16	16	16	9
KSO 4	25	25	25	20	16
KSO 5	16	16	16	16	16

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	07/01/2021	Agenda reference:		07-21	
Report title:	Chief Executive's Report				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Steve Jenkin, Chief Executive				
Appendices:	1) Integrated dashboard 2) QVH media update for October and November 2020				
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"> • Covid-19 update including a thank you to all staff • Integrated care – future steps from NHSE • Operating priorities for winter and 2021/22 • Food standards independent review 				
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:	BAF reviewed at EMT				
	Date:	21/12/20	Decision:	More detail review of BAF	
Next steps:					

CHIEF EXECUTIVE'S REPORT JANUARY 2021

TRUST ISSUES

Covid-19

As we enter 2021 with Covid-19 still very much surrounding us with most of the SE region including Sussex, Kent and Surrey moving into Tier 4 from Boxing Day, I wanted to start the year with how incredibly proud I am of the work of QVH staff over this past unprecedented year. The work of QVH as a cancer hub during the first wave of the pandemic was recently recognised by NHS Providers in my article <https://nhsproviders.org/news-blogs/blogs/providing-treatment-to-cancer-patients-during-a-pandemic>.

Over the past year some staff have been able to work from home in line with Government expectations. For some this has not been easy, missing the atmosphere and environment created by teams at work. Nevertheless the feedback from majority through an in-house survey suggests they have felt supported and that they feel they have continued to contribute to the smooth running of the hospital.

Since August we have been focusing on restoration and recovery of our services. Sound progress has been made against the NHS Phase 3 operating plan and last month saw the number of patients waiting over 52 weeks start decreasing, recognising the number is still significantly high.

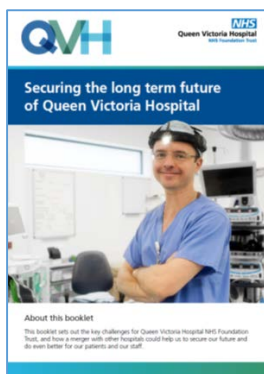
There has been a real rise in pressure for hospitals in our patch over recent days and weeks amid the rapid spread of a new variant of the virus and we have agreed to support neighbouring trusts once again with their cancer work. The roll out of the vaccine from Pfizer/BioNTech commenced from Royal Sussex County Hospital Brighton in early December followed by two more hospital hubs and a number of primary care centres. The University of Oxford and AstraZeneca was approved by the regulator Medicines and Healthcare Regulatory Authority (MHRA) at the end of December, at the time of writing this report no details of its roll out are available.

NHS England (NHSE) has agreed terms with 14 independent sector providers for a new fixed term contract covering the period 1 January 2021 to 31 March 2021 inclusive (Q4). The McIndoe Centre located on our site, part of Horder Healthcare, is one of the 14 providers although the contract is now based on activity not capacity. The expectation is that the average volume of activity delivered in October/November will continue to be provided during Q4.

Thank you to all of our staff for their commitment and dedication to providing outstanding care to our patients.

Partnership working

Staff engagement sessions continued throughout November and December discussing the possible merger of QVH with Western Sussex Hospital NHS Trust (Western) and Brighton and Sussex University Hospitals NHS Trust (BSUH). These sessions have proved very useful to gauge



understanding of our challenges as well as the opportunities created by the potential merger. Our regular updating of frequently asked questions is also helping those colleagues unable to attend. During this year we will continue with these regular sessions.

The Trust's constitution allows for 26 governors of which there are 20 elected public members, three elected staff members and three appointed members. In line with national advice, elections for new governors did not take place during the first wave of the COVID pandemic and so the Trust currently has only nine voting members. The Trust is holding elections independently overseen by Civica Election Services, formerly (Electoral Reform Services); election results will be announced on 13 January.

The potential merger has generated a great deal of interest and disquiet over the future of QVH. A petition has been set up by a former patient aimed at preventing the merger and protect specialist services. I wrote to all MPs within Kent, Surrey and Sussex outlining the QVH position and have had further discussions with a small number. Alongside the Chair, I met with Mims Davies our local constituent MP.

The Board has been clear that we will only merge with other hospitals if it helps us to:

- further develop and invest in our services
- maintain and build on our excellent record for patient experience, clinical outcomes and safety
- continue to provide services to patients from the wide area we cover currently
- continue to deliver world class research and innovation
- secure the future of the hospital in East Grinstead providing services such as the minor injuries unit for local people.

Protecting our staff and patients from flu

Frontline NHS healthcare workers are more at risk of being exposed to, and therefore of spreading the flu virus, so vaccination is a vital part of infection control. The flu vaccination helps to stop the spread of flu to colleagues and their families, as well as protecting vulnerable patients who are at increased risk of complications. By 24 December 74.9% of QVH staff had received their vaccination, with 85.7% vaccinated or opted out.

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. From 1 August 2020, in line with Phase 3 expectations, QVH has an ambitious recovery plan to reduce patient waiting times.

The Trust continues to report a breakeven position at M8, which remains in line with the financial framework guidance issued from NHSE/I for the interim period. A new funding framework came into place on 1 October 2020. The Trust will be operating within a funding envelope and additional costs relating to COVID-19 will become prospective and at an Integrated Care System (ICS) level rather than retrospective and organisational.

Board Assurance Framework (BAF)

The entire BAF was reviewed at executive management meeting (21/12/2020) alongside the corporate risk register. KSO 1 and 2 were reviewed at the Quality and Governance Committee,

17/12/2020. KSO 3, 4 and 5 were reviewed 04/01/21 at the Finance and Performance Committee. Changes since the last report are shown in underlined type on the individual KSO sheets.

Media

Appendix 2 shows a summary of QVH media activity during October and November 2020; reflecting Dr Rachael Liebmann's OBE, Nicky Reeves appointment as Interim Director of Nursing and latterly a focus on the potential merger.

SUSSEX ICS ISSUES

The Sussex Integrated Care System (ICS) commissioned KPMG to carry out an acute clinical services review. The work spanned 9 weeks engaging with senior managers and clinicians across the acute providers in Sussex. The final report will have been developed by Commissioners and Providers, on behalf of the ICS, to outline additional collaboration opportunities that acute providers can explore to achieve a material improvement in patient access and quality of care in the short, medium and longer term. The ICS Executive will consider the report later this month. My particular thanks go to the Clinical Directors who participated thoroughly throughout this piece of work to represent the role of QVH across the wider health economy.

NATIONAL ISSUES

Integrating care - next steps to building strong and effective integrated care systems across England

On 24 November 2020 NHSE and NHSI published *Integrating Care – The next steps to building strong and effective integrated care systems across England*, which builds on previous publications that set out proposals for legislative reform and is primarily focused on the operational direction of travel. It opens up a discussion with the NHS and its partners about how Integrated Care Systems (ICSs) could be embedded in legislation or guidance. Decisions on legislation will of course then be for Government and Parliament to make.

The publication builds on the route map set out in the NHS Long Term Plan, for health and care joined up locally around people's needs.

Over the last two years, ICSs have been formed across England. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS care, and improving the health of the population they serve. Integrated care systems have allowed organisations to work together and coordinate services more closely, to make real, practical improvements to people's lives. For staff, improved collaboration can help to make it easier to work with colleagues from other organisations; and systems can better understand data about local people's health, allowing them to provide care that is tailored to individual needs. The Sussex Health and Care Partnership became a ICS in April 2020.

NHS England and NHS Improvement are inviting views on proposed legislative options from all interested individuals and organisations, including those who work in, work with or use NHS services, by Friday 8 January 2021.

NHS – Operational priorities for winter and 2021/22

On 23 December 2020, NHS England and NHS Improvement wrote to system leaders to thank them and their teams for the way they have responded to the extraordinary challenge of Covid-19 and set out the key priorities for the next phase

It warns: "With covid-19 inpatient numbers rising in almost all parts of the country, and the new risk presented by the variant strain of the virus, you should continue to plan on the basis that we will

remain in a level 4 incident for at least the rest of this financial year and NHS trusts should continue to safely mobilise all of their available surge capacity over the coming weeks.

“This should include maximising use of the independent sector, providing mutual aid, making use of specialist hospitals and hubs to protect urgent cancer and elective activity and planning for use of funded additional facilities such as the Nightingale hospitals, Seacole services and other community capacity.”

It says 2020 has “arguably been the most challenging in the NHS’s 72-year history”, and says: “We know that this relentless pressure has taken a toll on our people. Staff have gone the extra mile again and again. But we have lost colleagues as well as family and friends to the virus; others have been seriously unwell and some continue to experience long-term health effects.

“The response of the NHS to this unprecedented event has been magnificent. We thank you and your teams unreservedly for everything that you have given and achieved and the support you continue to give each other.”

The letter says a major priority in the next financial year will be to “recover non-covid services, in a way that reduces variation in access and outcomes between different parts of the country”.

Budgets for local NHS services are normally published at this time of year for the forthcoming financial year, but for 2021/22 will not be available until closer to April, when government will agree what funding is needed to recognise ongoing covid pressures. The guidance does, however, say that, on top of previously planned budgets for 2021/22, “there will be additional funding to offset some of the efficiency and financial improvements that systems were unable to make in 2020/21”. It also asks local managers to “start to develop plans for how covid-19 costs can be reduced and eliminated once we start to exit the pandemic”.

Report of the Independent Review of NHS Hospital Food

On 26 October 2020, an independent review of NHS Hospital Food was published. Chaired by Philip Shelley of Taunton and Somerset NHS Foundation Trust, working with Independent Advisor Prue Leith, restaurateur and chef, the hospital food review panel completed its research prior to the pandemic.

This report makes eight recommendations for system-level change. However, there are also actions that need to be delivered by trusts themselves. It includes a checklist for catering managers and chief executives which contains key principles of providing a good food service. They have tried not to be too prescriptive, as trusts are very diverse and what works in one place may not work in another, there are four things, however, that all these successful hospitals have in common:

1. They adopt a ‘whole-hospital approach’. This means integrating food into the life of the hospital – treating the restaurant as the hub of the hospital, where staff and visitors eat together; the chef and catering team are as important as other staff members; and food is considered as part of a patient’s care and treatment.
2. They have a chief executive who leads the change and understands the value of food and nutrition.
3. They concentrate on the things patients and staff care about; good food, attractive environment, and a belief that the hospital they are in serves nutritious food at the best available quality.

- They have integrated multi-disciplinary working; bringing together catering, dietetics and nursing to help improve nutritional outcomes for patients, and to ensure that staff well-being is prioritised with nutritious food and drink available on-site at all times.

QVH is committed to improving the standards of food for its patients and this is an area that our patients have said could be better. The report suggest boards and chief executives should “regularly eat the same meal as patients to ensure quality is driven from the top.” with that in mind, after today’s public facing board meeting, the catering team are providing the same meals as patients for board members who are on site.

Appendix 1

Integrated Dashboard Summary Key indicators at a glance - January 2021 (reporting M8)



KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services			KSO 3 Operational Excellence			KSO4 Financial Sustainability		
C-Diff	0	➡	MIU <4hrs	100.00%	➡	Income	52,077k	➡
MRSA	0	➡	RTT 18 weeks	69.60%	⬆	Pay expenditure	34,625k	➡
E-coli	0	➡	Cancer 2ww	98.70%	⬆	Non-pay expenditure	13,698k	➡
Gram-negative BS	0	➡	Cancer 62 day	81.20%	➡	Surplus/Deficit	(191k)	➡
Serious Incidents	0	➡	Diagnostics <6weeks	98.10%	⬆	<p>Year to date at month 8 the Trust is reporting £47k favorable variance against the submitted plan. It is anticipated that £73k will be clawed back to achieve breakeven months 1-6.</p> <p>A new Funding Framework came into place on 1st Oct 2020. The Trust will be operating within a funding envelope and additional costs relating to COVID-19 will become prospective and at an Integrated Care System (ICS) level rather than retrospective and organisational.</p>		
Never Events	0	➡	52ww	563	⬆			
No of QVH deaths	0	➡	Phase 3 activity			<p>KSO5 Organisational Excellence</p>		
No of off-site deaths (within 30 days)	0	⬆	Day case	77%	⬇			
Complaints	6	➡	Elective inpatient	80.00%	➡	Vacancy rate	9.91%	⬆
Closed <30 days	3	➡	Outpatient (new)	79.00%	⬆	Turnover rate	10.49%	⬆
FFT			Outpatient (follow up)	100%	⬆	Sickness rate	2.99%	➡
In patients	99%	➡	First O/P virtual	35%	⬇	Appraisal rate	80.60%	➡
Outpatients	96%	⬆	<p>NHS declared a Level 4 National Incident on 30 January. From late March all trusts freed up the maximum possible inpatient and critical care capacity as well as stepping down non-urgent elective activity. NHS Level 3 was declared on 1 August and trusts started working on recovery plans; however wef 5 November 2020 NHS moved back to Level 4.</p>			MAST	91.02%	⬆
MIU	100%	⬆				Q4 Staff FFT (work at QVH)	74.71%	➡
Day surgery	98%	➡	<p>Key</p>			Q2 Staff FFT (care at QVH)	95.35%	➡
Hand trauma	99%	⬆						
			<p>Improved Performance</p>					
			<p>Deteriorating Performance</p>					
			<p>Remains the same</p>					

Appendix 2

QVH media update – October 2020

QVH consultant recognised in the Queen's Birthday Honours

News of Rachael Liebmann, our consultant histopathologist, being awarded an OBE (Officer of the Most Excellent Order of the British Empire) in the Queen's Birthday Honours in recognition of her services to pathology, gained a series of media mentions for her and QVH. We issued a [press release](#) which was featured in the [Crawley Observer](#), [Mid Sussex Times](#), [West Sussex County Times](#), and the [InYourArea website](#).

BBC Radio Surrey also interviewed Rachael on 14 October about her OBE and how histopathology has played an important part in our role as a specialist cancer surgical centre.

A series of national publications also ran the Honours list mentioning Rachael (although not QVH by name). These included [The Sun](#), [iNews](#), and [Harrow Times](#)

Securing the future of QVH

Towards the end of the month the [HSJ](#) ran a story regarding the possible future three-way merger of QVH with Brighton and Sussex University Hospital NHS Trust (BSUH) and Western Sussex Hospitals Foundation Trust. BSUH and Western are already hoping to merge in April, with the suggestion that QVH could follow. The piece references a [document on our website](#) that outlines how working with these other hospitals could help us to make changes to services for the benefit of patients.

[Susy Radio also](#) covered the story.

Promoting burns safety

To coincide with burns awareness day (14 October), we issued a [press release](#) reminding people to take care at home, as it remains the most common place of burns injury for children and older people. Baljit Dheansa, our consultant plastic surgeon, was interviewed by [BBC Radio Sussex](#) on 15 October as part of a segment about burns safety. Baljit spoke about the injuries our team treat, the importance of applying cool running water to the burn even up to three hours later to reduce scarring, and how people should seek medical advice if they need to.

The piece also featured Claire James, a mum whose son William pulled a hot drink on himself at home. Her [Facebook post](#) about the importance of first aid went viral after the accident back in June. She continues to raise awareness of burns first aid, and at the end of the piece thanked our burns team who had treated William.

[RH Uncovered](#) also ran our press release online.

Virtual reality surgical training

The first of its kind virtual reality surgical training many of our surgeons were involved in last month was mentioned in a piece on the [Brighton and Hove News website](#). Inspired by the increased use of technology and remote learning since the start of the pandemic and the difficulty of delivering face to face training, our team gave a unique 360 degree insight into surgical techniques here at QVH. As part of the week-long training, the Brighton and Sussex Medical School (BSMS) became the first medical school in the UK to live stream footage of

cadaveric donors being dissected.

Henry helps QVH Charity

Nine year old Henry's baking fundraiser for our charity, inspired by TV show The Great British Bake Off, was featured by [RH Uncovered on its website](#). Henry combined wanting to support his local NHS whilst working towards his silver badge at Cubs. It was also featured on the [In Your Area website](#).

Sleep myths solved

Peter Venn, clinical lead of our sleep disorder centre, was interviewed by BBC Radio Kent on 22 October. He spoke about how COVID-19 has both positively and negatively affected the patients our team are seeing, whether the clocks changing impacts sleep, and also whether it is true you should not eat cheese before bed!

Ad hoc mentions

The East Grinstead Hospital was referenced in a piece on the [Newry.ie website](#) regarding the Mahood Collection at the Newry Museum. The Collection contains 276 items, of which over 60% relate to Patricia Mahood and her nursing career, mostly in the form of photographs. Patricia trained as a burns specialist in East Grinstead Hospital and there are 14 photographs of her time at the hospital up to at least 1955.

Our burns specialism was also mentioned on two different websites relating to Vanwall, which was briefly Britain's most successful Formula 1 team. As well as talking about a revival of the car brand, the articles on the [Goodwood Road and Racing site](#) and [Motorsport Magazine](#) explain how Vanwall driver Stuart Lewis-Evans' car crashed and caught fire in the famous 1958 Moroccan Grand Prix. He was treated by our burns team but sadly passed away six days after the accident.

Press releases

We issued the following press releases in October:

- [Experts warn home is where the harm is](#)
- [Our consultant recognised in the Queen's Birthday Honours](#)
- [Henry's a 'star baker' for Queen Victoria Hospital](#)

We also published the following information on our website

- [Securing the long term future of QVH](#)
- [Coronavirus information and advice for our patients and visitors – update standing item.](#)

QVH media update – November 2020

Securing the future of QVH

News that we are considering a possible merger with Brighton and Sussex University Hospitals (BSUH) and Western Sussex Hospitals to help us to secure our future and do even better for our patients and our staff, gained media interest including regional TV at the end of the month.

Andrew Brown, former QVH consultant, was interviewed on the BBC South East regional breakfast news on 25 November as part of the Save Our Specialist Services at Queen Victoria Hospital (QVH) campaign. This interview was also featured on [BBC Radio Sussex's](#) news bulletins the same day and on the [BBC News website](#). Local station Susy Radio also ran a piece in their news bulletin on 27 November.

New interim director of nursing and quality

News of Nicky Reeves being appointed as our interim director of nursing and quality gained a series of media mentions. Outlets to run the news included national nursing publication [Nursing Times](#), the [InYourArea website](#), and the [Mid Sussex Times](#).

Playing our part in a COVID-19 antibody study

The involvement of our staff in the SIREN (SARSCoV2 Immunity and Reinfection Evaluation) major national study to help scientists find out more about COVID-19 antibodies and whether having COVID-19 antibodies makes someone immune to the virus, was featured as a full page article in [Lingfield and area Community News magazine](#).

Virtual reality learning

Jisc, a UK higher, further education and skills sectors' not-for-profit organisation for digital services and solutions, mentioned QVH in an article entitled "[How do they do it? The creative art of moving practical courses online, from drama to dissection](#)." It talks about the first of its kind free virtual reality training experience Jag Dhanda, our consultant maxillofacial and head & neck reconstructive surgeon devised, supported by colleagues from across QVH. The week-long course ran in September.

MP's view on tiering system

Kent MP Tom Tugendhat wrote an article for the [Mail on Sunday](#) about his thoughts on Kent being moved into Tier 2. He explains that whilst his constituency has some of the lowest COVID numbers in Kent, its tiering was decided by boundaries drawn up 1,600 years ago. He mentions that a patient from Edenbridge going just a few miles to our hospital in East Grinstead would cross to a lower tier.

History of QVH

Bob Marchant, who joined QVH in 1956 as a senior theatre technician and worked alongside Sir Archibald McIndoe, authored an article in this month's [Sussex Living Magazine](#). Bob who is the Secretary of the Guinea Pig Club, as well as our resident historian and trustee of East Grinstead Museum, shares his memories of working with McIndoe at our hospital. It appeared in the print version of the magazine and its [website](#).

[Radio Prague International](#) featured Josef Kousal, one of the country's most famous WWII heroes who has received in memoriam the Order of the White Lion, the country's highest

state distinction. During the Battle of Britain, he was thrown from the cockpit of his plane when it exploded; his clothes were on fire and his right eye damaged by shrapnel. He received 22 operations at our hospital, and lifetime membership to The Guinea Pig Club. He sadly passed away in 1980.

The High Sheriff of West Sussex, Dr Tim Fooks, visited the West Sussex Record Office to learn about how it is creating an archive of the county's journey through the COVID-19 pandemic. Whilst there he had the opportunity to see some of the records relating to the Guinea Pig Club which the office hold. The visit was featured in the [West Sussex County Times](#), [Midhurst and Petworth Observer](#), and the [Crawley Observer](#).

Ad hoc mentions

In November QVH received local media mentions following patients sharing their stories.

Femi Orisan received reconstructive surgery from our burns team following a fire at his home. He tried to throw a chip pan that had caught on fire into the sink when he slipped and the flames "engulfed his legs". The student from Kent has now returned home and a fundraising appeal launched to pay for a new kitchen. The story was featured by [KentOnline](#).

Mum Emma Budd spoke to [The Argus](#) after her four year old slashed open his arm when he fell from a climbing frame onto a broken glass vodka bottle. Following the accident at a park in Peacehaven, the boy was referred to our hospital to repair his damaged ligaments.

Press releases

We issued the following press release in November:

- [Queen Victoria Hospital appoints new nursing head](#)

We also published the following information on our website

- [Visiting patients on our wards during the COVID-19 pandemic](#)
- [Coronavirus information and advice for our patients and visitors](#) – updated standing item

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	07/01/21	Agenda reference:	08-21		
Report title:	Securing the long term future of QVH				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Clare Pirie, Director of communications and corporate affairs				
Appendices:	None				
Executive summary					
Purpose of report:	To set out the process and timetable to support decision making on the proposed merger of Queen Victoria Hospital NHS Foundation Trust (QVH) with the new organisation formed by the merger of Western Hospitals NHS Foundation Trust (WSHFT) and Brighton and Sussex University Hospitals NHS Trust (BSUH).				
Summary of key issues	<ul style="list-style-type: none"> • Process to support governor consideration of possible merger • Establishment of joint executive and oversight meetings • Development of strategic case and then full business case • Potential challenges in this process 				
Recommendation:	The Board is asked to NOTE the process and timetable to support decision making on the proposed merger.				
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 BAF has been updated to reflect the possible merger				
Corporate risk register:	None at this stage.				
Regulation:	None at this stage.				
Legal:	None				
Resources:	Capacity to support this process will be kept under review.				
Assurance route					
Previously considered by:					
	Date:		Decision:		
Next steps:	This report will be reviewed at the council of governors meeting on 11 January 2021.				

Report to:	Board of Directors
Meeting date:	07 January 2021
Agenda item reference no:	08-21
Report from:	Steve Jenkin, Chief Executive
Author:	Clare Pirie, Director of Communications & CA
Date of report:	21 December 2020

Securing the long-term future of QVH Process and timeline for considering possible merger

1 Purpose

The purpose of this paper is to set out the process and timetable to support decision making on the proposed merger of Queen Victoria Hospital NHS Foundation Trust (QVH) with the new organisation formed by the merger of Western Hospitals NHS Foundation Trust (WSHFT) and Brighton and Sussex University Hospitals NHS Trust (BSUH).

2 Background and context

Plans for partnership working with WSHFT/BSUH have been developing since October 2017 when the three Trusts agreed a memorandum of understanding. In November 2019, following an options appraisal, the Board of QVH agreed to progress planning for partnership with WSHFT/BSUH. In January 2020 QVH established a programme board with WSHFT/BSUH and NHSEI to develop a detailed plan for a partnership, however Covid-19 challenges then impacted on the health system and the programme board was paused.

In July 2020, QVH was informed that the Boards of WSHFT and BSUH had agreed to explore a merger to create a new single organisation by April 2021.

Following this decision, QVH is now considering joining the proposed new organisation to be formed by the merger of WSHFT and BSUH.

The case for change in order to secure the long term future of QVH is based around three key challenges:

- Reliance on key individuals – Our size means that in a number of areas we have just one person who is responsible for a role in the organisation. This provides us with challenges to cover periods of work pressure, annual leave, sickness and gaps between members of staff leaving the Trust and new recruits coming in.
- Synergies between services – For some services, particularly those treating very unwell patients, it is important that a wider range of other clinical services are available swiftly if needed. As a small specialist hospital, QVH has high quality, safe services but does not have the full range of clinical services that would be found in a large teaching or general hospital. In planning for the future, we need to consider what services benefit from co-location and how to ensure we meet national clinical quality standards for services.
- Financial sustainability – Our costs exceed our income and we have difficulties in delivering year on year efficiencies. The care we currently provide is outstanding with excellent clinical outcomes. We want to work to protect and maintain that.

This is set out in more detail in the leaflet *Securing the long term future of Queen Victoria Hospital*.

In November 2020 the Board of QVH agreed to proceed to development of a strategic case setting out the rationale for the possible merger, and assessing whether it will address the identified challenges while maintaining or improving quality. The Boards of QVH and the proposed new organisation to be formed by the merger of WSHFT and BSUH expect to consider the strategic case in April 2021.

3 The role of governors

Governors are tasked with approving significant transactions, including mergers (Trust Constitution, paragraphs 54.1 – 54.5).

More than half the members of the council of governors of QVH and of the new organisation formed by the merger of Western and BSUH have to approve the application for the transaction, based on assurance provided by the Board as described below. This means more than half of the total number of governors, not just the number that attends the meeting at which the decision is taken.

The statutory role of the Council of Governors is to seek assurance that the Board of Directors has followed an appropriate process in deciding to undertake the transaction and that it has taken account of the interests of members and of the public in that process in approving such a transaction. Provided appropriate assurance is obtained, governors should not unreasonably withhold their consent for a proposal to go ahead.

3.1 Providing governors with appropriate information, skills and knowledge

Both trusts, QVH and the new organisation formed by the merger of Western and BSUH, will need to help governors by providing appropriate information on proposed decisions and taking steps to ensure that the governors are equipped with the skills and knowledge they require in their capacity as governors.

Building on existing QVH processes and learning from other trusts which have been through a merger process, the following activities/forums are proposed to support new and existing governors.

- **13 January – Results of new governor elections.**

A fully constituted council of governors plays an important part in the merger process. The Trust's constitution allows for 26 governors of which there are 20 elected public members, three elected staff members and three appointed members. Elections for new governors were paused during the first wave of the COVID pandemic as advised. The Trust election process has now recommenced, with nominations opening in November 2020 and results to be declared 13 January. This will support a fully constituted council of governors, with new governors taking up their roles from February 2021.

- **21 and 28 January – Induction.**

New governors will be asked to join an induction session held online on 21 or 28 January (two sessions are being provided and governors can select the one that suits them). This will provide an overview of QVH, our system working context, the role of governor and how it differs from the role of a non-executive director. Existing governors and non-executive directors are encouraged to join one of these sessions too, as a way to meet the new governors.

- **February/March briefing session - The national picture.**
 Briefing on NHS funding and finances, systems transformation and integration. We have asked NHS Providers if they would be able to deliver a session (online) for all our governors setting out the big picture for the NHS.
- **February/March briefing session – Legal requirements of governors in considering a merger.**
 Briefing from external expert (such as legal advisor) on the responsibilities of governors, with a chance to ask questions and engage with the proposed timeline and process.

We may also use this meeting to set up the merger evaluation working group (see below), agreeing terms of reference and membership.

3.2 Governor consideration of possible merger

Consideration of the possible merger will form a key part of the work plan for QVH governors in 2021. The governors of WSHFT, and then the governors of new organisation formed by their merger with BSUH, will also be engaged in this process as needed.

- **April 2021 - First formal council of governors meetings.**
 The new organisation formed by the merger of WSHFT and BSUH will exist from 1 April 2021 and we understand they are likely to hold their first council of governors meeting in this month. The first formal council of governors meeting for the new QVH governors will be 12 April 2021. As well as the normal council of governors business as set out in the work plan, we are planning for QVH governors to be briefed on the strategic case which, on current timelines, will be reviewed by the Boards of both organisations in April. The Boards will be making a decision as to whether to proceed to development of a full business case.
- **April – August 2021 – merger evaluation working group.**
 If there is a decision to proceed to full business case, we plan to establish a small working group of governors determining the criteria for governor assurance that each respective trust has been thorough and comprehensive in reaching its decision to merge, and obtained and considered the interest of members and the public as part of the decision making process. Having set the criteria the working group would then review supporting information provided by the trusts against these criteria.

The purpose of this working group is to support governors in obtaining the necessary assurance that the Boards have followed an appropriate process for merger. The working group will feedback to the Boards on the information provided and request clarification where required. The working group will submit regular reports to the councils of governors of both trusts; additional meetings of the QVH council of governors have been provisionally scheduled in May and June 2021 to receive these reports.

The detail of the terms of reference for this working group are to be agreed. The suggested membership is four governors from each trust, including the lead governor, a staff governor chosen by the staff governors of the trust, and two public or stakeholder governors chosen by the public and stakeholder governors of the trust. It may also be helpful for a non-executive director to join this group as an observer.

Initially this process may be led by QVH governors, with governors from the new organisation formed by the merger of WSHFT and BSUH joining later in the process.

- **26 August – joint council of governors’ informal briefing.**
This meeting will allow governors from both trusts to consider findings of the merger evaluation working group, questions from governors, clarification of any outstanding issues. Again, this date and process are provisional pending agreement from the new organisation to be formed by the merger of WSHFT and BSUH.
- **14 September – proposed date for governor votes.**
These would be separate meetings of the two councils in sequence with the results confidential until both have voted. This meeting would simply be the process of seeking the vote of each governor in turn; this would not be an occasion for any further debate or expression of views.

4 Joint executive meetings

Relevant members of the executive teams of QVH and WSHFT/BSUH will be meeting on a monthly basis from early February 2021 to work on the detail needed. These meetings will include the chief executives and directors of finance of both organisations, the QVH director of corporate affairs, the WSHFT/BSUH chief of strategy and deputy chief executive/medical director. Other executive directors will be asked to join specific meetings where their expertise is needed. Terms of reference will be developed.

5 Joint oversight group

The oversight group will meet every other month from late February 2021, terms of reference will be developed. These meetings will include the chair, chief executive, lead governor and one non-executive director from each organisation, as well as the NHSEI locality director for Kent, Surrey, Sussex and the ICS leader for the Sussex Health and Care Partnership.

6 Stakeholder engagement

The Trust has engaged with stakeholders, including staff and governors, about its potential strategic plans for a number of years. In October 2020, a leaflet describing the Trust’s approach to securing its long-term future was circulated to a wide range of external stakeholders and made available on the Trust’s public website. In November and December 2020 QVH has written to all Kent, Surrey and Sussex MPs; NHS provider and commissioner partners; NHSEI; a number of education and charitable stakeholders. Letters to South London MPs will be sent in January 2021. Throughout the autumn and winter of 2020 there have been staff engagement sessions with the chief executive, which will continue.

A formal programme of engagement of external stakeholders will be put in place as part of the preparation of the strategic case. This will be co-ordinated with WSHFT/BSUH.

Should the decision be taken to proceed to full business case, the development of the full business case will be supported by a comprehensive communications and engagement plan, helping to ensure staff, patients, members and other stakeholders are informed and involved in the future organisational arrangements.

7 Strategic case development

To support the Boards of both organisations in making a decision about the future for QVH, a strategic case will be developed. Work on this is planned to take place January to March 2021, with review by the Boards of both organisations in April 2021.

8 Full business case development

If the Boards of both organisations agree to proceed, the next step is to develop a full business case, which would include the long term financial plan; information on transaction risk and mitigation; heads of terms and transaction agreement including staff, assets and liabilities to transfer. We expect to develop the full business case April-July 2021.

The full business case would be presented to the Boards of both QVH and the new organisation formed by the merger of WSHFT/BSUH in August 2021, and a decision would be made on whether to proceed with the transaction.

9 Pre-implementation activities

Consultation with regard to Transfer of Undertakings (Protection of Employment) (TUPE) takes place prior to any decision by the Trust Board or Council of Governors. This allows the transfer of relevant staff to the new organisation once the formal process has been concluded.

10 Submission to NHSEI (Monitor) for approval

Both trusts would make a joint application to NHSEI (Monitor) that includes written confirmation from each trust that the governors have approved making the application by the requisite majority. The application must include a copy of the proposed constitution, which would be the constitution of the new organisation formed by the merger of Western and BSUH, amended on the assumption that the merger will proceed.

Once NHSEI (Monitor) is satisfied that all the above requirements are met, they have a legal duty to grant the merger application.

11 New organisation

On the date agreed, QVH would be merged into the new organisation formed by the merger of WSHFT and BSUH; all property and liabilities of QVH would automatically transfer. The new organisation then has five months to populate any new membership constituencies, hold elections to fill any new governor posts, and appoint any new non-executive or executive directors should any vacancies exist.

12 Potential challenges in this process

A campaign has been launched which seeks to protect QVH's specialist services and expresses concern about their ongoing availability for patients in Kent and Surrey. This campaign is independent of QVH but uses the hospital's logo, which has led to some confusion. The Board of QVH has been clear that we will only merge with other hospitals if it helps us to

- further develop and invest in our services
- maintain and build on our excellent record for patient experience, clinical outcomes and safety
- continue to provide services to patients from the wide area we cover currently
- continue to deliver world class research and innovation
- secure the future of the hospital in East Grinstead providing services such as the minor injuries unit for local people

While much of the content of the campaign is based on positive patient experiences at QVH, there has also been some inaccurate reporting suggesting an intention to restrict these services to Sussex patients only. We have been working through stakeholder

communication, our public website and our social media to set out the criteria the Board will need to see met to support merger, and we have assured staff that the campaigners assertion that they cannot speak out without fear of dismissal is untrue.

The earliest a further transaction can take place following the merger of WSHFT and BSUH is 1 October 2021 and this is the date that we are working towards. There is significant work needed to achieve this, and the leadership and governors of WSHFT and BSUH will be engaged in their own merger transaction through the first few months of 2021. Capacity and timeliness will be kept under review.

Recommendation

The Board is asked to **NOTE** the process and timetable to support decision making on the proposed merger.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	07/01/2021	Agenda reference:		09-21	
Report title:	Changes to Trust constitution				
Sponsor:	Clare Pirie, Director of communications and corporate affairs				
Author:	Clare Pirie, Director of communications and corporate affairs				
Appendices:	Constitution – marked up showing proposed changes				
Executive summary					
Purpose of report:	The purpose of this report is to seek Board approval for proposed changes to the current Trust Constitution.				
Summary of key issues	Details of changes are included in the accompanying report				
Recommendation:	The Board of Directors is asked to approve the revised Constitution				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	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:	This document is an integral part of the Trust's primary governing documents				
Legal:	Changes are in line with legal advice.				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	<p>Assuming the Constitution is approved by the Board, and as required under S53 of the Constitution, it will be presented to the Council of Governors for approval at its meeting on 11 January 2021.</p> <p>Providing Council approves the changes the revised Constitution will take effect immediately.</p>				

Report to: Board of Directors
Meeting date: 07 January 2021
Reference number: 09-21
Report from: Clare Pirie, Director of Communications and Corporate Affairs
Author: Clare Pirie, Director of Communications and Corporate Affairs
Appendices: NA
Report date: 30 December 2020

Changes to the Trust Constitution

Background

In the context of the pandemic governor elections were paused; a subsequent review of the Constitution highlighted the benefit of additional clarity around governor elections.

Section 53 of the Trust's Constitution states that the Trust may make amendments of its Constitution only if:

- a) More than half of the members of the Board of Directors present and voting at a meeting of the Board of Directors approve the amendments
- b) More than half of the members of the Council of Governors present and voting at a meeting of the Council of Governors approve the amendments.

The current version of the Constitution can be found on the QVH website.

Proposed amendment concerning governor elections

Four Public Governors will cease to hold office on 31 June 2021, having completed a three year term (one of them having completed two terms).

The Trust will, in due course, determine whether it is to merge with effect from 1 October 2021. To hold further Governor elections would be wasteful of resources prior to the merger of the Trust, as the replacement Governors will no longer be in office 3 months after the elections should the acquisition be approved.

It is proposed that the Constitution is amended to introduce the ability to pause the election of Governors, provided that this does not carry on indefinitely.

The existing Constitution makes provision for what can occur in the event of a vacancy arising within a term of a Governor. In these circumstances, the Council of Governors may elect to hold the seat open, hold an election, or appoint a reserve (paragraph 16 of the Constitution). New wording in Annex 3 provides for a similar option where the vacancy arises at the conclusions of the terms of office. New paragraph 16.6 notes that there are options on the vacancy of the Public Governors.

During review, legal advisors noted that paragraphs 17.1 and 17.2 of the constitution appeared potentially inconsistent and an amendment is proposed.

In summary:

- The Constitution now records the usual position - namely that elections to appoint new Governors occur for new governors/re-elected governors to take office as the old term expires, as the default option;
- The Board may, however, make a request to the Council of Governors to delay elections “for good reason” and such a request can be made any time prior to the election date;
- This request is then considered by the Council of Governors and can be approved by a simple majority of those voting;
- Delay is for 12 months, extendable upon a further majority vote by the Governors;
- If an election occurs after such a period of delay, the amendment states that the election for the public constituencies is for a term ending when it would have ended whether or not the delay had happened. This will keep our existing election timetables aligned.
- Governors appointed through the current delayed elections will also have terms ending when they would have ended had there been no delay. This will keep our existing election timetables aligned.
- The delay can only be granted if the majority of Governors in post are still elected public governors.

Legal framework

Schedule 7 of the NHS Act 2006 (NHS Act) contains various rules concerning the appointment and election of Governors. It is not possible to extend the term of office of a public Governor beyond 3 years due to paragraph 10(1) of Schedule 7. Paragraph 10(3) provides that the Governors, other than the appointed Governors, must be elected.

The proposed changes are in line with legal advice. Relevant parts of the NHS Act are set out below.

NHS Act	Effect of the provision	Comments
Section 37(1)	Requires the consent of the Board and half the Council of Governors voting on the matter to approve changes to the constitution.	
Section 56A (Acquisition)	This requires that consent for the acquisition of the Trust	The support of half of the then members will

	by another Trust will require the approval of “more than half of the members of the council of governors of each applicant”.	not include unfilled posts. As such the majority required will be a majority of Governors in post (12 Governors therefore will need to support the transaction).
Schedule 7- paragraph 9(1)	More than half the members of the Council of Governors must be elected other than those under paragraph 3(1)(b) (the staff constituency)	There are 20 Public Governors. 3 Staff Governors and 3 Appointed Governors. The delay of holding replacement elections for the 4 whose term expires creates no legal issues of quoracy.
Schedule 7- paragraph 14(1)(a)	The constitution must make provision for the conduct of the elections.	The existing constitution makes no provision for delaying elections, so minimal changes have been drafted to permit this for a time limited period.

Proposed amendment concerning processing of membership applications

An addition is proposed at paragraph 8.6 to set out time scales for processing membership applications.

As a small organisation with single individuals managing competing tasks, the Trust was challenged in the days before the current election to process membership applications immediately.

While the Trust will continue to endeavor to process all applications at pace, the proposed amendment sets out that in a pre-election period all applications will be processed within a maximum of five working days.

This is consistent with paragraph 18.1.9 which states that an individual “may not become or continue as a member of the Council of Governors” if “prior to putting himself forward for consideration as an Elected Governor or Appointed Governor, he/she has “registered but failed to allow sufficient time for his/her application to

be processed (ie. five working days) prior to the date of a governor awareness training session (pre-election event)".

Proposed amendment to paragraph 4.2

During review, it was noted that paragraph 4.2 should read "exercisable" rather than "exercised" as the Trust Board does not exercise all functions of the Trust. It is proposed to amend paragraph 4.2 to read: "All the powers of the Foundation Trust shall be exercisable by the Board of Directors on behalf of the Foundation Trust."

Updating of pronouns

The Constitution had been updated in previous years to include 'he/she' (not just 'he'), it has now been updated to cover 'him/her'. 'his/her' and 'himself/herself' too.

Recommendation

The Board of Directors is asked to **approve** these changes to the Constitution.

Next steps

If the Board approves these change, the Constitution will then be presented for approval to the Council of Governors at its meeting on 11 January 2021. The revised version will take immediate effect following governor approval.

Queen Victoria Hospital NHS Foundation Trust

(A Public Benefit Corporation)

Constitution

(updated as per the Health and Social Care Act 2012)

Document control sheet

Document title		Queen Victoria Hospital NHS Foundation Trust Constitution
Version	1	Agreed by the Council of Governors at a meeting held in public on 16 April 2013
Version	2	Amended by the Council of Governors at a meeting held in public on 19 June 2014
Version	3	Amended to incorporate the 2014 Model Election Rules, as notified to the Council of Governors at a meeting held in public on 11 December 2014
Version	4	Amended by the Council of Governors at a meeting held in public on 8 October 2015 <ul style="list-style-type: none"> Provisions 18.1.5 and 18.1.7 Council of Governors – disqualification and removal Provision 38.1 Board of Directors – disqualification
Version	5	Amended by the Council of Governors at a meeting held in public on 21 April 2016 <ul style="list-style-type: none"> Annex 1 – The public Constituency
Version	6	Approved by the Board of Directors at its meeting on 6 July 2017 and by the Council of Governors at the Trust's AGM on 31 July 2017 <ul style="list-style-type: none"> References to Chairman are now shown as Chair Reference to both male and female gender shown throughout the documentation. Following agreement by the Council of Governors at its meeting on 20 October 2016, the title Governor Representative to the Board has been changed to Lead Governor. At the same meeting, Council agreed that the roles of Lead governor and Vice-Chair should be amalgamated; the Constitution has been revised to reflect this change.
Version	7	Approved by the Board of Directors at its meeting on 07 November 2019 and by the Council of Governors at its meeting on 13 January 2020. <ul style="list-style-type: none"> Wording of S18.1 amended to reflect wording of S.11, making it clear that an individual who satisfies criteria for membership of one constituency shall not become or continue as a member of any other constituency
Version	8	Changes to be noted here once latest version has received full approval

Preamble

This document is the Constitution for the Queen Victoria Hospital NHS Foundation Trust.

An NHS Foundation Trust is a Public Benefit Corporation authorised under the National Health Service Act 2006 (the 2006 Act) to provide goods and services for the purposes of the health service in England. A Public Benefit Corporation is a body corporate which is constituted in accordance with Schedule 7 of the 2006 Act. The Constitution provides, inter alia, for the Trust to have Members, Governors and Directors, and determines who may be eligible for Membership and how Governors and Directors are appointed and defines their respective roles and powers. Further, Members of the Trust may attend and participate at public meetings of the Trust, vote in elections of, and stand for election for, the Council of Governors, as provided in this Constitution.

The NHS Constitution is a Department of Health publication and establishes the principles and values for staff and patients. It sets out the rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve. It also sets out responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively.

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1 **Interpretation and definitions**

Unless a contrary intention is evident or the context requires otherwise, words or expressions contained in this Constitution shall bear the same meaning as in the 2006 Act or as amended by the Health and Social Care Act 2012.

References in this Constitution to legislation include all amendments, replacements or re-enactments made and include all subordinate legislation made thereunder.

Headings are for ease of reference only and are not to affect interpretation.

Words importing the singular shall import the plural and vice-versa.

All annexes referred to in this Constitution form part of it.

In this Constitution:

the 2006 Act is the National Health Service Act 2006 (as amended);

the 2012 Act is the Health and Social Care Act 2012;

Accounting Officer means the person who, from time to time, discharges the functions specified in paragraph 25(5) of Schedule 7 to the 2006 Act;

Affiliate Member means anyone under the age of 18 or who lives outside the areas specified in Annex 1 as the area for the Public Constituency who shall receive information about the Foundation Trust but who shall not be entitled to vote in Governor elections;

Annual Accounts means those accounts prepared by the Foundation Trust in accordance with paragraph 25 of Schedule 7 to the 2006 Act;

Annual Governors' Meeting is defined in paragraphs 21.3 and 27.1 of this Constitution;

Annual Members' Meeting is defined in paragraph 28 of this Constitution;

Annual Report means a report prepared by the Foundation Trust in accordance with paragraph 26 of Schedule 7 to the 2006 Act;

Appointed Governors means a Local Authority Governor or Partnership Governor;

Appointments Committee means a committee comprised of Governors for the purpose of carrying out activities and functions in accordance with its terms of reference;

Area of the Foundation Trust means an area specified in Annex 1 as an area for a Public constituency;

Audit Committee means a committee of the Board of Directors established in accordance with paragraph 47 of this Constitution;

Auditor means the Auditor of the Foundation Trust appointed by the Council of Governors in accordance with paragraph 46 of this Constitution;

Board of Directors means the Board of Directors of the Foundation Trust, constituted in accordance with this Constitution;

Chair means the person appointed in accordance with this Constitution to ensure that the Board of Directors and Council of Governors successfully discharge their overall responsibilities for the Foundation Trust as a whole. The expression “the Chair” shall include the Deputy Chair or any other Non-Executive Director appointed if the Chair or Deputy Chair is absent or is otherwise unavailable;

Chief Executive means the Chief Executive of the Foundation Trust;

Clear Day means a day of the week not including a Saturday, Sunday or public holiday;

Close Family Member means either a:

- a) Spouse;
- b) Person whose status is that of “Civil Partner” as defined in the Civil Partnerships Act 2004 or a co-habitee;
- c) Child, step child or adopted child;
- d) Sibling;
- e) Parent; or
- f) Nephew, niece or cousin;

Conflict shall have the meaning ascribed to “Conflict” in paragraph 40.11.1 of this Constitution;

Constitution means this Constitution and all annexes to it;

Council of Governors means the Council of Governors as constituted in accordance with this Constitution and which has the same meaning as the Council of Governors in paragraph 7 of Schedule 7 to the 2006 Act;

Deputy Chair means the Deputy Chair of the Foundation Trust appointed in accordance with paragraph 36 of this Constitution;

Director means a member of the Board of Directors;

Directors’ Code of Conduct means the Code of Conduct for Directors of the Foundation Trust, as adopted by the Foundation Trust and as amended from time to time by the Board of Directors, to which all Directors must subscribe;

Disclosure and Barring Service means the Executive Agency of the Home Office to which the Secretary of State has delegated his/her functions under Part V of the Police Act 1977 in relation to applications for criminal records certificates and enhanced criminal record certificates as established by section 87(1) of the Protection of Freedoms Act 2012;

Elected Governor means a Public Governor or a Staff Governor;

Executive Director means an executive member of the Board of Directors of the Foundation Trust;

Financial Year means each successive period of 12 months beginning with 1 April and ending with 31 March;

Forward Plan means the document prepared by the Foundation Trust in accordance with paragraph 27 of Schedule 7 to the 2006 Act;

Foundation Trust means the Queen Victoria Hospital NHS Foundation Trust;

Governor means a member of the Council of Governors;

Governors' Code of Conduct means the Code of Conduct for Governors of the Foundation Trust, as adopted by the Foundation Trust and as amended from time to time by the Council of Governors, to which all Governors must subscribe;

Lead Governor means a Governor recommended by the Chair for approval by the Council of Governors and Board of Directors to attend Board of Directors' meetings to facilitate communication and engagement between the Board of Directors and Council of Governors;

Governors Steering Group means a group of Governors chosen by the Council of Governors and chaired by the Vice-Chair of the Council of Governors that supports the work of the Council of Governors and the phrase "GSG" shall be construed accordingly;

Health Service Body shall have the meaning ascribed to "NHS Body" in Section 275 of the 2012 Act;

Interested Director shall have the meaning ascribed to "Interested Director" in paragraph 40.11.1 of this Constitution;

Licence means the licence granted to the Foundation Trust under Section 88 of the 2012 Act;

Local Authority Governor means a member of the Council of Governors appointed by one or more Local Authorities whose area includes the whole or part of the area of the Foundation Trust;

Meeting Chair means the person presiding over a meeting, committee or event;

Member means a Member of the Foundation Trust and the term "Membership" shall be construed accordingly;

Membership Strategy means the document of that name which describes the Foundation Trust's strategy to set up systems and processes to establish, maintain and develop its Membership;

Model Election Rules means the rules set out in Annex 4 of this Constitution;

Monitor is the body corporate known as Monitor, as provided by Section 61 of the 2012 Act;

Nomination and Remuneration Committee means a committee constituted in accordance with paragraph 37;

Non-Executive Director means a Non-Executive Director of the Foundation Trust;

Officer means an employee of the Foundation Trust or any other person holding a paid appointment or office with the Foundation Trust;

Partnership Governor means a member of the Council of Governors other than a Public Governor, a Staff Governor or a Local Authority Governor;

Partnership Organisation means an organisation that may appoint a Partnership Governor and which is listed in Annex 3 of this Constitution;

Principal Purpose means the purpose set out in Section 43(1) of the 2006 Act;

Public Constituency is defined in paragraph 8 of this Constitution;

Public Governor means a member of the Council of Governors elected by Members of the Public Constituency;

Registered Dentist means a fully registered person within the meaning of the Dentists Act 1984 who holds a licence to practise under that Act;

Registered Medical Practitioner means a fully registered person within the meaning of the Medicines Act 1983 who holds a licence to practise under that Act;

Registered Midwife means a fully registered person within the meaning of the Nurse and Midwifery Order 2001 (SI 2001/253);

Registered Nurse means a fully registered person within the meaning of the Nurse and Midwifery Order 2001 (SI 2001/253);

Regulatory Framework means the 2006 Act, the Constitution and the Licence;

Replacement Governor is defined in paragraph 16.4 of this Constitution;

Secretary means a person whose function shall be to provide advice on corporate governance issues to the Board of Directors, Council of Governors and the Chair and monitor the Foundation Trust's compliance with the Regulatory Framework. The Secretary shall be appointed and removed by the Chief Executive and Chair of the Foundation Trust acting jointly;

Senior Independent Director means a Non-Executive Director appointed in accordance with paragraph 36 of this Constitution;

Sex Offenders' Order means either:

- a) a Sexual Offences Prevention Order made under Section 104 or Section 105 of the Sexual Offences Act 2003; or
- b) an Interim Sexual Offences Prevention Order made under Section 109 of the Sexual Offences Act 2003; or
- c) a Foreign Travel Order made under Section 114 of the Sexual Offenders Act; or
- d) a Risk of Harm Order made under Section 123 of the Sexual Offences Act 2003; or
- e) an Interim Risk of Sexual Harm made under Section 126 of the Sexual Offences Act 2003;

Sex Offenders' Register means the notification requirements set out in Part 2 of the Sexual Offences Act 2003, commonly known as the Sex Offenders' Register;

Staff Constituency is defined in paragraph 9 of this Constitution;

Staff Governor means a member of the Council of Governors elected by the Members of the Staff Constituency; and

2 Name

- 2.1** The name of the Foundation Trust is the Queen Victoria Hospital NHS Foundation Trust (the “Foundation Trust”).

3 Principal Purpose

- 3.1** The Principal Purpose of the Foundation Trust is the provision of goods and services for the purposes of the health service in England.
- 3.2** The Foundation Trust does not fulfil its Principal Purpose unless, in each Financial Year, its total income from the provision of goods and services for the purposes of the health service in England is greater than its total income from the provision of goods and services for any other purposes.
- 3.3** The Foundation Trust may provide goods and services for any purposes related to:
- 3.3.1** the provision of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness, and
 - 3.3.2** the promotion and protection of public health.
- 3.4** The Foundation Trust may also carry on activities other than those mentioned in the above paragraph for the purpose of making additional income available in order to better carry on its Principal Purpose.

4 Powers

- 4.1** The powers of the Foundation Trust are set out in the 2006 Act.
- 4.2** All the powers of the Foundation Trust shall be exercisable by the Board of Directors on behalf of the Foundation Trust.
- 4.3** Any of these powers may be delegated to a committee of Directors or to an Executive Director.
- 4.4** In performing its NHS functions, the Foundation Trust shall have regard to the NHS Constitution. For the purpose of this paragraph, “NHS functions” means functions under an enactment which is a function concerned with, or connected to, the provision, commissioning or regulation of NHS services and “NHS services” means health services provided in England for the purposes of the health service under Section1(1) of the 2006 Act.

5 Other purposes

- 5.1** The Foundation Trust shall operate for the public benefit and aspire to the highest standards of public service, including respect for the rights of individuals and the environment. The Foundation Trust will operate effectively, efficiently and economically and invest any surpluses in its future.
- 5.2** The Foundation Trust shall, as appropriate, involve itself in education, training and research activities, in furtherance of its Principal Purpose.

6 Membership and constituencies

6.1 The Foundation Trust shall have Members, each of whom shall be a Member of one of the following constituencies:

6.1.1 the Public Constituency; or

6.1.2 the Staff Constituency.

7 Application for Membership

7.1 An individual who is eligible to become a Member of the Foundation Trust may do so on application to the Foundation Trust.

7.2 Subject to paragraph 9.5 below, applicants for Membership of the Foundation Trust must complete a form prescribed by the Chief Executive or the Secretary.

7.3 All Members of the Foundation Trust shall be under a duty to notify the Secretary of any change in their particulars which may affect their entitlement as a Member.

7.4 It shall be the responsibility of Members to ensure their eligibility and not that of the Foundation Trust.

7.5 Anyone under the age of 18 or who lives outside the area specified in Annex 1 as the area for the Public Constituency and who wishes to become a Member of the Foundation Trust shall become an Affiliate Member of the Foundation Trust. An Affiliate Member shall receive information sent to all Members about the Foundation Trust but shall not be entitled to vote in Governor elections.

8 Public Constituency

8.1 An individual who lives in the area specified in Annex 1 as the area for the Public Constituency may become or continue as a Member of the Foundation Trust.

8.2 Those individuals who live in the area specified for the public constituency are referred to collectively as the Public Constituency.

8.3 The minimum number of Members in the Public Constituency is specified in Annex 1.

8.4 The Secretary shall, on receipt of an application and subject to being satisfied that the applicant is eligible, ensure the applicant's name is entered into the Foundation Trust's register of Members at which point they shall become a Member of the Foundation Trust.

8.5 The Secretary may require any individual to supply supporting evidence to confirm eligibility.

8.6 The secretary will endeavour to complete the membership application process within 20 working days; when a governor election has been announced membership applications will be processed within 5 working days of all supporting evidence being made available by the applicant.

9 Staff Constituency

- 9.1** An individual who is employed by the Foundation Trust under a contract of employment with the Foundation Trust may become or continue as a Member of the Foundation Trust provided:
 - 9.1.1** he/she is employed by the Foundation Trust under a contract of employment which has no fixed term or has a fixed term of at least 12 months;
 - 9.1.2** he/she has been continuously employed by the Foundation Trust under a contract of employment for at least 12 months; and
- 9.2** Those individuals who are eligible for Membership of the Foundation Trust by reason of the previous provisions are referred to collectively as the Staff Constituency.
- 9.3** The minimum number of Members in the Staff Constituency is specified in Annex 2.
- 9.4** For the purposes of paragraph 9.1 above, Chapter 1 of Part 14 of the Employment Rights Act 1996 shall apply for the purposes of determining whether an individual has been continuously employed by the Foundation Trust.
- 9.5** An individual who is eligible to become a Member of the Staff Constituency under paragraph 9.1 above, and who is invited by the Foundation Trust to become a Member of the Staff Constituency, shall become a Member of the Staff Constituency without an application being made, unless he/she informs the Foundation Trust that he/she does not wish to do so.

10 Membership

- 10.1** The Foundation Trust shall at all times strive to ensure that, taken as a whole, its actual Membership of the Public Constituency is representative of those eligible for Membership of the Foundation Trust.
- 10.2** The area set out for the Public Constituency shall have regard to the need for those eligible for such Membership to be representative of those to whom the Foundation Trust provides services.

11 Restriction on Membership

- 11.1** An individual who is a Member of a constituency shall not, while Membership of that constituency continues, be a Member of any other constituency.
- 11.2** An individual who satisfies the criteria for Membership of the Staff Constituency shall not become or continue as a Member of any constituency other than the Staff Constituency.
- 11.3** An individual must be at least 18 years old to become a Member of the Foundation Trust.
- 11.4** An individual shall not become or continue as a Member of the Foundation Trust if:
 - 11.4.1** he/she has been confirmed as an habitual and/or vexatious complainant in accordance with the Foundation Trust's policy for handling complaints; or
 - 11.4.2** he/she has been deemed to have acted in a manner detrimental to and contrary to the interests and values of the Foundation Trust or has failed to

agree to and abide by the values of the Foundation Trust.

12 Expulsion from Membership

- 12.1** If a Member is found to be in contravention of paragraph 11 above, a resolution to expel them shall be considered by a committee comprising the Chair, the Lead Governor and the Secretary.
- 12.2** The committee (as set out above) shall consider the complaint, taking such steps as it considers appropriate to ensure that the Member's point of view is heard.
- 12.3** Where a Member is deemed by the committee to be in contravention of paragraph 11, the Member shall be suspended immediately and the committee's recommendation shall be taken to the next general meeting of the Council of Governors for approval. The Member shall be duly informed.
- 12.4** At the general meeting of the Council of Governors at which the committee's recommendation to expel a Member is considered, the Council of Governors shall be at liberty to either:
 - 12.4.1** agree with the committee's recommendation, by a three quarters majority vote of those Governors present, and expel the Member immediately; or
 - 12.4.2** remove the Member's suspension with immediate effect should the Council of Governors not agree with the committee's recommendation.
- 12.5** In either case, the Member shall be duly informed of the decision of the Council of Governors.
- 12.6** No person who has been expelled from Membership in accordance with these provisions shall be re-admitted as a Member except by a resolution carried by the votes of three quarters of the members of the Council of Governors present and voting at a general meeting in favour of the individual concerned being re-admitted.

13 Termination of Membership

- 13.1** A Member shall cease to be a Member on:
 - 13.1.1** death; or
 - 13.1.2** resignation by notice in writing to the Secretary;
 - 13.1.3** ceasing to fulfil the requirements of paragraphs 8, 9 or 11 of this Constitution or being expelled in accordance with in paragraph 12 above.

14 Council of Governors – composition

- 14.1** The Foundation Trust is to have a Council of Governors, which shall comprise both Elected Governors and Appointed Governors.
- 14.2** The composition of the Council of Governors is specified in Annex 3.
- 14.3** The members of the Council of Governors, other than the Appointed Governors, shall be chosen by election by their constituency.
- 14.4** The number of Governors to be elected by each constituency is specified in Annexes 1

and 2.

- 14.5** More than half of the members of the Council of Governors shall be Governors from the Public Constituency.

15 Council of Governors – election of Governors

- 15.1** Elections for elected members of the Council of Governors shall be conducted using the first past the post method in accordance with the Model Election Rules.
- 15.2** The Model Election Rules, as published from time to time by the Department of Health and which may be varied from time to time, form part of the Constitution. The current Model Election Rules are attached at Annex 4.
- 15.3** A subsequent variation of the Model Election Rules by the Department of Health shall not constitute a variation of the terms of the Constitution for the purposes of paragraph 53 of this Constitution (Amendment of the Constitution).
- 15.4** An election, if contested, shall be by secret ballot.
- 15.5** A person may not vote at an election or stand for election as an Elected Governor unless, within the specified period in the Model Election Rules, he/she has made a declaration in the form specified in paragraph 15.6. It is an offence to knowingly or recklessly make a declaration which is false in a material particular.
- 15.6** The specified form of declaration referred to in paragraph 15.5 above regarding the declaration to stand for election as an Elected Governor shall be as set out on the nomination paper referred to in rule 12 of the Model Election Rules and shall also state as follows:

“I declare that, to the best of my knowledge, I am eligible to stand for election to the Council of Governors for the seat named in Section 2 of this form. I declare that, to the best of my knowledge, I am not de-barred from standing for election by any of the provisions detailed at Section 3 of this form. I declare that I have stated details of any political membership and financial interests I have in the Foundation Trust at Section 4 of this form. I declare that I am a member of the Foundation Trust and that I have attended a pre-election Governor awareness training session or equivalent, as agreed by the Company Secretary. I understand that if any of these declarations are later found to be false, I will, if elected, lose my seat on the Council of Governors and may also have my Membership withdrawn.”

16 Council of Governors – vacancies

- 16.1** Where a vacancy arises on the Council of Governors for any reason other than expiry of a term of office, the provisions set out below will apply.
- 16.2** Where the vacancy arises amongst the Elected Governors, the Council of Governors shall be at liberty either:
- 16.2.1** to call an election to fill the remainder of the unexpired term of office where it is in excess of one year; or
 - 16.2.2** to invite the next highest polling candidate for that seat at the most recent election or (where relevant) by-election, who is willing to take office, to fill the seat for the remainder of the unexpired term of office where it is in excess of

one year. If that candidate does not accept to fill the vacancy, it may be offered to the next highest polling candidate until the vacancy is filled; or

- 16.2.3** where no reserve candidate is available or willing to fill the vacancy, to call an election; or
 - 16.2.4** to leave the seat vacant until the next scheduled elections are to be held where the unexpired term of office is one year or less.
- 16.3** When deciding on a course of action, the Council of Governors must always ensure that the aggregate number of Governors who are Public Governors on the Council of Governors always remains in the majority.
- 16.4** Where the vacancy arises amongst the Appointed Governors, the Secretary will request the relevant Partnership Organisation to appoint a Replacement Governor, in line with the eligibility criteria set out for Governors at paragraph 18 and Annex 5, to hold office for the remainder of the unexpired term of office. The Partnership Organisation shall agree the appointment of a Replacement Governor with the Secretary within three months of being notified.
- 16.5** The validity of any act of the Council of Governors is not affected by any vacancy among the Governors or by any defect in the appointment of any Governor.
- 16.6** Where a vacancy arises on the Council of Governors amongst the Public Governors for reason of the expiry of a term of office, the provisions relating to such a vacancy set out in Annex 3 will apply.

17 Council of Governors – tenure

- 17.1** All governors may hold office for a term of up to three years
- 17.2** All governors may hold office for a maximum of two terms
- 17.3** A governor shall be eligible for re-election or re-appointment at the end of his/her term subject to 17.2 (above)
- 17.4** An Elected Governor shall cease to hold office if he/she ceases to be a member of the constituency by which he/she was elected.
- 17.5** An Appointed Governor shall cease to hold office if the appointing organisation withdraws its sponsorship of him/her.
- 17.6** Any Governor shall cease to hold office if he/she is disqualified for any of the reasons set out in the constitution.

18 Council of Governors – disqualification and removal

- 18.1** In line with section 11.1, an individual who is a member of a constituency shall not, while membership of that constituency continues, be a member of any other constituency. In addition, the following may not become or continue as a member of the Council of Governors:

18.1.1 He/she is a person in relation to whom a moratorium period under a debt relief order

applies (under Part 7A of the Insolvency Act 1986);

- 18.1.2** in the case of an Elected Governor, he/she ceases to be a Member of the relevant constituency by which he/she was elected;
- 18.1.3** in the case of an Appointed Governor, the appointing organisation withdraws their sponsorship of him/her;
- 18.1.4** he/she is under 18 years of age at the date at which he/she is nominated for election or appointment;
- 18.1.5** he/she is a Director of the Foundation Trust, or an executive director, non-executive director or Chair of another NHS foundation trust, or other Health Service Body (unless they are appointed by an appointing organisation which is an NHS body);
- 18.1.6** he/she is a governor of another NHS foundation trust and there presents a conflict of interest with the affairs of the Foundation Trust which cannot be resolved;
- 18.1.7** he/she has been a Director of the Foundation Trust in the preceding five years prior to the date of his/her nomination to stand as an Elected Governor, or in the case of an Appointed Governor, the date of his/her appointment;
- 18.1.8** subject to paragraphs 18.7 and 18.8 below, he/she is incapable by reason of his/her mental disorder, illness or injury of managing and/or administering his/her property and/or affairs;
- 18.1.9** prior to putting himself/herself forward for consideration as an Elected Governor or Appointed Governor, he/she has
- failed to register as a member of the Foundation Trust
 - has registered but failed to allow sufficient time for his/her application to be processed (ie. five working days) prior to the date of a governor awareness training session (pre-election event);
 - failed to attend a pre-election or pre-appointment governor awareness training event, the purpose of which is to ensure that prospective Governors are made fully aware of the responsibilities and duties of a Governor and the commitments that the role entails, prior to the individual standing for office as a Governor;
- 18.1.10** he/she has refused, without reasonable cause, to undertake any training which the Foundation Trust and/or Council of Governors requires all Governors to undertake;
- 18.1.11** he/she is a person who, by reference to information revealed by a Disclosure and Barring Service check, is considered by a committee comprising the Chair, Lead Governor and Secretary to be inappropriate on the grounds that his/her appointment might adversely affect public confidence in the Foundation Trust or

otherwise might bring the Foundation Trust into disrepute;

- 18.1.12** he/she has failed any other relevant identity or other check carried out by the Foundation Trust;
 - 18.1.13** he/she has failed to sign and deliver to the Secretary a statement in the form required by the Foundation Trust confirming acceptance of the Governors' Code of Conduct;
 - 18.1.14** he/she has failed to make, or falsely makes, any declaration required by paragraph 15.6 of this Constitution;
 - 18.1.15** he/she has been declared by the Council of Governors to be an habitual and/or vexatious complainant;
 - 18.1.16** the relevant Partnership Organisation which he/she represents ceases to exist;
 - 18.1.17** he/she has been expelled from the post of governor from another NHS foundation trust; or
 - 18.1.18** he/she is an active member of a body or organisation with policies or objectives such that his/her membership thereof would likely cause the Foundation Trust to be in breach of its statutory obligations or to bring the Foundation Trust into disrepute.
- 18.2** Further circumstances in which an individual may not become or continue as a member of the Council of Governors are set out in Annex 5.
- 18.3** Where a person has been elected or appointed to be a Governor and he/she becomes disqualified under provisions set out paragraph 18 or Annex 5, he/she shall notify the Secretary in writing of such disqualification as soon as is practicable and, in any event, within ten Clear Days of first becoming aware of those matters which rendered him/her disqualified.
- 18.4** If it comes to the notice of the Secretary at the time of his/her taking office or later that the Governor is so disqualified, the Secretary shall immediately declare that the Governor in question is disqualified and notify him/her in writing to that effect as soon as is practicable.
- 18.5** Upon dispatch of any such notification, a Governor's tenure of office, if any, shall be terminated immediately and the Secretary shall cause his/her name to be removed from the register of members of the Council of Governors. From that point, the individual shall immediately cease to be or act as a Governor.
- 18.6** If a Governor is found to be incapable, by reason of mental disorder, illness or injury, of managing and/or administering his/her property and/or affairs for the purposes of paragraphs 18.1.8 above, a committee comprising the Chair, Secretary, and Lead Governor shall be convened.
- 18.7** The committee (as set out above) shall consider the Governor's circumstances, taking

such steps as it considers appropriate to ensure that the Governor's views are understood.

- 18.8** Where the committee deems that the Governor is incapable, by reason of mental disorder, illness or injury, of managing and/or administering his/her property and/or affairs, he/she shall be immediately suspended from office. The Governor shall be duly informed.
- 18.9** The committee shall make a recommendation to the next general meeting of the Council of Governors that the Council of Governors should either:
- 18.9.1** temporarily suspend the Governor from office until such time the Council of Governors, in its absolute discretion, considers the Governor to be capable of managing and/or administering his/her property and/or affairs; or
 - 18.9.2** disqualify the Governor from office where the Council of Governors in its absolute discretion, considers him/her to be incapable of managing and/or administering his/her property and affairs.
- 18.10** At the general meeting of the Council of Governors at which the committee's recommendations are considered, a resolution shall be approved by not less than three quarters of the members of the Council of Governors present and voting, to either:
- 18.10.1** temporarily suspend the Governor from office for an agreed, specified period; or
 - 18.10.2** disqualify the Governor from office; or
 - 18.10.3** remove the suspension of the Governor, should the Council of Governors not agree with the committee's recommendation.
- 18.11** In considering whether an individual is incapable by reason of mental disorder, illness or injury of managing and/or administering his/her property and/or affairs, the committee (described above) shall take into account the provisions of the Mental Capacity Act 2005, or any statutory modification thereof, and shall be entitled to take appropriate professional advice from internal Foundation Trust advisors and/or external advisors as necessary.
- 18.12** If a Governor fails to attend three consecutive meetings of the Council of Governors in any Financial Year, his/her tenure of office is to be terminated immediately unless the Council of Governors is satisfied by a three quarters majority of those members of the Council of Governors present and voting at a meeting of the Council of Governors that:
- 18.12.1** the absence was due to a reasonable cause; and
 - 18.12.2** the Governor will be able to start attending meetings of the Council of Governors again within such a period as the other Governors consider reasonable.

18.13 Notwithstanding the provisions of paragraph 18.12 above, if a Governor fails to attend three out of four consecutive meetings of the Council of Governors and he/she has previously been the subject of a decision in his/her favour under paragraph 18.10 above, the Governor's tenure of office is to be terminated immediately.

18.14 A Governor shall vacate his/her office immediately if:

18.14.1 he/she is considered to have acted in a manner inconsistent with the values of the Foundation Trust or in a manner detrimental to or contrary to:

18.14.1.1 the interests of the Foundation Trust; or

18.14.1.2 the Licence; or

18.14.1.3 the Governors' Code of Conduct; or

18.14.1.4 he/she has failed to declare an interest as required by the Constitution or he/she has spoken or voted at a meeting on a matter in which he/she has an interest contrary to the Constitution. For the purpose of this paragraph, "interest" includes a relevant and material interest, or a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect; or

18.14.1.5 he/she is adjudged to have acted in a manner inconsistent with the values of the Foundation Trust or in a manner detrimental to it by a majority of not less than three quarters of the members of the Council of Governors present and voting at a meeting of the Council of Governors.

18.14.2 A Governor whose office is terminated subject to the paragraphs above shall not be eligible to stand for re-election or re-appointment to the Council of Governors for a period of three years from the date of his/her removal from office or the date on which any appeal against his/her removal from office is disposed of, whichever is the later.

18.14.3 A Governor may resign from office at any time during the term of that office by giving notice in writing to the Secretary. Where possible and appropriate, a resigning Governor should agree a notice period with the Secretary prior to resigning from office.

19 Council of Governors – duties of Governors

19.1 The general duties of the Council of Governors are:

19.1.1 to hold the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors, and

19.1.2 to represent the interests of the Members of the Foundation Trust as a whole and the interests of the public.

20 Council of Governors – skills and knowledge

- 20.1** The Foundation Trust must take steps to secure that the Governors are equipped with the skills and knowledge they require in their capacity as Governors.

21 Council of Governors – meetings of Governors

Admission of the Public

- 21.1** Meetings of the Council of Governors shall be open to members of the public. Members of the public and representatives of the press may be excluded from a meeting for special reasons as set out in Annex 6.

Calling Meetings

- 21.2** Subject to paragraph 29 below, the Council of Governors is to meet at least four times per year. Meetings are to be held at such times and places as the Council of Governors may determine.
- 21.3** One of the Council of Governors' meetings shall be an annual meeting held no later than 30 September in each year when the Council of Governors is to receive and consider the Annual Accounts and any report of the Auditor on them and the Board of Directors is to present to the Council of Governors the Annual Report (the "Annual Governors' Meeting").
- 21.4** For the purposes of obtaining information about the Foundation Trust's performance of its functions or the Directors' performance of their duties (and deciding whether to propose a vote on the Foundation Trust's or Directors' performance), the Council of Governors may require one or more of the Directors to attend a meeting of the Council of Governors.
- 21.5** The Council of Governors may invite the Chief Executive, members of the Board of Directors or a representative of the Auditor or other advisors to attend and speak at a meeting of the Council of Governors.
- 21.6** The Chair of the Foundation Trust may call a meeting of the Council of Governors at any time after a requisition for that purpose, signed by at least half of the whole number of Governors, has been presented to him/her at the Foundation Trust headquarters. If the Chair does not call a meeting within ten Clear Days after such a requisition has been presented to him/her, half the Governors or more may call a meeting.

Notice of meetings and agenda

- 21.7** Meetings of the Council of Governors shall be held at such times and places as the Council of Governors may determine.
- 21.8** Before each meeting of the Council of Governors, a notice of the meeting, specifying the business proposed to be transacted at it shall be delivered to every Governor, by post or electronically.
- 21.9** Agendas shall be sent to Governors five Clear Days before the meeting and supporting papers, whenever possible, shall be despatched no later than three Clear Days before the meeting, save in an emergency and with the agreement of the Chair.
- 21.10** In the case of a meeting called by Governors in default of the Chair, the notice shall be

signed by those Governors and no such business shall be transacted at the meeting other than that specified in the notice.

- 21.11** Want of service of the notice on any Governor shall not affect the validity of the meeting. A notice of the meeting shall be presumed to have been served one day after posting or, in the case of a notice being sent electronically, on the date of transmission.
- 21.12** The Council of Governors shall agree the dates of general meetings of the Council of Governors in advance which shall be publicised through reasonable and appropriate means.

Conduct of meetings

- 21.13** The Chair of the Foundation Trust (i.e. the Chair of the Board of Directors, appointed in accordance with the provisions of paragraph 34 below) or, in his/her absence the Deputy Chair (appointed in accordance with the provisions of paragraph 36 below), or in his/her absence one of the Non-Executive Directors shall preside at meetings of the Council of Governors and be the Meeting Chair.
- 21.14** If the Meeting Chair has a conflict of interest in relation to the business being discussed, then the Lead Governor shall chair that part of the meeting. Should the Lead Governor not be present, a Public Governor, chosen by the majority of Governors present and voting, shall chair that part of the meeting.
- 21.15** Governors' behaviour at meetings (and generally as a representative of the Foundation Trust) is expected to be exemplary. Statements of Governors made at meetings of the Council of Governors shall be relevant to the matter under discussion and the decision of the Meeting Chair on questions of order, relevancy, regularity and any other matters shall be final.
- 21.16** The names of the Meeting Chair and Governors present at the meeting shall be recorded in the minutes.

Voting

- 21.17** Every question at a meeting of the Council of Governors shall be determined by a majority of votes of the Governors present and qualified to vote. In the case of the number of votes for and against a motion being equal, the Meeting Chair shall have a casting vote.
- 21.18** Every Governor must make an annual declaration that he is qualified to vote at meetings of the Council of Governors. He/she will do so in the form specified below:

Declaration to the Secretary of the Queen Victoria Hospital NHS Foundation Trust

Elected Governors

"I hereby declare that I am, at the date of this declaration, a member of the [Public / Staff] Constituency, and I am not prevented from being a member of the Council of Governors by reason of any provision of paragraph 8 of Schedule 7 to the 2006 Act or the Constitution."

Appointed Governors

“I hereby declare that I am at the date of this declaration a properly Appointed Governor and I am not prevented from being a member of the Council of Governors by reason of any provision of paragraph 8 of Schedule 7 to the 2006 Act or the Constitution.”

- 21.19** A Governor may not vote at a meeting of the Council of Governors unless, prior to the meeting, he/she has made the declaration referred to in paragraph 21.19 above.
- 21.20** Each Governor must also notify the Secretary as soon as possible and provide a further declaration at any subsequent meeting if his/her circumstances have changed.
- 21.21** All Governors shall be deemed to have confirmed the declaration upon attending any subsequent meeting of the Council of Governors, and every agenda for meetings of the Council of Governors will draw this to the attention of Governors.
- 21.22** All questions put to the vote shall, at the discretion of the Meeting Chair, be determined by oral expression or by a show of hands. A paper ballot may be used if the majority of Governors present so request.
- 21.23** If half of the Governors present so request, the voting (other than by paper ballot) on any question may be recorded to show how each Governor present voted or abstained.
- 21.24** If a Governor so requests, his/her vote shall be recorded by name upon any vote (other than by paper ballot).
- 21.25** In no circumstances may an absent Governor vote by proxy. Absence is defined as being absent at the time of the vote.

Electronic Communication

- 21.26** The Council of Governors may agree that Governors can participate in its meetings by telephone, video or computer link or other such agreed means. Participation in a meeting in this manner shall be deemed exceptional but shall constitute presence in person at the meeting. Express approval from the Meeting Chair must be sought in advance.
- 21.27** Further provisions which apply in these circumstances are set out in Annex 7.

Content and length of speeches

- 21.28** Approval to speak at meetings shall be given by the Meeting Chair. This includes Governors, Members, members of the public or press, Officers or any other person in attendance at a meeting.
- 21.29** Speeches must be directed to the matter, motion or question under discussion or to a point of order.
- 21.30** Unless, in the opinion of the Meeting Chair, it would not be desirable or appropriate to limit speeches on any topic to be discussed, having regard to its nature complexity or importance, no proposal, speech nor any reply, may exceed three minutes.
- 21.31** In the interests of time, the Meeting Chair may, in his/her absolute discretion, limit the number of replies, questions or speeches which are heard at any one meeting.

Quorum

- 21.32** Any meeting of the Council of Governors requires a quorum of at least half of the total

number of Governors to be present, with a majority of those present being Public Governors.

- 21.33** No business shall be carried out at a meeting which is not quorate.
- 21.34** If the Meeting Chair or a Governor has been disqualified from participating in the discussion on any matter and/or from voting on any resolution by reason of the declaration of a conflict of interest (paragraphs 22, 40 and Annex 8), he/she shall no longer count towards the quorum. If a quorum is then not available for the discussion and/or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next agenda item.
- 21.35** If at any meeting of the Council of Governors, there is no quorum present within 30 minutes of the time fixed for the start of the meeting, the meeting shall stand adjourned for a period of at least five Clear Days. The Secretary shall give notice of the date, time and place of the adjourned meeting and, notwithstanding paragraph 21.34 above, upon re-convening, those present shall constitute a quorum.

Committees and groups

- 21.36** The Council of Governors may appoint committees or groups consisting of its members to assist it in carrying out its functions but may not delegate any of its powers or functions to them. A committee or group so appointed may appoint its own working groups.
- 21.37** These committees or groups may include Directors or Officers of the Foundation Trust and/or outside advisors to help them in their tasks.

22 Council of Governors – Conflicts of interest of Governors

- 22.1** If a Governor has a relevant and material interest, or a pecuniary, personal or family interest, whether that interest is actual or potential and whether that interest is direct or indirect, in any proposed contract or other matter which is under consideration or is to be considered by the Council of Governors, the Governor shall disclose the nature and extent of that interest to the members of the Council of Governors as soon as he/she becomes aware of it.
- 22.2** If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, the Governor must make a further declaration before the Foundation Trust enters into the transaction or arrangement.
- 22.3** This paragraph does not require a declaration of an interest of which the Governor is not aware or where the Governor is not aware of the transaction or arrangement in question.
- 22.4** A Governor need not declare an interest if:
- 22.4.1** it cannot reasonably be regarded as likely to give rise to a conflict of interest; or
- 22.4.2** to the extent that the Governors are already aware of it.
- 22.5** Any interests raised by the Governors in this way shall be recorded in the register of interests of the Governors.

- 22.6** Further provisions as to the circumstances in which a Governor must declare a conflict of interest are set out in Annex 8.

23 Council of Governors – remuneration, travel and other expenses

- 23.1** Governors are not to receive remuneration from the Foundation Trust provided that this shall not prevent remuneration of Governors by their employer.
- 23.2** Subject to any Foundation Trust policy on the payment of expenses, the Foundation Trust may pay travelling and other expenses to members of the Council of Governors at rates determined by the Foundation Trust. These shall be published in the Annual Report.

24 Referral to Monitor’s panel for advising Governors

- 24.1** In this paragraph, the "Panel" means a panel of persons appointed by Monitor to which a Governor of the Foundation Trust may refer a question as to whether the Foundation Trust has failed or is failing:
- 24.1.1** to act in accordance with the Constitution; or
 - 24.1.2** to act in accordance with provision made by or under Chapter 5 of the 2006 Act.
- 24.2** A Governor may refer a question to the panel only if more than half of the members of the Council of Governors present and voting approve the referral at a general meeting of the Council of Governors.

25 Governors’ Steering Group (GSG)

- 25.1** The purpose of the Governors’ Steering Group is to:
- 25.1.1** support and facilitate the work of the Council of Governors and make recommendations to it on any aspects of its work;
 - 25.1.2** facilitate communication between the Council of Governors and the Board of Directors;
 - 25.1.3** provide advice and support to the Chair, Chief Executive and the Secretary;
 - 25.1.4** initiate appropriate reviews and reports on matters within the remit of the Council of Governors; and
 - 25.1.5** actively engage the Governors in adding value to the Foundation Trust.
- 25.2** The GSG shall have authority to form working groups to facilitate the work of the GSG and to support any recommendations it may make to the Council of Governors.
- 25.3** The GSG shall meet as regularly as it considers necessary to fulfil its obligations. It shall report to the Council of Governors as required.
- 25.4** Members of the GSG shall be chosen by the Council of Governors and the GSG shall be chaired by the Vice-Chair of the Council of Governors.
- 25.5** The GSG shall invite others to attend its meetings as it considers appropriate and as the need arises.

26 Lead Governor

- 26.1** Following the recommendation of the Chair and approval of the Board of Directors, the Council of Governors may appoint a Lead Governor to attend meetings of the Board of Directors to facilitate communication and engagement between the Board of Directors and the Council of Governors. Although an observer at meetings of the Board of Directors with no voting status, the Lead Governor may participate in discussion.
- 26.2** A Lead Governor shall:
 - 26.2.1** attend all parts of all formal meetings of the Board of Directors as the Council of Governors' representative and provide a report to the Council of Governors; and
 - 26.2.2** act as the link between the Board of Directors and the Council of Governors ensuring effective communication and decision making.
- 26.3** The Lead Governor shall not disclose any matters which are discussed in confidence at meetings of the Board of Directors.

27 Meeting of the Council of Governors to consider the Annual Accounts and Reports

- 27.1** The following documents are to be presented to the Council of Governors at a general meeting of the Council of Governors (the "Annual Governors' Meeting"):
 - 27.1.1** the Annual Accounts;
 - 27.1.2** any report of the Auditor on them; and
 - 27.1.3** the Annual Report.

28 Annual Members' Meeting

- 28.1** The Foundation Trust shall hold an annual meeting of its Members (the "Annual Members' Meeting"). The Annual Members' Meeting shall be open to all members of the public.
- 28.2** In addition to the obligations set out in paragraph 28.3 below, the Council of Governors shall present to each Annual Members' Meeting:
 - 28.2.1** a report on steps taken to secure that, taken as a whole, the actual Membership of the Public Constituency is representative of those eligible for such Membership;
 - 28.2.2** the progress of the Membership Strategy; and
 - 28.2.3** any changes to the Membership Strategy.
- 28.3** At least one member of the Board of Directors must attend each Annual Members' Meeting and present the following documents:
 - 28.3.1** the Annual Accounts;
 - 28.3.2** any report of the Auditor on them;

28.3.3 the Annual Report.

29 Combined Meetings of Members and Governors

- 29.1** The Foundation Trust may combine a meeting of the Council of Governors convened for the purposes of paragraph 27.1 above with the Annual Members' Meeting (paragraph 28).

30 Special Members' Meetings

- 30.1** Notwithstanding any provisions contained in this Constitution regarding meetings of the Council of Governors, the Annual Members' Meetings or meetings of the Board of Directors, the Board of Directors or the Council of Governors may resolve to call special meetings of the Foundation Trust for the benefit of its Members (a "Special Members' Meeting") for the purpose of providing Members with information and to offer Members an opportunity to provide feedback to the Foundation Trust.
- 30.2** Special Members' Meetings are open to all Members of the Foundation Trust, Governors, Directors and representatives of the Auditor and any external consultant as well as members of the general public and representatives of the press unless determined otherwise.
- 30.3** Notwithstanding the provisions of paragraph 30.2 above, the Board of Directors or Council of Governors may invite to attend a Special Members' Meeting any experts or advisors whose attendance they consider to be in the best interests of the Foundation Trust.
- 30.4** Arrangements for the Special Members' Meeting shall be carried out in accordance with arrangements for meetings of the Council of Governors except that the quoracy shall be as follows:
- 30.4.1** Chair (or Deputy Chair);
- 30.4.2** at least one Member from the Staff Constituency; and
- 30.4.3** at least one Member from the Public Constituency.

31 Board of Directors – composition

- 31.1** The Trust is to have a Board of Directors. It shall comprise both Executive Directors and Non-Executive Directors, at least half of which, excluding the Chair, should comprise Non-Executive Directors determined by the Board to be independent.
- 31.2** The Board of Directors is to comprise:
- 31.2.1** the following Non-Executive Directors:
- 31.2.1.1** a Chair; and
- 31.2.1.2** at least four other Non-Executive Directors.
- 31.2.2** the following Executive Directors:
- 31.2.2.1** a Chief Executive (who shall be the Accounting Officer);

31.2.2.2 a Finance Director; and

31.2.2.3 at least two other Executive Directors.

31.3 One of the Executive Directors is to be a Registered Medical Practitioner or a Registered Dentist.

31.4 One of the Executive Directors is to be a Registered Nurse or a Registered Midwife.

31.5 Subject to the provisions of paragraphs 31.3 and 31.4 above, the Board of Directors shall determine any change in the number of Directors, provided that any change in the number shall be in the range set out at paragraph 31.2 above, and that the number of Non-Executive Directors (including the Chair) shall always be greater than the number of Executive Directors. The Council of Governors shall be consulted if the changes relate to the Non-Executive Directors.

31.6 The validity of any act of the Foundation Trust is not affected by any vacancy among the Directors or by any defect in the appointment of any Directors.

32 Board of Directors – general duty

32.1 The general duty of the Board of Directors and of each Director individually, is to act with a view to promoting the success of the Foundation Trust so as to maximise the benefits for the Members of the Foundation Trust as a whole and for the public.

33 Board of Directors – qualification for appointment as a Non-Executive Director

33.1 A person may be appointed as a Non-Executive Director only if he/she:

33.1.1 is a Member of the Public Constituency, and

33.1.2 he/she is not disqualified by virtue of paragraph 38 or Annex 5 below.

34 Board of Directors – appointment of the Chair and other Non-Executive Directors

34.1 The Council of Governors at a general meeting of the Council of Governors shall appoint the Chair of the Foundation Trust and the other Non-Executive Directors, taking into account the views of the Board of Directors on the qualities, skills and experience required for each position.

34.2 The Chair and the Non-Executive Directors shall be appointed for a period of office of up to three years. Any term beyond six years will be subject to annual re-appointment.

34.3 Non-Executive Directors shall be appointed in accordance with a process agreed by the Appointments Committee on behalf of the Council of Governors.

34.4 An existing Non-Executive Director, nearing the end of his/her term, shall be considered for a further term of office, subject to the following:

34.4.1 a satisfactory appraisal that he/she continues to be effective;

34.4.2 he/she continues to demonstrate commitment to the role;

34.4.3 he/she is willing to complete a further term of office;

34.4.4 he/she is not precluded by paragraph 34.2 by virtue of time already served as

a Non-Executive Director.

- 34.5** Should the Appointments Committee decide to advertise externally for a Non-Executive Director, a specification shall be drawn up and approved by the Appointments Committee that shall set out the personal and professional qualities needed.
- 34.6** Where paragraph 34.5 applies, the Appointments Committee shall follow a process which involves advertising for the vacancy, shortlisting against the specification and interviewing candidates. In the case of appointing a Non-Executive Director, the interview panel will include at least one Public Governor and the Chair. In the case of appointing the Chair, the interview panel will include at least one Public Governor and the Senior Independent Director.
- 34.7** Recommendations for appointment shall be taken to the next general meeting of the Council of Governors for formal appointment.

35 Board Directors – suspension and removal of the Chair and other Non-Executive Directors

- 35.1** Removal of the Chair or another Non-Executive Director shall require the approval of three quarters of the members of the Council of Governors.
- 35.2** During any meeting of the Council of Governors at which the Chair may be suspended or removed, the Senior Independent Director shall preside, or if the Senior Independent Director is absent from the meeting or is absent temporarily on the grounds of a conflict of interest, another Non-Executive Director shall preside.
- 35.3** Suspension or removal of the Chair or another Non-Executive Director shall require a resolution to be submitted by three quarters of the members of the Council of Governors and sponsored by at least one Governor.
- 35.4** The Governor sponsoring the resolution shall set out in writing the reasons in support of the resolution. At the meeting of the Council of Governors where the resolution is to be considered and voted upon, the Chair or other Non-Executive Director, who is the subject of the resolution, shall be given the opportunity to respond to the reasons given. If the individual fails to attend the meeting without due cause, the meeting may proceed in their absence. The decision to proceed in these circumstances shall be at the sole discretion of the Meeting Chair.
- 35.5** In making the decision to remove the Chair or another Non-Executive Director, the Council of Governors shall take into account the results of the annual appraisal concerning the individual in question. The Council of Governors shall also remove or suspend a Non-Executive Director in consultation with the Chair (if the matter concerns another Non-Executive Director) or the Senior Independent Director (if the matter concerns the Chair).
- 35.6** If any resolution to suspend or remove either the Chair or another Non-Executive Director is not approved at the meeting of the Council of Governors where the matter was considered, no further resolution can be put forward to suspend or remove such Non-Executive Director, or the Chair, which is based on the same reasons, within twelve calendar months of the date of the meeting at which the resolution was considered.
- 35.7** Suspension is a temporary measure which shall be used to prevent the Chair or a Non-Executive Director from exercising his or her functions pending the completion of an

investigation or removal from office.

35.8 The Council of Governors may use the power of suspension in the following circumstances:

35.8.1 where the Foundation Trust is in receipt of information which gives cause for concern about the Chair or a Non-Executive Director continuing to hold office because of its effect on the reputation of the Trust or on the integrity of the individual in question;

35.8.2 where there is sufficient evidence to warrant removal from office but before removal takes effect; or

35.8.3 where there is an allegation of fraud or other impropriety or other alleged misconduct that would require the Chair or a Non-Executive Director to be suspended to protect patients, staff or public funds.

36 Board of Directors – appointment of the Senior Independent Director and Deputy Chair

36.1 A Senior Independent Director shall be appointed by the Board of Directors in consultation with the Council of Governors.

36.2 A Non-Executive Director appointed as the Senior Independent Director shall be the Senior Independent Director for a period consistent with his/her existing term of office as a Non-Executive Director.

36.3 Any Non-Executive Director so appointed may at any time resign from the office of Senior Independent Director by giving notice in writing to the Secretary.

36.4 The Senior Independent Director may also fulfil the role of the Deputy Chair.

36.5 The Council of Governors at a general meeting of the Council of Governors shall appoint one of the non-executive Directors as Deputy Chair, who may be the Senior Independent Director.

36.6 If the Chair is unable to discharge his/her functions as a Chair of the Foundation Trust, the Deputy Chair will be the “acting Chair” until such time as the Chair is able to discharge his/her functions as Chair or a new Chair is appointed by the Council of Governors in accordance with paragraph 34 above.

37 Board of Directors – appointment and removal of the Chief Executive and other Executive Directors

37.1 The Non-Executive Directors shall appoint or remove the Chief Executive.

37.2 The appointment of the Chief Executive shall require the approval of the Council of Governors.

37.3 A committee consisting of the Chair, the Chief Executive and the other Non-Executive Directors shall appoint or remove the other Executive Directors.

37.4 The Foundation Trust shall establish a committee of Non-Executive Directors and the Chief Executive to decide the remuneration and allowances, and the other terms and conditions of office, of the Executive Directors (the “Nomination and Remuneration Committee”). When deciding the remuneration and allowances, and the other terms

and conditions of office of the Chief Executive, the membership of the Nomination and Remuneration Committee shall not include the Chief Executive.

38 Board of Directors - disqualification

38.1 The following may not become or continue as a member of the Board of Directors:

38.1.1 either:

- a.** an executive or non-executive director or governor of another NHS foundation trust, or
- b.** an executive or non-executive director of another Health Service Body, or
- c.** an executive or non-executive director of a body corporate

which presents a conflict of interest with the affairs of the Foundation Trust which cannot be resolved;

38.1.2 someone who is incapable by reason of his/her mental disorder, illness or injury of managing and/or administering his/her property and/or affairs. In considering whether an individual is incapable by reason of mental disorder, illness or injury of managing and/or administering his/her property and/or affairs, the provisions of the Mental Capacity Act 2005, or any statutory modification thereof, shall be taken into account. Further internal or external advice shall be sought where necessary;

38.1.3 an individual who has refused, without reasonable cause, to fulfil any training requirement established by the Board of Directors;

38.1.4 a person who is the subject of a disqualification order made under the Company Directors' Disqualification Act 1986;

38.1.5 on the basis of disclosures obtained through an application to the Disclosure and Barring Service, he/she is not considered suitable by the Chair; or

38.1.6 someone who has failed to sign and deliver to the Secretary a statement in the form required by the Foundation Trust confirming acceptance of the Directors' Code of Conduct.

38.2 Further circumstances in which an individual may not become or continue as a member of the Board of Directors are set out in Annex 5.

39 Board of Directors – meetings

39.1 Meetings of the Board of Directors shall be open to members of the public. Members of the public and representatives of the press may be excluded from a meeting for special reasons as set out in Annex 6.

39.2 The Board of Directors may agree that Directors can participate in its meetings by telephone, video or computer link or other such agreed means. Participation in a meeting in this manner shall be deemed exceptional but shall constitute presence in person at the meeting.

- 39.3** Further provisions which apply in these circumstances are set out in Annex 7.
- 39.4** Before holding a meeting, the Board of Directors must send a copy of the agenda of the meeting to the Council of Governors. As soon as practicable after holding a meeting, the Board of Directors must send a copy of the minutes of the meeting to the Council of Governors.
- 39.5** In the case of an equality of votes at a meeting of the Board of Directors, the Chair (or Meeting Chair as may be) shall have a casting vote.
- 39.6** The Lead Governor will be invited to attend the Board of Directors' meetings. The Lead Governor shall be entitled to attend all parts of the meeting, even when members of the public and press have been excluded.

40 Board of Directors – Conflicts of interests of Directors

- 40.1** The duties that a Director of the Foundation Trust has by virtue of being a Director include in particular:
- 40.1.1** 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;
 - 40.1.2** a duty not to accept a benefit from a third party by reason of being a Director or doing (or not doing) anything in that capacity.
- 40.2** The duty referred to in sub-paragraph 40.1.1 is not infringed if:
- 40.2.1** the situation cannot reasonably be regarded as likely to give rise to a conflict of interest; or
 - 40.2.2** the matter has been authorised in accordance with the Constitution.
- 40.3** The duty referred to in sub-paragraph 40.1.2 is not infringed if acceptance of the benefit cannot reasonably be regarded as likely to give rise to a conflict of interest.
- 40.4** In sub-paragraph 40.1.2, “third party” means a person other than:
- 40.4.1** the Foundation Trust; or
 - 40.4.2** a person acting on its behalf.
- 40.5** If a Director of the Foundation Trust has in any way a relevant and material interest or a direct or indirect interest in a proposed transaction or arrangement with the Foundation Trust, the Director must declare the nature and extent of that interest to the other Directors. This shall be recorded in the register of interests of the Directors.
- 40.6** If a declaration under this paragraph proves to be, or becomes, inaccurate or incomplete, a further declaration must be made.
- 40.7** Any declaration required by this paragraph must be made before the Foundation Trust

enters into the transaction or arrangement.

40.8 This paragraph does not require a declaration of an interest of which the Director is not aware or where the Director is not aware of the transaction or arrangement in question.

40.9 A Director need not declare an interest:

40.9.1 if it cannot reasonably be regarded as likely to give rise to a conflict of interest;

40.9.2 if, or to the extent that, the Directors are already aware of it;

40.9.3 if, or to the extent that, it concerns terms of the Director's appointment that have been or are to be considered by:

40.9.3.1 a meeting of the Board of Directors; or

40.9.3.2 a committee of the Directors appointed for the purpose under the Constitution.

40.10 Any interests raised by the Directors in this way shall be recorded in the register of interests of the Directors.

40.11 A matter shall have been authorised for the purposes of paragraph 40.2.2 if:

40.11.1 The Directors, in accordance with the requirements set out in this paragraph [40.11], authorise any matter or situation proposed to them by any Director which would, if not authorised, involve a Director (an "Interested Director") breaching his/her duty under paragraph 40.1.1 above to avoid conflicts of interest (a "Conflict").

40.11.2 Any authorisation under this paragraph will be effective only if:

40.11.2.1 the matter in question shall have been proposed by any Director for consideration in the same way that any other matter may be proposed to the Directors under the provisions of this Constitution or in such other manner as the Directors may determine;

40.11.2.2 any requirement as to the quorum for consideration of the relevant matter is met without counting the Interested Director or any other Interested Director; and

40.11.2.3 the matter was agreed to without the Interested Director voting or would have been agreed to if the Interested Director's and any other Interested Director's vote had not been counted.

40.11.3 Any authorisation of a Conflict under this paragraph may (whether at the time of giving the authorisation or subsequently):

40.11.3.1 extend to any actual or potential conflict of interest which may reasonably be expected to arise out of the Conflict so authorised;

- 40.11.3.2** provide that the Interested Director be excluded from the receipt of documents and information and the participation in discussions (whether at meetings of the Directors or otherwise) related to the Conflict;
 - 40.11.3.3** provide that the Interested Director shall or shall not be an eligible Director in respect of any future decision of the Directors in relation to any resolution related to the Conflict;
 - 40.11.3.4** impose upon the Interested Director such other terms for the purposes of dealing with the Conflict as the Directors think fit
 - 40.11.3.5** provide that, where the Interested Director obtains, or has obtained (through his/her involvement in the Conflict and otherwise than through his/her position as a Director of the Foundation Trust) information that is confidential to a third party, he/she will not be obliged to disclose that information to the Board of Directors, or to use it in relation to the Foundation Trust's affairs where to do so would amount to a breach of that confidence; and
 - 40.11.3.6** permit the Interested Director to absent himself/herself from the discussion of matters relating to the Conflict at any meeting of the Directors and be excused from reviewing papers prepared by, or for, the Directors to the extent they relate to such matters. Where the Directors authorise a Conflict, the Interested Director will be obliged to conduct himself/herself in accordance with any terms imposed by the Directors in relation to the Conflict.
- 40.11.4** Where the Directors authorise a Conflict, the Interested Director shall be obliged to conduct himself/herself in accordance with any terms imposed by the Directors in relation to the Conflict.
- 40.11.5** The Directors may revoke or vary such authorisation at any time, but this will not affect anything done by the Interested Director, prior to such revocation or variation in accordance with the terms of such authorisation.
- 40.11.6** A Director is not required, by reason of being a Director to account to the Foundation Trust for any remuneration, profit or other benefit which he/she derives from or in connection with a relationship involving a Conflict which has been authorised by the Directors (subject in each case to any terms, limits or conditions attaching to that authorisation) and no contract shall be liable to be avoided on such grounds.
- 40.12** Subject to paragraph 40.13 below if a question arises at a meeting of Directors or of a committee of Directors as to the right of a Director to participate in the meeting (or part of the meeting) for voting or quorum purposes, the question may, before the conclusion of the meeting, be referred to the Chair whose ruling in relation to any Director other than the Chair is to be final and conclusive.

- 40.13** If any question as to the right to participate in the meeting (or part of the meeting) should arise in respect of the Chair, the question is to be decided by a decision of the Directors (other than the Chair) at that meeting, for which purpose the Chair is not to be counted as participating in the meeting (or that part of the meeting) for voting or quorum purposes.
- 40.14** Further provisions as to the circumstances in which a Director must declare a conflict of interest are set out in Annex 8.

41 Board of Directors – remuneration and terms of office

- 41.1** The Council of Governors at a general meeting of the Council of Governors shall decide the remuneration and allowances, and the other terms and conditions of office, of the Chair and the other Non-Executive Directors. These shall be published in the Annual Report.
- 41.2** Subject to any Foundation Trust policy on the payment of expenses, the Foundation Trust may pay travelling and other expenses to members of the Board of Directors at rates determined by the Foundation Trust.

42 Registers

- 42.1** The Foundation Trust shall have:
- 42.1.1** a register of Members showing, in respect of each Member, the constituency to which he/she belongs;
 - 42.1.2** a register of members of the Council of Governors;
 - 42.1.3** a register of interests of the Governors;
 - 42.1.4** a register of Directors; and
 - 42.1.5** a register of interests of the Directors.
- 42.2** The Secretary shall be responsible for compiling and maintaining the registers which may be kept in either paper or electronic form. Admission to or removal from any register shall be in accordance with the provisions of this Constitution. The Secretary shall update registers with new or amended information as soon as is practical.

43 Admission to and removal from the registers

Register of Members

- 43.1** The Secretary shall maintain a register of Members in two parts.
- 43.2** Part one, which shall be the register referred to in the 2006 Act, shall include the name of each Member and the Constituency to which they belong and this shall be open to inspection by the public in accordance with paragraph 45 below.
- 43.3** Part two shall contain all the information from the application referred to in paragraph 7 and shall not be open to inspection by the public nor may copies or extracts from it be available to any third party (save to the extent that copies or extracts from it be made available to any third party appointed to the Foundation Trust to maintain the register of

the Members and to conduct elections in accordance with the provisions of paragraph 15).

- 43.4** Notwithstanding the provisions of paragraphs 44.1 to 44.3 (inclusive), the Foundation Trust shall extract such information as it needs in aggregate to satisfy itself that the actual Membership of the Foundation Trust's Public Constituency is representative of those eligible for Membership and for the administration of the provisions of this Constitution.

Register of members of the Council of Governors

- 43.5** The register of members of the Council of Governors shall list:

- 43.5.1** the name of each Governor;
- 43.5.2** their category of membership of the Council of Governors (Public, Staff, Local Authority or Partnership Governor);
- 43.5.3** an address through which they can be contacted, which may be the Secretary;
- 43.5.4** the dates of his/her terms of office including start and end date, or date of his/her resignation/removal.

Register of interests of the Governors

- 43.6** The register of interests of the Governors shall contain:

- 43.6.1** the names of each Governor;
- 43.6.2** whether he/she has declared any interests and, if so, the interests declared in accordance with this Constitution;
- 43.6.3** the dates of his/her terms of office including start and end date, or date of his/her resignation/removal.

Register of Directors

- 43.7** The register of Directors shall list:

- 43.7.1** the name of each Director;
- 43.7.2** their capacity on the Board of Directors;
- 43.7.3** address through which they can be contacted, which may be the Secretary;
- 43.7.4** the dates of his/her terms of office including start and end date, or date of his/her resignation/removal.

Register of interests of the Directors

- 43.8** The register of interest of the Directors shall contain:

- 43.8.1 the name of each Director;
- 43.8.2 whether he/she has any declared any interests and, if so, if the interests declared in accordance with this Constitution;
- 43.8.3 the dates of his/her terms of office including start and end date, or date of his/her resignation/removal.

44 Registers – inspection and copies

- 44.1 The Foundation Trust shall make the registers specified in paragraph 43 above available for inspection by members of the public, except in the circumstances set out below or as otherwise prescribed by regulations, including, for the avoidance of doubt, the Public Benefit Corporation (Register of Members) Regulations 2004 (SI2004/539).
- 44.2 The Foundation Trust shall not make any part of its registers available for inspection by members of the public which shows details of any Member of the Foundation Trust, if the Member so requests.
- 44.3 So far as the registers are required to be made available:
 - 44.3.1 they are to be available for inspection free of charge at all reasonable times; and
 - 44.3.2 a person who requests a copy of or extract from the registers is to be provided with a copy or extract.
- 44.4 If the person requesting a copy or extract is not a Member of the Foundation Trust, the Foundation Trust may impose a reasonable charge for doing so.

45 Documents available for public inspection

- 45.1 The Foundation Trust shall make the following documents available for inspection by members of the public free of charge at all reasonable times and on its website:
 - 45.1.1 a copy of the current Constitution;
 - 45.1.2 a copy of the latest Annual Accounts and of any report of the Auditor on them; and
 - 45.1.3 a copy of the latest Annual Report.
- 45.2 The Foundation Trust shall also make the following documents relating to a special administration of the Foundation Trust available for inspection by members of the public free of charge at all reasonable times and on its website:
 - 45.2.1 a copy of any order made under section 65D (appointment of trust special administrator), 65J (power to extend time), 65KC (action following Secretary of State's rejection of final report), 65L (trusts coming out of administration) or 65LA (trusts to be dissolved) of the 2006 Act;
 - 45.2.2 a copy of any report laid under section 65D (appointment of trust special administrator) of the 2006 Act;
 - 45.2.3 a copy of any information published under section 65D (appointment of trust

special administrator) of the 2006 Act;

- 45.2.4** a copy of any draft report published under section 65F (administrator's draft report) of the 2006 Act;
 - 45.2.5** a copy of any statement provided under section 65F (administrator's draft report) of the 2006 Act;
 - 45.2.6** a copy of any notice published under section 65F (administrator's draft report), 65G (consultation plan), 65H (consultation requirements), 65J (power to extend time), 65KA (Monitor's decision), 65KB (Secretary of State's response to Monitor's decision), 65KC (action following Secretary of State's rejection of final report) or 65KD (Secretary of State's response to re-submitted final report) of the 2006 Act;
 - 45.2.7** a copy of any statement published or provided under section 65G (consultation plan) of the 2006 Act;
 - 45.2.8** a copy of any final report published under section 65I (administrator's final report);
 - 45.2.9** a copy of any statement published under section 65J (power to extend time) or 65KC (action following Secretary of State's rejection of final report) of the 2006 Act;
 - 45.2.10** a copy of any information published under section 65M (replacement of trust special administrator) of the 2006 Act.
- 45.3** Any person who requests a copy of or extract from any of the above documents is to be provided with a copy or extract.
- 45.4** If the person requesting a copy or extract is not a Member of the Foundation Trust, the Foundation Trust may impose a reasonable charge for doing so.

46 Auditor

- 46.1** The Foundation Trust shall have an Auditor.
- 46.2** The Audit Committee shall make recommendations to the Council of Governors on the appointment of the Auditor.
- 46.3** In appointing the Auditor, the Council of Governors shall have regard to the recommendations of the Audit Committee.
- 46.4** The Council of Governors shall appoint or remove the Auditor at a general meeting of the Council of Governors.
- 46.5** The Accounting Officer shall ensure that the Auditor carries out his/her duties in accordance with Schedule 10 to the 2006 Act.

47 Audit Committee

- 47.1** The Foundation Trust shall establish a committee of Non-Executive Directors as an Audit Committee to review the establishment of an effective system of internal control and risk management, and to perform such monitoring and reviewing and to carry out other such functions as are appropriate.

48 Accounts

- 48.1** The Foundation Trust must keep proper accounts and proper records in relation to the accounts.
- 48.2** Monitor may with the approval of the Secretary of State give directions to the Foundation Trust as to the content and form of its accounts.
- 48.3** The accounts are to be audited by the Foundation Trust's Auditor.
- 48.4** The Foundation Trust shall prepare in respect of each Financial Year Annual Accounts in such form as Monitor may with the approval of the Secretary of State direct.
- 48.5** The functions of the Foundation Trust with respect to the preparation of the Annual Accounts shall be delegated to the Accounting Officer.

49 Annual Report, Forward Plans and other non-NHS work

- 49.1** The Foundation Trust shall prepare an Annual Report and send it to Monitor.
- 49.2** Each Annual Report shall give:
 - 49.2.1** information on any steps taken by the Foundation Trust to ensure that (taken as a whole) the actual Membership of the Public Constituency is representative of those eligible for such Membership;
 - 49.2.2** information on the remuneration of the Directors and on the expenses of the Governors and the Directors;
 - 49.2.3** the information on the impact that income received by the Trust, otherwise than from the fulfilment of the Principal Purpose, has had on the provision of goods and services for those purposes; and
 - 49.2.4** such other information as may be prescribed by Monitor.
- 49.3** The Foundation Trust shall give information as to its forward planning in respect of each Financial Year to Monitor.
- 49.4** The Forward Plan shall be prepared by the Board of Directors.
- 49.5** In preparing the Forward Plan, the Directors shall have regard to the views of the Council of Governors.
- 49.6** Each Forward Plan shall include information about:
 - 49.6.1** the activities other than the provision of goods and services for the purposes of the health service in England that the Foundation Trust proposes to carry on, and
 - 49.6.2** the income it expects to receive from doing so.
- 49.7** Where a Forward Plan contains a proposal that the Foundation Trust carry on an activity of a kind mentioned in sub-paragraph 49.6.1, the Council of Governors must:
 - 49.7.1** determine whether it is satisfied that the carrying on of the activity will not to any significant extent interfere with the fulfilment by the Foundation Trust of its

Principal Purpose or the performance of its other functions; and

49.7.2 notify the Directors of the Foundation Trust of its determination.

49.8 The Trust's total income in any financial year is made up of: (a) income attributable to its principal purpose as provided in paragraph 3.1 above; plus (b) income attributable to the provision of goods and services for any other purposes ("non NHS income"). If the Trust in any Financial Year proposes to increase its non NHS income and this would result in the non NHS income as a proportion of its total income increasing by 5% or more, then the Trust may implement the proposal only if more than half of the members of the Council of Governors present and voting at a meeting of the Council of Governors approve its implementation.

50 Instruments

50.1 The Foundation Trust shall have a seal.

50.2 The seal shall not be affixed except under the authority of the Board of Directors.

51 Indemnity

51.1 Members of the Council of Governors, the Board of Directors, the Secretary and other Officers of the Foundation Trust who act honestly and in good faith shall not have to meet out of their own personal resources any personal civil liability which is incurred in the execution or purported execution of their functions save where they have acted recklessly. Any costs arising in this way shall be met by the Foundation Trust.

51.2 The Foundation Trust may purchase and maintain insurance against this liability for its own benefit and for the benefit of members of the Council of Governors, Board of Directors, Secretary and other Officers.

51.3 The Foundation Trust may take out insurance either through the NHS Litigation Authority or otherwise in respect of Directors' and Officers' liability, including liability arising by reason of the Foundation Trust acting as a corporate trustee of an NHS charity.

52 Disputes between the Council of Governors and the Board of Directors

52.1 Subject to paragraph 24 above, in the event of a dispute between the Council of Governors and the Board of Directors:

52.1.1 in the first instance, the Chair, on the advice of the Secretary and other such advice as the Chair may see fit to obtain, shall seek to resolve the dispute;

52.1.2 if the Chair is unable to resolve the dispute, he/she shall appoint and chair a special committee comprising equal numbers of Directors and Governors to consider the circumstances and to make recommendations to the Council of Governors and the Board of Directors with a view to resolving the dispute;

52.1.3 if the recommendations (if any) of the special committee are unsuccessful in resolving the dispute, the Chair may refer the dispute back to the Board of Directors who shall make the final decision.

52.2 The dispute resolution procedures set out in this paragraph do not preclude the Governors from referring the matter to a panel of persons appointed by Monitor as set

out in paragraph 24 (above). In these circumstances, the dispute must relate to a question about the Trust failing or failure to act in accordance with the Constitution or in accordance with provision made by or under Chapter 5 of the 2006 Act and must otherwise satisfy the conditions set out in paragraph 24.

53 Amendment of the Constitution

- 53.1** The Trust may make amendments of its Constitution only if:
- 53.1.1** more than half of the members of the Council of Governors present and voting at a meeting of the Council of Governors approve the amendments;
 - 53.1.2** more than half of the members of the Board of Directors present and voting at a meeting of the Board of Directors approve the amendments.
- 53.2** Amendments made under paragraph 53.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the Constitution would, as a result of the amendment, not accord with Schedule 7 of the 2006 Act.
- 53.3** Where an amendment is made to the Constitution in relation to the powers or duties of the Council of Governors (or otherwise with respect to the role that the Council of Governors has as part of the Foundation Trust):
- 53.3.1** at least one member of the Council of Governors must attend the next Annual Members' Meeting and present the amendment to the Members; and
 - 53.3.2** the Foundation Trust must give the Members an opportunity to vote on whether they approve the amendment.
- 53.4** If more than half of the Members present and voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Foundation Trust must take such steps as are necessary as a result.
- 53.5** Amendments by the Foundation Trust of its Constitution are to be notified to Monitor. For the avoidance of doubt, Monitor's functions do not include a power or duty to determine whether or not the Constitution, as a result of the amendments, accords with Schedule 7 of the 2006 Act.

54 Mergers etc.. and Significant Transactions

- 54.1** The Foundation Trust may only apply for a merger, acquisition, separation or dissolution with the approval of more than half of the members of the Council of Governors.
- 54.2** The Foundation Trust may enter into a Significant Transaction only if more than half of the members of the Council of Governors of the Foundation Trust present and voting approve entering into the transaction.
- 54.3** A "Significant Transaction" is a transaction which meets any of the following criteria:

Ratio	Description	Percentage
Assets	The Gross Assets subject to the transaction divided	>25

by the gross assets of the Trust.

Income	<p>The income attributable to:</p> <ul style="list-style-type: none"> • the assets; or • the contract associated with the transaction divided by the income of the Trust. 	>25
Consideration to total Trust Capital	The Gross Capital of the company or business being acquired/divested divided by the Total Capital of the Trust following completion, or the effects on the Total Capital of the Trust resulting from a transaction.	>25

For the purposes of this paragraph:

“Gross Assets” is the total of fixed assets and current assets;

“Gross Capital” equals the market value of the target’s shares and debt securities, plus the excess of current liabilities over current assets; and

“Total Capital” of the Trust equals taxpayers’ equity.

54.4 Notwithstanding the above provisions and for the avoidance of doubt, a Significant Transaction does not include:

54.4.1 a transaction pursuant to: Sections 56, 56A 56B and 57A of the 2006 Act; or

54.4.2 any contracts in place from time to time with Horsham and Mid Sussex Clinical Commissioning Group (or its successor organisation) on behalf of Kent Surrey and Sussex Clinical Commissioning Groups (or their successor organisations), any other Clinical Commissioning Groups and/or the NHS Commissioning Board.

54.5 Any transaction which meets any of the criteria set out in paragraph 54.3 shall be notified to the Council of Governors if the percentage is in excess of 10% but less than 25%.

ANNEX 1 – THE PUBLIC CONSTITUENCY

(Paragraph 8)

PUBLIC CONSTITUENCY OF THE FOUNDATION TRUST

NAME OF CONSTITUENCY	AREA	MINIMUM NO. OF MEMBERS	NO. OF GOVERNORS
Kent, Surrey, East and West Sussex and South London	The electoral wards of: Kent County Council West Sussex County Council East Sussex County Council Surrey County Council Medway Unitary Authority Brighton and Hove City Council London Borough of Croydon London Borough of Kingston London Borough of Merton London Borough of Richmond London Borough of Sutton London Borough of Bexley London Borough of Bromley London Borough of Greenwich London Borough of Lambeth London Borough of Lewisham London Borough of Southwark London Borough of Wandsworth	200	20

ANNEX 2 – THE STAFF CONSTITUENCY

(Paragraph 9)

STAFF CONSTITUENCY OF THE FOUNDATION TRUST

DESCRIPTION OF MEMBERS	MINIMUM NO. OF MEMBERS	NO. OF GOVERNORS
Staff employed by Queen Victoria Hospital NHS Foundation Trust as set out in paragraph 9.1 of the Constitution	50	3

ANNEX 3 – COMPOSITION OF COUNCIL OF GOVERNORS

(Paragraph 14)

COMPOSITION OF THE COUNCIL OF GOVERNORS OF THE FOUNDATION TRUST

Governor Type	Governor Description	No. of Governors
Elected	Public	20
Elected	Staff	3
Total of Elected Governors		23
Appointed (Local Authority)	Local Authority – West Sussex County Council	1
Appointed (Partnership Organisation)	East Grinstead Town Council	1
Appointed (Partnership Organisation)	The League of Friends	1
Total of Appointed Governors		3
Total Number of Governors		26

VACANCIES ARISING ON THE EXPIRY OF A GOVERNOR TERM OF OFFICE

Where a term of office for a Public Governor expires, the Trust will ordinarily hold an election for the relevant public constituency with the duly elected Public Governor for that constituency taking office on the expiry of the existing Public Governor's term of office.

Where requested by the Board for good reason, the Council of Governors shall consider a request to delay such an election for a period of 12 months. Any further period of delay shall only be with the further approval of the Council of Governors and for such period as they may determine. Any votes on such proposals to be by a majority of the Council of Governors voting. Good reasons for a delay include, but are not limited to, the following:

- The effects of a pandemic or other health or civil emergency (or government guidance on the holding of elections for foundation trusts); or
- Anticipated transactions involving the Trust under any of sections 56 (mergers), 56A (Acquisitions) or 57A (dissolution) of the 2006 Act within the forthcoming 12 months.

The request for a delay by the Board and the approval by the Council of Governors may occur at any time prior to the expiry of any relevant existing Public Governor's term of office.

When considering such a request, the Council of Governors must take into account that the Trust must always ensure that the aggregate number of Governors who are Public Governors on the Council of Governors always remains the majority of Governors on the Council of Governors. The request shall be granted where a majority of the Council of Governors voting approve.

Where an election for a Public Governor constituency occurs following any period of delay approved by the Council of Governors, the election thereafter will be for a term ending on the date that the term would have ended but for the delay to the election.

In the case of elections delayed in 2020 by virtue of the pandemic (and prior to these provisions appearing in the Constitution), the election for each Public Governor constituency will be for a term ending on the date that the term would have ended but for the delay to the election.

The validity of any act of the Council of Governors is not affected by any vacancy among the Governors or by any defect in the appointment of any Governor.

ANNEX 4 – THE MODEL ELECTION RULES

(Paragraph 15)

MODEL ELECTION RULES FOR ELECTIONS TO THE COUNCIL OF GOVERNORS

PART 1 INTERPRETATION

1. Interpretation

PART 2 TIMETABLE FOR ELECTION

2. Timetable
3. Computation of time

PART 3 RETURNING OFFICER

4. Returning officer
5. Staff
6. Expenditure
7. Duty of co-operation

PART 4 STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election
9. Nomination of candidates
10. Candidate's particulars
11. Declaration of interests
12. Declaration of eligibility
13. Signature of candidate
14. Decisions as to validity of nomination forms
15. Publication of statement of nominated candidates
16. Inspection of statement of nominated candidates and nomination forms
17. Withdrawal of candidates
18. Method of election

PART 5 CONTESTED ELECTIONS

19. Poll to be taken by ballot
20. The ballot paper
21. The declaration of identity (public and patient constituencies)

Action to be taken before the poll

22. List of eligible voters
23. Notice of poll
24. Issue of voting information by returning officer
25. Ballot paper envelope and covering envelope
26. E-voting systems

The poll

- 27. Eligibility to vote
- 28. Voting by persons who require assistance
- 29. Spoilt ballot papers and spoilt text message votes
- 30. Lost voting information
- 31. Issue of replacement voting information
- 32. ID declaration form for replacement ballot papers (public and patient constituencies)
- 33. Procedure for remote voting by internet
- 34. Procedure for remote voting by telephone
- 35. Procedure for remote voting by text message

Procedure for receipt of envelopes, internet votes, telephone vote and text message votes

- 36. Receipt of voting documents
- 37. Validity of votes
- 38. Declaration of identity but no ballot (public and patient constituency)
- 39. De-duplication of votes
- 40. Sealing of packets

PART 6 COUNTING THE VOTES

STV41. Interpretation of Part 6

- 42. Arrangements for counting of the votes
- 43. The count
- STV44. Rejected ballot papers and rejected text voting records
- FPP44. Rejected ballot papers and rejected text voting records
- STV45. First stage
- STV46. The quota
- STV47. Transfer of votes
- STV48. Supplementary provisions on transfer
- STV49. Exclusion of candidates
- STV50. Filling of last vacancies
- STV51. Order of election of candidates
- FPP51. Equality of votes

PART 7 FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

- FPP52. Declaration of result for contested elections
- STV52. Declaration of result for contested elections
- 53. Declaration of result for uncontested elections

PART 8 DISPOSAL OF DOCUMENTS

- 54. Sealing up of documents relating to the poll

- 55. Delivery of documents
- 56. Forwarding of documents received after close of the poll
- 57. Retention and public inspection of documents
- 58. Application for inspection of certain documents relating to election

PART 9 DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

- FPP59. Countermand or abandonment of poll on death of candidate
- STV59. Countermand or abandonment of poll on death of candidate

PART 10 ELECTION EXPENSES AND PUBLICITY

Expenses

- 60. Election expenses
- 61. Expenses and payments by candidates
- 62. Expenses incurred by other persons

Publicity

- 63. Publicity about election by the corporation
- 64. Information about candidates for inclusion with voting information
- 65. Meaning of “for the purposes of an election”

PART 11 QUESTIONING ELECTIONS AND IRREGULARITIES

- 66. Application to question an election

PART 12 MISCELLANEOUS

- 67. Secrecy
- 68. Prohibition of disclosure of vote
- 69. Disqualification
- 70. Delay in postal service through industrial action or unforeseen event

1. Interpretation

1.1 In these rules, unless the context otherwise requires: “2006 Act” means the National Health Service Act 2006;

“corporation” means the public benefit corporation subject to this constitution; “council of governors” means the council of governors of the corporation; “declaration of identity” has the meaning set out in rule 21.1;

“election” means an election by a constituency, or by a class within a constituency, to fill a vacancy among one or more posts on the council of governors;

“e-voting” means voting using either the internet, telephone or text message; “e-voting information” has the meaning set out in rule 24.2;

“ID declaration form” has the meaning set out in Rule 21.1; “internet voting record” has the meaning set out in rule 26.4(d);

“internet voting system” means such computer hardware and software, data other equipment and services as may be provided by the returning officer for the purpose of enabling voters to cast their votes using the internet;

“lead governor” means the governor nominated by the corporation to fulfil the role described in Appendix B to The NHS Foundation Trust Code of Governance (Monitor, December 2013) or any later version of such code.

“list of eligible voters” means the list referred to in rule 22.1, containing the information in rule 22.2;

“method of polling” means a method of casting a vote in a poll, which may be by post, internet, text message or telephone;

“Monitor” means the corporate body known as Monitor as provided by section 61 of the 2012 Act;

“numerical voting code” has the meaning set out in rule 64.2(b) “polling website” has the meaning set out in rule 26.1;

“postal voting information” has the meaning set out in rule 24.1;

“telephone short code” means a short telephone number used for the purposes of submitting a vote by text message;

“telephone voting facility” has the meaning set out in rule 26.2; “telephone voting record” has the meaning set out in rule 26.5 (d); “text message voting facility” has the meaning set out in rule 26.3; “text voting record” has the meaning set out in rule 26.6 (d);

“the telephone voting system” means such telephone voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by telephone;
“the text message voting system” means such text messaging voting facility as may be provided by the returning officer for the purpose of enabling voters to cast their votes by text message;

“voter ID number” means a unique, randomly generated numeric identifier allocated to each voter by the Returning Officer for the purpose of e-voting,

“voting information” means postal voting information and/or e-voting information

1.2 Other expressions used in these rules and in Schedule 7 to the NHS Act 2006 have the same meaning in these rules as in that Schedule.

PART 2 TIMETABLE FOR ELECTIONS

2. Timetable

2.1 The proceedings at an election shall be conducted in accordance with the following timetable:

Proceeding	Time
Publication of notice of election	Not later than the fortieth day before the day of the close of the poll
Final day for delivery of nomination forms to returning officer	Not later than the twenty eighth day before the day of the close of the poll
Publication of statement of nominated candidates	Not later than the twenty seventh day before the day of the close of the poll
Final day for delivery of notices of withdrawals by candidates from election	Not later than twenty fifth day before the day of the close of the poll
Notice of the poll	Not later than the fifteenth day before the day of the close of the poll
Close of the poll	By 5.00pm on the final day of the election

3. Computation of time

3.1 In computing any period of time for the purposes of the timetable:

- (a) a Saturday or Sunday;
- (b) Christmas day, Good Friday, or a bank holiday, or
- (c) a day appointed for public thanksgiving or mourning,

shall be disregarded, and any such day shall not be treated as a day for the purpose of any proceedings up to the completion of the poll, nor shall the returning officer be obliged to proceed with the counting of votes on such a day.

- 3.2 In this rule, “bank holiday” means a day which is a bank holiday under the Banking and Financial Dealings Act 1971 in England and Wales

PART 3 RETURNING OFFICER

4. Returning Officer

- 4.1 Subject to rule 69, the returning officer for an election is to be appointed by the corporation.
- 4.2 Where two or more elections are to be held concurrently, the same returning officer may be appointed for all those elections.

5. Staff

- 5.1 Subject to rule 69, the returning officer may appoint and pay such staff, including such technical advisers, as he or she considers necessary for the purposes of the election.

6. Expenditure

- 6.1 The corporation is to pay the returning officer:
 - (a) any expenses incurred by that officer in the exercise of his or her functions under these rules,
 - (b) such remuneration and other expenses as the corporation may determine.

7. Duty of co-operation

- 7.1 The corporation is to co-operate with the returning officer in the exercise of his or her functions under these rules.

PART 4 STAGES COMMON TO CONTESTED AND UNCONTESTED ELECTIONS

8. Notice of election

8.1 The returning officer is to publish a notice of the election stating:

- (a) the constituency, or class within a constituency, for which the election is being held,
- (b) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
- (c) the details of any nomination committee that has been established by the corporation,
- (d) the address and times at which nomination forms may be obtained;
- (e) the address for return of nomination forms (including, where the return of nomination forms in an electronic format will be permitted, the e-mail address for such return) and the date and time by which they must be received by the returning officer,
- (f) The date and time by which any notice of withdrawal must be received by the returning officer
- (g) the contact details of the returning officer
- (h) the date and time of the close of the poll in the event of a contest.

9. Nomination of candidates

9.1 Subject to rule 9.2, each candidate must nominate themselves on a single nomination form.

9.2 The returning officer:

- (a) is to supply any member of the corporation with a nomination form, and
- (b) is to prepare a nomination form for signature at the request of any member of the corporation,

but it is not necessary for a nomination to be on a form supplied by the returning officer and a nomination can, subject to rule 13, be in an electronic format.

10. Candidate's particulars

10.1 The nomination form must state the candidate's:

- (a) full name,
- (b) contact address in full (which should be a postal address although an e-mail address may also be provided for the purposes of electronic communication), and
- (c) constituency, or class within a constituency, of which the candidate is a member.

11. Declaration of interests

11.1 The nomination form must state:

- (a) any financial interest that the candidate has in the corporation, and
- (b) whether the candidate is a member of a political party, and if so, which party, and if the candidate has no such interests, the paper must include a statement to that effect.

12. Declaration of eligibility

12.1 The nomination form must include a declaration made by the candidate:

- (a) that he or she is not prevented from being a member of the council of governors by paragraph 8 of Schedule 7 of the 2006 Act or by any provision of the constitution; and,
- (b) for a member of the public or patient constituency, of the particulars of his or her qualification to vote as a member of that constituency, or class within that constituency, for which the election is being held.

13. Signature of candidate

13.1 The nomination form must be signed and dated by the candidate, in a manner prescribed by the returning officer, indicating that:

- (a) they wish to stand as a candidate,
- (b) their declaration of interests as required under rule 11, is true and correct, and
- (c) their declaration of eligibility, as required under rule 12, is true and correct.

13.2 Where the return of nomination forms in an electronic format is permitted, the returning officer shall specify the particular signature formalities (if any) that will

need to be complied with by the candidate.

14. Decisions as to the validity of nomination

- 14.1 Where a nomination form is received by the returning officer in accordance with these rules, the candidate is deemed to stand for election unless and until the returning officer:
- (a) decides that the candidate is not eligible to stand,
 - (b) decides that the nomination form is invalid,
 - (c) receives satisfactory proof that the candidate has died, or
 - (d) receives a written request by the candidate of their withdrawal from candidacy.
- 14.2 The returning officer is entitled to decide that a nomination form is invalid only on one of the following grounds:
- (a) that the paper is not received on or before the final time and date for return of nomination forms, as specified in the notice of the election,
 - (b) that the paper does not contain the candidate's particulars, as required by rule 10; (c) that the paper does not contain a declaration of the interests of the candidate, as required by rule 11,
 - (d) that the paper does not include a declaration of eligibility as required by rule 12, or
 - (e) that the paper is not signed and dated by the candidate, if required by rule 13.
- 14.3 The returning officer is to examine each nomination form as soon as is practicable after he or she has received it, and decide whether the candidate has been validly nominated.
- 14.4 Where the returning officer decides that a nomination is invalid, the returning officer must endorse this on the nomination form, stating the reasons for their decision.
- 14.5 The returning officer is to send notice of the decision as to whether a nomination is valid or invalid to the candidate at the contact address given in the candidate's nomination form. If an e-mail address has been given in the candidate's nomination form (in addition to the candidate's postal address), the returning officer may send notice of the decision to that address.

15. Publication of statement of candidates

15.1 The returning officer is to prepare and publish a statement showing the candidates who are standing for election.

15.2 The statement must show:

(a) the name, contact address (which shall be the candidate's postal address), and constituency or class within a constituency of each candidate standing, and

(b) the declared interests of each candidate standing, as given in their nomination form.

15.3 The statement must list the candidates standing for election in alphabetical order by surname.

15.4 The returning officer must send a copy of the statement of candidates and copies of the nomination forms to the corporation as soon as is practicable after publishing the statement.

16. Inspection of statement of nominated candidates and nomination forms

16.1 The corporation is to make the statement of the candidates and the nomination forms supplied by the returning officer under rule 15.4 available for inspection by members of the corporation free of charge at all reasonable times.

16.2 If a member of the corporation requests a copy or extract of the statement of candidates or their nomination forms, the corporation is to provide that member with the copy or extract free of charge.

17. Withdrawal of candidates

17.1 A candidate may withdraw from election on or before the date and time for withdrawal by candidates, by providing to the returning officer a written notice of withdrawal which is signed by the candidate and attested by a witness.

18. Method of election

18.1 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is greater than the number of members to be elected to the council of governors, a poll is to be taken in accordance with Parts 5 and 6 of these rules.

18.2 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is equal to the number of members to be elected to the council of governors, those candidates are to be declared elected in accordance with Part 7 of these rules.

- 18.3 If the number of candidates remaining validly nominated for an election after any withdrawals under these rules is less than the number of members to be elected to be council of governors, then:
- (a) the candidates who remain validly nominated are to be declared elected in accordance with Part 7 of these rules, and
 - (b) the returning officer is to order a new election to fill any vacancy which remains unfilled, on a day appointed by him or her in consultation with the corporation.

19. Poll to be taken by ballot

- 19.1 The votes at the poll must be given by secret ballot.
- 19.2 The votes are to be counted and the result of the poll determined in accordance with Part 6 of these rules.
- 19.3 The corporation may decide that voters within a constituency or class within a constituency, may, subject to rule 19.4, cast their votes at the poll using such different methods of polling in any combination as the corporation may determine.
- 19.4 The corporation may decide that voters within a constituency or class within a constituency for whom an e-mail address is included in the list of eligible voters may only cast their votes at the poll using an e-voting method of polling.
- 19.5 Before the corporation decides, in accordance with rule 19.3 that one or more e-voting methods of polling will be made available for the purposes of the poll, the corporation must satisfy itself that:
 - (a) if internet voting is to be a method of polling, the internet voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate internet voting record in respect of any voter who casts his or her vote using the internet voting system;
 - (b) if telephone voting to be a method of polling, the telephone voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate telephone voting record in respect of any voter who casts his or her vote using the telephone voting system;
 - (c) if text message voting is to be a method of polling, the text message voting system to be used for the purpose of the election is:
 - (i) configured in accordance with these rules; and
 - (ii) will create an accurate text voting record in respect of any voter who casts his or her vote using the text message voting system.

20. The ballot paper

- 20.1 The ballot of each voter (other than a voter who casts his or her ballot by an e-

voting method of polling) is to consist of a ballot paper with the persons remaining validly nominated for an election after any withdrawals under these rules, and no others, inserted in the paper.

20.2 Every ballot paper must specify:

- (a) the name of the corporation,
- (b) the constituency, or class within a constituency, for which the election is being held,
- (c) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
- (d) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
- (e) instructions on how to vote by all available methods of polling, including the relevant voter's voter ID number if one or more e-voting methods of polling are available,
- (f) if the ballot paper is to be returned by post, the address for its return and the date and time of the close of the poll, and
- (g) the contact details of the returning officer.

20.3 Each ballot paper must have a unique identifier.

20.4 Each ballot paper must have features incorporated into it to prevent it from being reproduced.

21. The declaration of identity (public and patient constituencies)

21.1 The corporation shall require each voter who participates in an election for a public or patient constituency to make a declaration confirming:

- (a) that the voter is the person:
 - (i) to whom the ballot paper was addressed, and/or
 - (ii) to whom the voter ID number contained within the e-voting information was allocated,
- (b) that he or she has not marked or returned any other voting information in the election, and
- (c) the particulars of his or her qualification to vote as a member of the

constituency or class within the constituency for which the election is being held.

("declaration of identity")

and the corporation shall make such arrangements as it considers appropriate to facilitate the making and the return of a declaration of identity by each voter, whether by the completion of a paper form ("ID declaration form") or the use of an electronic method.

- 21.2 The voter must be required to return his or her declaration of identity with his or her ballot.
- 21.3 The voting information shall caution the voter that if the declaration of identity is not duly returned or is returned without having been made correctly, any vote cast by the voter may be declared invalid.

Action to be taken before the poll

22. List of eligible voters

- 22.1 The corporation is to provide the returning officer with a list of the members of the constituency or class within a constituency for which the election is being held who are eligible to vote by virtue of rule 27 as soon as is reasonably practicable after the final date for the delivery of notices of withdrawals by candidates from an election.
- 22.2 The list is to include, for each member:
 - (a) a postal address; and,
 - (b) the member's e-mail address, if this has been provided to which his or her voting information may, subject to rule 22.3, be sent.
- 22.3 The corporation may decide that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list.

23. Notice of poll

- 23.1 The returning officer is to publish a notice of the poll stating:
 - (a) the name of the corporation,
 - (b) the constituency, or class within a constituency, for which the election is being held,
 - (c) the number of members of the council of governors to be elected from

- that constituency, or class with that constituency,
- (d) the names, contact addresses, and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
- (e) that the ballot papers for the election are to be issued and returned, if appropriate, by post,
- (f) the methods of polling by which votes may be cast at the election by voters in a constituency or class within a constituency, as determined by the corporation in accordance with rule 19.3,
- (g) the address for return of the ballot papers,
- (h) the uniform resource locator (url) where, if internet voting is a method of polling, the polling website is located;
- (i) the telephone number where, if telephone voting is a method of polling, the telephone voting facility is located,
- (j) the telephone number or telephone short code where, if text message voting is a method of polling, the text message voting facility is located,
- (k) the date and time of the close of the poll,
- (l) the address and final dates for applications for replacement voting information, and
- (m) the contact details of the returning officer.

24. Issue of voting information by returning officer

24.1 Subject to rule 24.3, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the following information by post to each member of the corporation named in the list of eligible voters:

- (a) a ballot paper and ballot paper envelope,
- (b) the ID declaration form (if required),
- (c) information about each candidate standing for election, pursuant to rule 61 of these rules, and
- (d) a covering envelope; (“postal voting information”).

24.2 Subject to rules 24.3 and 24.4, as soon as is reasonably practicable on or after the publication of the notice of the poll, the returning officer is to send the

following information by e-mail and/ or by post to each member of the corporation named in the list of eligible voters whom the corporation determines in accordance with rule 19.3 and/ or rule 19.4 may cast his or her vote by an e-voting method of polling:

- (a) instructions on how to vote and how to make a declaration of identity (if required),
- (b) the voter's voter ID number,
- (c) information about each candidate standing for election, pursuant to rule 64 of these rules, or details of where this information is readily available on the internet or available in such other formats as the Returning Officer thinks appropriate,
- (d) contact details of the returning officer, ("e-voting information").

24.3 The corporation may determine that any member of the corporation shall:

- (a) only be sent postal voting information; or
 - (b) only be sent e-voting information; or
 - (c) be sent both postal voting information and e-voting information;
- for the purposes of the poll.

24.4 If the corporation determines, in accordance with rule 22.3, that the e-voting information is to be sent only by e-mail to those members in the list of eligible voters for whom an e-mail address is included in that list, then the returning officer shall only send that information by e-mail.

24.5 The voting information is to be sent to the postal address and/ or e-mail address for each member, as specified in the list of eligible voters.

25. Ballot paper envelope and covering envelope

25.1 The ballot paper envelope must have clear instructions to the voter printed on it, instructing the voter to seal the ballot paper inside the envelope once the ballot paper has been marked.

25.2 The covering envelope is to have:

- (a) the address for return of the ballot paper printed on it, and
- (b) pre-paid postage for return to that address.

25.3 There should be clear instructions, either printed on the covering envelope or elsewhere, instructing the voter to seal the following documents inside the covering envelope and return it to the returning officer –

- (a) the completed ID declaration form if required, and
- (b) the ballot paper envelope, with the ballot paper sealed inside it.

26. E-voting systems

- 26.1 If internet voting is a method of polling for the relevant election then the returning officer must provide a website for the purpose of voting over the internet (in these rules referred to as "the polling website").
- 26.2 If telephone voting is a method of polling for the relevant election then the returning officer must provide an automated telephone system for the purpose of voting by the use of a touch-tone telephone (in these rules referred to as "the telephone voting facility").
- 26.3 If text message voting is a method of polling for the relevant election then the returning officer must provide an automated text messaging system for the purpose of voting by text message (in these rules referred to as "the text message voting facility").
- 26.4 The returning officer shall ensure that the polling website and internet voting system provided will:
 - (a) require a voter to:
 - (i) enter his or her voter ID number; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;
 in order to be able to cast his or her vote;
 - (b) specify:
 - (i) the name of the corporation
 - (ii) the constituency, or class within a constituency, for which the election is being held.
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (iv) the names and other particulars of the candidates standing for election, with the details and order being the same as in the statement of nominated candidates,
 - (v) instructions on how to vote and how to make a declaration of identity,
 - (vi) the date and time of the close of the poll, and
 - (vii) the contact details of the returning officer;
 - (viii)
 - (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;

- (d) create a record ("internet voting record") that is stored in the internet voting system in respect of each vote cast by a voter using the internet that comprises of-
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (iii) the candidate or candidates for whom the voter has voted; and
 - (iv) the date and time of the voter's vote,
- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this; and
- (f) prevent any voter from voting after the close of poll.

26.5 The returning officer shall ensure that the telephone voting facility and telephone voting system provided will:

- (a) require a voter to
 - (i) enter his or her voter ID number in order to be able to cast his or her vote; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;
- (b) specify:
 - (i) the name of the corporation,
 - (ii) the constituency, or class within a constituency, for which the election is being held,
 - (iii) the number of members of the council of governors to be elected from that constituency, or class within that constituency,
 - (iv) instructions on how to vote and how to make a declaration of identity,
 - (v) the date and time of the close of the poll, and
 - (vi) the contact details of the returning officer;
- (c) prevent a voter from voting for more candidates than he or she is entitled to at the election;
- (d) create a record ("telephone voting record") that is stored in the telephone voting system in respect of each vote cast by a voter using the telephone that comprises of:
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (iii) the candidate or candidates for whom the voter has voted; and
 - (iv) the date and time of the voter's vote

- (e) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
 - (f) prevent any voter from voting after the close of poll.
- 26.6 The returning officer shall ensure that the text message voting facility and text messaging voting system provided will:
- (a) require a voter to:
 - (i) provide his or her voter ID number; and
 - (ii) where the election is for a public or patient constituency, make a declaration of identity;
 in order to be able to cast his or her vote;
 - (b) prevent a voter from voting for more candidates than he or she is entitled to at the election;
 - (c) create a record ("text voting record") that is stored in the text messaging voting system in respect of each vote cast by a voter by text message that comprises of:
 - (i) the voter's voter ID number;
 - (ii) the voter's declaration of identity (where required);
 - (iii) the candidate or candidates for whom the voter has voted; and
 - (iv) the date and time of the voter's vote
 - (d) if the voter's vote has been duly cast and recorded, provide the voter with confirmation of this;
 - (e) prevent any voter from voting after the close of poll.

The poll

27. Eligibility to vote

- 27.1 An individual who becomes a member of the corporation on or before the closing date for the receipt of nominations by candidates for the election, is eligible to vote in that election.

28. Voting by persons who require assistance

- 28.1 The returning officer is to put in place arrangements to enable requests for assistance to vote to be made.
- 28.2 Where the returning officer receives a request from a voter who requires assistance to vote, the returning officer is to make such arrangements as he or she considers necessary to enable that voter to vote.

29. Spoilt ballot papers and spoilt text message votes

- 29.1 If a voter has dealt with his or her ballot paper in such a manner that it cannot be accepted as a ballot paper (referred to as a “spoilt ballot paper”), that voter may apply to the returning officer for a replacement ballot paper.
- 29.2 On receiving an application, the returning officer is to obtain the details of the unique identifier on the spoilt ballot paper, if he or she can obtain it.
- 29.3 The returning officer may not issue a replacement ballot paper for a spoilt ballot paper unless he or she:
- (a) is satisfied as to the voter’s identity; and
 - (b) has ensured that the completed ID declaration form, if required, has not been returned.
- 29.4 After issuing a replacement ballot paper for a spoilt ballot paper, the returning officer shall enter in a list (“the list of spoilt ballot papers”):
- (a) the name of the voter, and
 - (b) the details of the unique identifier of the spoilt ballot paper (if that officer was able to obtain it), and
 - (c) the details of the unique identifier of the replacement ballot paper.
- 29.5 If a voter has dealt with his or her text message vote in such a manner that it cannot be accepted as a vote (referred to as a “spoilt text message vote”), that voter may apply to the returning officer for a replacement voter ID number.
- 29.6 On receiving an application, the returning officer is to obtain the details of the voter ID number on the spoilt text message vote, if he or she can obtain it.
- 29.7 The returning officer may not issue a replacement voter ID number in respect of a spoilt text message vote unless he or she is satisfied as to the voter’s identity.
- 29.8 After issuing a replacement voter ID number in respect of a spoilt text message vote, the returning officer shall enter in a list (“the list of spoilt text message votes”):
- (a) the name of the voter, and
 - (b) the details of the voter ID number on the spoilt text message vote (if that officer was able to obtain it), and
 - (c) the details of the replacement voter ID number issued to the voter

30. Lost voting information

- 30.1 Where a voter has not received his or her voting information by the tenth day before the close of the poll, that voter may apply to the returning officer for replacement voting information.
- 30.2 The returning officer may not issue replacement voting information in respect of lost voting information unless he or she:
- (a) is satisfied as to the voter's identity,
 - (b) has no reason to doubt that the voter did not receive the original voting information,
 - (c) has ensured that no declaration of identity, if required, has been returned.
- 30.3 After issuing replacement voting information in respect of lost voting information, the returning officer shall enter in a list ("the list of lost ballot documents"):
- (a) the name of the voter
 - (b) the details of the unique identifier of the replacement ballot paper, if applicable, and
 - (c) the voter ID number of the voter.
31. Issue of replacement voting information
- 31.1 If a person applies for replacement voting information under rule 29 or 30 and a declaration of identity has already been received by the returning officer in the name of that voter, the returning officer may not issue replacement voting information unless, in addition to the requirements imposed by rule 29.3 or 30.2, he or she is also satisfied that that person has not already voted in the election, notwithstanding the fact that a declaration of identity if required has already been received by the returning officer in the name of that voter.
- 31.2 After issuing replacement voting information under this rule, the returning officer shall enter in a list ("the list of tendered voting information"):
- (a) the name of the voter,
 - (b) the unique identifier of any replacement ballot paper issued under this rule;
 - (c) the voter ID number of the voter.

32. ID declaration form for replacement ballot papers (public and

patient constituencies)

- 32.1 In respect of an election for a public or patient constituency an ID declaration form must be issued with each replacement ballot paper requiring the voter to make a declaration of identity.

Polling by internet, telephone or text

33. Procedure for remote voting by internet

- 33.1 To cast his or her vote using the internet, a voter will need to gain access to the polling website by keying in the url of the polling website provided in the voting information.
- 33.2 When prompted to do so, the voter will need to enter his or her voter ID number.
- 33.3 If the internet voting system authenticates the voter ID number, the system will give the voter access to the polling website for the election in which the voter is eligible to vote.
- 33.4 To cast his or her vote, the voter will need to key in a mark on the screen opposite the particulars of the candidate or candidates for whom he or she wishes to cast his or her vote.
- 33.5 The voter will not be able to access the internet voting system for an election once his or her vote at that election has been cast.

34. Voting procedure for remote voting by telephone

- 34.1 To cast his or her vote by telephone, the voter will need to gain access to the telephone voting facility by calling the designated telephone number provided in the voter information using a telephone with a touch-tone keypad.
- 34.2 When prompted to do so, the voter will need to enter his or her voter ID number using the keypad.
- 34.3 If the telephone voting facility authenticates the voter ID number, the voter will be prompted to vote in the election.
- 34.4 When prompted to do so the voter may then cast his or her vote by keying in the numerical voting code of the candidate or candidates, for whom he or she wishes to vote.
- 34.5 The voter will not be able to access the telephone voting facility for an election once his or her vote at that election has been cast.

35. Voting procedure for remote voting by text message

- 35.1 To cast his or her vote by text message the voter will need to gain access to the text message voting facility by sending a text message to the designated telephone number or telephone short code provided in the voter information.
- 35.2 The text message sent by the voter must contain his or her voter ID number and the numerical voting code for the candidate or candidates, for whom he or she wishes to vote.
- 35.3 The text message sent by the voter will need to be structured in accordance with the instructions on how to vote contained in the voter information, otherwise the vote will not be cast.

Procedure for receipt of envelopes, internet votes, telephone votes and text message votes

36. Receipt of voting documents

- 36.1 Where the returning officer receives:
- (a) a covering envelope, or
 - (b) any other envelope containing an ID declaration form if required, a ballot paper envelope, or a ballot paper,
- before the close of the poll, that officer is to open it as soon as is practicable; and rules 37 and 38 are to apply.
- 36.2 The returning officer may open any covering envelope or any ballot paper envelope for the purposes of rules 37 and 38, but must make arrangements to ensure that no person obtains or communicates information as to:
- (a) the candidate for whom a voter has voted, or
 - (b) the unique identifier on a ballot paper.
- 36.3 The returning officer must make arrangements to ensure the safety and security of the ballot papers and other documents.

37. Validity of votes

- 37.1 A ballot paper shall not be taken to be duly returned unless the returning officer is satisfied that it has been received by the returning officer before the close of the poll, with an ID declaration form if required that has been correctly completed, signed and dated.
- 37.2 Where the returning officer is satisfied that rule 37.1 has been fulfilled, he or she is to:

- (a) put the ID declaration form if required in a separate packet, and
 - (b) put the ballot paper aside for counting after the close of the poll.
- 37.3 Where the returning officer is not satisfied that rule 37.1 has been fulfilled, he or she is to:
- (a) mark the ballot paper “disqualified”,
 - (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
 - (c) record the unique identifier on the ballot paper in a list of disqualified documents (the “list of disqualified documents”); and
 - (d) place the document or documents in a separate packet.
- 37.4 An internet, telephone or text message vote shall not be taken to be duly returned unless the returning officer is satisfied that the internet voting record, telephone voting record or text voting record (as applicable) has been received by the returning officer before the close of the poll, with a declaration of identity if required that has been correctly made.
- 37.5 Where the returning officer is satisfied that rule 37.4 has been fulfilled, he or she is to put the internet voting record, telephone voting record or text voting record (as applicable) aside for counting after the close of the poll.
- 37.6 Where the returning officer is not satisfied that rule 37.4 has been fulfilled, he or she is to:
- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
 - (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents; and
 - (c) place the document or documents in a separate packet.
38. Declaration of identity but no ballot paper (public and patient constituency)¹
- 38.1 Where the returning officer receives an ID declaration form if required but no ballot paper, the returning officer is to:
- (a) mark the ID declaration form “disqualified”,
 - (b) record the name of the voter in the list of disqualified documents, indicating that a declaration of identity was received from the voter without a ballot paper, and

- (c) place the ID declaration form in a separate packet

39. De-duplication of votes

39.1 Where different methods of polling are being used in an election, the returning officer shall examine all votes cast to ascertain if a voter ID number has been used more than once to cast a vote in the election.

39.2 If the returning officer ascertains that a voter ID number has been used more than once to cast a vote in the election he or she shall:

- (a) only accept as duly returned the first vote received that was cast using the relevant voter ID number; and
- (b) mark as “disqualified” all other votes that were cast using the relevant voter ID number

39.3 Where a ballot paper is disqualified under this rule the returning officer shall:

- (a) mark the ballot paper “disqualified”,
- (b) if there is an ID declaration form accompanying the ballot paper, mark it “disqualified” and attach it to the ballot paper,
- (c) record the unique identifier and the voter ID number on the ballot paper in the list of disqualified documents;
- (d) place the document or documents in a separate packet; and
- (e) disregard the ballot paper when counting the votes in accordance with these rules.

39.4 Where an internet voting record, telephone voting record or text voting record is disqualified under this rule the returning officer shall:

- (a) mark the internet voting record, telephone voting record or text voting record (as applicable) “disqualified”,
- (b) record the voter ID number on the internet voting record, telephone voting record or text voting record (as applicable) in the list of disqualified documents;
- (c) place the internet voting record, telephone voting record or text voting record (as applicable) in a separate packet, and

- (d) disregard the internet voting record, telephone voting record or text voting record (as applicable) when counting the votes in accordance with these rules.

40. Sealing of packets

40.1 As soon as is possible after the close of the poll and after the completion of the procedure under rules 37 and 38, the returning officer is to seal the packets containing:

- (a) the disqualified documents, together with the list of disqualified documents inside it,
- (b) the ID declaration forms, if required,
- (c) the list of spoilt ballot papers and the list of spoilt text message votes,
- (d) the list of lost ballot documents,
- (e) the list of eligible voters, and
- (f) the list of tendered voting information

and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

PART 6 COUNTING THE VOTES

STV41. Interpretation of Part 6

STV41.1 In Part 6 of these rules:

“ballot document” means a ballot paper, internet voting record, telephone voting record or text voting record.

“continuing candidate” means any candidate not deemed to be elected, and not excluded,

“count” means all the operations involved in counting of the first preferences recorded for candidates, the transfer of the surpluses of elected candidates, and the transfer of the votes of the excluded candidates,

“deemed to be elected” means deemed to be elected for the purposes of counting of votes but without prejudice to the declaration of the result of the poll,

“mark” means a figure, an identifiable written word, or a mark such as “X”,

“non-transferable vote” means a ballot document:

(a) on which no second or subsequent preference is recorded for a continuing candidate,

or

(b) which is excluded by the returning officer under rule STV49,

“*preference*” as used in the following contexts has the meaning assigned below:

(a) “first preference” means the figure “1” or any mark or word which clearly indicates a first (or only) preference,

(b) “next available preference” means a preference which is the second, or

as the case may be, subsequent preference recorded in consecutive order for a continuing candidate (any candidate who is deemed to be elected or is excluded thereby being ignored); and

- (c) in this context, a “second preference” is shown by the figure “2” or any mark or word which clearly indicates a second preference, and a third preference by the figure “3” or any mark or word which clearly indicates a third preference, and so on,

“*quota*” means the number calculated in accordance with rule STV46,

“surplus” means the number of votes by which the total number of votes for any candidate (whether first preference or transferred votes, or a combination of both) exceeds the quota; but references in these rules to the transfer of the surplus means the transfer (at a transfer value) of all transferable ballot documents from the candidate who has the surplus,

“stage of the count” means:

- (a) the determination of the first preference vote of each candidate,
- (b) the transfer of a surplus of a candidate deemed to be elected, or
- (c) the exclusion of one or more candidates at any given time,

“transferable vote” means a ballot document on which, following a first preference, a second or subsequent preference is recorded in consecutive numerical order for a continuing candidate,

“transferred vote” means a vote derived from a ballot document on which a second or subsequent preference is recorded for the candidate to whom that ballot document has been transferred, and

“transfer value” means the value of a transferred vote calculated in accordance with rules STV47.4 or STV47.7.

42. Arrangements for counting of the votes

42.1 The returning officer is to make arrangements for counting the votes as soon as is practicable after the close of the poll.

42.2 The returning officer may make arrangements for any votes to be counted using vote counting software where:

- (a) the board of directors and the council of governors of the corporation have approved:
 - (i) The use of such software for the purpose of counting votes in the relevant election, and
 - (ii) a policy governing the use of such software, and

- (b) the corporation and the returning officer are satisfied that the use of such software will produce an accurate result.

43. The count

43.1 The returning officer is to:

- (a) count and record the number of:
 - (i) ballot papers that have been returned; and
 - (ii) the number of internet voting records, telephone voting records and/or text voting records that have been created, and
- (b) count the votes according to the provisions in this Part of the rules and/or the provisions of any policy approved pursuant to rule 42.2(ii) where vote counting software is being used.

43.2 The returning officer, while counting and recording the number of ballot papers, internet voting records, telephone voting records and/or text voting records and counting the votes, must make arrangements to ensure that no person obtains or communicates information as to the unique identifier on a ballot paper or the voter ID number on an internet voting record, telephone voting record or text voting record.

43.3 The returning officer is to proceed continuously with counting the votes as far as is practicable.

STV44 Rejected ballot papers and rejected text voting records

STV44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the ballot paper shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other

mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.2 The returning officer is to endorse the word “rejected” on any ballot paper which under this rule is not to be counted.

STV44.3 Any text voting record:

- (a) on which the figure “1” standing alone is not placed so as to indicate a first preference for any candidate,
- (b) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (c) which is unmarked or rejected because of uncertainty,

shall be rejected and not counted, but the text voting record shall not be rejected by reason only of carrying the words “one”, “two”, “three” and so on, or any other mark instead of a figure if, in the opinion of the returning officer, the word or mark clearly indicates a preference or preferences.

STV44.4 The returning officer is to endorse the word “rejected” on any text voting record which under this rule is not to be counted.

STV44.5 The returning officer is to draw up a statement showing the number of ballot papers rejected by him or her under each of the subparagraphs (a) to (d) of rule STV44.1 and the number of text voting records rejected by him or her under each of the sub-paragraphs (a) to (c) of rule STV44.3.

FPP44. Rejected ballot papers and rejected text voting records

FPP44.1 Any ballot paper:

- (a) which does not bear the features that have been incorporated into the other ballot papers to prevent them from being reproduced,
- (b) on which votes are given for more candidates than the voter is entitled to vote,
- (c) on which anything is written or marked by which the voter can be identified except the unique identifier, or
- (d) which is unmarked or rejected because of uncertainty,

shall, subject to rules FPP44.2 and FPP44.3, be rejected and not counted.

FPP44.2 Where the voter is entitled to vote for more than one candidate, a ballot paper is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.3 A ballot paper on which a vote is marked:

- (a) elsewhere than in the proper place,
- (b) otherwise than by means of a clear mark,
- (c) by more than one mark,

is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the paper is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.4 The returning officer is to:

- (a) endorse the word “rejected” on any ballot paper which under this rule is not to be counted, and
- (b) in the case of a ballot paper on which any vote is counted under rules FPP44.2 and FPP 44.3, endorse the words “rejected in part” on the ballot paper and indicate which vote or votes have been counted.

FPP44.5 The returning officer is to draw up a statement showing the number of rejected ballot papers under the following headings:

- (a) does not bear proper features that have been incorporated into the ballot paper,
- (b) voting for more candidates than the voter is entitled to,
- (c) writing or mark by which voter could be identified, and
- (d) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of ballot papers rejected in part.

FPP44.6 Any text voting record:

- (a) on which votes are given for more candidates than the voter is entitled to vote,
- (b) on which anything is written or marked by which the voter can be identified except the voter ID number, or
- (c) which is unmarked or rejected because of uncertainty, shall, subject to rules FPP44.7 and FPP44.8, be rejected and not counted.

FPP44.7 Where the voter is entitled to vote for more than one candidate, a text voting record is not to be rejected because of uncertainty in respect of any vote where no uncertainty arises, and that vote is to be counted.

FPP44.8 A text voting record on which a vote is marked:

- (a) otherwise than by means of a clear mark,
 - (b) by more than one mark,
- is not to be rejected for such reason (either wholly or in respect of that vote) if an intention that the vote shall be for one or other of the candidates clearly appears, and the way the text voting record is marked does not itself identify the voter and it is not shown that he or she can be identified by it.

FPP44.9 The returning officer is to:

- (a) endorse the word “rejected” on any text voting record which under this rule is not to be counted, and
- (b) in the case of a text voting record on which any vote is counted under rules FPP44.7 and FPP 44.8, endorse the words “rejected in part” on the text voting record and indicate which vote or votes have been counted.

FPP44.10 The returning officer is to draw up a statement showing the number of rejected text voting records under the following headings:

- (a) voting for more candidates than the voter is entitled to,
- (b) writing or mark by which voter could be identified, and
- (c) unmarked or rejected because of uncertainty,

and, where applicable, each heading must record the number of text voting records rejected in part.

STV45 First stage

- STV45.1 The returning officer is to sort the ballot documents into parcels according to the candidates for whom the first preference votes are given.
- STV45.2 The returning officer is to then count the number of first preference votes given on ballot documents for each candidate, and is to record those numbers.
- STV45.3 The returning officer is to also ascertain and record the number of valid ballot documents.
- STV46. The quota
- STV46.1 The returning officer is to divide the number of valid ballot documents by a number exceeding by one the number of members to be elected.
- STV46.2 The result, increased by one, of the division under rule STV46.1 (any fraction being disregarded) shall be the number of votes sufficient to secure the election of a candidate (in these rules referred to as “the quota”).
- STV46.3 At any stage of the count a candidate whose total votes equals or exceeds the quota shall be deemed to be elected, except that any election where there is only one vacancy a candidate shall not be deemed to be elected until the procedure set out in rules STV47.1 to STV47.3 has been complied with.

STV47 Transfer of votes

- STV47.1 Where the number of first preference votes for any candidate exceeds the quota, the returning officer is to sort all the ballot documents on which first preference votes are given for that candidate into sub-parcels so that they are grouped:
- (a) according to next available preference given on those ballot documents for any continuing candidate, or
 - (b) where no such preference is given, as the sub-parcel of non-transferable votes.
- STV47.2 The returning officer is to count the number of ballot documents in each parcel referred to in rule STV47.1.
- STV47.3 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-parcel of ballot documents referred to in rule

- STV47.1 (a) to the candidate for whom the next available preference is given on those ballot documents.
- STV47.4 The vote on each ballot document transferred under rule STV47.3 shall be at a value ("the transfer value") which:
- (a) reduces the value of each vote transferred so that the total value of all such votes does not exceed the surplus, and
 - (b) is calculated by dividing the surplus of the candidate from whom the votes are being transferred by the total number of the ballot documents on which those votes are given, the calculation being made to two decimal places (ignoring the remainder if any).
- STV47.5 Where at the end of any stage of the count involving the transfer of ballot documents, the number of votes for any candidate exceeds the quota, the returning officer is to sort the ballot documents in the sub-paragraph of transferred votes which was last received by that candidate into separate sub-paragraphs so that they are grouped:
- (a) according to the next available preference given on those ballot documents for any continuing candidate, or
 - (b) where no such preference is given, as the sub-paragraph of non-transferable votes.
- STV47.6 The returning officer is, in accordance with this rule and rule STV48, to transfer each sub-paragraph of ballot documents referred to in rule STV47.5 (a) to the candidate for whom the next available preference is given on those ballot documents.
- STV47.7 The vote on each ballot document transferred under rule STV47.6 shall be at: a transfer value calculated as set out in rule STV47.4(b), or
- (b) at the value at which that vote was received by the candidate from whom it is now being transferred,
 - (c) whichever is the less.
- STV47.8 Each transfer of a surplus constitutes a stage in the count.
- STV47.9 Subject to rule STV47.10, the returning officer shall proceed to transfer transferable ballot documents until no candidate who is deemed to be elected has a surplus or all the vacancies have been filled.
- STV47.10 Transferable ballot documents shall not be liable to be transferred where any surplus or surpluses which, at a particular stage of the count, have not already been transferred, are:
- (a) less than the difference between the total vote when credited to the continuing candidate with the lowest recorded vote and the vote of the candidate with the next lowest recorded vote, or

- (b) less than the difference between the total votes of the two or more continuing candidates, credited at that stage of the count with the lowest recorded total numbers of votes and the candidate next above such candidates.

STV47.11 This rule does not apply at an election where there is only one vacancy.

STV48. Supplementary provisions on transfer

STV48.1 If, at any stage of the count, two or more candidates have surpluses, the transferable ballot documents of the candidate with the highest surplus shall be transferred first, and if:

- (a) The surpluses determined in respect of two or more candidates are equal, the transferable ballot documents of the candidate who had the highest recorded vote at the earliest preceding stage at which they had unequal votes shall be transferred first, and
- (b) the votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between those candidates by lot, and the transferable ballot documents of the candidate on whom the lot falls shall be transferred first.

STV48.2 The returning officer shall, on each transfer of transferable ballot documents under rule STV47:

- (a) record the total value of the votes transferred to each candidate,
- (b) add that value to the previous total of votes recorded for each candidate and record the new total,
- (c) record as non-transferable votes the difference between the surplus and the total transfer value of the transferred votes and add that difference to the previously recorded total of non-transferable votes, and
- (d) compare:
 - (i) the total number of votes then recorded for all of the candidates, together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.

STV48.3 All ballot documents transferred under rule STV47 or STV49 shall be clearly marked, either individually or as a sub-parcel, so as to indicate the transfer value recorded at that time to each vote on that ballot document or, as the case may be, all the ballot documents in that sub-parcel.

STV48.4 Where a ballot document is so marked that it is unclear to the returning officer at any stage of the count under rule STV47 or STV49 for which candidate the next preference is recorded, the returning officer shall

treat any vote on that ballot document as a non-transferable vote; and votes on a ballot document shall be so treated where, for example, the names of two or more candidates (whether continuing candidates or not) are so marked that, in the opinion of the returning officer, the same order of preference is indicated or the numerical sequence is broken.

STV49 Exclusion of candidates

STV49.1

If:

- (a) all transferable ballot documents which under the provisions of rule STV47 (including that rule as applied by rule STV49.11) and this rule are required to be transferred, have been transferred, and
- (b) subject to rule STV50, one or more vacancies remain to be filled, the returning officer shall exclude from the election at that stage the candidate with the then lowest vote (or, where rule STV49.12 applies, the candidates with the then lowest votes).

STV49.2

The returning officer shall sort all the ballot documents on which first preference votes are given for the candidate or candidates excluded under rule STV49.1 into two sub-parcels so that they are grouped as:

- (a) ballot documents on which a next available preference is given, and
- (b) ballot documents on which no such preference is given (thereby including ballot documents on which preferences are given only for candidates who are deemed to be elected or are excluded).

STV49.3

The returning officer shall, in accordance with this rule and rule STV48, transfer each sub-parcel of ballot documents referred to in rule STV49.2 to the candidate for whom the next available preference is given on those ballot documents.

STV49.4

The exclusion of a candidate or of two or more candidates together, constitutes a further stage of the count.

STV49.5

If, subject to rule STV50, one or more vacancies still remain to be filled, the returning officer shall then sort the transferable ballot documents, if any, which had been transferred to any candidate excluded under rule STV49.1 into sub-parcels according to their transfer value.

STV49.6

The returning officer shall transfer those ballot documents in the sub-parcel of transferable ballot documents with the highest transfer value to the continuing candidates in accordance with the next

available preferences given on those ballot documents, (thereby passing over candidates who are deemed to be elected or are excluded).

- STV49.7 The vote on each transferable ballot document transferred under rule STV49.6 shall be at the value at which that vote was received by the candidate excluded under rule STV49.1.
- STV9.8 Any ballot documents on which no next available preferences have been expressed shall be set aside as non-transferable votes.
- STV49.9 After the returning officer has completed the transfer of the ballot documents in the sub- parcel of ballot documents with the highest transfer value he or she shall proceed to transfer in the same way the sub-parcel of ballot documents with the next highest value and so on until he/she has dealt with each sub-parcel of a candidate excluded under rule STV49.1.
- STV49.10 The returning officer shall after each stage of the count completed under this rule:
- (a) record:
 - (i) the total value of votes, or
 - (ii) the total transfer value of votes transferred to each candidate,
 - (b) add that total to the previous total of votes recorded for each candidate and record the new total,
 - (c) record the value of non-transferable votes and add that value to the previous non- transferable votes total, and
 - (d) compare:
 - (i) the total number of votes then recorded for each candidate together with the total number of non-transferable votes, with
 - (ii) the recorded total of valid first preference votes.
- STV49.11 If after a transfer of votes under any provision of this rule, a candidate has a surplus, that surplus shall be dealt with in accordance with rules STV47.5 to STV47.10 and rule STV48.
- STV49.12 Where the total of the votes of the two or more lowest candidates, together with any surpluses not transferred, is less than the number of votes credited to the next lowest candidate, the returning officer shall in one operation exclude such two or more candidates.
- STV49.13 If when a candidate has to be excluded under this rule, two or more candidates each have the same number of votes and are lowest:

- (a) regard shall be had to the total number of votes credited to those candidates at the earliest stage of the count at which they had an unequal number of votes and the candidate with the lowest number of votes at that stage shall be excluded, and
- (b) where the number of votes credited to those candidates was equal at all stages, the returning officer shall decide between the candidates by lot and the candidate on whom the lot falls shall be excluded.

STV50. Filling of last vacancies

- STV50.1 Where the number of continuing candidates is equal to the number of vacancies remaining unfilled the continuing candidates shall thereupon be deemed to be elected.
- STV50.2 Where only one vacancy remains unfilled and the votes of any one continuing candidate are equal to or greater than the total of votes credited to other continuing candidates together with any surplus not transferred, the candidate shall thereupon be deemed to be elected.
- STV50.3 Where the last vacancies can be filled under this rule, no further transfer of votes shall be made.

STV51 Order of election of candidates

- STV51.1 The order in which candidates whose votes equal or exceed the quota are deemed to be elected shall be the order in which their respective surpluses were transferred, or would have been transferred but for rule STV47.10.
- STV51.2 A candidate credited with a number of votes equal to, and not greater than, the quota shall, for the purposes of this rule, be regarded as having had the smallest surplus at the stage of the count at which he/she obtained the quota.
- STV51.3 Where the surpluses of two or more candidates are equal and are not required to be transferred, regard shall be had to the total number of votes credited to such candidates at the earliest stage of the count at which they had an unequal number of votes and the surplus of the candidate who had the greatest number of votes at that stage shall be deemed to be the largest.
- STV51.4 Where the number of votes credited to two or more candidates were equal at all stages of the count, the returning officer shall decide between them by lot and the candidate on whom the lot falls shall be deemed to have been elected first.

FPP51 Equality of votes

FPP51.1 Where, after the counting of votes is completed, an equality of votes is found to exist between any candidates and the addition of a vote would entitle any of those candidates to be declared elected, the returning officer is to decide between those candidates by a lot, and proceed as if the candidate on whom the lot falls had received an additional vote.

PART 7 FINAL PROCEEDINGS IN CONTESTED AND UNCONTESTED ELECTIONS

FPP52. Declaration of result for contested elections

- FPP52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:
- (a) declare the candidate or candidates whom more votes have been given than for the other candidates, up to the number of vacancies to be filled on the council of governors from the constituency, or class within a constituency, for which the election is being held to be elected,
 - (b) give notice of the name of each candidate who he or she has declared elected:
 - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
 - (ii) in any other case, to the Chair of the corporation; and
 - (c) give public notice of the name of each candidate whom he or she has declared elected.
- FPP52.2 The returning officer is to make:
- (a) the total number of votes given for each candidate (whether elected or not), and
 - (b) the number of rejected ballot papers under each of the headings in rule FPP44.5,
 - (c) the number of rejected text voting records under each of the headings in rule FPP44.10, available on request.

STV52. Declaration of result for contested elections

- STV52.1 In a contested election, when the result of the poll has been ascertained, the returning officer is to:
- (a) declare the candidates who are deemed to be elected under Part 6 of these rules as elected,
 - (b) give notice of the name of each candidate who he or she has declared elected –
 - (i) where the election is held under a proposed constitution pursuant to powers conferred on the [insert name] NHS

- Trust by section 33(4) of the 2006 Act, to the Chair of the NHS Trust, or
- (ii) in any other case, to the Chair of the corporation, and give public notice of the name of each candidate who he or she has declared elected.

STV52.2 The returning officer is to make:

- (a) the number of first preference votes for each candidate whether elected or not,
- (b) any transfer of votes,
- (c) the total number of votes for each candidate at each stage of the count at which such transfer took place,
- (d) the order in which the successful candidates were elected, and
- (e) the number of rejected ballot papers under each of the headings in rule STV44.1,
- (f) the number of rejected text voting records under each of the headings in rule STV44.3, available on request.

53. Declaration of result for uncontested elections

53.1 In an uncontested election, the returning officer is to as soon as is practicable after final day for the delivery of notices of withdrawals by candidates from the election:

- (a) declare the candidate or candidates remaining validly nominated to be elected,
- (b) give notice of the name of each candidate who he or she has declared elected to the Chair of the corporation, and
- (c) give public notice of the name of each candidate who he or she has declared elected.

PART 8 DISPOSAL OF DOCUMENTS

54. Sealing up of documents relating to the poll

54.1 On completion of the counting at a contested election, the returning officer is to seal up the following documents in separate packets:

- (a) the counted ballot papers, internet voting records, telephone voting records and text voting records,
- (b) the ballot papers and text voting records endorsed with “rejected in part”,
- (c) the rejected ballot papers and text voting records, and
- (d) the statement of rejected ballot papers and the statement of rejected text voting records, and ensure that complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

54.2 The returning officer must not open the sealed packets of:

- (a) the disqualified documents, with the list of disqualified documents inside it,
 - (b) the list of spoilt ballot papers and the list of spoilt text message votes,
 - (c) the list of lost ballot documents, and
 - (d) the list of eligible voters,
- or access the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage.

54.3 The returning officer must endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

55. Delivery of documents

- 55.1 Once the documents relating to the poll have been sealed up and endorsed pursuant to rule 56, the returning officer is to forward them to the chair of the corporation.
56. Forwarding of documents received after close of the poll
- 56.1 Where:
- (a) any voting documents are received by the returning officer after the close of the poll, or
 - (b) any envelopes addressed to eligible voters are returned as undelivered too late to be resent, or
 - (c) any applications for replacement voting information are made too late to enable new voting information to be issued, the returning officer is to put them in a separate packet, seal it up, and endorse and forward it to the Chair of the corporation.

57. Retention and public inspection of documents

- 57.1 The corporation is to retain the documents relating to an election that are forwarded to the chair by the returning officer under these rules for one year, and then, unless otherwise directed by the board of directors of the corporation, cause them to be destroyed.
- 57.2 With the exception of the documents listed in rule 58.1, the documents relating to an election that are held by the corporation shall be available for inspection by members of the public at all reasonable times.
- 57.3 A person may request a copy or extract from the documents relating to an election that are held by the corporation, and the corporation is to provide it, and may impose a reasonable charge for doing so.

58. Application for inspection of certain documents relating to an election

- 58.1 The corporation may not allow:
- (a) the inspection of, or the opening of any sealed packet containing –
 - (i) any rejected ballot papers, including ballot papers rejected in part,
 - (ii) any rejected text voting records, including text voting records rejected in part,
 - (iii) any disqualified documents, or the list of disqualified documents,
 - (iv) any counted ballot papers, internet voting records, telephone voting records or text voting records, or

(v) the list of eligible voters, or

- (b) access to or the inspection of the complete electronic copies of the internet voting records, telephone voting records and text voting records created in accordance with rule 26 and held in a device suitable for the purpose of storage,

by any person without the consent of the board of directors of the corporation.

58.2 A person may apply to the board of directors of the corporation to inspect any of the documents listed in rule 58.1, and the board of directors of the corporation may only consent to such inspection if it is satisfied that it is necessary for the purpose of questioning an election pursuant to Part 11.

58.3 The board of directors of the corporation's consent may be on any terms or conditions that it thinks necessary, including conditions as to –

- (a) persons,
- (b) time,
- (c) place and mode of inspection,
- (d) production or opening,

and the corporation must only make the documents available for inspection in accordance with those terms and conditions.

58.4 On an application to inspect any of the documents listed in rule 58.1 the board of directors of the corporation must:

- (a) in giving its consent, and
- (b) in making the documents available for inspection

ensure that the way in which the vote of any particular member has been given shall not be disclosed, until it has been established –

- (i) that his or her vote was given, and
- (ii) that Monitor has declared that the vote was invalid.

PART 9 DEATH OF A CANDIDATE DURING A CONTESTED ELECTION

FPP59. Countermand or abandonment of poll on death of candidate

- FPP59.1 If at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:
- (a) countermand notice of the poll, or, if voting information has been issued, direct that the poll be abandoned within that constituency or class, and
 - (b) order a new election, on a date to be appointed by him or her in consultation with the corporation, within the period of 40 days, computed in accordance with rule 3 of these rules, beginning with the day that the poll was countermanded or abandoned.
- FPP59.2 Where a new election is ordered under rule FPP59.1, no fresh nomination is necessary for any candidate who was validly nominated for the election where the poll was countermanded or abandoned but further candidates shall be invited for that constituency or class.
- FPP59.3 Where a poll is abandoned under rule FPP59.1(a), rules FPP59.4 to FPP59.7 are to apply.
- FPP59.4 The returning officer shall not take any step or further step to open envelopes or deal with their contents in accordance with rules 38 and 39, and is to make up separate sealed packets in accordance with rule 40.
- FPP59.5 The returning officer is to:
- (a) count and record the number of ballot papers, internet voting records, telephone voting records and text voting records that have been received,
 - (b) seal up the ballot papers, internet voting records, telephone voting records and text voting records into packets, along with the records of the number of ballot papers, internet voting records, telephone

voting records and text voting records and ensure that complete electronic copies of the internet voting records telephone voting records and text voting records created in accordance with rule 26 are held in a device suitable for the purpose of storage.

FPP59.6 The returning officer is to endorse on each packet a description of:

- (a) its contents,
- (b) the date of the publication of notice of the election,
- (c) the name of the corporation to which the election relates, and
- (d) the constituency, or class within a constituency, to which the election relates.

FPP59.7 Once the documents relating to the poll have been sealed up and endorsed pursuant to rules FPP59.4 to FPP59.6, the returning officer is to deliver them to the Chair of the corporation, and rules 57 and 58 are to apply.

STV59. Countermand or abandonment of poll on death of candidate

STV59.1 If, at a contested election, proof is given to the returning officer's satisfaction before the result of the election is declared that one of the persons named or to be named as a candidate has died, then the returning officer is to:

- (a) publish a notice stating that the candidate has died, and
- (b) proceed with the counting of the votes as if that candidate had been excluded from the count so that –
 - (i) ballot documents which only have a first preference recorded for the candidate that has died, and no preferences for any other candidates, are not to be counted, and
 - (ii) ballot documents which have preferences recorded for other candidates are to be counted according to the consecutive order of those preferences, passing over preferences marked for the candidate who has died.

STV59.2 The ballot documents which have preferences recorded for the candidate who has died are to be sealed with the other counted ballot documents pursuant to rule 54.1(a).

PART 10 ELECTION EXPENSES AND PUBLICITY

Election expenses

60. Election expenses

60.1 Any expenses incurred, or payments made, for the purposes of an election which contravene this Part are an electoral irregularity, which may only be questioned in an application made to Monitor under Part 11 of these rules.

61. Expenses and payments by candidates

61.1 A candidate may not incur any expenses or make a payment (of whatever nature) for the purposes of an election, other than expenses or payments that relate to:

- (a) personal expenses,
- (b) travelling expenses, and expenses incurred while living away from home, and,
- (c) expenses for stationery, postage, telephone, internet (or any similar means of communication) and other petty expenses, to a limit of £100.

62. Election expenses incurred by other persons

62.1 No person may:

- (a) incur any expenses or make a payment (of whatever nature) for the purposes of a candidate's election, whether on that candidate's behalf or otherwise, or
- (b) give a candidate or his or her family any money or property (whether as a gift, donation, loan, or otherwise) to meet or contribute to expenses incurred by or on behalf of the candidate for the purposes of an election.

62.2 Nothing in this rule is to prevent the corporation from incurring such expenses, and making such payments, as it considers necessary pursuant to rules 63 and 64.

Publicity

63. Publicity about election by the corporation

63.1 The corporation may:

- (a) compile and distribute such information about the candidates, and
- (b) organise and hold such meetings to enable the candidates to speak and respond to questions, as it considers necessary.

63.2 Any information provided by the corporation about the candidates, including information compiled by the corporation under rule 64, must be:

- (a) objective, balanced and fair,
 - (b) equivalent in size and content for all candidates,
 - (c) compiled and distributed in consultation with all of the candidates standing for election, and
 - (d) must not seek to promote or procure the election of a specific candidate or candidates, at the expense of the electoral prospects of one or more other candidates.
- 63.3 Where the corporation proposes to hold a meeting to enable the candidates to speak, the corporation must ensure that all of the candidates are invited to attend, and in organising and holding such a meeting, the corporation must not seek to promote or procure the election of a specific candidate or candidates at the expense of the electoral prospects of one or more other candidates.
64. Information about candidates for inclusion with voting information
- 64.1 The corporation must compile information about the candidates standing for election, to be distributed by the returning officer pursuant to rule 24 of these rules.
- 64.2 The information must consist of:
- (a) a statement submitted by the candidate of no more than 250 words,
 - (b) if voting by telephone or text message is a method of polling for the election, the numerical voting code allocated by the returning officer to each candidate, for the purpose of recording votes using the telephone voting facility or the text message voting facility (“numerical voting code”), and
 - (c) a photograph of the candidate.
- 65. Meaning of “for the purposes of an election”**
- 65.1 In this Part, the phrase “for the purposes of an election” means with a view to, or otherwise in connection with, promoting or procuring a candidate’s election, including the prejudicing of another candidate’s electoral prospects; and the phrase “for the purposes of a candidate’s election” is to be construed accordingly.
- 65.2 The provision by any individual of his or her own services voluntarily, on his or her own time, and free of charge is not to be considered an expense for the purposes of this Part.

PART 11 QUESTIONING ELECTIONS AND THE CONSEQUENCE OF IRREGULARITIES

66. Application to question an election

- 66.1 An application alleging a breach of these rules, including an electoral irregularity under Part 10, may be made to Monitor.
- 66.2 An application may only be made once the outcome of the election has been declared by the returning officer.
- 66.3 An application may only be made to Monitor by:
- (a) a person who voted at the election or who claimed to have had the right to vote, or
 - (b) a candidate, or a person claiming to have had a right to be elected at the election.
- 66.4 The application must:
- (a) describe the alleged breach of the rules or electoral irregularity, and
 - (b) be in such a form as Monitor may require.
- 66.5 The application must be presented in writing within 21 days of the declaration of the result of the election.
- 66.6 If Monitor requests further information from the applicant, then that person must provide it as soon as is reasonably practicable.
- 66.7 Monitor shall delegate the determination of an application to a person or panel of persons to be nominated for the purpose.
- 66.8 The determination by the person or panel of persons nominated in accordance with rule 66.7 shall be binding on and shall be given effect by the corporation, the applicant and the members of the constituency (or class within a constituency) including all the candidates for the election to which the application relates.
- 66.9 Monitor may prescribe rules of procedure for the determination of an application including costs.

67. Secrecy

67.1 The following persons:

- (a) the returning officer,
- (b) the returning officer's staff,

must maintain and aid in maintaining the secrecy of the voting and the counting of the votes, and must not, except for some purpose authorised by law, communicate to any person any information as to:

- (i) the name of any member of the corporation who has or has not been given voting information or who has or has not voted,
- (ii) the unique identifier on any ballot paper,
- (iii) the voter ID number allocated to any voter,
- (iv) the candidate(s) for whom any member has voted.

67.2 No person may obtain or attempt to obtain information as to the candidate(s) for whom a voter is about to vote or has voted, or communicate such information to any person at any time, including the unique identifier on a ballot paper given to a voter or the voter ID number allocated to a voter.

67.3 The returning officer is to make such arrangements as he or she thinks fit to ensure that the individuals who are affected by this provision are aware of the duties it imposes.

68. Prohibition of disclosure of vote

68.1 No person who has voted at an election shall, in any legal or other proceedings to question the election, be required to state for whom he or she has voted.

69. Disqualification

69.1 A person may not be appointed as a returning officer, or as staff of the returning officer pursuant to these rules, if that person is:

- (a) a member of the corporation,
- (b) an employee of the corporation,
- (c) a director of the corporation, or
- (c) a director of the corporation, or
- (d) employed by or on behalf of a person who has been nominated for

election.

70. Delay in postal service through industrial action or unforeseen event

70.1 If industrial action, or some other unforeseen event, results in a delay in:

- (a) the delivery of the documents in rule 24, or
- (b) the return of the ballot papers,

the returning officer may extend the time between the publication of the notice of the poll and the close of the poll by such period as he or she considers appropriate.

ANNEX 5 – ELIGIBILITY AND DISQUALIFICATION CRITERIA FOR GOVERNORS AND DIRECTORS

(Paragraphs 18 and 38)

- 1.1 A person may not become or continue as a member of the Council of Governors or the Board of Directors if:
- a) he/she has been adjudged bankrupt or whose estate has been sequestrated and (in either case) has not been discharged;
 - b) he/she has made a composition or arrangement with, or granted a trust deed for, his/her creditors and has not been discharged in respect of it;
 - c) he/she has within the preceding five years has been convicted anywhere in the world of any offence if a sentence of imprisonment (whether suspended or not) for a period of not less than three months (without the option of a fine) was imposed on him/her;
 - d) he/she has, within the preceding two years, been dismissed (otherwise than by reason of redundancy or ill health) from any paid employment within a Health Service Body;
 - e) his/her tenure of office as the Chair or director of a Health Service Body has been terminated on grounds that his/her appointment is not in the interest of the health service, for non-attendance at meetings or for non-disclosure of a material interest;
 - f) he/she is a member of a Local Authority Health Overview and Scrutiny Committee;
 - g) he/she is a member of a Health and Wellbeing Board;
 - h) he/she is a member of Health Watch (nationally or locally);
 - i) he/she is the subject of a Sex Offenders' Order and/or his/her name is included in the Sex Offenders' Register;
 - j) he/she is a person who is included in any barred list established under the Safeguarding Vulnerable Groups Act 2006;
 - k) he/she is a Close Family Member of a Governor or Director of the Foundation Trust;
 - l) he/she has failed to repay (without good cause) monies properly owed to the Foundation Trust;
 - m) he/she has demonstrated aggressive or violent behaviour (such as verbal assault, physical assault, violence or harassment) at any NHS hospital, NHS premises or NHS establishment, or against the Foundation Trust's employees or other persons who exercise functions for purposes of the Foundation Trust whether or not in circumstances leading to his/her removal or exclusion from any NHS hospital, premises or establishment.

ANNEX 6 – CONDUCT OF MEETINGS OF THE COUNCIL OF GOVERNORS AND THE BOARD OF DIRECTORS

(Paragraphs 21 and 39)

- 1.1 Members of the public and representatives of the press shall be afforded facilities to attend all formal meetings of the Council of Governors and the Board of Directors except in circumstances where a special resolution is passed that members of the public and representatives of the press shall be excluded from a meeting.
- 1.2 The reasons for passing such a resolution shall be due to the sensitive or confidential nature of the discussion which might include information relating to:
 - a) employees, former employees or applicants;
 - b) occupiers or former occupiers of accommodation provided by or at the expense of the Foundation Trust;
 - c) patients or service users;
 - d) information relating to the financial or business affairs of a particular person.
- 1.3 Further, the Council of Governors or the Board of Directors, as the case may be, may resolve that:
 - a) in the interests of public order, the meeting should be adjourned, for a reasonable, specified period, to enable the meeting to complete business without the presence of the public or the press; or
 - b) publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted; or
 - c) there is another special reason, which shall be stated in the resolution, which requires that members of the public and representatives of the press be excluded.
- 1.4 Matters to be dealt with, following the exclusion of the public and representatives of the press, shall be confidential to the Governors or the Directors as the case may be. Members of the Council of Governors, Board of Directors, Officers and/or others in attendance at the request of the Chair shall not reveal or disclose the content of papers or reports presented, or any discussion on these generally, which take place while the public and press are excluded, without the express permission of the Chair.
- 1.5 The Chair may exclude any member of the public or representative of the press from a meeting of the Council of Governors or the Board of Directors, as the case may be, if he/she considers that they are interfering with or preventing the proper conduct of the meeting.
- 1.6 Nothing in this Constitution requires the Council of Governors or the Board of Directors, as the case may be, to allow members of the public and representatives of the press to record proceedings in any manner whatsoever other than in writing, or to make any oral report of proceedings as they take place, without the prior agreement of the Chair or the Meeting Chair.

ANNEX 7 – MEETINGS OF THE COUNCIL OF GOVERNORS AND THE BOARD OF DIRECTORS
ANNEX 7 – ELECTRONIC COMMUNICATION

(Paragraphs 21 and 39)

- 1.1 In exceptional cases, arrangements can be made for Governors or Directors to participate in meetings of the Council of Governors or the Board of Directors, as the case may be, by telephone, video or computer link or other such agreed means.
- 1.2 In these circumstances the following provisions apply:
- a) “Communication” and “electronic communication” shall have the meanings set out in the Electronic Communications Act 2000 or any statutory modification or re-enactment thereof.
 - b) A Governor or Director, as the case may be, in electronic communication with the Chair and all other parties to a meeting of the Council of Governors or the Board of Directors or of a committee thereof shall be regarded for all purposes as personally attending such a meeting provided that, but only for so long as, at such a meeting he/she has the ability to communicate interactively and simultaneously with all other parties attending the meeting including all persons attending by way of electronic communication.
 - c) A meeting at which one or more of the Governors or Directors, as the case may be, attends by way of electronic communication is deemed to be held at such a place as the Governors or Directors, as the case may be, shall at the said meeting resolve. In the absence of such a resolution, the meeting shall be deemed to be held at the place (if any) where a majority of the Governors or Directors, as the case may be, attending the meeting are physically present, or in default of such a majority, the place at which the Chair of the meeting is physically present.
 - d) Meetings held in accordance with this paragraph are subject to paragraph 21.32. For such a meeting to be valid, a quorum must be present and maintained throughout the meeting.
 - e) The minutes of a meeting held in this way must state that it was held by electronic communication and that the Governors or Directors, as the case may be, were all able to hear each other and were present throughout the meeting.

ANNEX 8 – CONFLICTS OF INTEREST OF GOVERNORS AND DIRECTORS

(Paragraphs 22 and 40)

- 1.1 Interests which should be regarded as “relevant and material” for Governors and Directors are set out below:
- a) directorships, including non-executive directorships, held in private companies or public limited companies (with the exception of dormant companies); or
 - b) ownership, part ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS or the Foundation Trust; or
 - c) significant or controlling share in organisations likely or possibly seeking to do business with the NHS or the Foundation Trust; or
 - d) a position of authority in a charity or voluntary organisation in the field of health or social care; or
 - e) any connection with a voluntary or other organisation contracting for NHS or Foundation Trust services or commissioning NHS or Foundation Trust services; or
 - f) any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with the Foundation Trust, including but not limited to lenders of banks.
- 1.2 For the avoidance of doubt, they shall be included in the relevant register of interests of the Governors or the Directors, as the case may be.
- 1.3 A "family interest" is an interest of a Close Family Member of a Governor or Director which, if it were the interest of that Governor or Director, would be a personal or pecuniary interest of his/hers.
- 1.4 If Governors or Directors have any doubt about the relevance or materiality of an interest, this should be discussed with the Secretary. Influence rather than immediacy of the relationship is more important in assessing the relevance of an interest.
- 1.5 There shall be arrangements for excluding Governors and Directors from discussion or consideration of matters in which they have a “relevant or material” interest.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	07 January 2021	Agenda reference:		10-21	
Report title:	Approval of change to Reservation of Powers and Scheme of Delegation				
Sponsor:	Clare Pirie, Director of communications and corporate affairs				
Authors:	Clare Pirie, Director of communications and corporate affairs Hilary Saunders, Deputy company secretary				
Appendices:	Link to current RoP/SoD https://www.qvh.nhs.uk/wp-content/uploads/2016/04/RoP-and-SoD-2020-21.pdf				
Executive summary					
Purpose of report:	The purpose of this paper is to seek board approval of an amendment to the Trust's Reservation of Powers/Scheme of Delegation as recommended by the Audit committee				
Summary of key issues	The Audit committee has recommended for approval an amendment to the wording of the Reservation of Powers and Scheme of Delegation. This amendment is now presented to the Board for formal approval.				
Recommendation:	For the Board to approve the revised Reservation of Powers and Scheme of Delegation				
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:	This document is an integral part of the Trust's primary governing documents and is required by the regulator.				
Legal:	This document was reviewed in detail by the Trust's legal advisors in 2016 and incorporates advice and good practice recommendations.				
Resources:	None				
Assurance route					
Previously considered by:	Audit – via email as permitted under Trust Standing Orders				
	Date:	11/12/2020	Decision:	Proposed change recommended for approval	
Next steps:	If approved by the Board on 07 January, this change will take immediate effect.				

Report to: Board of Directors
Meeting date: 07 January 2021
Reference number: 10-21
Report from: Clare Pirie, Director of communications and corporate affairs
Authors: Hilary Saunders, Deputy company secretary
Appendices: Link to current RoP/SoD
<https://www.qvh.nhs.uk/wp-content/uploads/2016/04/RoP-and-SoD-2020-21.pdf>
Report date: 14 December 2020

Amendment to Trust Reservation of Powers/Scheme of Delegation

Background

The Audit committee has recommended for approval a request by the Director of Finance for a minor change to the current Reservation of Powers/Scheme of Delegation.

Proposal

The proposed amendment would incorporate additional wording (as highlighted) relating to:

S5. Scheme of delegation of powers from standing financial instructions

SFI ref	Delegated to	Duties delegated
3.7.2	Director of finance	Approval of any expense claims receive older than 3 months. This includes, but is not exclusive to, travel claims, subsistence claims, additional sessions, timesheets and any other payment claimed by a member of staff over and above basic salary/wage.

Recommendation

The Board is now asked to formally **approve** the proposed amendment; assuming approval this will then take immediate effect and be published to the Trust's website and intranet.

Report to: Board of Directors
Meeting dates: 7 January 2021
Agenda item reference no: 11-21
Report from: Beryl Hobson, Chair
Date of report: 21 December 2020

Nomination and Remuneration Chairs Report
Meetings held on 5 November and 26 November 2020

1. The committee met on two occasions to
 - a. Agree the arrangements and remuneration to replace the Director of Nursing (DoN) with an Interim Director of Nursing
 - b. In the light of the departure of the DoN to agree arrangements for fulfilling the Accountable officer role in the CEO's absence
 - c. Agree a change of responsibilities and remuneration for one existing director role

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	7 January 2021	Agenda reference:		12-21	
Report title:	Audit Committee Assurance update				
Sponsor:	Kevin Gould, Audit Committee Chair				
Author:	Kevin Gould, Audit Committee Chair				
Appendices:	NA				
Executive summary					
Purpose of report:	To provide assurance to the board in relation to matters discussed at the Audit Committee meeting on 9 December 2020				
Summary of key issues	The Committee received updated assurance on KSOs 3 & 5. It reviewed the plan for the 2020/21 audit from KPMG. Updates on Internal Audit and Counter Fraud were also received from RSM.				
Recommendation:	The Board is asked to NOTE the contents of this report.				
Action required [highlight one only]	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): [Tick which KSO(s) this recommendation aims to support]	KSO1: <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:	Framework for KSOs 3 & 5 were reviewed				
Corporate risk register:	Linkage to CRR for KSOs 3 & 5 were considered				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	None				

Report to: Board of Directors
Meeting date: 7 January 2021
Report from: Kevin Gould, Chair
Author: Kevin Gould, Chair
Appendices: N/A
Report date: 29 December 2020

Audit Committee report
Meeting held on 9 December 2020

1. The Committee received an assurance update on KSO 3 from the Director of operations and on KSO5 from the Director of workforce and OD. The discussion focused on key risks (as recognised in the BAF), sources of assurance and potential gaps in assurance.
2. The Committee received the annual update on the status of policies, and noted continued progress despite the challenges caused by the pandemic. Although there has been a small year-on-year increase in the number of expired policies, the number remains small and effective processes to manage policies have been established.
3. The results of the committee self-assessment were received and discussed. No major concerns were identified but some areas of improvement were noted and actioned. Some had already been discussed in the December board seminar. The Terms-of-Reference for the Committee were also reviewed.
4. KPMG provided its plan for the 2020/21 audit, and an overview of the key risks identified. These are largely as in the last two years, with focus on going concern. Additional work is now required on Value-for-Money arrangements, with a public commentary now being required. The requirement for audit of the quality accounts is not yet clear.
5. The Committee received an update on progress against the internal audit plan. Some changes had previously been made to reflect changed priorities as a result of the pandemic. This revised plan is progressing well, although this does mean six reports remain to be delivered before the end of the financial year. Some timescales for management actions had been revised. The Committee again reviewed this in some detail; this will remain a focus to ensure risk levels are not materially affected.
6. RSM advised that one internal audit report had been issued since the September meeting as follows:
 - Research and development (Reasonable Assurance, no high priority recommendations)
7. The Committee received a report on the progress of Counter Fraud activity.
8. An updated report of single tender waivers was presented. This will remain a focus going forward.
9. An update on the recent IT outage was provide with an explanation of the cause and lessons learned.

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

KSO5 – Organisational Excellence

Risk Owner: Director of Workforce & OD

Date: 22nd December 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

- Ongoing discussions about the future organisational form of QVH creates an uncertainty impacting on recruitment and retention of a workforce with the right skills and experience.
- The impact on sufficient focus on recruitment and retention across the Trust leads to an increase in bank and agency costs and having longer term issues for the quality of patient care and staff engagement

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
- managers skill set in triangulating workforce skills mix against activity and financial planning
- We are the NHS: People Plan 20/21 to be supported by system People plan
- Staff survey results and SFFT staff engagement have shown improvement, continuing with the 2019 national staff survey results. Preparation underway for 2020 outcome
- Overseas nurses having a positive impact, contract ongoing
- Workforce KPI's stable even through pandemic
- Availability and willingness of staff to undertake WLI activity
- Ongoing requirement for COVID-19 risk assessments for all vulnerable staff, with heightened risk to BAME workforce

Initial Risk

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

Current Risk Rating

4(C)x 4(L)=16, moderate

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.
- Unknown longer term impact of COVID-19 pandemic on workforce recruitment and retention
- Staff who are shielding/vulnerable, including BAME staff not being able to return to full duties Monitoring impact of second wave
- Impact of potential merger on attraction and retention of workforce

Future Opportunities

- Closer partnership working with Sussex Health and Care Partnership - ICS.
- Capitalise on our work as a cancer hub as a place to work
- On going discussions with Western/BSUH

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 2020/21
- monthly challenge to Business Units at Performance reviews reset by exception
- 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 and stability in some KPI's
- Overseas recruitment continues, but with delays due to pandemic, improving picture
- Work to finalise ESR hierarchy with ledger
- Some positive gains from the 2019 NHS Staff survey results and SFFT
- Stay Well Team, health and wellbeing initiative established to support staff through the pandemic
- Workforce Restoration and Recovery workstreams ongoing monitoring QVH BoD Jan 2021

Gaps in controls / assurance

- Management competency in workforce planning
- Continuing resources to support the development of staff – optimal use of apprenticeship levy budget
- ~~Unknown longer term impact on overseas recruitment due to pandemic~~

Report cover-page					
References					
Meeting title:	Trust Board				
Meeting date:	Thursday 7 th January 2021	Agenda reference:		14-21	
Report title:	Workforce Report – December 2020 Report – November data				
Sponsor:	Geraldine Opreshko, Director of Workforce and OD,				
Authors:	Lawrence Anderson, Deputy Director of Workforce Felicity King, Workforce Services Manager				
Appendices:	Workforce Report – KPI's and narrative				
Executive summary					
Purpose of report:	<p>The Workforce and OD report for December 2020 (November 2020 data) is provided in the format consistent with the Trust OD plans and NHS Staff Survey themes.</p> <p>Recruitment activity is included in the report as standard</p> <p>The main body of the report provides a narrative to place the KPI's in context and provides the Board with an overview of the impact of COVID-19 on different aspects of workforce activity.</p>				
Summary of key issues	Improving trends in key workforce indicators are generally continuing and are likely to stabilise in some areas due to the pandemic.				
Recommendation:	The committee is asked to note the report				
Action required [highlight one only]	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): [Tick which KSO(s) this recommendation aims to support]	KSO1: Outstanding patient experience ✓	KSO2: <i>World-class clinical services</i> ✓	KSO3: <i>Operational excellence</i> ✓	KSO4: Financial sustainability ✓	KSO5: Organisational excellence ✓
Implications					
Board assurance framework:	-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)				
Corporate risk register:	Impact of pandemic on workforce availability				
Regulation:	Well Led				
Legal:	n/a				
Resources:	Managed by HR/OD with support from finance, operations and nursing				
Assurance route					
Previously considered by:	Finance & Performance Committee				
	Date:	04/01/21	Decision:	Noted	
Next steps:					



Queen Victoria Hospital
NHS Foundation Trust

Workforce & Organisational Development

Workforce Report – December 2020

(Data Reporting Period - November 2020)

KPI Summary

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2019-20 & 2020/21			Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Compared to Previous Month
Establishment WTE *Note 1				1007.59	1007.59	1007.59	1007.59	1028.35	1028.14	1028.14	1028.14	1028.14	1028.14	1030.33	1030.18	1036.20	▲
Staff In Post WTE				897.82	893.60	891.18	901.25	914.01	907.53	913.06	921.43	922.58	920.90	922.67	923.09	933.53	▲
Vacancies WTE				109.77	113.99	116.41	106.34	114.34	120.61	115.08	106.71	105.56	107.24	107.66	107.09	102.67	▼
Vacancies %	>12%	8%<=12%	<8%	10.89%	11.31%	11.55%	10.55%	11.12%	11.73%	11.19%	10.38%	10.27%	10.43%	10.45%	10.40%	9.91%	▼
Agency WTE				12.88	15.25	15.53	13.27	13.72	6.22	3.77	5.13	5.70	6.82	11.12	10.10	11.95	▲
Bank WTE *Note 2				72.98	63.86	70.34	71.63	72.90	34.07	31.38	33.72	47.47	59.00	57.61	64.72	66.60	▲
Trust rolling Annual Turnover % (Excluding Trainee Doctors)	>=12%	10%<=12%	<10%	14.55%	13.49%	13.75%	13.65%	12.90%	12.86%	12.84%	12.05%	11.74%	11.22%	10.65%	10.05%	10.49%	▲
Monthly Turnover				0.85%	0.38%	1.48%	0.45%	0.96%	0.68%	1.05%	0.68%	0.75%	1.05%	0.70%	0.70%	0.84%	▲
12 Month Rolling Stability % *Note 3	<70%	70%<=85%	>=85%	81.95%	81.63%	80.99%	81.35%	85.53%	85.33%	85.46%	86.39%	86.25%	87.08%	89.12%	89.44%	89.11%	▼
Sickness Absence %	>=4%	4%<=3%	<3%	3.41%	3.45%	3.01%	3.08%	4.37%	3.06%	2.09%	2.01%	2.77%	2.68%	2.88%	2.99%	TBC	▲
% staff appraisal compliant (Permanent & Fixed Term staff) *Note 4	<80%	80%<=95%	>=95%	87.34%	87.94%	87.05%	86.44%	84.36%	81.40%	80.02%	78.61%	78.27%	80.86%	80.58%	80.00%	80.60%	▲
Statutory & Mandatory Training (Permanent & Fixed Term staff) *Note 5	<80%	80%<=90%	>=90%	91.75%	92.46%	92.11%	94.47%	92.35%	91.51%	91.91%	92.18%	91.88%	92.58%	90.80%	90.82%	91.02%	▲

Friends & Family Test - Treatment Quarterly staff survey to indicate likelihood of recommending QVH to friends & family to receive care or treatment	Measure Extremely likely / likely % : Extremely unlikely / unlikely %	2018-19 Quarter 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%	2019-20 Quarter 4: Of 344 responses: 95.35% : 2.61%	Q2 19-20 & Q4 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 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%	2019-20 Quarter 4: Of 344 responses: 74.71% : 10.17%	Q2 19-20 & Q4 19-20 ▲ Responses ▲ Likely ▼ Unlikely

*Note 1 -2020/21 establishment updated in September backdated to April 20

*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 - % Staff Appraisal August 20 has been adjusted for GMC medics who are exempt from appraisals due to Covid-19.

*Note 5 - 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) 2020 NHS Staff Survey

The 2020 NHS Staff Survey closed on 27th November 2020. QVH has received a response rate of **58.7%** (616 respondents from an eligible sample of 1049 staff) in comparison to last year which was **58%** (586 respondents from an eligible sample of 1009 staff). This is an increase of **0.7%**. As soon as we receive the detailed reports, work will commence to interrogate the data for trends and themes for 2020.

b) Restoration and Recovery – COVID-19

Coronavirus – COVID-19 continues to be at the forefront of the Trust's Workforce challenges.

The Trust continues to contribute to the system wide plans and initiatives. Restoration and recovery continues with a number of workstreams now business as usual including terms and conditions, education and learning. Flexible/Agile working and full and timely utilisation of healthroster remain key focusses for early 2021.

Agile working

As infection rates increase and a second lockdown imposed we have seen an increasing number of staff being required to self isolate and/or be impacted by children being sent home from school to isolate. We have agreed a joint protocol with IT whereby there is a pool of IT equipment that can be mobilised in around 48 hours of request to ensure that where staff are able to work at home for the period of self isolation they can be supported to do so.

We are also making great strides to address to review the Trust's Flexible Working Policy ahead of its planned review date, to improve our offering and support for both flexible working but also the ability to exercise more smart and agile working practices

Please note, vacancy reporting within the Workforce Report is done so on the basis of staff in post and unfilled posts within the Trust Establishment

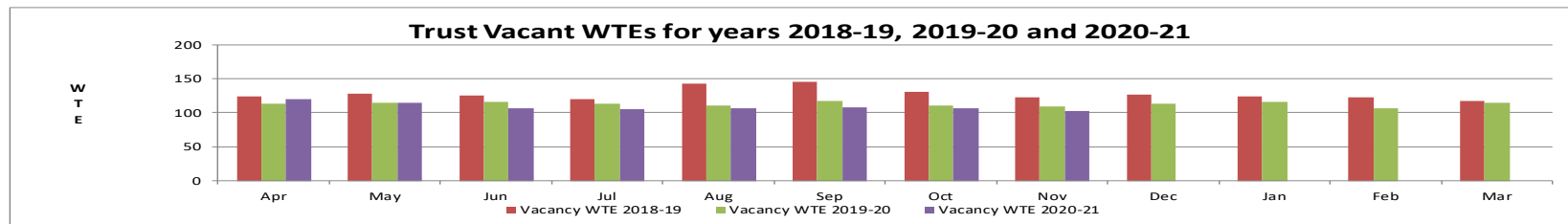
Goal 2: Attraction and Retention

a) Vacancies

VACANCY PERCENTAGES	Sep-20	Oct-20	Nov-20	Compared to Previous Month
Corporate	15.54%	15.17%	14.68%	▼
Eyes	9.24%	12.07%	7.82%	▼
Sleep	6.20%	9.45%	9.12%	▼
Plastics	-1.94%	-0.94%	-3.21%	▼
Oral	8.02%	8.43%	7.25%	▼
Periop	14.52%	14.00%	13.78%	▼
Clinical Support	11.19%	10.48%	7.54%	▼
Outpatients	10.82%	6.69%	8.90%	▲
Director of Nursing	-0.56%	0.18%	4.69%	▲
Operational Nursing	9.51%	9.84%	10.20%	▲
Community Services	25.28%	18.43%	20.33%	▲
QVH Trust Total	10.45%	10.40%	9.91%	▼

	Posts advertised this month	Recruits in Pipeline
Corporate	2.80	7.40
Eyes	0.00	0.00
Sleep	1.00	0.00
Plastics	2.00	2.00
Oral	0.00	0.00
Periop	4.00	3.10
Clinical Support	3.20	3.61
Outpatients	1.00	4.00
Director of Nursing	0.00	0.10
Operational Nursing	6.45	6.25
Community Services	0.00	0.00
QVH Trust Total	20.45	26.46
of which Qual Nurses / Theatre Practs (external)	8.20	5.70
of which HCA's & Student/Asst Practs (external)	3.65	3.65

MEDICAL RECRUITMENT (WTE)	Posts advertised this month	Recruits in Pipeline
Clinical Support	0.00	1.20
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	1.00
of which are SAS doctors	0.00	0.00
of which are Consultants (including locums)	0.00	0.20
Plastics	0.00	5.00
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	4.00
of which are SAS doctors	0.00	0.00
of which are Consultants (including locums)	0.00	1.00
Eyes	1.00	4.60
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	4.00
of which are SAS doctors	1.00	0.00
of which are Consultants (including locums)	0.00	0.60
Sleep	0.00	0.00
Oral	0.00	7.00
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	7.00
of which are SAS doctors	0.00	0.00
of which are Consultants (including locums)	0.00	0.00
Periop	0.00	0.60
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	0.60
of which are SAS doctors	0.00	0.00
of which are Consultants (including locums)	0.00	0.00
Community Services	0.00	0.00
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	0.00
of which are SAS doctors	0.00	0.00
of which are Consultants (including locums)	0.00	0.00
QVH Trust Total	1.00	18.40
of which are Deanery Trainees, Trust Registrars or Fellows	0.00	16.60
of which are SAS doctors	1.00	0.00
of which are Consultants (including locums)	0.00	1.80



'Staff in Post' has risen since last month to 933.53 WTE. Vacancy levels have reduced since last month to 9.91%.

There were 13.48 wte starters and 6.99 wte leavers in November. Of these, corporate areas and accounted for 6.4 wte. There were 2 wte HCA's in theatres and ITU and 1 qualified nurse in Burns. Leavers were in operational nursing, peri op, corporate, oral and community Services. 0.61 wte were HCA's and 4 wte were qualified nurses in day surgery, theatres, peanut and trust board.

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)	11	6	6	0	0
Theatres / Recovery (Medway)	3	2	0	0	2
Grand Total	23	8	6	0	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)

All our international nurses are working with full NMC Registration with our September starter passing their OSCE mid November, with COVID not affecting the test which was great news.

We are working hard coordinating plans for the 6 nurses arriving on 24 January, with a mixture of some needing to isolate on arrival and some not, with a lot of work needed with regards to flights, accommodation and then OSCE prep once arrived. We are working in close partnership with the Clinical Nurse Educator and Yeovil District Hospital to ensure a smooth arrival for all six nurses. All OSCE's are booked for early March and we therefore anticipate all to be working with full registration from end of March 2021.

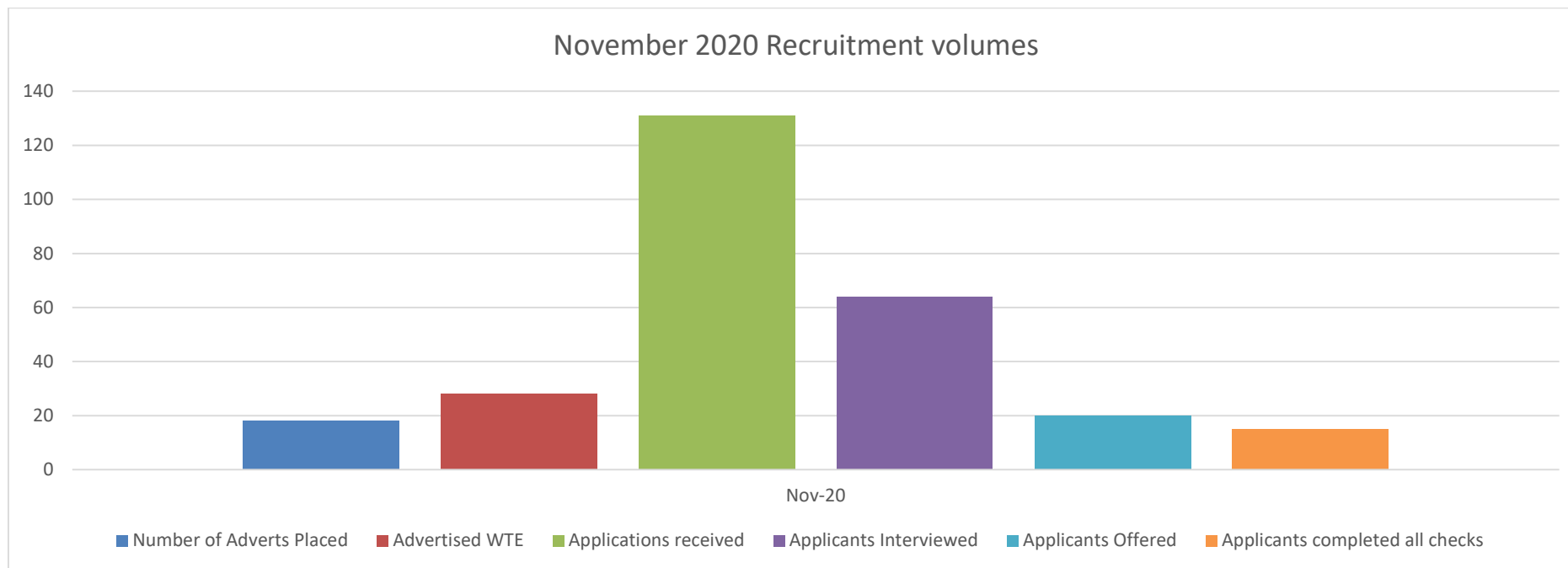
We are still on schedule for the two remaining Medway nurses to arrive in May 2021 and they should arrive with full NMC Registration.

c) Recruitment Data

During November 2020 the following activity has taken place in relation to recruitment. Not all areas have had any recruitment activity. Data is taken from Trac, and is only for publically (external) advertised roles so does not include any special processes, DBS rehcecks or HEE trainee doctors intakes.

Department	Number of Adverts Placed	Advertised WTE	Applications received	Applicants Interviewed	Applicants Offered	Applicants completed all checks
Building & Engineering	0	0	0	5	0	0
Burns Centre	0	0	16	11	1	0
Business Intelligence	0	0	0	0	2	1
Canadian Wing	2	2	26	8	0	1
Clinical Bank	3	4	4	22	8	0
CorneoPlastic Nursing	1	0.8	2	6	0	0
Corporate Affairs	0	0	0	5	1	2
Day Surgery	0	0	3	1	0	0
Diagnostic Imaging	0	0	0	1	0	0
Dietetics	0	0	1	3	0	0
Human Resources	1	0.8	8	0	0	0
Non Clinical Bank	1	10	7	1	7	1
Pharmacy	2	1.4	2	1	1	0
Plastic Surgery	2	2	10	0	0	3
SLR Corneo Plastics	1	1	8	0	0	1
SLR Maxillofacial	1	1	0	0	0	2
SLR Sleep Studies	1	1	5	0	0	0
Theatres	2	3	36	0	0	1
Therapies	1	1	3	0	0	3

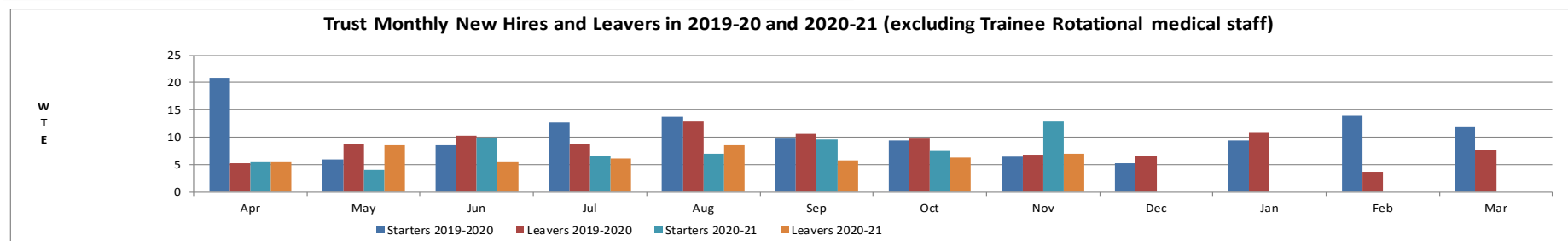
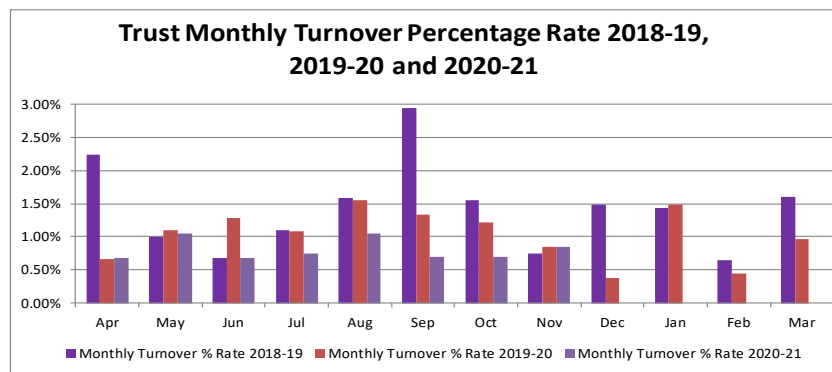
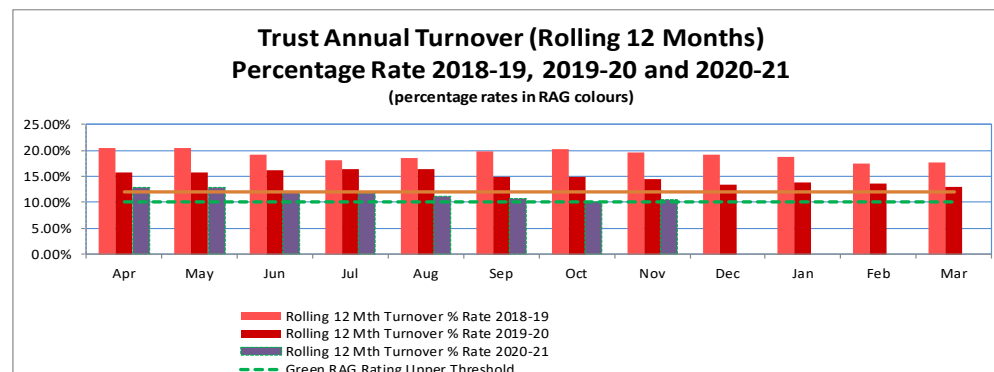
In total the Resourcing Team have placed 18 adverts for a total of 28 WTE, moved 131 applications to shortlisting, invited 64 candidates to interview, sent out 20 conditional offer letters and booked 15 candidates as ready to start.



d) Turnover, New Hires and Leavers

ANNUAL TURNOVER ROLLING 12 MTHS excl. Trainee Doctors	Sep-20	Oct-20	Nov-20	Compared to Previous Month
Corporate %	11.38%	11.11%	9.78%	▼
Eyes %	29.49%	32.77%	28.79%	▼
Sleep %	10.70%	14.40%	14.37%	▼
Plastics %	16.46%	11.74%	10.40%	▼
Oral %	8.20%	6.91%	8.19%	▲
Peri Op %	11.28%	10.18%	13.09%	▲
Clinical Support %	10.22%	9.51%	10.34%	▲
Outpatients %	22.13%	24.58%	24.88%	▲
Director of Nursing %	5.16%	5.08%	5.21%	▲
Operational Nursing %	4.57%	4.03%	4.73%	▲
Community Services %	18.46%	17.69%	20.12%	▲
QVH Trust Total %	10.65%	10.05%	10.49%	▲

MONTHLY TURNOVER excl. Trainee Doctors	Sep-20	Oct-20	Nov-20	Compared to Previous Month
Corporate %	1.41%	1.35%	0.57%	▼
Eyes %	0.00%	3.17%	0.00%	▼
Sleep %	0.00%	3.55%	0.00%	▼
Plastics %	0.00%	0.00%	0.00%	◀▶
Oral %	2.28%	0.64%	1.31%	▲
Peri Op %	0.66%	0.65%	1.30%	▲
Clinical Support %	0.95%	0.00%	0.00%	◀▶
Outpatients %	0.00%	2.53%	0.00%	▼
Director of Nursing %	0.00%	0.00%	0.00%	◀▶
Operational Nursing %	0.00%	0.00%	1.25%	▲
Community Services %	0.00%	0.00%	9.11%	▲
QVH Trust Total %	0.70%	0.70%	0.81%	▲



The Trust's 12 month rolling turnover has slightly increased from last month to 10.49% (an increase of 0.4%) which remains slightly over our trust KPI figure of 10%. As a consequence the monthly rolling turnover slightly increased but has remained stable for November at 0.84%. Business units within the Trust with 10% or less KPI figure are Corporate, Oral, Operational Nursing and Director of Nursing.

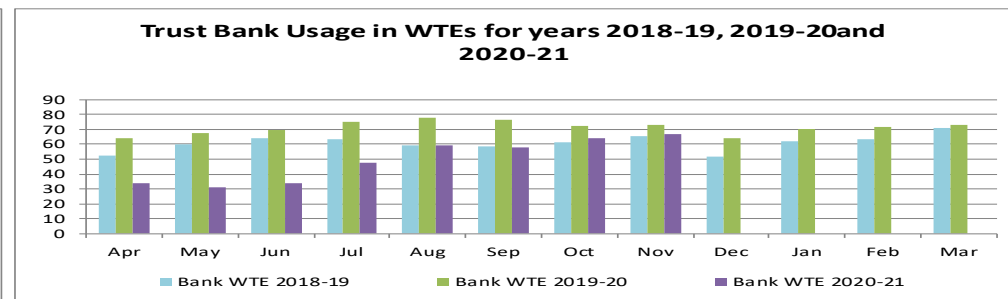
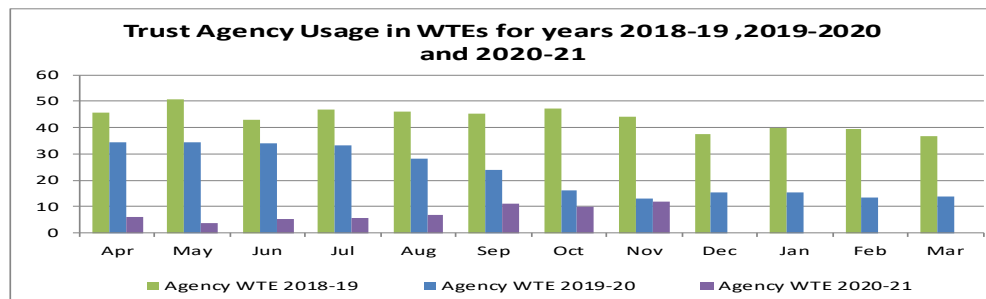
e) Temporary Workforce

Agency				
BUSINESS UNIT (WTE)	Sep-20	Oct-20	Nov-20	Compared to Previous Month
Corporate	2.67	2.30	1.89	▼
Eyes	0.00	0.00	0.00	◀▶
Sleep	0.00	0.00	0.00	◀▶
Plastics	0.00	0.00	0.00	◀▶
Oral	0.00	0.00	0.00	◀▶
Periop	4.50	3.14	3.96	▲
Clinical Support	1.49	2.26	3.24	▲
Outpatients	0.00	0.00	0.00	◀▶
Director of Nursing	0.00	0.00	0.00	◀▶
Operational Nursing	2.47	2.40	2.54	▲
Community Services	0.00	0.00	0.32	▲
QVH Trust Total	11.12	10.10	11.95	▲

Bank				
BUSINESS UNIT (WTE)	Sep-20	Oct-20	Nov-20	Compared to Previous Month
Corporate	11.37	10.18	9.58	▼
Eyes	0.59	0.83	1.22	▲
Sleep	1.82	2.43	2.62	▲
Plastics	2.26	3.19	1.79	▼
Oral	2.43	2.53	2.49	▼
Periop	14.64	16.35	17.66	▲
Clinical Support	8.85	9.41	7.45	▼
Outpatients	0.73	1.33	1.38	▲
Director of Nursing	1.66	1.89	2.92	▲
Operational Nursing	12.79	15.70	18.78	▲
Community Services	0.46	0.87	0.69	▼
QVH Trust Total	57.61	64.72	66.60	▲

Agency				
STAFF GROUP (WTE)	Sep-20	Oct-20	Nov-20	Compared to Previous Month
Qualified Nursing	6.25	5.36	5.72	▲
HCA's	0.00	0.00	0.00	◀▶
Medical and Dental	1.33	1.28	1.76	▲
Other AHP's & ST&T	0.87	1.15	2.58	▲
Non-Clinical	2.67	2.30	1.89	▼
QVH Trust Total	11.12	10.10	11.95	▲

Bank				
STAFF GROUP (WTE)	Sep-20	Oct-20	Nov-20	Compared to Previous Month
Qualified Nursing	21.06	24.41	26.42	▲
HCA's	7.08	6.81	8.66	▲
Medical and Dental	5.84	7.88	5.84	▼
Other AHP's & ST&T	3.70	4.88	4.12	▼
Non-Clinical	19.92	20.74	21.55	▲
QVH Trust Total	57.61	64.72	66.60	▲



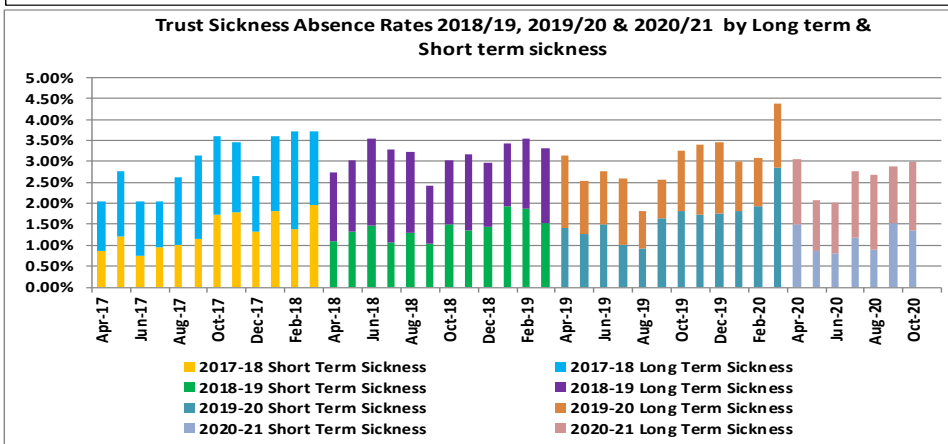
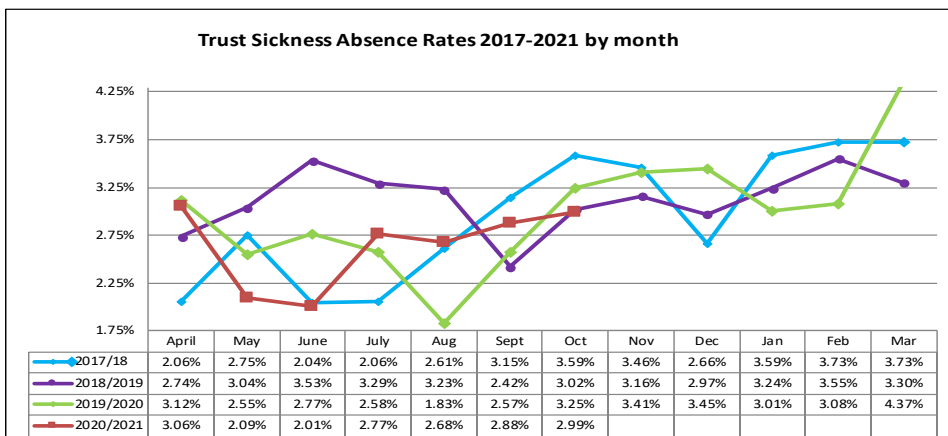
The Trust's bank and agency useage have both increased to 11.95 wte for agency and 66.60 wte for bank. Increases in agency were seen in in Community services, peri op, clinical support and slightly in operational nursing. As a staff group AHP and other STT staff had the biggest increase. Bank usage increases were seen in operational nursing, peri-op and director of nursing. As a staff group qualified nursing and HCA's saw the biggest increases followed by admin and clerical.

Goal 3: Health and Well-being

SHORT TERM SICKNESS	Aug-20	Sep-20	Oct-20	Compared to Previous Month
Corporate	0.90%	1.01%	0.95%	▼
Clinical Support	2.08%	1.55%	1.45%	▼
Plastics	0.84%	0.86%	0.54%	▼
Eyes	0.00%	0.19%	1.40%	▲
Sleep	0.84%	1.45%	1.30%	▼
Oral	0.25%	0.56%	1.06%	▲
Periop	0.86%	1.97%	0.67%	▼
Access and Outpatients	0.39%	1.56%	1.94%	▲
Director of Nursing	0.15%	0.12%	1.66%	▲
Operational Nursing	1.31%	3.14%	2.79%	▼
Community Services	0.87%	0.00%	0.00%	◀▶
QVH Trust Total	0.89%	1.53%	1.36%	▼

LONG TERM SICKNESS	Aug-20	Sep-20	Oct-20	Compared to Previous Month
Corporate	2.93%	3.02%	1.68%	▼
Clinical Support	1.58%	1.77%	1.30%	▼
Plastics	0.00%	0.99%	1.69%	▲
Eyes	3.22%	3.15%	3.19%	▲
Sleep	0.00%	0.00%	0.00%	◀▶
Oral	2.70%	1.30%	3.68%	▲
Periop	1.74%	0.79%	1.65%	▲
Access and Outpatients	0.00%	0.00%	2.88%	▲
Director of Nursing	0.00%	0.00%	0.00%	◀▶
Operational Nursing	1.32%	0.99%	2.02%	▲
Community Services	9.00%	3.90%	0.00%	▼
QVH Trust Total	1.79%	1.35%	1.63%	▲

ALL SICKNESS (with RAG)	Aug-20	Sep-20	Oct-20	Compared to Previous Month
QVH Trust Total	2.68%	2.88%	2.99%	▲

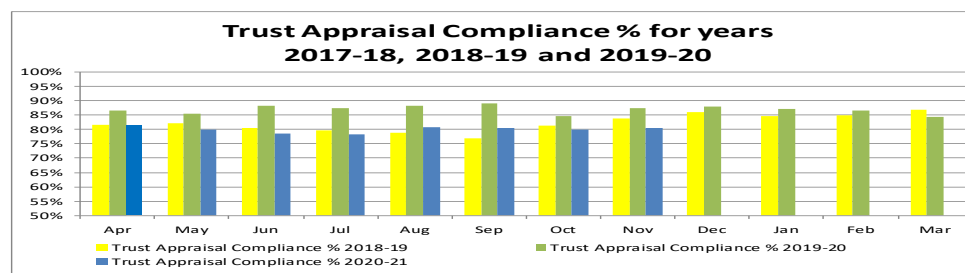


The Trust's sickness absence has risen slightly to 2.99% from 2.88% the previous month, however is still within our KPI of 3%. To caveat this when comparing to previous years this is slightly lower than we would expect to see at this time of year. 0.03% of sickness absence in October was covid related.

The top three reasons for sickness by occasions were gastro, could cough and flu and anxiety/stress/depression/other psychiatric illnesses. Business units over the trust KPI's are Eyes, Operational Nursing, Oral and Outpatients. Indicative figures for November are 3.27% and 0.24% covid related.

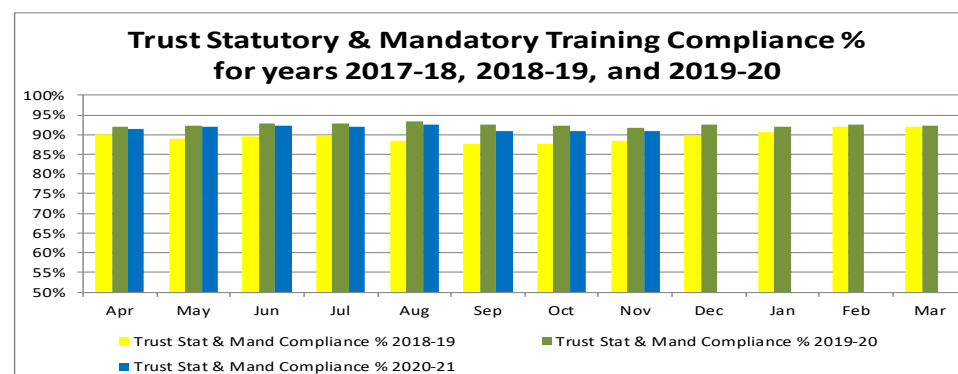
Goal 4: Learning and Education

APPRAISALS	Sep-20	Oct-20	Nov-20	Compared to Previous Month
Corporate	74.74%	74.74%	57.81%	▼
Eyes	69.00%	70.00%	88.89%	▲
Sleep	56.25%	62.50%	93.75%	▲
Plastics	63.38%	59.70%	62.12%	▲
Oral	63.75%	60.81%	80.00%	▲
Peri Op	88.76%	88.17%	91.82%	▲
Clinical Support	89.81%	85.19%	86.24%	▲
Access and Outpatients	88.46%	73.33%	72.41%	▼
Director of Nursing	88.46%	90.74%	94.23%	▲
Operational Nursing	91.16%	91.16%	90.61%	▼
Community Services	80.00%	75.00%	80.00%	▲
QVH Trust Total	80.58%	80.00%	80.60%	▲



Staff Appraisal rate has decreased slightly to 80.60%. This figure has been adjusted for GMC medics who are exempt due to Covid-19. No business units were above the trust's KPI of 95%, the highest performing were Director of Nursing 94.23% and sleep 93.75%. worst performing are Corporate 57.81% and Plastics 62.12%

MANDATORY AND STATUTORY TRAINING	Sep-20	Oct-20	Nov-20	Compared to Previous Month
Corporate	92.32%	92.03%	90.93%	▼
Eyes	85.68%	87.34%	89.45%	▲
Sleep	94.33%	94.63%	91.88%	▼
Plastics	75.81%	77.58%	77.62%	▲
Oral	88.66%	87.28%	90.15%	▲
Peri Op	90.69%	91.16%	91.28%	▲
Clinical Support	94.22%	93.98%	94.25%	▲
Access and Outpatients	92.24%	96.05%	99.59%	▲
Director of Nursing	94.93%	94.49%	95.25%	▲
Operational Nursing	94.67%	93.86%	93.71%	▼
Community Services	89.70%	87.65%	88.76%	▲
QVH Trust Total	90.80%	90.82%	91.02%	▲



Statutory and mandatory training has increased on last month to 91.02%. Out of 11 Business Units, 8 are above trust KPI. Best performing are Outpatients and Director of Nursing, worst performing are Plastics at 77.62%. The Best performing competency is Equality, diversity and human rights 94.86%, worst performing is fire safety 2 years 84.76. IG now sits at 89.71%.

The Medical Education, Resourcing and HR Advisory Teams are working together to start planning for the next junior doctors' induction in February 2021.

The focus on improving mandatory training compliance rates for all staff, including those on the medical and dental bank, continues and has shown an improvement this month.

The Medical Education Manager and Director of Medical Education continue to dial in to regular surge planning meetings for Sussex, which are chaired by the HEE Deputy Dean to ensure that medical education and training is considered during the second surge of COVID-19.

The final Local Academic Board meeting of the year took place on Thursday 19 November on MS Teams.

Medical Appraisals: 82 GMC and GDC registrants have Covid PDR exemptions, which have been removed from the total number of staff requiring an appraisal. At department level, the exempt staff have been removed from the staff headcount when calculating % for PDR compliance. At BU level, the exempt staff have been removed when calculating the PDR compliance.

Business Unit	Department	Assignment Count	Required	Achieved	Compliance %	Compliance %
Community Services	276 200005 SLR Rheumatology	1	1	1	100.00%	100.00%
Plastics	276 200011 Plastic Surgery	64	64	33	51.56%	97.06%
Sleep	276 200013 SLR Sleep Studies	3	3	1	33.33%	100.00%
Eyes	276 200015 SLR Corneo Plastics	12	12	4	33.33%	100.00%
Oral	276 200018 SLR Orthodontics	11	11	5	45.45%	55.56%
Oral	276 200019 SLR Maxillofacial	35	35	16	45.71%	72.73%
Community Services	276 200025 SLR Respiratory	1	1	0	0.00%	0.00%
Perioperative Services	276 210001 Anaesthetics	34	34	11	32.35%	100.00%
Clinical Support	276 210006 Diagnostic Imaging	4	4	2	50.00%	75.00%
Clinical Support	276 210008 Histopathology	2	2	0	0.00%	100.00%

Goal 5: Talent and Leadership

Leadership, OD and Talent Management Group:

Sussex Health and Care Partnership (HCP) Leadership Development and Talent Management Group, chaired by the QVH Workforce Director, are collaborating on a range of initiatives to support management and leadership across the integrated healthcare system (ICS).

Developing Excellence, Together has been designed and developed with Roffey Park and with the current working environment in mind and based on feedback from partner organisations on what support and development our managers need at this time. Leadership modules are Good Leadership and Emotional Intelligence, Compassionate and Inclusive Leadership, Communication and Influencing, Managing Difficult Conversations and Performance, Employee Engagement and Motivation and Interpersonal and Team Resilience

Foundation in Coaching has been widely received across the region with a high take up of the course. This has been successfully transferred to a new online learning platform to manage the current government guidelines on social distancing.

ILM Level 3 coaching has now been offered across health and social care in Sussex and participants have been shortlisted and the programme commenced in October 2020. Another opportunity to apply for the qualification has been offered in December 2020 commencing 2021.

Other activities:

NHS Elect/Leading the Way - Virtually: OD & L have worked with NHS Elect to create a mini online management and leadership development programme called Leading the Way – Virtually. The first cohort has now completed and we are running a second cohort. Once this has completed we will seek feedback from the participants on the programme delivered.

Admin & Clerical programme: OD & L and NHS Elect delivered a focus group for Admin & Clerical staff to talk about a package of support and development for 2021/22. This workshop was well received and we are in the process of collating and analysing the comments which will inform a similar programme of work to the leading the way virtual offering.

COVID19 implications: As a result of the current situation and government guidelines OD & L have taken steps to risk assess QVH offerings and tailored initiatives to reduce/minimise the risk of spread. Therefore we continue to:

- advise staff, where possible to complete eLearning;
- ask new starters to complete pre-hire eLearning;
- deliver shortened Corporate Induction programme (focused on eLearning);
- postponing or using virtual options for apprenticeships;
- run core face-to-face mandatory training sessions (using PPE);
- reduce places on any mandatory face-to-face courses to allow for social distancing (using PPE);
- postpone any external face-to-face offerings until later in the year.

KSO3 – Operational Excellence

Risk Owner – Director of Operations
Date last reviewed : 28 December 2020

Strategic Objective We provide healthcare 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">Significant increase of RTT waiting list and patients waiting over 52 weeks due to COVID-19 pandemic and cancer hub roleIncreased cancer demand due to cancer hub roleReduced capacity due to reconfiguration of services to support green and amber elective pathways and infection prevention control requirementsIncreased level of patients deferring treatment due to COVID-19PPE and infection control limitations for maximising activityAnaesthetic workforce gaps due to maternity leave at Consultant and SpR levelTheatre and pre assessment staffing gapsGaps in staff not currently working due to COVID-19 isolation requirementsIsolation requirement impact - patient take up, timescales to book and ability to utilise capacity following cancellationsVacancy levels in sleep [CRR 1116]Specialist nature / complexity of some activityVacancies in non consultant level medical staff OMFSSentinel Lymph Node demand [CRR 1122]<u>Step down of spoke activity due to COVID-19 system pressures</u><u>Step down of patients due to co-morbidities and COVID-19 prevalence</u>	Future risks <ul style="list-style-type: none">COVID-19 second surgeNational Policy changes to access and targetsNHS funding and fines changes & volatilityReputation as a consequence of reconfigurationWorkforce morale and potential retention impact due to merger considerationsSystem service review recommendations and potential risks to services Future Opportunities <ul style="list-style-type: none">Closer ICS working<u>Closer working between providers in opportunities with Kent & Surrey</u>Partnership with BSUH/WSHFT
Controls / Assurance <ul style="list-style-type: none">Mobilising of virtual outpatient opportunities to support activity during COVID-19Additional reporting to monitor COVID-19 impactPhase 3 plan implementation underwayAgreed system approach to capacity and demandWeekly RTT and cancer PTL meetings ongoingDevelopment of revised operational processes underway to enhance assurance and gripAdditional funding for scheduling support identifiedTheatre productivity work programme ongoingAdapt and adopt and system recovery initiatives		Gaps in controls / assurance <ul style="list-style-type: none">Capacity challenges with cancer hub provisionReduced capacity due to infection control requirements for some servicesNot all spoke sites on QVH PAS so access to timely information is limitedLate referrals for 18RTT and cancer patients from neighbouring trustsResidual gaps in theatre staffingCapacity challenges for both admitted and non admitted pathwaysInformatics capacityImpact of COVID-19 on patient willingness<u>Uncertainty regarding Independent Sector contract and capacity support post December 2021</u><u>Challenges in available administrative bank staff to support scheduling teams</u>

KSO 4 – Financial Sustainability

Risk Owner: Director of Finance & Performance

Committee: Finance & Performance

Date last reviewed 30th December 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 8)

- Break even position for month 8 against the revised submitted financial plan. However it is though that the plan increases in risk over the coming months due to the significant impact of the pandemic.
- The plan is based on a £4.6m system top up for months 7-12 to cover the Trusts significant underlying deficit. National guidance was for no Trust to have a deficit Months 1-6
- Two returns in September at the ICS level with a Trust specific return in late October. Returns based on returning activity levels to 19/20 levels for some areas with a slight reduction in other such as elective. Significant risk to the Trust to deliver these activity levels, penalties and incentives will be achieved on an ICS basis.
- 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 and non attendance by patients
- Commissioner challenge and scrutiny post Block arrangement
- Potential changes to commissioning agendas
- Significant activity drop due to Covid and activity issues due to second wave
- Unknown costs of redesigned pathways

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

Current Risk Rating 4 (C) x 5 (L) = 20, High

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

Future Risks

NHS Sector financial landscape Regulatory Intervention

- National guidance is developing to understand how the financial regime will impact Trusts over the coming months and further into next FY. Guidance not anticipated in calendar year, business planning will need to continue based on assumptions of current cost base.
- Capped expenditure process
- Single Oversight Framework
- Commissioning intentions – Clinical effective commissioning
- NHSI/E control total expectation of annual breakeven within the LTFM trajectory (2020/21-2024/25)
- Central control total for the ICS which is allocated to organisations
- Unknown Brexit risks for increased costs for such items as drugs and procurement
- Significant work to develop the LTP in line with potential merger
- Lack of relevant resource to deliver BAU, develop required efficiencies and Business Case
- Development of compatible IT systems (clinical and non clinical) & back office functions will be part of the longer term plan to ensure in medium term efficiencies may be achieved.

Future Opportunities

- New workforce model, strategic partnerships; increased trust resilience / support wider health economy
- Develop the significant work already undertaken using IT as a platform to support innovative solutions and new ways of working
- Increase in efficiency and scheduling through whole of the patient pathway through service redesign
- Spoke site activity repatriation and new model of care
- Strategic alliances \ franchise chains and networks
- Increase partnership working across both Sussex and Kent and Medway with greater emphasis on pathway design
- Decision in principal to move ahead with due diligence with BSUH & WSHT
- Development of increased partnership working through the merger to include greater economies of scale and efficiencies for work load and also potential cash savings in the longer term

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 7 onwards subject to caveats with regards to the NHS environmental changes
- Audit Committee with a strengthened Internal Audit Plan.
- Budget Setting and Business Planning Processes (including capital) approved for all areas.
- Income / Activity capture and coding processes embedded and regularly audited
- Weekly activity information per Business unit, specialty and POD reflected against plan and prior year and revised trajectories in line with the phase 3 guidance.
- Spoke site, Service line reporting and service review information widely circulated.
- Service reviews started and working with a combined lead from the DoO and DoF

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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
- Non achievement of efficiencies to achieve lower cost profile
- Understanding of payment mechanisms in future periods
- Budgets set in excess of current establishment work required to understand establishment levels required for phase 3

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	7 January 2021	Agenda reference:		16-21	
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 23 November.				
Summary of key issues	<p>An update on the F&P meeting on Monday 4th January will be given at the Board meeting.</p> <p>Financial results are forecasting break-even for this year, but this is due to the national funding calculation.</p> <p>Workforce indicators remain very positive.</p> <p>Operational performance has generally outperformed plan, to date, but is heavily reliant on a wide range of key dependencies.</p>				
Recommendation:	The Board is asked to NOTE the contents of the report, the ASSURANCE (where given), and the ongoing uncertainty and challenges in all three areas.				
Action required			Assurance		
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>KS05 – Organisational Excellence – strong indicators of successful management, but aware of critical dependencies</p> <p>KS04 – Financial Sustainability – short-term break-even is a quirk of national funding, longer-term is not resolved</p> <p>KS03 – Operational Excellence – risk remains high as reliant on so many variables (many outside the Trust's control)</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, and the financial arrangements				
Assurance route					
Previously considered by:					
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:					

Report to: Board of Directors
Meeting date: 7 January 2021
Reference no: 16-21
Report from: Paul Dillon-Robinson, Committee Chair
Report date: 28 December 2020

Financial, operational and workforce performance assurance

Introduction

The finance and performance committee is meeting on 4 January 2021 and an update on any significant issues arising at that meeting will be provided to the Board.

The committee remains focused on the Trust's plans to deliver restoration and recovery, within the integrated care system (ICS) plans. It is aware of the number of risks and dependencies in delivering that plan, some of which (e.g. return of breast cancer work) may be out of its control.

1. Operational performance

Good progress was being made, particularly in reducing the 52ww figures and maintaining cancer standards (albeit that the 31 day standard is challenging). The Trust's role as a cancer hub has led to an increase in referrals and there remain risks to meeting performance standards, particularly around day cases.

The committee also discussed the importance of having independent sector capacity in the medium term, issues around virtual outpatient appointments, as well as the risks and dependencies (such as staffing availability, infection prevention measures and the balance of time being spent on improvement activities – the "adapt and adopt" initiative).

Discussions on the board assurance framework (BAF) reflected the key future risks of the potential merger and results of the acute clinical strategy review

2. Workforce performance

The Trust's workforce performance indicators remain on a positive trend, within the known context of the Trust's position, critical dependencies and risks.

The committee discussed; the progress in embedding electronic health rostering, the need for reconciliation of the bank and agency data between Finance and HR systems, the ongoing work to re-align the authorised establishment to the actual need, and sought further insight on the recruitment data.

3. Financial performance

The Trust remains on course for a break-even position at year-end but, as previously advised, this is due to the peculiarities of the ICS funding regime for restoration and recovery and not due to any sustainable solution. The committee agreed a slight change to the financial plan for the rest of the year, reflecting a cost pressure of being a cancer hub.

There still remains no decision on whether previously committed Covid capital expenditure will come out of a central fund or the Trust's own allocation. This uncertainty impacts on the capital planning for the rest of the year.

The committee commented on increases in Pay costs and some variations in non-pay expenditure.

Discussion on the BAF looked at the future risks of resourcing the finance function.

4. Other

The committee received updates on the EDM programme (electronic document management, paper-lite rather than paper-less) and IM&T projects. It also received a paper on National Cost Collection and the data will be used in the Service Reviews that are due to start coming to the committee from January onwards.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	Thursday 7 January 2021	Agenda reference:		17-21	
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"> Operational performance update Progress against the phase 3 plan <p>Key items for focus:</p> <ul style="list-style-type: none"> Risks to phase 3 delivery due to COVID-19 position and potential impact of resuming breast cancer capacity 				
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:	04.01.21	Decision:	Noted	
Next steps:	NA				

Operational Performance Report & Phase 3 Update

Abigail Jago, Director of Operations

January 2021

Trust Board



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Performance Summary

KPI	TARGET / METRIC	TARGET SOURCE	DEC19	JAN20	FEB20	MAR20	APR20	MAY20	JUN20	JUL20	AUG20	SEP20	OCT20	NOV20
RTT – % patients <18 week	National	National	82.77%	82.1%	81.37%	78.5%	69.5%	59.22%	50.48%	42.16%	48.0%	55.6%	64.2%	69.6%
RTT52	Phase 3	ICS	15	19	16	18	38	100	185	320	461	555	608	563
Cancer 2WW	93%	National	96%	93.3%	97.7%	90.8%	83.8%	89.5%	77.1%	84.5%	98.4%	99.7%	98.7%	
Cancer 62 day	85%	National	80%	83.7%	82.1%	87.8%	90.9%	95.9%	88.2%	77.5%	91.3%	85.3%	81.2%	
Cancer 31 day	96%	National	94.7%	89.9%	89.5%	94.6%	98.2%	98.5%	93.1%	89%	93.9%	89.7%	92.2%	
Faster Diagnosis	75%	National	86.6%	77.2%	88.1%	84.5%	67.4%	79.9%	77.1%	82.5%	75.3%	67.8%	82.2%	
Cancer 104	Internal trajectory	Local	5	4	4	3	4	12	39	15	9	5	6	9
Cancer 62D backlog	N/A	Local	62	37	35	37	53	75	64	42	42	40	45	37
DMO1 Diagnostic waits	99% < 6 weeks	National	98.18%	98.23%	99.20%	90.07%	72.4%	28.09%	73.3%	84.9%	86.8%	92.0%	94.9%	98.1%
Histology TAT	90% < 10 days	Local	71%	90%	94%	94%	93%	96%	95%	99%	92%	95.0%	95.0%	98.0%
Imaging reporting	% < 7 days	Local	99.11%	99.37%	98.8%	98.18%	99.0%	98.6%	99.4%	98.5%	98.6%	98.2%	98.6%	98.5%
MIU- % pt treated/ discharge in 4 hrs	95%	National	100%	99.89%	100%	100%	100%	100%	100%	100%	99.8%	98.5%	100%	100%

Phase 3 Activity KPI	TARGET / METRIC	TARGET SOURCE	SEP20	OCT20	NOV20
Day Case	Phase 3	ICS	72%	78%	77%
Elective inpatient	Phase 3	ICS	71%	81%	80%
Outpatient (new)	Phase 3	ICS	79%	74%	79%
Outpatient (follow up)	Phase 3	ICS	99%	92%	100%
First OP Virtual	Phase 3	ICS	42%	43%	35%
Follow up OP Virtual	Phase 3	ICS	39%	36%	34%

RAG	
	Deteriorating position or plans not on track/ cause for concern
	Improving position or plans / local trajectories on track
	Delivery of national / local standard



Referral to Treat

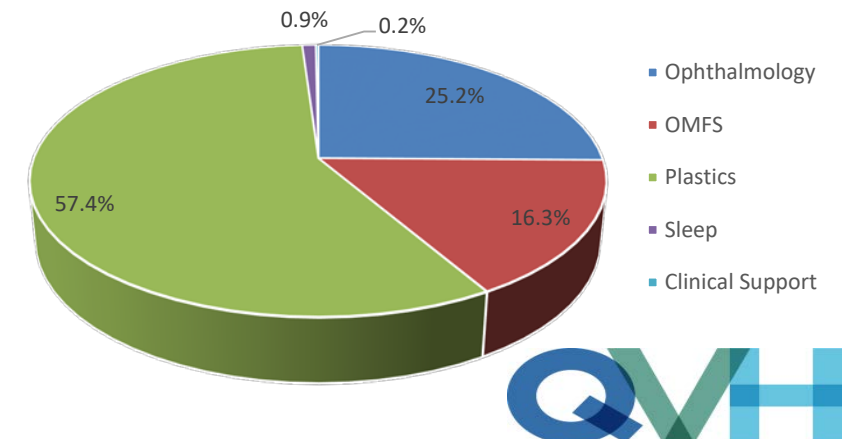
52 week wait delivery

		Q1			Q2			Q3			Q4		
		Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
52 weeks	Actual	38	100	185	320	461	555	608	563				
52 weeks	Plan				320	460	750	886	998	1116	1186	1251	1350
Total Incomplete	Actual 20/21	9,604	8,445	9,854	10,059	10,186	10,282	10,360	9,907				
Total Incomplete	Plan				10,059	10,250	10,441	10,497	10,684	11,246	11,507	12,070	12,860
52 weeks as % of WL	Actual				3%	5%	5%	6%	6%				
52 weeks as % of WL	Plan				3%	4%	7%	8%	9%	10%	10%	10%	10%

52 WK COMMENTARY

- November position ahead of plan and delivering a reduction in patients waiting greater than 52 weeks. Increased levels of patients waiting > 52 weeks expected for December
- Plastic surgery continues to be the most challenged specialty.

November 52wk breakdown



Referral to Treat

Waiting list distribution (Trust Level)

Weeks wait	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Change from last month	Performance change
0-17 (<18)	6682	5565	4974	4241	4858	5718	6652	6895	↑	243
18-26	1625	1903	2236	2544	1480	455	578	692	↑	114
27-33	702	997	1215	1234	1561	1490	517	216	↓	-301
34-40	347	480	740	954	886	981	1113	688	↓	-425
41-51	210	352	504	766	940	1083	892	853	↓	-39
>52	38	100	185	320	461	555	608	563	↓	-45
Total Pathways	9604	9397	9854	10059	10186	10282	10360	9907	↓	-453
Breaches	2622	3832	4880	5818	5328	4564	3708	3012	↓	-696
Performance	69.6%	59.2%	50.4%	42.1%	47.7%	55.6%	64.2%	69.6%	↑	
Clock starts	1163	1353	1957	2133	2131	2404	2499	2504	↑	5
Clock stops	1205	1033	1254	1429	1643	2104	2540	2680	↑	140

PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
<ul style="list-style-type: none"> In month reduction in the tail of the waiting list and improvement in open pathway performance 29 patients are currently waiting over 78 weeks. 	<ul style="list-style-type: none"> Anticipate an increase in the number of patients waiting > 52 weeks for December due to reduced capacity in month including spoke sites, the Christmas closure of the independent sector providers and reduced on site activity. Capacity challenges going forward due to increased cancer demand across all specialities, reduction in independent sector capacity, reduction in spoke capacity due to COVID-19 pressures and QVH capacity challenges due to cancer hub role



Cancer Dashboard

Trust Level	Q4 2019-20			Q1 2020-21			Q2 2020-21			Q3	Change from last month
	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sept-20	Oct-20	
Two Week Wait	93.3%	97.7%	90.8%	83.8%	89.5%	77.1%	84.5%	98.4%	99.7%	98.7%	→
62 Day Referral to Tx	83.7%	82.1%	87.8%	90.9%	95.9%	88.2%	77.5%	91.3%	85.3%	81.2%	↓
Faster Diagnosis				67.4%	79.9%	77.1%	82.5%	75.3%	67.8%	82.2%	↑
62 Day Screening	0.0%		0.0%								
62 Day Con Upgrade	87.5%	88.9%	93.8%	100.0%	57.1%	100%	89.7%	77.8%	88.2%	100%	→
31Day Decision to Tx	89.9%	89.5%	94.6%	98.2%	98.5%	93.1%	89%	93.9%	89.7%	92.2%	→
31 Day Sub Treat	100.0%	75.0%	100.0%	100.0%	100.0%	85.7%	75%	92%	100%	100%	→

Performance summary

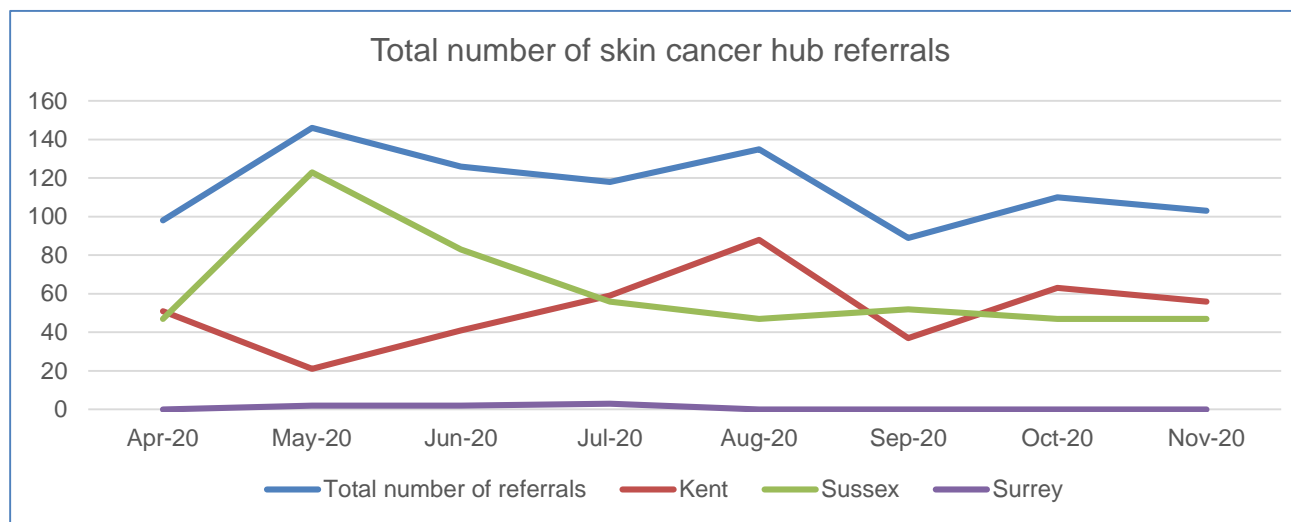
- Continued delivery of the 2WW target. Forecast delivery for November (99.1%).
- QVH did not meet the 62 day target for October, reporting a total of 7 breaches
- FDS achieved the target for October.
- The consultant upgrade target was achieved in October and predicting to deliver the standard in November.
- For the fifth month in a row QVH did not meet the 31 day target, reporting a total of 7 breaches in skin and predicting a further 8 breaches in skin for November. Additional skin capacity should, once in place, improve the position
- The 31 day subsequent target was achieved in October.

Areas of focus / action

- 2WW H&N capacity challenges at the spoke sites for both Medway and Dartford.
- Services are reviewing the head and neck pathway due to some challenges with minor oral surgery and outpatient capacity which is impacting performance.
- Pathway and workforce challenges within skin – Cancer Alliance funding for an additional skin consultant has been approved and recruitment is being taken forward.
- Challenges with the 31 day target are primarily driven by skin and recovery planning and delivery is ongoing.

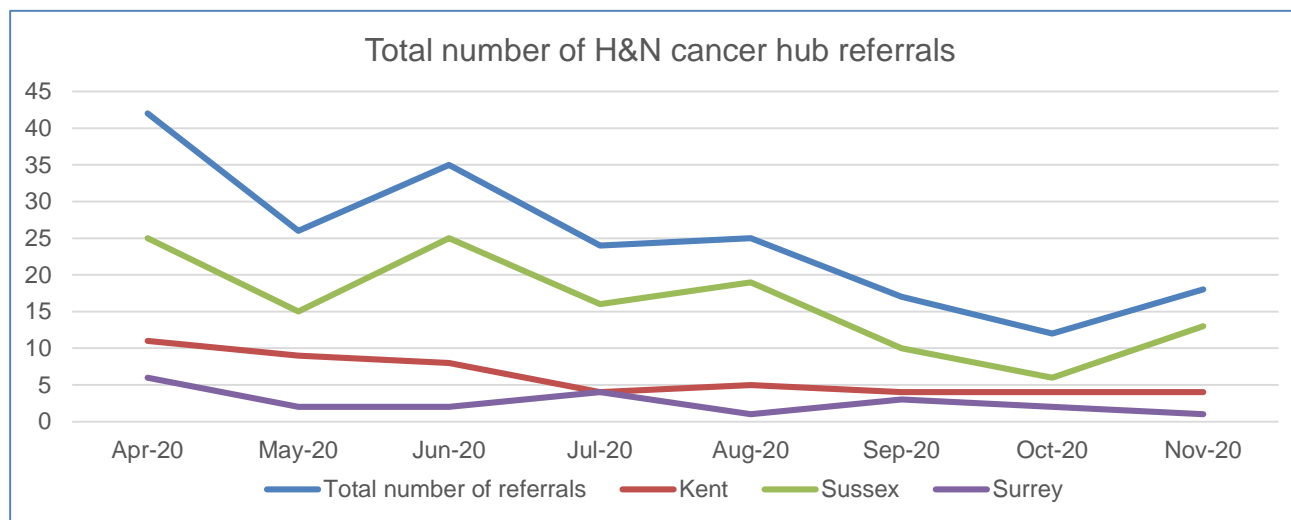


Cancer hub



KEY ITEMS TO NOTE:

- QVH continues as a cancer hub for head and neck and skin.
- There has been an in month rise in tertiary head and neck referrals.
- QVH has received requests to resume supporting breast cancer activity. Formal requests are now anticipated from both Sussex and Kent due to COVID-19 surge capacity pressures.



Elective care - admitted

Daycase - Phase Three plan (% of historic)							
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Phase 3 requirement	80%	90%	90%	90%	90%	90%	90%
BSUH	59%	71%	90%	90%	90%	90%	90%
WSHFT	70%	90%	90%	90%	90%	90%	90%
ESHT	80%	86%	90%	90%	90%	90%	90%
QVH	42%	52%	86%	89%	92%	95%	93%
Sussex Total	67%	80%	90%	90%	90%	90%	90%
Sussex Total pp gap vs Phase 3 requirements %	-13%	-10%	0%	0%	0%	0%	0%
Sussex Total pp gap vs Phase 3 requirements #	-1,915	-1,622	-40	-10	0	0	0
Sussex IS providers plan	660	552	577	577	577	577	577

Elective Ordinary - Phase Three plan (% of historic)							
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Phase 3 requirement	80%	90%	90%	90%	90%	90%	90%
BSUH	76%	85%	90%	82%	82%	90%	90%
WSHFT	70%	90%	90%	90%	90%	90%	90%
ESHT	65%	75%	78%	80%	75%	90%	90%
QVH	55%	85%	86%	74%	92%	85%	90%
Sussex Total	69%	85%	87%	82%	84%	89%	90%
Sussex Total pp gap vs Phase 3 requirements %	-11%	-5%	-3%	-8%	-6%	-1%	0%
Sussex Total pp gap vs Phase 3 requirements #	-225	-123	-61	-144	-124	-15	0
Sussex IS providers plan	238	273	288	288	288	288	288

	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Activity by POD	Third phase requirement						
Day Case	80%	90%	90%	90%	90%	90%	90%
Elective Inpatient	80%	90%	90%	90%	90%	90%	90%

	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Day Case Plan	42%	52%	86%	89%	92%	95%	93%
Day Case Actual	72%	78%	77%				
Day Case 1920 Activity	834	1017	959				
Day Case 2021 Activity	603	795	737				
Elective Inpatient Plan	55%	85%	86%	74%	92%	85%	90%
Elective Actual	71%	81%	80%				
Elective 1920 Activity	309	305	322				
Elective 2021 Activity	216	246	256				

	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Activity by POD	QVH Final Submission						
Day Case	-38%	-38%	-4%	-1%	2%	5%	3%
Elective Inpatient	-25%	-5%	-4%	-16%	2%	-5%	0%

PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
<p>Planned daycase (DC) and inpatient activity is below phase 3 plan due to:</p> <ul style="list-style-type: none"> Reduction in day cases at Kent spoke sites due to COVID-19 surge capacity requirements Activity at Uckfield has not resumed due to changes in the timetable of available capacity Inpatient activity has been higher complexity in month Centre for Sight activity levels are lower than planned Utilisation of further elective capacity through Rowntree has not been delivered due to estate and infection prevention control (IPC) challenges Weekend working is continuing where there is staff availability 	<p>Operational service risks to deliver November activity due to:</p> <ul style="list-style-type: none"> COVID-19 related workforce gaps COVID-19 impact on patient cancellations Theatre and pre assessment staff capacity Limited cover of waiting list initiatives due to staffing. Reduced available capacity for non framework Independent Sector (IS) provision. Access to spoke / offsite capacity operating at Uckfield is not in place due to changes of available days and related surgeon / anaesthetist availability. Theatre improvement programme is ongoing. Business Intelligence Unit are currently developing reporting dashboards

Elective care – non-admitted

First OP - Phase Three plan (% of historic)							
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Phase 3 requirement	100%	100%	100%	100%	100%	100%	100%
BSUH	78%	87%	95%	95%	95%	100%	100%
WSHFT	82%	100%	100%	100%	100%	100%	100%
ESHT	83%	90%	92%	93%	93%	100%	100%
QVH	76%	80%	83%	84%	86%	95%	98%
Sussex Total	81%	92%	95%	96%	95%	100%	100%
Sussex Total pp gap vs Phase 3 requirements %	-19%	-8%	-5%	-4%	-5%	0%	0%
Sussex Total pp gap vs Phase 3 requirements #	-7,456	-3,374	-1,965	-1,590	-1,750	-154	-58
Sussex IS providers plan	388	452	452	452	452	452	452

	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Activity by POD	Third phase requirement						
Outpatient (new)	100%	100%	100%	100%	100%	100%	100%
Outpatient (follow up)	100%	100%	100%	100%	100%	100%	100%

	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Activity by POD	QVH Final Submission						
Outpatient (new)	76%	80%	83%	84%	86%	95%	98%
Outpatient actual	79%	74%	79%				
Outpatient (new) 1920 Activity	3026	3578	3246				
Outpatient (new) 2021 Activity	2403	2650	2548				
Outpatient (follow up)	82%	84%	87%	89%	91%	96%	100%
Outpatient actual	99%	92%	100%				
Outpatient (f up) 1920 Activity	9717	11345	10379				
Outpatient (f up) 2021 Activity	9665	10468	10431				

	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Activity by POD	QVH Final Submission						
Outpatient (new)	-24%	-20%	-17%	-16%	-14%	-5%	-2%
Outpatient (follow up)	-18%	-16%	-13%	-11%	-9%	-4%	0%

Follow up OP - Phase Three plan (% of historic)							
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Phase 3 requirement	100%	100%	100%	100%	100%	100%	100%
BSUH	87%	95%	99%	96%	96%	100%	103%
WSHFT	82%	100%	100%	100%	100%	100%	100%
ESHT	82%	96%	100%	100%	100%	100%	100%
QVH	82%	84%	87%	89%	91%	96%	100%
Sussex Total	83%	95%	98%	98%	98%	99%	101%
Sussex Total pp gap vs Phase 3 requirements %	-17%	-5%	-2%	-2%	-2%	-1%	1%
Sussex Total pp gap vs Phase 3 requirements #	-11,520	-3,525	-1,545	-1,538	-1,681	-381	0
Sussex IS providers plan	376	593	622	622	622	622	622

PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
<ul style="list-style-type: none"> Planned non admitted first appointments are behind plan primarily due to spoke site activity. Follow up appointments are ahead of plan. Challenges in some services where additional Infection Prevention Control (IPC) requirements are required 	<ul style="list-style-type: none"> Workforce gaps due to covid-19 related absence Ongoing limitations due to IPC requirements. Increased patient cancellations and Do Not Attends due to willingness to attend Reduce spoke site delivery due to COVID-19 challenges



Elective care – virtual outpatients first & follow up

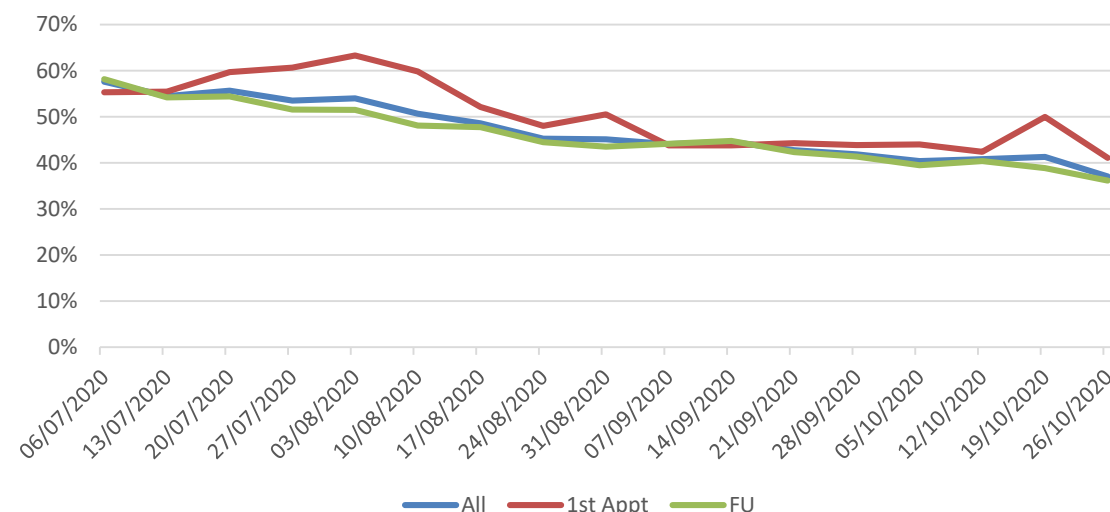
First OP Virtual % - Phase Three plan							
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Phase 3 requirement	25%	25%	25%	25%	25%	25%	25%
BSUH	25%	25%	24%	24%	24%	24%	25%
WSHFT	25%	25%	25%	25%	25%	25%	25%
ESHT	25%	25%	25%	25%	25%	25%	25%
QVH	32%	32%	33%	31%	31%	33%	31%
Sussex Total	26%	26%	25%	25%	25%	25%	25%

Activity by POD	Sept	Oct	Nov	Dec	Jan	Feb	Mar
	QVH Final Submission						
First OP Virtual (FA)	32%	32%	33%	31%	31%	33%	31%
First OP Virtual	42%	43%	35%				
Follow up OP Virtual (FU)	60%	60%	60%	60%	60%	60%	60%
Follow up OP Virtual actual	39%	36%	34%				

PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
<ul style="list-style-type: none"> First appointment virtual target remains on track however follow up virtual delivery is behind plan Data is being produced to identify clinics with highest use and most potential for use of Video Clinical lead has been identified to support the programme QVH active participants in Sussex ICS programme and NHSE Regional workshops on delivery of Virtual. 	<ul style="list-style-type: none"> Review of pathways to identify changes to support virtual clinics. System wide review of options for procurement of Video platform after current contract ends 31/3/21

Follow up OP Virtual % - Phase Three plan							
	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Phase 3 requirement	60%	60%	60%	60%	60%	60%	60%
BSUH	60%	60%	60%	60%	60%	60%	60%
WSHFT	60%	60%	60%	60%	60%	60%	60%
ESHT	60%	60%	60%	60%	60%	60%	60%
QVH	60%	60%	60%	60%	60%	60%	60%
Sussex Total	60%	60%	60%	60%	60%	60%	60%

Virtual as a % of all OPD Appointments



Independent Sector Utilisation

Month 8 plan v actual

Day cases / Inpatients				
W/C	02-Nov-20	09-Nov-20	16-Nov-20	23-Nov-20
Actual / booked	38	55	40	50
Plan	45	45	45	45
Difference	-7	10	-5	5
Cancellations	13	10	12	10

Minor Ops / See and Treat				
W/C	02-Nov-20	09-Nov-20	16-Nov-20	23-Nov-20
Actual / booked	23	22	18	24
Plan	20	20	20	20
Difference	3	2	-2	4

PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
<ul style="list-style-type: none"> Elective throughput on track overall however some challenges in November due to patient cancellations. Working closely with TMC to address pre-assessment cancellations to enable theatre utilisation to be managed to its full capacity. Minor ops continue as planned. 	<ul style="list-style-type: none"> Risks going forward relate to the revised independent sector contract post December 2020. QVH teams are currently scheduling into January 2021 lists. February and March 2021 remain work in progress. Continue to work with TMC teams to reduce pre-assessment cancellations and cancellations on the day. Planned TMC closure from 24 December 2020 over Christmas period. Activity restarts W/C 4 January 2021.



Phase 3 – risks and mitigation

	Risk	Mitigation
1.	Workforce: <ul style="list-style-type: none"> Staff absence due to COVID-19 illness and isolation Theatre staffing gaps and recruitment challenges Anaesthetic maternity leave and fixed term recruitment challenges Scheduling capacity and complexity Pre assessment staffing capacity challenges 	<ul style="list-style-type: none"> Social isolation and distancing measures in place and associated communications Ongoing recruitment plans Agency in place and availability for additional worked sessions.
2.	Infection Prevention Control: <ul style="list-style-type: none"> Impact in terms of AGP (Aerosol Generating Procedures) Varying IPC across spoke sites Limited case mix opportunities in Rowntree 	<ul style="list-style-type: none"> Weekly clinical governance group
3.	Independent Sector Provision: <ul style="list-style-type: none"> Changes to contract impacting independent sector sessional provision Ability to deliver required activity levels for non framework IS capacity for corneo plastics 	<ul style="list-style-type: none"> Discussions underway with Kent, Surrey and Sussex ICS with agreed provisional commitment to support ICS access for Q1/Q2 of 2021.
4.	COVID-19 increased prevalence: <ul style="list-style-type: none"> Changes to patient availability Impact of increased prevalence and related postponing of care for patients that are clinically vulnerable Risk of QVH needing to resume capacity for breast cancer and stand down restoration activity 	<ul style="list-style-type: none"> Development of validated wait lists with short notice patient lists ICS dialogue to support identification and maintenance of off site capacity

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	7 January 2021	Agenda reference:		18-21	
Report title:	Financial performance				
Sponsor:	Michelle Miles – Director of Finance and Performance				
Author:	Muhammad Khan – Senior Finance Business Partner				
Appendices:	Finance Performance Report Month 8 - Report				
Executive summary					
Purpose of report:	To provide the Board with an overview assurance of the Trust's financial performance.				
Summary of key issues	<p>The Trust I&E position is £47k favourable against the YTD revised plan at month 8 under the Block Contract arrangements. This is due to better income received than plan, however as the months progress the plan will be increasingly challenging.</p> <p>Expenditure run rate (both Pay and Non-Pay) in 20/21 is at 99% of expenditure levels compared to the same period 2019/20, however activity levels are still low across all activity types. Month 8 saw an increase in Clinical Services spend for peri-op due to the increase levels of activity. Other non-pay saw an increase in month but was in line with the overall run rate in year except for circa £200k which is a miss allocation for medical and surgical equipment which will be resolved in month.</p> <p>Cash position of the Trust remains favourable due to the block payment arrangement in year. Debtors have yet again improved in month, although work is still underway with regards to the over 90 days. Creditors for NHS increased in month which is being investigated.</p> <p>Capital is still at risk due to the non-payment of the remainder of the phase 1 covid and also the phase 2. Still no guidance as to when a decision will be reached.</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): <i>[Tick which KSO(s) this recommendation aims to support]</i>			KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	KS04 – Financial Sustainability				
Corporate risk register:	KS04 – Financial Sustainability				
Regulation:					
Legal:					
Resources:					
Assurance route					
Previously considered by:	Finance and Performance Committee				
	Date:	04/01/21	Decision:	Noted	
Next steps:	A final revised plan summited in November 20 in line with national requirements, which will be monitored against the actual performance during the remainder of the financial year				

Trust Board Finance Report November 2020-21

Michelle Miles – Director of Finance and Performance



Financial Performance Month 8 2020/21							
Income and Expenditure							
	Year to Date £'000				Forecast Outturn		
	Prior year Outturn	Plan	Actual	Variance	Plan	Forecast	Variance
Income							
Patient Activity Income	44,174	45,456	46,229	773	68,217	68,217	0
Other Operating Income	3,135	1,491	1,554	62	2,220	2,220	0
Block projected top up	0	4,867	4,294	(573)	7,921	7,993	73
Total Income	47,308	51,814	52,077	263	78,357	78,430	73
Pay							
Substantive	(30,220)	(33,119)	(32,829)	290	(50,267)	(50,267)	0
Bank	(2,197)	(1,144)	(1,403)	(259)	(1,623)	(1,623)	0
Agency	(1,644)	(268)	(393)	(125)	(216)	(216)	0
Total Pay	(34,061)	(34,531)	(34,625)	(94)	(52,107)	(52,107)	0
Non Pay							
Clinical Services & Supplies	(4,424)	(3,016)	(2,655)	361	(5,131)	(5,131)	0
Clinical Services & Supplies - Med & Surg	(4,571)	(3,197)	(3,588)	(391)	(7,074)	(7,074)	0
Drugs	(984)	(746)	(737)	9	(1,520)	(1,520)	0
Establishment Expenses	(2,334)	(1,594)	(1,645)	(51)	(2,916)	(2,916)	0
Consultancy	(87)	(132)	(143)	(12)	(193)	(193)	0
Other non pay	(3,072)	(4,971)	(4,930)	41	(4,300)	(4,300)	0
Total Non Pay	(15,472)	(13,656)	(13,698)	(42)	(21,135)	(21,135)	0
Non Operational Expenditure	(1,043)	(1,249)	(1,221)	28	(1,874)	(1,874)	0
Non Operating Income	15	17	1	(16)	25	25	0
Depreciation and amortisation	(2,325)	(2,633)	(2,651)	(19)	(3,949)	(3,949)	0
Total Expenditure	(52,885)	(52,052)	(52,195)	(143)	(79,040)	(79,040)	0
Surplus / (Deficit)	(5,577)	(238)	(118)	120	(683)	(611)	73
Top up to be clawed back			(73)	(73)	(73)		(73)
Adjustment to B/E				0			0
Surplus / (Deficit)	(5,577)	(238)	(191)	47	(683)	(684)	(0)

Summary

Year to date at month 8 the Trust is reporting £47k favorable variance against the submitted plan. It is anticipated that £73k will be clawed back to achieve breakeven months 1-6.

Trust submitted its final plan to NHSE in November in line with the national requirements for the second half of the current financial year forecasting a deficit of £683k for the end of current financial year. At month 8 trust is forecasting to hit the revised plan but this forecast will be constantly reviewed and will be updated (if necessary) in line with activity/spend as we progress through the phase 3 during last 4 months of the financial year

As compared to previous months, activity levels in month 8 have picked up slightly but overall are still down due to current Pandemic, compared to the same period in 19/20 DC is 77% , EL is 80%, OP New is 79% and OP Follow is 100% however, expenditure is broadly the same for like for like period last financial year.

Income Currently operating under Block payments regime, YTD income of £52m includes £44.2m Block Contract income, £4.7m top-up, £1.03m Education and Training, £425k SMSKP and £920k for P2P. **Pay** YTD spend broadly the same for like for like period last financial year. **Non Pay** down in line with activity with YTD cost £1.2m lighter than the same period last financial year.

Balance Sheet

Queen Victoria Hospital
NHS Foundation Trust



Statement of financial position (balance sheet)

£000's	Prior Year End March 2020	April	May	June	July	August	September	October	November	Change	
										In Month	In Year
Non Current Assets											
Fixed Assets	52,655	52,636	52,339	52,064	51,861	51,690	51,740	51,603	51,206	(398)	(1,449)
Other Receivables	227	227	227	227	227	227	227	227	227	0	0
Total Non Current Assets	52,882	52,863	52,566	52,291	52,088	51,917	51,967	51,830	51,433	(398)	(1,449)
Current Assets											
Inventories	1,153	1,157	1,162	1,150	1,140	1,135	1,140	1,139	1,115	(24)	(38)
Trade and other Receivables	8,543	2,024	925	6,226	5,332	4,329	3,716	3,463	3,661	198	(4,882)
Cash and Cash Equivalents	2,910	7,874	9,572	9,792	10,300	11,529	11,918	11,375	11,353	(22)	8,443
Total Current Assets	12,606	11,055	11,659	17,168	16,772	16,993	16,773	15,977	16,129	152	3,523
Current Liabilities											
Trade and other Payables	(11,792)	(10,068)	(9,725)	(8,992)	(8,293)	(8,282)	(8,393)	(8,158)	(8,552)	(393)	3,240
Borrowings	(7,332)	(7,345)	(7,394)	(7,297)	(7,308)	(7,275)	(895)	(906)	(917)	(11)	6,415
Provisions	(62)	(62)	(62)	(62)	(62)	(62)	(62)	(62)	(62)	0	0
Other Liabilities	(437)	0	0	(7,668)	(7,684)	(7,757)	(7,465)	(6,822)	(6,283)	539	(5,846)
Total Current Liabilities	(19,622)	(17,475)	(17,181)	(24,018)	(23,347)	(23,377)	(16,815)	(15,948)	(15,813)	135	3,809
Subtotal Net Current Assets	(7,016)	(6,420)	(5,522)	(6,851)	(6,575)	(6,383)	(42)	29	316	287	7,333
Total Assets less Current liabilities	45,865	46,443	47,044	45,441	45,513	45,533	51,924	51,859	51,749	(111)	5,883
Non Current Liabilities											
Provisions	(881)	(881)	(881)	(881)	(881)	(881)	(881)	(881)	(881)	0	0
Borrowings	(4,512)	(4,512)	(4,512)	(4,123)	(4,123)	(4,123)	(4,123)	(4,123)	(4,123)	0	389
Total Non Current Liabilities	(5,393)	(5,393)	(5,393)	(5,004)	(5,004)	(5,004)	(5,004)	(5,004)	(5,004)	0	389
Total assets Employed	40,472	41,050	41,651	40,437	40,509	40,529	46,920	46,856	46,745	(111)	6,273
Tax Payers Equity											
Public Dividend Capital	13,106	13,106	13,106	13,106	13,144	13,164	19,555	19,555	19,555	0	6,449
Revaluation Reserve	13,689	13,689	13,689	13,689	13,689	13,689	13,689	13,689	13,688	(1)	(1)
Income and Expenditure Reserve	13,677	14,255	14,856	13,642	13,676	13,676	13,676	13,612	13,503	(110)	(174)
Total Tax Payers Equity	40,472	41,050	41,651	40,437	40,509	40,529	46,920	46,856	46,745	(111)	6,273

Non current assets have reduced in value over the year in line with the capital spending profile.

Trade receivables has reduced in year as the block income regime has reduced the need for activity invoicing and avoids delay in payment. Other debts also continue to be recovered.

Cash held is higher than previous balances due to the current DHSC operating regime of monthly advance block funding receipts (approx. 6.1m), a surplus operating position and a low year to date capital spend.

Trade payables has reduced in year reflecting steps to clear, process and authorise payables and also reflects reduced activity.

Current borrowings have now reduced to previous levels because the NHSi revenue support loans taken out last year were redeemed in September with the issue of £6.391million of new public dividend capital by the DHSC.

Other liabilities: The significant increase in year reflects the receipt in advance of £6.1m of monthly block income. This is "deferred income" and is a timing adjustment only. This has reduced slightly in Month 7 as some payments under the revised phase 3 regime have not yet been received.

Non current borrowings have been reduced in year by repayment of £389k of the principal of the theatre capital loan.

Public dividend capital (PDC) has increased by £58k YTD for Covid related capital funding and by £6,391k for the Revenue loan to PDC transfer.

Cash Flow

Financial Performance Month 8 2020/21

Cashflow Report

	Actual £'000								Forecast £'000			
	Apr 20	May 20	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21
Opening Balance	2,911	7,874	9,571	9,791	10,300	11,529	11,918	11,376	11,354	11,711	12,522	13,333
Receipts												
Receipts from contract income	11,713	6,842	6,042	6,575	7,045	6,217	5,709	6,911	6,911	6,911	6,911	6,911
Top up block income	1,113	557	557	557	557	557	0	0	0	0	0	0
Receipts from other income	132	439	76	190	122	77	110	183	183	183	183	183
Public Dividend Capital Received	0	0	0	39	0	6,391	0	0	0	0	0	0
PDC Cash Support Received	0	0	0	0	0	0	0	0	0	0	0	0
Total Receipts	12,958	7,838	6,675	7,361	7,725	13,242	5,819	7,093	7,093	7,093	7,093	7,093
Payments												
Payments to NHS Bodies	(453)	(254)	(356)	(1,445)	(1,033)	(753)	(359)	(361)	(361)	(361)	(361)	(361)
Payments to non-NHS bodies	(3,440)	(1,789)	(1,602)	(1,273)	(1,345)	(1,467)	(1,685)	(1,682)	(1,682)	(1,682)	(1,682)	(1,682)
Net payroll payment	(2,333)	(2,261)	(2,280)	(2,331)	(2,304)	(2,414)	(2,395)	(2,411)	(2,411)	(2,411)	(2,411)	(2,411)
Payroll Taxes	(1,113)	(1,154)	(1,082)	(1,126)	(1,119)	(1,143)	(1,214)	(1,140)	(1,140)	(1,140)	(1,140)	(1,140)
Pensions Payment	(656)	(683)	(675)	(677)	(651)	(685)	(709)	(688)	(688)	(688)	(688)	(688)
PDC Dividends Payment	-	-	-	-	-	-	-	(833)	-	-	-	(854)
Loan Interest & Repayment	-	-	(460)	-	(0)	(6,391)	-	-	(454)	-	-	-
Total Payments	(7,995)	(6,141)	(6,455)	(6,852)	(6,496)	(12,853)	(6,362)	(7,115)	(6,736)	(6,282)	(6,282)	(7,136)
Net Cash Movement	4,963	1,697	220	509	1,229	389	(543)	(22)	357	811	811	(43)
Actual Closing Balance	7,874	9,571	9,791	10,300	11,529	11,918	11,376	11,354				
Forecast Closing Balance									11,711	12,522	13,333	13,291
20/21 NHSI Plan	1,556	1,652	1,333	1,490	1,466	1,069	1,395	1,766	1,067	1,012	1,083	1,263

Summary

- There is currently a high cash balance which covers about 1.8 months of average spend. This is due to the current covid response finance regime of block payment in advance (being £5.5m per month) and receipt of block top up payments ahead of need. There is also receipt of some prior year contract performance income.
- The forecast assumes the current level of funding and spend continues with some break-even top up support and some draw-back of overfunding (see Oct-20). However if the regime changes then appropriate cash support would be required should the Trust run an operating deficit.
- The cash position will continue to be reviewed and managed on a daily basis and loan requirements assessed monthly.
- Financial services will work with commissioners and other providers to ensure payments are made in a timely manner and older debts controlled.
- The NHSi Operating Plan has been superseded by the Covid regime and so is left here as a note only and not a performance to plan measure.

Financial Performance Month 8 2020/21

Debtors

	Nov 19/20 £'000	Dec 19/20 £'000	Jan 19/20 £000	Feb 19/20 £000	Mar 19/20 £000	Apr 20/21 £000	May 20/21 £'000	Jun 20/21 £'000	Jul 20/21 £'000	Aug 20/21 £'000	Sep 20/21 £'000	Oct 20/21 £'000	Nov 20/21 £'000	In Month Change £000
NHS Debtors														
0-30 Days Past Invoice Due Date	778	918	774	2,477	3,570	2,277	345	222	221	131	90	182	249	67
31-60 Days Past Invoice Due Date	601	139	156	(150)	(86)	242	1,769	70	75	62	92	14	68	54
61-90 Days Past Invoice Due Date	385	741	103	75	20	376	(276)	1,466	112	72	63	77	14	(63)
Over 90 Days Past Invoice Due Date	1,913	2,062	2,640	2,658	1,935	2,307	2,609	2,586	3,840	2,792	2,321	2,054	1,848	(206)
Total NHS Debtors	3,677	3,861	3,673	5,061	5,440	5,202	4,447	4,343	4,248	3,056	2,566	2,327	2,180	(147)
Non NHS Debtors														
0-30 Days Past Invoice Due Date	190	164	245	155	757	709	80	147	150	55	64	87	43	(44)
31-60 Days Past Invoice Due Date	3	10	107	17	7	112	596	184	16	41	21	7	57	50
61-90 Days Past Invoice Due Date	1	3	5	88	17	7	110	130	21	16	38	2	7	5
Over 90 Days Past Invoice Due Date	707	406	422	367	474	461	340	434	556	590	435	468	361	(107)
Total Non NHS Debtors	902	582	779	626	1,256	1,288	1,126	896	743	702	558	564	468	(96)
Other Debtors Less Than One Year	1,976	1,881	1,495	1,558	1,847	7,787	14,008	19,642	341	571	592	564	989	(243)
Total Debtors	6,555	6,324	5,947	7,245	8,542	14,278	19,581	24,881	5,332	4,329	3,716	3,456	3,637	
<i>NHS : Non NHS ratio</i>	<i>0.80</i>	<i>0.87</i>	<i>0.82</i>	<i>0.89</i>	<i>0.81</i>	<i>0.80</i>	<i>0.80</i>	<i>0.83</i>	<i>0.85</i>	<i>0.81</i>	<i>0.82</i>	<i>0.80</i>	<i>0.82</i>	

Summary

- The month 8 total debtor balance of £3.6m is 50% lower than the average monthly balance of £7.2m in 2019-20. This is largely due to the covid block regime that removes the time lags created by flex and freeze arrangements and the recovery of aged debts relating to prior years activity performance billing
- The Trade debtors balance reduced by £0.2m (7%) from month 7. The top 5 NHS Debtors are NHS England, Brighton And Sussex University Hospitals NHS Trust, Royal Surrey County Hospital NHS Foundation Trust, Aneurin Bevan Lhb and Maidstone And Tunbridge Wells NHS Trust.
- The top Non NHS debtors are Surrey and Sussex Cancer Alliance, The Mcindoe Centre and Thames Valley Housing Association. Financial services will continue to review Aged Debts with the aim of resolving any disputes.

Next steps

Financial Services continue working closely with Business Managers and the Contracting team to ensure billing is accurate, timely and resolutions to queries are being actively pursued.

Financial Performance Month 8 2020/21

Creditors

	Nov 19/20 £'000	Dec 19/20 £'000	Jan 19/20 £000	Feb 19/20 £000	Mar 19/20 £000	Apr 20/21 £000	May 20/21 £'000	Jun 20/21 £'000	Jul 20/21 £'000	Aug 20/21 £'000	Sep 20/21 £'000	Oct 20/21 £'000	Nov 20/21 £'000	In Month Change £'000
NHS Creditors														
0-30 Days Past Invoice Due Date	818	497	665	663	950	1,115	1,182	558	446	380	323	302	196	(107)
31-60 Days Past Invoice Due Date	84	483	122	35	485	165	163	133	107	155	39	9	109	100
61-90 Days Past Invoice Due Date	208	138	568	135	44	416	412	769	66	42	155	19	27	8
Over 90 Days Past Invoice Due Date	1,480	1,541	1,399	1,669	1,806	1,790	1,821	2,250	1,772	1,270	1,111	1,180	665	(515)
Total NHS Creditors	2,591	2,660	2,754	2,503	3,285	3,486	3,577	3,711	2,391	1,847	1,629	1,510	996	(514)
Non NHS Creditors														
0-30 Days Past Invoice Due Date	1,316	1,510	1,293	2,080	2,318	993	764	402	358	292	566	342	843	501
31-60 Days Past Invoice Due Date	252	208	109	87	149	170	72	57	146	43	31	55	37	(18)
61-90 Days Past Invoice Due Date	15	78	238	178	78	20	7	75	35	103	12	7	5	(2)
Over 90 Days Past Invoice Due Date	163	278	245	117	266	230	111	153	10	160	41	26	20	(6)
Total Non NHS Creditors	1,746	2,074	1,885	2,462	2,811	1,414	954	688	550	597	650	430	905	475
Other Creditors Less Than One Year	(214)	(941)	(973)	(860)	(660)	(570)	(716)	(548)	(74)	(366)	(402)	(106)	(15)	
Total Creditors	4,123	3,792	3,666	4,105	5,435	4,330	3,816	3,850	2,867	2,078	1,877	1,834	1,886	
NHS : Non NHS ratio	0.60	0.56	0.59	0.50	0.54	0.71	0.79	0.84	0.81	0.76	0.71	0.78	0.52	

Summary

- The total creditors balance at month 8 is £1.9m compared to an average of £4.0m during 2019-20.
- The Trade creditors balance reduced by £0.04m (2%) from month 7. The top 5 NHS Creditors are Medway NHS Foundation Trust, East Kent Hospitals University NHS Foundation Trust, Brighton And Sussex University Hospitals NHS Trust, East Sussex Healthcare NHS Trust and Dartford And Gravesham NHS Trust. The top 3 Non NHS Creditors are Canon Medical Systems Ltd, Kainos Software Ltd and Synergy Health (Uk) Ltd.
- The Trust's BPPC percentage has reduced in month by 4% and the average days to payment has increased to 11 days.

Next Steps

- Financial services will continue to review older NHS SLA balances with our key partner Trusts with the aim of resolving any disputes.
- Financial services are continuing to review areas where invoice authorisation is delayed in order to target and support training needs.

Financial Performance Month 8 2020/21				
Capital				
	Forecast Outturn £'000			
	Original Plan	Revised Plan	Actual	Variance
Estates Projects				
Outpatients department upgrades	200	200	0	200
Replacement theatre pendants	150	150	150	0
Rehab. unit refurbishment	120	120	120	0
Fire door replacements	102	102	50	52
Clinical Infrastructure		500	500	0
Other	391	536	528	8
Total Estates Projects	963	1,609	1,348	261
Medical Equipment				
Fluoroscopy	396	488	488	0
Other	127	200	196	4
Total Medical Equipment	523	689	685	4
Information Management & Technology (IM&T)				
Clinical portal	372	0	0	0
IT infrastructure refresh	0	372	372	0
Other	431	674	785	(111)
Total Information Management & Technology (IM&T)	803	1,046	1,157	(111)
Contingency	738	383	537	(154)
Total Capital 2020/21 Programme	3,027	3,727	3,727	0
Covid-19 Expenditure		675	675	0
Total Capital		4,402	4,402	0

Summary

The 2020/21 capital programme was originally set at £3,027k, excluding Covid-19 expenditure. This was QVH's apportioned share of the overall Sussex and East Surrey ICS capital envelope allocated by NHSE/I and was funded from the Trust's own resources, i.e. depreciation. Further central funding has since been secured for improvements to critical infrastructure (£500k), an ultrasound machine (£90k), equipment to promote agile working in the Radiology department (£90k) and virtual clinics (£20k). This brings the revised plan total to £3,727k.

Initially, EMT gave outline approval for projects totaling £2,289k, leaving an unallocated contingency reserve of 738k. Subsequently a number of items have been authorised from the contingency reserve and the plan has been revised accordingly. Covid-19 projects have delayed the original capital programme which, in consequence, is being reviewed in the light of what can actually be achieved by 31 March. Refurbishment of the outpatients and hand therapy departments is unlikely to progress in that time scale, releasing £240k into the contingency reserve, which now stands at £537k. In the IM&T programme, it will not be practicable to undertake the Clinical Portal project and the funding (£372k) has been redirected to refreshing IT infrastructure equipment, notably PCs and laptops.

Capital expenditure incurred as a result of Covid-19 requires approval at national level. Indications are that there will be a funding shortfall which the trust will have to meet from the contingency reserve. Up to November, £62k has been approved from the first round of 2020/21 bids, compared to a total cost incurred of £188k. A total of £675k has been spent on covid capital to date.

KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality
Committee: Quality & Governance
Date last reviewed 4th December 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.

1) Trust is not able to recruit or retain a workforce with the right skills and experience due to uncertainty of the potential merger
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 **low 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 2019 inpatient survey, trust continues to be in the group who performed much better than national average
- Patient safety incidents triangulated with complaints and outcomes monthly no early warning triggers
- International recruitment continues staff now embedded in workforce
- 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

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

- Additional-patients with longer waiting times and additional 52 week breaches, due to COVID-19, new CHR process under development
- 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
- Impact of Sussex partnership plans on QVH clinical and non clinical strategies
- Impact of Covid-19 pandemic on patient experience
- Availability of dressing and some medications post Brexit

Future Opportunities

- ~~international recruitment with another local Trust~~
- Developing new healthcare roles – will change skill mix
- Potential merger could offer significant opportunities for development of the workforce

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
- Trust recruitment and retention strategy mobilised, NHSI nursing retention initiative.
- Burns and Paediatric services not currently meeting all national guidance. CCG and Regulators fully aware of this, mitigation in place including interim divert of inpatient paed burns from 1 August via existing referral pathway.
- Inpatient paed on exception basis ~~No inpatient paed during pandemic~~
- QVH simulation faculty to enhance safety and learning culture in theatres
- Working with NHS E on inpatient paediatric burns service move and presentation at KSS HOSC chairs meeting / communication with SE burns network, COG, regulators and Healthwatch July 2019
- ~~Compiling~~ Reviewing Burn Case for Change in collaboration with BSUH AND NHSE
- New R&R governance group approving clinical changes, established amber and green pathways in theatres, staff screening lab being mobilised, comprehensive IPC board assurance document, patient experience pathways updated each time new guidance issues, breast and virtual clinical patient questionnaire introduced.

Gaps in controls / assurance

- Unknown Specialist commissioning intention for some of QVH services eg inpatient paediatric Sussex based service and head and neck pathway **968,1059**
- Full patient assurance about management of covid-19 risks associated with hospital attendance/admission.
- Outcome of KPMG work unknown at this time

KS02 – World Class Clinical Services

Risk Owner: Medical Director

Date last reviewed: 7th December 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

Assurance regarding clinical governance, research & innovation. Safe & effective clinical services evidenced by excellent world-class outcomes.

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
- Spoke site clinical governance.
- Sleep disorder centre staffing of medical staff histopathology and radiology consultant staffing
- Non-compliant RTT 18 week and increasing 52 week breaches due to COVID-19
- Commissioning and ICS reconfiguration of head and neck services
- Restoration & recovery: risk stratification and prioritisation of patients for surgery.
- Sussex Clinical Strategy Review
- ~~Possibility that due to 2nd wave Covid will result in breast surgery being undertaken again at QVH as in the 1st wave~~
- Recruitment to orthoplastics consultant post

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

Current Risk Rating 4(C)x4(L)=16, moderate

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

Future Risks

- ICS 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
- ICS networks and collaboration
- Efficient team job planning
- Research collaboration with BSMS
- New services – glaucoma, virtual clinics & sentinel node expansion, transgender facial surgery
- Multi-disciplinary education, human factors training and simulation
- QVH-led specialised commissioning
- E-Obs and easier access to systems data
- Possible merger with Western/BSUH

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, lower limb and trauma
- Training and supervision of all trainees with deanery model
- 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:

- Link between internal data systems & external audit requirements & programs
- Creation of QVH clinical research strategy
- Limited data from spokes/lack of service specifications
- Achieving sustainable research investment
- Sleep disorder centre sustainable medical staffing model & network
- Inadequate Consultant radiologist cover (CRR 1163)
- Significantly reduced Consultant Histopathologist cover (CRR 1168)

Report cover-page

References

Meeting title:	Board of Directors		
Meeting date:	17.12.2020	Agenda reference:	20-21
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.				
Summary of key issues	The report updates the board on assurance issues arising from the Covid-19 pandemic and compliance with the NHSE Infection prevention and control board assurance framework. It raises concerns with regard to the rise in waiting lists and confirms recent changes made to strengthen our Clinical Harm Review processes. Risk management remains a priority and is subject to ongoing work as a consequence of current pressures on the NHS. The NICE and Clinical Audit programme is outlined, along with areas of non-compliance and delays. Findings from the mandatory report on 'Learning from Deaths' are presented.				
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:	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:	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:	None additional of note

Assurance route

Previously considered by:	N/A		
	Date:		Decision:
Previously considered by:			
	Date:		Decision:
Next steps:	For presentation to board on 07.01.2021		

Report to: Board Directors

Agenda item: 20-21

Date of meeting: 17.12.20

Report from: Karen Norman

Report author: Karen Norman

Date of report: 17 December 2020

Appendices: None

Introduction

Quality and governance assurance

The Q&GC wish to bring the following matters from those considered at our meeting to the attention of the Board. In addition, the committee welcomed Nicky Reeves in her new capacity as Interim Director of Nursing. It also acknowledged the significant contribution made to the committee by Jeremy Colyer. Mr Zaid Sadiq, Consultant Head & Neck/Maxillofacial Surgeon has taken over from Dr Julian Giles as Clinical Director of Research and Innovation, whose commitment and significant contribution towards the development of this high-profile department was also acknowledged.

Covid-19 Update

Q&GC discussed the comprehensive report on the current issues and risks to the trust, staff and patients faced by the Covid-19 pandemic. The committee reviewed Version 4 of the NHSE Infection prevention and control board assurance framework, which is also submitted, in full, to the board for consideration. Assurance was taken from evidence cited against most of the standards and also from the actions taken to mitigate gaps noted in existing assurance in the document. Further assurance was sought regarding staffing issues reported in pharmacy with respect to whether this would affect our capacity to continue to deliver against the required antimicrobial standards. Assurance was taken from confirmation that Pharmacy is continuing to audit antimicrobial compliance in different specialties and sub-specialties and that a pharmacy lead has been assigned for that work. The Chief Pharmacist confirmed that the day-to-day clinical work with patients is safely maintained, but noted with regret that less urgent work, for example updating policies, is taking longer than anticipated due to the staffing levels. Q&GC was advised of the ambition to start administering the Covid vaccine on site in early January 2021 and that the staff had been contacted to gauge the anticipated uptake.

Patient Safety Summary Exception Report: Data – Oct/ Nov 2020

No serious incidents were reported in this period. Further assurance was sought regarding a catastrophic incident cited in the report regarding an unexpected patient death on site. Confirmation was given that this was fully investigated, and that a Structured Judgement Review (SJR) was carried out as per the Royal College of Physicians requirements. Further information is awaited on the report from the referring hospital. Q&GC were advised that all processes were followed and that any learning will be shared at the forthcoming Joint Hospital Governance Meeting (JHGM).

Further assurance was sought regarding how the 'near-miss' incidents reported were acted upon. Q&GC were advised that those with the potential of causing harm are receiving greater focus in the investigation process. Questions were raised with regard to the significance of the reported rise in medication incidents. Q&GC were advised that QVH actively encourages the reporting of these incidents to ensure lessons are learned and that this could be seen as evidence of the safety culture of the trust in medicines management. Q&GC accepted the regrets that it has not yet been possible to implement Statistical Process Control (SPC) charts as anticipated (due to pressures of workload) but were reassured that these would be available for the Q&GC report in the first quarter of 2021. Further information was requested for assurance with respect to soft tissue damage incidents and needlestick injuries in the next report.

Clinical Harm Reviews (CHR)

At the time of reporting, there were around 1000 clinical harm reviews in need of completion, half of these had been completed, with none so far identifying any patient harm. For context, Q&GC were advised that national statistics confirm that there are now over 170,000 patients who have waited over one year for their treatment. Confirmation was given that QVH had only one 104 day breach and it was noted that Sussex had delivered a lower 52 week wait against the plan for September and October. Measures are in place to manage clinical priority, however balancing the 'long waiters' and urgent cases remains challenging. QVH continues to deliver against the cancer standards.

The MD updated Q&GC on the significant work he had undertaken with others to revise the QVH CHR process, a matter on which Q&GC had previously sought further assurance. It was confirmed that all records of 52ww breach patients are reviewed. This is consistent with regional guidance and has good local clinician engagement with the process. Q&GC noted this is an additional workload for clinicians involved, which is a concern, given the pressures on the pandemic. Any reviews with cause for concern for harm requires a consultation with the patient. Some patients are not deemed safe to operate on at this time, due to their own clinical vulnerabilities, adding an extra layer of complexity to manage the Covid and non-Covid risk. When the patient attends for surgery, the clinician assesses whether any harm from the delay was sustained by the patient or not to validate the previous assessment. It was noted that it is unlikely the CHRs review list will be eliminated because as these reviews are being conducted, more referrals are added to the list and it is therefore an on-going task. November was the first month where the 52ww patient number has fallen (568 at the time of reporting) but a further increase is anticipated.

Q&GC raised concerns regarding the potential impact of psychological harm for patients waiting for treatment, given this is not currently assessed in the existing CHR assessment tool and were advised that the Psychology service has developed a mental health assessment tool, but does not currently have the resources to implement this.

Q&GC remains concerned at the scale of this national problem. Whilst assured that QVH are identifying if any delays may cause the potential for harm and that these can be escalated for prioritisation within the waiting list system, it is clear from the regional and national data on the rise in waiting lists that there may not be enough NHS capacity to get all these patients treated, given current pressures due to the pandemic. The committee **noted** the report, with concern, taking assurance from the commendable efforts made to strengthen our local CHR processes and thanking those involved.

Corporate Risk Register (CRR), Risk Management Strategy and Board Assurance Framework (BAF).

Q&GC received three papers pertaining to corporate and clinical risks. The 'risk management strategy,' which had been due for update in March 2020, the 'risk appetite statement' (for information only) and the standing report on the corporate risk register. It also received the BAF reports for KSO 1 and 2. The committee were advised that since the former two documents had been drafted, further discussion had taken place on corporate risks at the board seminar on 3 December. Work is in progress to update the corporate risks in line with the significant new challenges and risks facing QVH (and the NHS) and to

take account of recent guidance on best practice with respect to the management of corporate risk and guidance on risk profiling recently produced by the Good Governance Institute. Q&GC noted the risk appetite statement and that the board are updating this for resubmission. The interim Director of Nursing (IDON) confirmed that she would be revising the risk management strategy in the light of recent discussions and that this would be resubmitted once EMT had revised the BAF to reflect the revised priorities.

Q&GC reviewed the CRR, noting that the current highest scoring risks on the register are; i) pandemic flu Covid-19 challenges, ii) significantly reduced Consultant Histopathologist cover, iii) lack of Failsafe Officer, iv) inadequate Consultant radiologist cover, iv) RTT Delivery and Performance and v) financial sustainability. It was advised that funding had been approved for the Failsafe Officer and QVH is recruiting for the post. The board are aware of further discussions between the Chairs of the main board sub-committees to reconsider how best to manage the oversight and scrutiny of corporate risk, and further reflection on how best to capture and manage other corporate risks, which may not yet feature as priorities on our CRR and BAF.

Infection Control

Q&GC noted that following previous problems with regard to compliance with MRSA screening, the MRSA screening policy had been updated in line with current national recommendations and is now in use. This has greatly increased compliance, as QVH were over-screening. Hand hygiene and compliance with PPE remain the biggest challenges. The IPC team has welcomed recent increased support from the consultant team and continue to promote best practice and lead by example, challenging non-compliance where necessary. Q&GC were advised that managing staff anxiety around the management of Covid is a major focus of their work.

Patient Experience Report

Q&GC took assurance from the report that the Trust has an overall inpatient FFT recommendation rate of 99% (response rate 24.5%). Three referrals were made to the Ombudsman in November (against nil referrals for the rest of the year), which was explained by the fact the Ombudsman has now resumed work as part of the pandemic.

Quality & Safety Board Report

Q&GC noted a paper had been presented to the executive management team reviewing the workforce establishments to deliver safe effective patient care across the trust and that work is underway to agree funding for this increase in nursing establishment to reflect the additional resource required. The Committee was broadly assured from the contents of the report regarding the quality and safety of care provided by QVH during this time but sought further clarification on Needlestick Injuries and Pressure Ulcer information for the next meeting. It was pleased to note that 817 (71%) frontline workforce has been vaccinated against influenza.

NICE Guidelines Compliance annual report covering the period January 2020 – November 2020 and Clinical Audit programme

QVH has a responsibility for implementing National Institute for Health and Care Excellence (NICE) guidance in order to ensure that: i) Patients receive the best and most appropriate treatment, ii) NHS resources are not wasted by inappropriate treatment, and iii) There is equity through consistent application of NICE guidance/Quality Standards. The Trust must demonstrate to stakeholders that NICE guidance/Quality Standards are being implemented within the Trust and across the health community. This is a regulatory requirement, which is subject to scrutiny by the CQC. Assurance of compliance is also required as part of the NHS standard Acute Services Contract. The Committee's attention was drawn to the following key areas detailed in the report:

- Update on the 75 guidelines released in 2020

- The progress made with the assessment and implementation of NICE guidance across QVH
- Where guideline compliance has been achieved
- Four audits registered to evidence compliance with NICE guidelines
- Audit activity breakdown by speciality for the year 2020

Q&GC were advised that there is a one guideline with a single statement that we are unable to achieve compliance with. This is due for discussion at Clinical Governance Group in January 2021.

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Q&GC were advised we have one guideline with which we are only partially compliant. It was assured that 'Decision making and mental capacity' has an associated action plan for the safeguarding team to achieve compliance by the end of 2021. This quality standard covers decision making in people aged 16 and over, using health and social care services who may lack capacity to make their own decisions.

NICE Audits Registered January 2020 – November 2020

Q&GC noted that we continue to build on our audit programme to evidence compliance with NICE guidelines. In the previous reporting period, there were 11 audits registered and undertaken to give assurance and evidence compliance with NICE guideline. It was advised that the COVID-19 pandemic has impacted our ability to conduct audits to evidence compliance with NICE guidelines this year, primarily due to service limitations and reduction of elective operating lists and services. It was given reassurance that as we move towards restoration of services, this will resolve and that where necessary, audits have had their planned completion timeframe extended until 2021.

Future plans and targets include work with department and speciality leads to demonstrate adherence to key clinical guidelines and quality standards, and will include setting NICE auditing priorities for the forthcoming Clinical Audit Programme 2021/22. New guidelines will be assessed for relevance and compliance as appropriate, and historic relevant guidelines reviewed every three years to assess continued compliance. As restoration of service allows following the COVID-19 pandemic, further audits to evidence compliance with NICE guidelines will be planned.

Learning from Deaths Annual Report

Q&GC received the mandatory report; 'Responding to & Learning from Patient Deaths'. NHSI states that all patient deaths within the QVH, along with those notified as being within thirty days of discharge from our care, must be subject to an initial preliminary review. It was confirmed that this has been done for all deaths except one, which still awaits further information.

Q&GC noted there had been:

- One on site death at the QVH.
- There were 20 total deaths at other locations, (compared to 19 last year)
- There were 16 deaths (compared to 10 last year) within 30 days of an inpatient episode or admitted day case procedure
- There were 4 deaths (compared to 9 last year) within 30 days following an outpatient procedure, which were all minor procedures.

Q&GC took further assurance from conformation that all deaths are discussed at the M&M meetings and that the Structured Judgement Reviews of case notes reviewed showed good or excellent quality of care.

Q&GC seminar

Q&GC held their annual seminar to review progress in year against the workplan, their self- evaluation questionnaire on committee effectiveness and plans for the forthcoming year. The general consensus was that the committee functioned well, was delivering against the workplan despite the challenges of the pandemic and that there was a good balance between the clinical governance group as 'operational' and quality and governance committee as 'strategic'. Members contributed many helpful suggestions for consideration (many of which involved overcoming the challenges of seeking assurance whilst working virtually during the pandemic). A list of proposals arising from the meeting was approved at Committee and will be incorporated into the 2021 workplan. These included the need to recommence 'compliance in practice' visits, using conventional approaches, once safe and appropriate and in the interim, designing and implement virtual tools for implementation in the new year.

Other matters of relevance.

Q&GC ratified the Health & Safety Policy. They were advised that there were no increased risks as a consequence of staff required to prioritise their workload to deal with Covid, noting the mitigation taken with regard to the absence of the post of Medication Safety Officer. Reassurance was given that there is good engagement on Health & Safety issues from our staff.

Sub-group reports.

Q&GC received and noted:

- Clinical Governance Group Minutes – Oct & Nov 2020
- Health & Safety Group Summary Report
- Infection Protection & Control Group Summary Report
- Safeguarding/ SS Group Summary Report

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	7 January 2021	Agenda reference:		21-21	
Report title:	Corporate Risk Register				
Sponsor:	Nicky Reeves, Interim Director of Nursing				
Author:	Karen Carter-Woods, Head of Risk and Clinical Quality				
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	Key changes to the CRR this period: <ul style="list-style-type: none"> ➤ One corporate risk added ➤ One corporate risk closed ➤ Three corporate risks rescored: two moving to LRR 				
Recommendation:	The Board is asked to note the Corporate Risk Register information and the progress from the previous report.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	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 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 HMT place to identify & manage risk effectively.				
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
Resources:	Actions required are currently being delivered within existing trust resources				
Assurance route					
Previously considered by:	The Corporate Risk Register is reviewed monthly by EMT				
	Date:	7/12/20	Decision:	Reviewed and updated	
Previously considered by:	Quality and Governance Committee				
	Date:	17/12/20	Decision:	Noted, for assurance	

Corporate Risk Register Report October and November 2020 Data

Key updates

Corporate Risks added between 01/10/2020 and 30/11/2020: 1

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
4x3=12	1192	Inability to provide full pharmacy services due to vacancies, sickness and covid vulnerable pharmacist	Chief Pharmacist: update to Risk ID1133

Corporate Risks closed this period: 1

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
3x4=12	1187	Administrative processes relating to QVH trauma activity taking place at The McIndoe Centre	Trauma no longer at TMC after 3 rd August – r/v by Director of Operations

No of Corporate Risks rescored this period: 3

Risk ID	Service / Directorate	Risk Description	Previous Risk Score (CxL)	Updated Risk Score (CxL)	Rationale for Rescore	Committee where change(s) agreed/proposed
877	Financial Services	Financial sustainability	5x5=25	4x5=20	Due to current NHS financing arrangements the position for the organisation has improved	R/V: at EMT Director of Finance
1117	Clinical Support Services	Inability to meet legislative requirements of the Falsified Medicines Directive	3x4=12	4x2=8	Safety elements of the EU FMD and Delegated Regulation cease to have effect in Great Britain from 31st December 2020	Chief Pharmacist
1182	Operations	NHS VideoConsult: system failures	4x4=16	3x2=6	No further system failures reported since	Director of Operations

Risk ID	Service / Directorate	Risk Description	Previous Risk Score (CxL)	Updated Risk Score (CxL)	Rationale for Rescore	Committee where change(s) agreed/proposed
					upgrade: last upgrade in August	

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 63 risks currently on the Trust Risk Register as at 3rd December 2020, of which 14 are corporate, with the following modifications occurring during this reporting period (August / Sept):

- One new risk added
- One risk closed: corporate
- Three risks rescored: all corporate, two reducing to Local RR

Risk registers are reviewed & updated at the Specialty Governance 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 63 risks open on the trust risk registers: risks that score 12 or more are managed via the Corporate Risk Register.

Five of the 14 corporate risks remain within the higher grading category:

	No harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2		1	7	5	2
Possible 3		3	28	2 ID: 968, 1192	0
Likely 4		2	6 ID: 1040, 1077, 1136, 1139, 1148, 1168,	4 ID: 1125, 1163, 1167, 1179	0
Certain 5		1	1 ID1140	1 ID: 877	0

Implications of results reported

1. The register demonstrates that the trust is aware of key risks that affect the organisation and that these are reviewed and updated accordingly.
2. No specific group/individual with protected characteristics is identified within the risk register.
3. Failure to address risks or to recognise the action required to mitigate them would be key concerns to our commissioners, the Care Quality Commission and NHSI.

Action required

4. Continuous review of existing risks and identification of new or altering risks through improving existing processes.

Link to Key Strategic Objectives

- Outstanding patient experience
 - World class clinical services
 - Operational excellence
 - Financial sustainability
 - Organisational excellence
5. The attached risks can be seen to impact on all the Trust's KSOs.

Implications for BAF or Corporate Risk Register

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

Regulatory impacts

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

Recommendation: Board is asked to **note** the contents of the report.

ID	Opened	Title (Policies)	Hazards	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1182	09/10/2020	Inability to provide full pharmacy services due to vacancies, sickness and covid vulnerable pharmacist	Delays to indirect clinical services (e.g. updating policies / guidelines / audit/ training) □ Unable to move forward with non-clinical initiatives e.g. compliance with falsified medicines directive, EPMA introduction □ Delays in projects e.g. EPMA and supporting new services: Pharmacist vacancy rate increasing and inability to recruit □ Loss of long established staff	1. All technical staff in post apart from 0.2WTE band 2 assistant. Vacancy money used for bank staff □ 2. Pharmacy clerk new to post but is progressing well □ 3. Pharmacist assistants have completed apprenticeship and could dispense if needed to help reduce pharmacist to cover technicians □ 4. Long term locum in post along with part-time bank pharmacists □ 5. Chief Pharmacist working additional bank hours □ 6. Retired bank technician helping cover some vacancies and leave. Medicines management technician working on wards supporting pharmacist when possible □ 7. Recruited new bank pharmacist who can work 1 day a week □ 8. Direct clinical work a priority □ 9. Second locum pharmacist in place and working well covering wards and dispensary □	Abigail Jago	Judy Busby	Patient Safety	12	8	24/11/20 Advert for MSO reopened, closes today. Shortlisted for band 7 fixed term post, interviewing 1 applicant on 26/11/20. To start recruitment again for other vacant pharmacist posts this week. Allocating some project work to agency staff to try to catch up on outstanding indirect clinical work. □ 11/11/20 Adverts out for MSO post and fixed term B7 post to cover B8a maternity leave.	KS01 KS02 KS03 KS04 KS05
1183	07/04/2020	Pandemic Flu Covid-19 challenges	Requirement to establish new clinical pathways and work in different ways □ Yet to understand impact on safety, effectiveness & experience with new governance processes in place □ Workforce restraints / issues	*Daily panel to review cases plus bi-weekly review of referrals □ *Daily conference call / Webex to update local and regional issues & activity □ *Staff working from home / remotely: IT workstation □ *Review of Ethics panel / guidance which is being developed regionally for difficult treatment decisions □ *SOP for H&N, breast, skin and trauma infection screening pathways □ *Virtual clinics □ *monitoring completion of actions and issues via EPRR Incident Log	Abigail Jago	Nicole Reeves	Compliance (Targets / Assessments / Standards)	18	8	8 August 2020: site reconfiguration work completed, SOPs continue to be updated in line with National Guidance. Optigene testing of staff and patients supporting Covid-light status. □ 26.08.20: Cancer SOPs updated in line with National Guidance. Site reconfiguration led by DoH underway; Clinical Senate in place to review clinical priorities for admission. Amber / Green pathways implemented. Incident Control Centre remains open 7/7. PPE supply challenging for some specifics - hoods available for use where required. □ 20.09.20 DoO established review panel for H&N, breast & skin pathways. Cases for surgery approved at MDT □ Cancer Alliance / NHSE approval of all new pathways / SOPs □ Trust widely utilizing remote access to meetings & multiple staff working from home □ Virtual clinics implemented □ Health & wellbeing initiatives (specific BAME guidance) □ Extensive IPC measures across trust incl PPE, patient / staff screening and sickness absence due to C-19 captured	KS02 KS03 KS05
1189	20/12/2019	Significantly reduced Consultant Histopathologist cover causing failure to meet turn around times and national cancer targets.	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 □ Plans in place for remote reporting by Skin lead at neighbouring trust for ad hoc work.	Abigail Jago	Fiona Lawson	Compliance (Targets / Assessments / Standards)	12	6	6 October: Overseas appointment has withdrawn due to Covid situation. Workload being successfully covered with specialist expertise from bank consultant. Post will go back out to advert. There is another interested pathologist in Scotland who plans to visit the lab pending covid movement restrictions. □ August: nil update □ June 2020: Additional bank consultant visit / place. Successful international appointment delayed due to COVID-19 lockdown. Service and KPIs being delivered currently. ? rescore to 9? □ May 2020: overseas consultant visit / start date on hold due to Covid-19. Work being covered / shared by bank consultants and KPIs □ 14/12/20: 1wte consultant recruited - overseas appointment, start date awaited.	KS02 KS03
1187	01/01/2020	Lack of Falsafe Officer	GIRFT 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 Co-ordinator. However, there is insufficient resource to manage falsafe procedures adequately.	Abigail Jago	Marc Tramontin	Patient Safety	18	8	8 Nov 2020: Job advert written. Next A/C panel 15/12/20. Request made for job evaluation team to sense check to enable advert to go live prior to next panel. No staff identified for secondment to date... □ Oct 2020: 1 Dwie Band 4 Falsafe Officer fixed term for 1 year approved at EMT (part funded from current Corneo budget). Job Description to go to A/C panel and job to be advertised. Also trying to identify any secondment opportunities to fill the post temporarily □ Sep 2020: Review of admin structure - vacant posts identified with associated budget. JD needed for A/C banding to ascertain WTE that could be funded within budget □ Aug 2020: No further update. Options still to be reviewed and on hold due to COVID □ June 2020: No further update. Service reviewing options / mitigation □ May 2020: Reviewing internal efficiencies to fund post; currently on hold due to COVID □ March 2020: reviewed at business meeting - cost pressure for post not prioritised at this time □ 4/2/20: reviewing internal efficiencies to support; post identified within Business Planning □ HSB National report published with multiple recommendations	KS01 KS02 KS03
1185	06/11/2019	Inadequate Consultant radiologist cover	- As of the beginning of December, there will be 1 radiologist covering the entire department for both on-call and business as usual work □ - There will be no radiologist cover for MSK/Neuro CT/MRI □ - OOH is a patient and staff safety risk as 1 consultant cannot cover on-call alone	- outsourcing CT/MRI for neuro/MSK □ - Agency Reporting radiographer to report chest imaging □ - Bank MSK sonographer to aid service provision □ - □ - OOH remains the largest risk	Abigail Jago	Sarah Solanki	Patient Safety	18	8	23-11-2020 - on call provision paper submitted to EMT and approved - meaning that on-call provision will change to an outsourced model for radiologist cover. This will involve a procurement process but ultimately will de-risk on-call service as there will always be cover. Sarah has emailed Louise, Ian and CT lead around moving this forward □ 30-10-2020 - Amanda Jewson has decided to become substantive 1 day per week as H&N consultant - approved at EMT. Start date 13th November. Sarah Oliphant managed to turn around recruitment paperwork very quickly □ 21st Sept 2020 - 6 month fixed term locum covering general/neuro/MSK vacancy to add resilience of team. Paper submitted to manager around on-going on-call radiology cover □ July 2020: Bank consultants to support on-call to enable substantive consultant to have leave □ August 2020 - jobs back out to advert, initial interest from agency only. Bank consultants delivering on-call with home reporting functionality. Substantive consultant on leave during August. Global fellowship program initial plans to reintegrate in October 2020 but very much dependent on pandemic □ July 2020: Bank consultants to support on-call to enable substantive consultant to have leave □ July 2020: Interviews held - post not appointed to □ June 2020: Bank staff in place / remote working established. Interview scheduled for 6/7/2020. ? rescore to 12 □ 27-04-2020 - bank consultants supporting service. Recruitment on hold until COVID crisis more clear. Global fellowship options have been stopped due to COVID - not possible to rescore currently □ 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, one post - candidates may not be suitable and I has been withdrawn □ To support current radiologist, we have a bank consultant sonographer to support the MSK US service. □ MRI/CT reporting normally covered by LC will be outsourced. On-call doctor has agreed to cover weekend on call to help support for the interim period until the beginning of January □ There is a residual risk to the service if our only consultant has sickness.	KS01 KS03 KS05
1140	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 □ -Coding team have been supported by external outsourcing company to reduce the backlog and develop in house processes □ -Internal staff are gaining confidence and experience and their output is increasing □ -Activity has been low due to COVID so the backlog is reduced □ -Operational issues regarding availability of notes remain □ -Proposal for blended onsite and remote coding support strategy has been drawn up and sent on for approval (7EMT 7F&P) □ -	Michelle Miles	Baru Thiagaraj	Finance	12	6	6 October 2020: Update as at August. In addition the business case for the coding department has been approved □ August 2020: The outsourcing provider is still supporting the backlog in coding. This backlog is mainly due to notes being unavailable for coding. Work is ongoing with the services, medical records and the operations team to ensure that notes are available for coding. □ 08/12/2019: - 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 □ Options paper being written to look at how to structure service from 2020 □ 02/09/2019: - Agency clinical coders now working during week and weekends □ - Internal staff are working overtime □ - External outsourcing company doing remote coding for all notes on EDM □ Proposal being produced for a blended onsite and remote coding support from external company □	KS04
1140	19/03/2019	Current PACS contract ending in June 2020	QVH is in a consortium for PACS/RIS/VNA with 5 other trusts from Surrey & Sussex. □ Philips provide a managed PACS/RIS/VNA (Vendor neutral archive) service to QVH and the other 5 trusts. The current contract was extended in 2016 to allow the contract to run until June 2020 under the 5+2 terms of the original contract. □ All 6 trusts have stated they want to remain in this consortium and potentially expand to include another Surrey trust □ There is now limited time available to re-procure PACS/RIS/VNA before the current contract runs out; without which there will be no PACS system □ There is currently no project board or business case aligned to this procurement process □ ESHT has said they are happy to lead on the project, with input from all trusts as and when requested □ The data in the VNA is known to be incorrect across all sites, and if the S&S PACS consortium approve a plan to move PACS providers then the migration of data may need to occur from PACS to PACS - this will add a delay for migration □	ESHT have said they will lead on a re-procurement process for the consortium. □ Philips have said they will extend the current contract - costs will need to be agreed as hardware will need replacing.	Michelle Miles	Sarah Solanki	Information Management and Technology	18	4	23-11-2020 document has been sent to SBS framework with 'must have requirements' prior to formal sharing of OBS document. We have been advised not to answer any queries from PACS providers outside of tendering process as we are now engaged as a consortium. VNA work ongoing - QVH may migrate first as we are furthest along in terms of testing and will be the quickest migration (given our size). Dates not confirmed yet. RIS BC being finalized for submission □ 02-11-2020 - VNA reconciliation testing work for QVH nearly complete. QVH least risk in terms of storage - updated predication is that our PACS will be full in 2027 (long after the PACS procurement) so no risk to our data. Others in consortium are full. Tender Pack going out for main PACS procurement imminently. Meeting to discuss final points re this on the 3rd Nov □ 22nd Sept - issue with manual fallow process. Multiple ongoing discussions as initial proposal would not work and others would be too costly. New proposal to have a load balancer hosted by ESHT. Additional cost across the consortium proposed to be 28k. This needs formal sign off by all parties as the best/most cost effective option. No risk issue for QVH data as our PACS has a lot of excess storage (won't be full for years). Higher risk to others in consortium who are at their storage limit. Testing of the VNA work to commence in coming month □ Sept: VNA Go-live start date now October. Project Manager in post □ August 2020 - We have most of the IT infrastructure etc / reconciliation work complete for QVH. Start date will not be 10th August but QVH have 2 years before our storage is full. New procurement workshops starting to happen. QVH to hold some locally □ July 2020: PACS Project Manager commencing in post 20th July □ 27-04-2020 - VNA extension been agreed with contract signed with Hyland. Timelines have slipped for this part. Hyland & Philips have had communication issues which should improve now named contacts shared. PACS extension meetings still ongoing via online forums. Some costs not clear - Philips to confirm. Next meeting 01/05/2020 □ 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 aware of). I localised 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 □	KS01 KS02 KS03 KS04

ID	Opened	Title (Policies)	Hazards(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Status	Target Date	Progress/Updates	KSO
1139	14/01/2019	Risk to patients with complex open lower limb fractures	Patients with open complex lower limb fractures require time critical shared care between plastics & orthopaedic service, in line with BOAST 4 and NICE recommendations. This is sometimes not achievable with the current configuration of services and available personnel & equipment plus theatre time.	Current SLA in place for plastic surgery provision to BSUH. 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	November: final consultant no longer joining trust - post to be reviewed. October: still awaiting commencement of last consultant, others are now in post. August 2020: awaiting final start of consultants; one delayed due to sickness. July 2020: one consultant in post, others to be in post by September. April 2020: all posts recruited to - commence July / August. January 2020: 45 posts 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 local network. Incorrect patient data being uploaded to EDM: centralisation of EDM process has achieved greater quality assurance of scanning (introduction of order communications system - no longer a requirement for reports to be uploaded to evolve). Event packs: existing scanning pickup service is 2 days a week - inevitable that notes will not be available in time for review following discharge from surgery, to avoid notes not being available, the event packs are made available physically. System speed: series of measures being evaluated to address including the log on times to system being reduced by the use of single sign on in "kiosk mode" plus the roll out of faster pc to clinical areas and the upgrade of operating system to windows 10. E-form instability: It is possible for a user to finalise the living form at the end of a treatment episode. The Trust has worked closely with Kainos the provider of the EDM software to develop fixes for the Eform instability. The fixes have been tested and have been updated to the live environment. Testing being completed to verify instability issues have been addressed	Michelle Miles	James Cooper	Patient Safety	12	6	October 2020 The BAU for evolve is now transferring over to the Operations team with support from the implementation team. August 2020: The completion of the roll out of evolve is due to be October of 2020. BAU for evolve is now developing with the structure being reviewed between DoO & DoF with support from both the CIO and CCO. January 2020: Issues with eForms within MaxFax, 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. Partial deployment remains the single biggest risk: significant progress towards resolving this. Go live in plastics: planned for November 15. Prior to this rollout, evolve is to be upgraded to the latest available version in preparation for trust deployment of Windows 10. E-form instability issues resolve: completed rollout of iPads to clinical areas. Daily pickup of event packs now place. August update: following the NHS digital feedback, the progress made with scanning volumes, improved training stats and the momentum with preparing Plastics score reduced to 12. 1/6/2019 update: changes to the configuration of the anti-virus software in the trust have improved speed of application. Accelerated scanning of active health records library now underway. iPads running evolve in native app now deployed to a number of Ward clinic and theatre areas. New process for charging iPads within theatres have been implemented and are currently bedding in as part of an end-to-end admissions / theatre processes review. Patients with scanned notes are now being seen in Plastics (not live) as part of multi-disciplinary and/or parallel care pathways. Options to mitigate this impact and associated risk are urgently being investigated. 14/02/19 5 days a week collection now in place - System speed: There are series of measures being evaluated to address this including the longer term upgrade of operating system to windows 10. 28/1/19 Update: EDM Project Board reviewing options. Event packs - With the existing scanning pickup service only being 2 days a week on Tuesday and Thursday it is almost inevitable that notes will not be available in time for review following discharge from surgery. To avoid the notes not being available, the event packs are not sent for scanning and made available physically.	KS03 KS04
1125	30/08/2018	RTT Delivery and Performance	The Trust's RTT position is significantly below the national standard of 92% of patients waiting <10 weeks on open pathways. This position has reduced further in July following the identified of a cohort of patients that have historically not been included in the RTT waiting list position. 52 week position has deteriorated following identification of additional patients	July 18: Comprehensive review of spoke site activity has taken plan to identify all patients that should be included in the Trust RTT position. Data upload now in place to enable the reporting of PTL data from Dartford spoke site that was previously not identified. Weekly PTL meeting in place (Chair DOO) that reviews patient level data for all patients >38 weeks for each speciality. Additional theatre capacity is being identified through PS (McIndoe) and NHS (ESHT Uckfield theatres). Recovery plan in place. 4 additional validators to start in post 29th August. IST supporting capacity and demand work. commissioners have identified capacity outside of the trust for dental T1/T2 referrals. commissioner are in the process of identifying capacity for other long wait patients. Update 27 Nov 20: Discussions underway with Kent, Surrey and Sussex ICS with agreed provisional commitment to support ICS access for Q1/Q2 of 2021. The increase in the number of patients over 52wk is starting to decrease, with October reporting a rise of 53 patients, compared to 34 in Aug-Sept and 141 in Jul-Aug. Plastic surgery remains overall the most challenged specialty. Theatre improvement programme is ongoing. Out of hours additional resource to support scheduling and enable increased forward booking.	Abigail Jago	Victoria Worrall	Compliance (Targets / Assessments / Standards)	16	9	August 2020: routine elective activity stood down in line with NHSSE direction due to C-19 response. Significant impact on RTT with an average 10% reduction in performance per month, since Apr. 52WVW reporting over 300 in July, PS and CP main challenged areas. R&R continuing, in line with the third phase NHS response. Clinical senate and capacity hub in place and embedded. 26 June 2020: routine elective activity stood down in line with NHSSE direction due to C-19 response; significant impact on RTT with 20% reduction in performance as of May 2020 x 100. 52WVW, R&R has started, focus is on clinical priority with anticipated operational reduction in performance. 4/2/20: ongoing reduction in 52 week waits - RTT Action Plan continues; operational overview through weekly PTL meeting. 22/1/19: remain behind trajectory with ongoing improvement of RTT position including reduction in numbers of 52 week patients and patients waiting over 18wks; ongoing challenges with patients deferring treatment through choice - score reviewed with Exec Lead and amended. 11/6/19: ongoing delivery of RTT recovery plan. Trust open pathway performance on track; challenges remain with corneo plastic trajectory due to non-consultant medical cover - full service review underway. 52WVW trajectory behind plan due to high levels of patients choosing to defer treatment. 5/7/19: R/V with Exec Lead - RTT open pathway performance on track with trajectory; 52 week waits challenges ongoing regarding patient choice - national issue, escalated to NHSI and commissioners. 5/4/19: R/V with Exec Lead - capacity planning complete; activity to deliver 2019/20 plan has been signed off with Commissioners and on track with reduced trajectory. 8/3/19: 2019/20 capacity planning underway including potential independent sector activity - on track with performance plan. 14/2/19: Exec lead R/V - RTT plan agreed with commissioners and on track re: 52 wk waits and percentage performance. Update (Oct 18): RTT validation programme complete. RTT Action Plan in place & being monitored through fortnightly System Task & Finish group, weekly assurance call with NHSI & via internal assurance processes. Revised trajectories being agreed with Commissioners. Clinical Harm Reviews underway. 27/1/20: Update 27 Nov 20: Discussions underway with Kent, Surrey and Sussex ICS with agreed provisional commitment to support ICS access for Q1/Q2 of 2021. The increase in the number of patients over 52wk is starting to decrease, with October reporting a rise of 53 patients, compared to 34 in Aug-Sept and 141 in Jul-Aug. Plastic surgery remains overall the most challenged specialty. Theatre improvement programme is ongoing. Out of hours additional resource to support scheduling and enable increased forward booking.	KS01 KS02 KS03 KS04 KS05
1077	22/08/2017	Recruitment and retention in theatres	Theatres vacancy rate is increasing. Pre-assessment vacancy rate is increasing. Age demographic of QVH nursing workforce: 20% of staff are at retirement age. Impact on waiting lists as staff are covering gaps in normal week & therefore not available to cover additional activity at weekends. June 2018: loss of theatre lists due to staff vacancies	1. HR Team review difficult to fill vacancies with operational managers. 2. Targeted recruitment continues: Business Case progressing via EMT to utilise recruitment & retention via social media. 3. Specialist Agency used to supply cover: approval over cap to sustain safe provision of service / capacity. 4. Trust is signed up to the NHSI nursing retention initiative. 5. Trust incorporated best practice examples from other providers into QVH initiatives. 6. Assessment of agency nurse skills to improve safe transition for working in QVH theatres. 7. Management of activity in the event that staffing falls below safe levels. 8. SA: Action to improve recruitment time frame to reduce available delays	Abigail Jago	Sue Aston	Patient Safety	12	4	9/6/18: Delay in international recruits starting, continuing to recruit and internal promotion as appropriate, exploring recruitment & retention initiatives. Reduced availability of agency staff during 18th August 2020: a international recruits. On hold. 4 staff leavers during July/Aug/Sept. On going recruitment. 2 Band 6 staff-internal promotion. Shortfall being managed with Bank and agency as required to ensure cover to open all ten main elective theatres. 26th June 2020: Scrub Practitioners establishment has improved following overseas recruitment; this has not however improved Anaesthetic Practitioner provision. January 2020: currently covering long term sickness & mat leave in addition to staff cross covering PAC and recovery. 6 new BSU recruits currently supernumerary; 1 to mid Jan, others to Mid Feb continued recruitment to 3 BSU vacancies one Feb/March timeframe. Working to be at full establishment or as near as possible spring. Increase in regular bank staff, decreasing agency use. Dec: Theatres Registered Practitioner vacancies at 10.45. Ten new recruits currently working supernumerary awaiting PNL / on orientation. 21/01/19: Theatres Registered Practitioner vacancies at 10.45. Overseas & local recruits require period of supernumerary to gain PNL & orientate to department respectively. Potential five recruits in system (full update in documents). 11/6/19: ongoing work with overseas nursing / local recruitment campaign / introduction incentive. Apprenticeship programme for associates underway. July 2019 recruitment campaign continuing. Overseas nurses working through a programme to be able to obtain PNL numbers. Score reviewed. March update: four overseas recruits due to start April / May plus four local recruits by end of May. February update: International recruit gained NMC PNL, further posts offered with start dates April 2019. October update: some success with recruitment. CGG reviewed Theatre services 11/10/18 - no safety or quality issues were identified written report awaited. 13/6/18: x4 WTE Staff Nurse posts recruited to, all with theatre experience. Recruitment process underway for new staff to include international recruits. Dubai recruitment: 11-45 posts offered: awaiting update and detail. 9/7/18: TUC agreed to pilot different minor procedure staffing model from July 18. Practice Educator in Dubai to interview potential staff. 12/6/18: further work on theatre establishment & budget. Testing feedback from staff re: skill mix. 14/5 (CGG): Pre-assessment almost at full establishment. 12/2/18: recruitment to pre-op assessment plus social media recruitment drive. January 2018 update: almost all HCA's are now in post	KS01 KS02
1040	13/02/2017	Age of X-ray equipment in radiology	Significant numbers of Radiology equipment are reaching end of life with multiple breakdowns throughout the last 2 year period. No Capital Replacement Plan in place at QVH for radiology equipment	All equipment is under a maintenance contract, and is subject to QA checks by the maintenance company and by Medical Physics. Plain Film-Radiology has now 1 CR x-ray room and 1 Fluoroscopy/CR room therefore patients capacity can be increased 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. Mobile - QVH has 2 machines on site. Plan to replace 1 mobile machine for 2019-2020. Fluoroscopy- was leased by the trust in 2006 and is included in 1 of these general rooms. Control would be to outsource all Fluoroscopy work to suitable hospitals during periods of extended downtime. Plan to replace Fluoro/CR room in 2019-2020. Ultrasound - 2 US units are over the Royal College of Radiologists (RCR) 7 years recommended life cycle for clinical use. Plan to replace 1 US machine for 2019-2020.	Abigail Jago	Sarah Solanki	Patient Safety	12	23	23-11-2020 - New funded US on site, commissioned and working. MES paper submitted to AJ and due to be discussed at EMT in coming weeks. Still large risk around multiple pieces of old equipment and general lack of ongoing capital expenditure. Fluoro room is due for completion the week before Christmas. 02-11-2020 - some delays to building works in fluoro room due to more reinforcement needed in the floor (set back 1 week). The lead screen manufacturer has had to temporarily shut their factory due to COVID outbreak. Soonest they can open is 9th November. This may impact timeline but is outside of our control. I will keep in contact with manufacturer for updates. MES BC: now have financial back end set up into document and send to execs for them to assess prior to resubmission to EMT. 22nd Sept - NHS England have loaned QVH a new digital portable which is being commissioned this week. The fluoroscopy project is due to begin with removal of kit on the 28th Sept and turnkey due to start on the 12th Oct. 14th August: TMC supportive of us using the Cam for urgent swallows if required and for salivary work. We have a provisional process around this with involvement of SA/NT and Radiologists. We have agreed to staff the services. This reduces the risk to in-patient swallow cohort. 9th August 2020 - Fluoro room has had terminal failure of the fluoroscopy functionality. I have escalated to Canon but project cannot move forward due to manufacturing time required. I have approached TMC to ask if we can use their C arm to do some salivary work. SALT team have been informed. They are offering non urgent patients to PRH referral route. Am developing a pathway with PRH for urgent/inpatient cases but am awaiting their Superintendent to come back to me. July 2020: Advised of potential delay due to COVID/Boris CT scanners being built and taking priority. Possible November arrival. Chased estates re quotes around electrical work they said they could handle - these remain outstanding. New head of theatres aware and now handling this. June 2020: Fluoroscopy contract awarded - advised that project should be completed within around 14-16 weeks. 27-04-2020 - Interim MRI solution is place for up to 2 years. New Ultrasound procured. MES option - asked to present paper - this was done but then everything put on hold due to staff sickness and subsequently COVID planning. This project to start again in the coming weeks. 04-02-2020 - The MES option is moving forward but will take around 9-12 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 suite, the trust have decided to purchase this from capital for 2021. Supply chain have been approached for quotes. 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 CCGs/STMP support - no update re centralised funding for MRI.	KS01 KS02 KS03

ID	Opened	Title (Policies)	Hazards	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
988	20/06/2016	Delivery of commissioned services whilst not meeting all national standards/criteria for Burns and Paeds	-Potential increase in the risk to patient safety: □ -on-call paediatrician is 1 hour away in Brighton □ -Potential loss of income if burns derogation lost □ -no dedicated paediatric anaesthetic lists	*Paeds review group in place: □ *Mitigation protocol in place surrounding transfer in and off site of Paeds patients □ *Established safeguarding processes in place to ensure children are triaged appropriately, managed safely: □ *Robust clinical support for Paeds by specialist consultants within the Trust: □ *All registered nursing staff working within paediatrics hold an appropriate NMC registration *Robust incident reporting in place: □ *Named Paeds safeguarding consultant in post: □ *Strict admittance criteria based on pre-existing and presenting medical problems, including extent of burn scaled to age: □ *Surgery only offered at selected times based on age group (no under 3 years OOH) □ *Paediatric anaesthetic oversight of all children having general anaesthesia under 3 years of age: □ *SLA with BSUH for paediatrician cover: 24/7 telephone advice & 3 sessions per week on site at QVH	Nicola Reeves	Nicola Reeves	Compliance (Targets / Assessments / Standards)	12	4	May 2020: as a risk reduction inpatient paediatric services suspended due to Covid-19 pandemic, in agreement with BSUH / QVH lead paediatrician □ Dec: update from commissioners still awaited; re-requested at CORPM Dec 4th: □ Nov: interim inpatient paed burns divert continues - no reported issues. Update on number of diverts requested from commissioners: □ Working group QVH / BSUH to consider options; adult burns service aligned to provision of major trauma centre at BSUH: □ Sept 30th: Review of Paeds SLA & service provision: □ Doh met with BSUH WAC CO to discuss impact of inpatient paed burns move with regards to BSUH paediatrician appetite to continue providing paediatric service at QVH. Further discussions planned once respective Directors briefed: □ July update: KSS HOSC Chairs meeting (10/7) to share interim divert plans - QVH patient pathway continuing to follow established larger burns protocol with patients being treated at C&W or Chelmsford; HOSC supportive of safety rationale & aware that further engagement & review of commissioned pathway required - to be led by NWSE Specialist commissioning: □ June update: Inpatient paed BC for transfer of services to BSUH not approved. Interim arrangements with Burns Centres commenced. Plan for QVH inpatient paed burns to go to other providers from 1st August. LSEBN aware & involved in discussions: □	KSO2 KSO3 KSO5
897	21/10/2015	Financial sustainability	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. □ 2) Failure to generate surpluses to fund future operational and strategic investment	1) Annual financial and activity plan: □ 2) Standing financial Instructions: □ 3) Contract Management framework: □ 4) Monthly monitoring of financial performance to Board and Finance and Performance committee 5) Performance Management framework including monthly service Performance review meetings 6) Audit Committee reports on internal controls: □ 7) Internal audit plan	Michelle Miles	Jason McIntyre	Finance	20	16	October: Due to current NHS financing arrangements the position for the organisation has improved - rescored to 20. However due to the underlying financial deficit that the Trust is facing this is still a significant risk to the Trust: □ August 2020: □ The current financial regime of block contract has remained in place. At present due to the significant reduction in spend on both pay and non pay the Trust is in a breakeven position in line with national guidance. Work is being undertaken in conjunction with the ICS on the phase 3 funding streams into the Trust. In addition, further work is underway to highlight vacant and non backfilled posts: □ June 2020: □ At present the Trust is operating under a block contract arrangement. Due to the national guidance the Trust is reporting a break even position. Further guidance is awaited with regards to the length of time for the block contract arrangements and any amendments to the current values. While the Trust would still be facing a deficit in the old financial regime, it is unclear at this present time as to the level of the current deficit: □ January 2020: □ 2019/20 □ Performance M6: deficit of £5.6m YTD; £0.8m less than plan. Clinical income under-recovery has been partially offset by expenditure underspends: □ Full year forecast deficit of £8.4m; £1.0m worse than plan: □ Cost savings of £0.6m YTD. Savings of £1.2m identified; £0.5m less than plan: □ Finance & Use of Resources – 3 (Planned 4): □ November: □ 2019/20 Performance M6: deficit of £4.1m YTD; £61k better than plan. Clinical income under-recovery has been partially offset by expenditure underspends: □ Full year forecast deficit of £8.1m; £0.6m worse than plan: □ Cost savings of £1.2m identified; £0.5m less than plan: □ Finance & Use of Resources – 3 (Planned 4): □ August □ 2019/20 Performance Month 3 YTD £439k behind plan due to income shortfall □ Current run rate forecast deficit of £11m: □ CIP performance £205k/£178k for YTD Month 3 □ Finance & Use of Resources – 3 (Planned 4): □	KSO4

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	7 January 2021	Agenda reference:		22-21	
Report title:	Quality & Safety Board Report				
Sponsor:	Nicky Reeves, Director of Nursing and Quality				
Author:	Kelly Stevens, Head of Quality and Compliance				
Appendices:	Nursing metrics				
Executive summary					
Purpose of report:	To provide updated quality information and assurance that the quality of care at QVH is safe, effective, responsive, caring and well led.				
Summary of key issues	<p>The Board's attention should be drawn to the following key areas detailed in the reports:</p> <ul style="list-style-type: none"> Progress with Clinical Harm Reviews waiting over 52 weeks and cancer patients waiting over 104 days as per the national guidance <i>Delivering Cancer Waiting Times</i> Provision of weekend Optigene testing Appointment of new clinical directors 				
Recommendation:	The Board is asked to be assured that the contents of the report reflect the quality and safety of care provided by QVH during this time				
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 was produced using existing resources.				
Assurance route					
Previously considered by:	Quality and Governance Committee				
	Date:	17/12/20	Decision:	Noted	
Next steps:					

Executive Summary - Quality and Safety Report, January 2021

Domain	Highlights
Director of Nursing and Quality	<p>Safety of our patients and staff continues to be the primary focus for the trust whilst also maintaining a positive patient experience.</p> <p>The safe restoration of services continues with the restoration and recovery clinical governance weekly meeting being fully utilised to agree and accelerate clinical governance requirements. QVH has successfully continued with LAMP (optigene) testing of staff to identify asymptomatic Covid positive people and has also utilised Lateral Flow testing for those unable to access LAMP.</p>
	<p>A paper has been presented to the executive management team reviewing the workforce establishments to deliver safe effective patient care across the trust and work is underway to agree funding for this increase in nursing establishment to reflect the additional resource required. In addition to the ward establishments, QVH continues to provide resources to swab elective patients prior to admission as per guidelines.</p>
	<p>The Trust commenced the winter flu vaccination campaign on the 28 September and to date 578 of the 817 (71%) frontline workforce has been vaccinated.</p>
	<p>Although a start date is not yet confirmed, QVH has made plans to ensure the workforce can receive the Covid vaccine when it is available. In addition to the clinical workforce to deliver the vaccine, medical staff, estates, IT, Business Information and Pharmacy have been involved in a task and finish group addressing the roll out challenges.</p>

Clinical Directors

We have appointed a new Clinical Director of Research & Innovation, Mr Zaid Sadiq, who is a Consultant Head & Neck/Maxillofacial Surgeon. Zaid has taken over from Dr Julian Giles. We have also appointed Dr Tim Vorster as Clinical Director for Peri-operative and Clinical Support Services on an interim basis until the end of March 2021 at which point the post will be re-advertised.

Mr Jeremy Collyer

Jeremy Collyer has left QVH and I would like to recognise his years of service to the Trust as Consultant Oral & Maxillofacial Surgeon, Chief Clinical Information Officer and latterly, Deputy Medical Director. His contribution to QVH was enormous both as a surgeon and in his managerial roles and he will be sorely missed.

It is intended to re-arrange the Medical Director structure in light of Jeremy's departure.

Clinical Harm Reviews

Clinical Harm Reviews are progressing well. A comprehensive document setting out the process has been developed and Plastics, orthodontics, Maxillofacial and Corneoplastics 52 week breaches are all being reviewed for harm. Retrospective reviews are undertaken at the procedure. There has been no harm identified do far. This is a continuous process and it is envisaged that psychological harm and distress will also be taken into consideration by the use of a simple psychological tool undertaken by the Psychology Department.

Medical Director

Report by Exception - Key Messages

Domain	Issue raised	Action taken
Safe: clinical harm reviews	<p>Clinical Harm Review meetings: Trust continues to review the 52 week breaches against an agreed trajectory with regulators and commissioners to achieve zero 52 week breaches by April 2021. Due to the Covid-19 pandemic the 52 week breaches have increased and the trusts is awaiting guidance on how this will be reported</p>	<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 Maxfac (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>The total number of reviews completed under that process were 766.</p> <p>The clinical harm review process was reviewed in 2020 and will extend into 2020/21 due to the increased numbers of delayed elective care due to the government requirements to cease this work during the pandemic to date.</p> <p>From mid-Sept to end of November there have been 1170 52 week breach patients identified, of which 556 have had CHR’s with a small proportion being expedited for clinical review; no levels of harm have been identified or confirmed to date.</p>
Responsive: Coronavirus pandemic	<p>Minimise infection risk to staff and patients: local testing does not meet QVH's needs in a timely manner</p>	<p>Work continues to maintain the safe restoration of elective services within the trust. There is a robust in house governance process for this and there is additional external monitoring on the access and performance of the restoration phase and recovery plan. Weekend provision of Optigene testing has commenced. In addition Lateral Flow testing kits have been rolled out to a number of staff to assist with diagnosis of asymptomatic Covid positive staff.</p>

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	Q3 2019/20		Q4 2019/20			Q1 2020/21				Q2 2020/21			Q3 2020/21		12 month total / rolling average
		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20		
Infection Control																
MRSA Bacteraemia acquired at QVH post 48 hrs after admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Clostridium Difficile acquired at QVH post 72 hours after admission	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Gram negative bloodstream infections (including E.coli)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
MRSA screening - elective	95%	98%	95%	94%	91%	90%	99%	90%	98%	81%	83%	90%	83%	99%	91%	
MRSA screening - trauma	95%	94%	98%	98%	95%	95%	89%	61%	84%	94%	99%	98%	99%	100%	92%	
Incidents																
Never Events	0	0	0	0	1	0	0	0	1	0	0	0	0	0	2	
Serious Incidents	0	1	0	2	0	0	0	0	1	0	0	0	0	0	3	
Theatre metrics																
All patients: Number of patients operated on out of hours 22:00 - 08:00	5	0	2	3	4	1	3	2	3	4	3	3	2	3	33	
Paediatrics under 3 years: Induction of anaesthetic was between 18:00 and 08:00	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
WHO quantitative compliance		99%	99%	98%	99%	99%	99%	99%	99%	98%	99%	99%	99%	99%	99%	
Non-clinical cancellations on the day		12	13	19	5	8	5	1	1	0	6	4	5	7	74	
Needlestick injuries	0	2	1	1	1	0	1	0	0	0	0	3	0	0	7	
Pressure ulcers (all grades)(Theatre metric)		0	1	1	7	2	0	1	1	1	0	0	0	0	14	
Paediatric transfers out (<18 years)		1	0	1	1	1	1	0	1	0	2	0	0	0	7	
Medication errors																
Total number of incidents involving drug / prescribing errors		30	11	33	12	7	7	11	10	5	1	7	16	7	127	
No & Low harm incidents involving drug / prescribing errors		30	11	30	11	6	6	9	9	4	1	6	12	7	112	
Moderate, Severe or Fatal incidents involving drug / prescribing errors		0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Medication administration errors per 1000 spells		0.0	0.0	1.8	0.6	0.8	1.5	2.1	0.9	0.8	0.0	0.6	2.2	0.0	0.9	
Pressure Ulcers Hospital acquired - category 2 or above		0	2	1	1	0	0	1	0	2	0	0	0	1	8	
VTE initial assessment (Safety Thermometer)	95%	100%	100%	100%	96%	nc	nc	91%	100%	100%	100%	94%	100%	100%	98%	
Patient Falls																
Patient Falls assessment completed within 24 hrs of admission	95%	97%	95%	100%	91%	nc	nc	100%	100%	100%	100%	100%	97%	97%	98%	
Patient Falls resulting in no or low harm (inpatients)		4	3	1	2	3	2	0	2	4	3	3	2	5	30	
Patient Falls resulting in moderate or severe harm or death (inpatients)		0	0	1	0	0	0	0	0	0	0	0	0	0	1	
Patient falls per 1000 bed days		0.8	4.6	3.6	2.8	1.9	1.8	3.6	4.7	0.0	5.3	8.4	4.0	3.7	3.7	
*MRSA April 20 - the revised score following a meeting between QVH & MCIndoe and screening process reviewed.																
nc = not collected or not reported																

Nursing Workforce - Performance Indicators, Safe staffing data

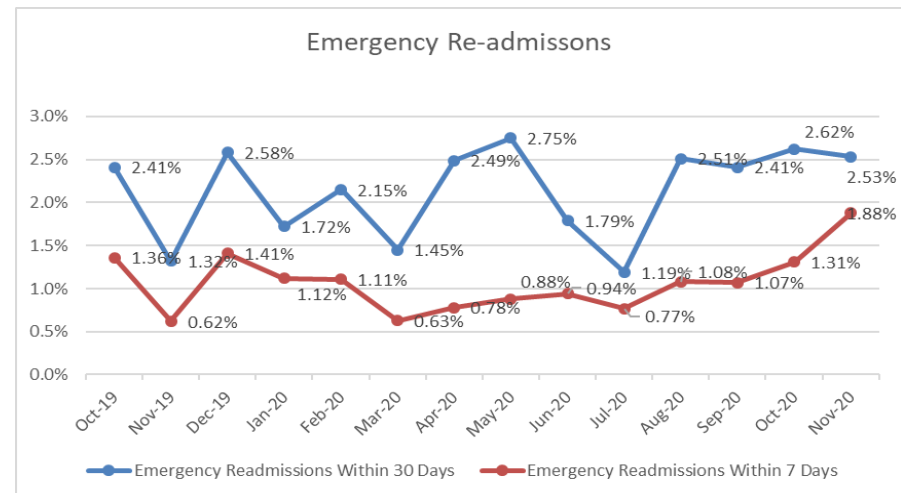
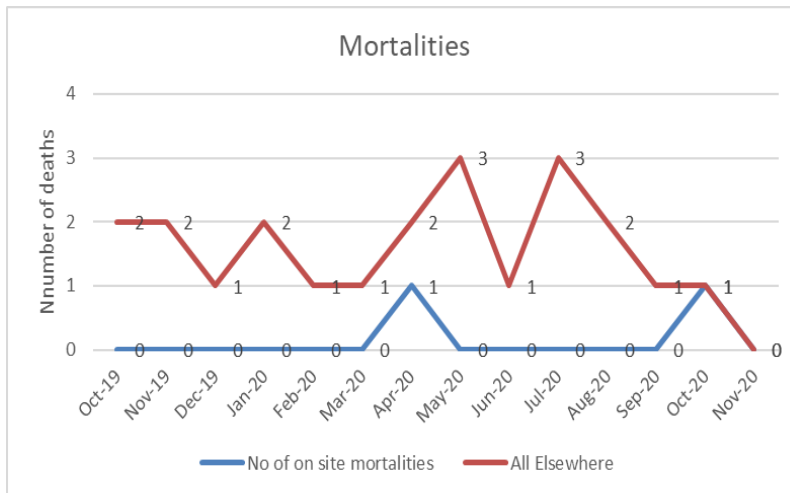
In October the actual care hours on shift were 69.5 ours less hours than planned. The clinical areas have been staffed to safe levels on some shifts there has been more care hours available than required in order to maintain the minimum requirement of two qualified nurses per shift

Combined Staffing exc. Site							Target 95%						
	Planned staff			Actual staff			Oct-20	Planned staff			Actual staff		
	RN	NA	HCA	RN	NA	HCA		RN	NA	HCA	RN	NA	HCA
DAY	5486	195.5	1967	5462.5	195.5	1920.5	Total Hrs Planned and Actual % Planned Hrs Met Total Hrs Planned & Actual - Combined reg & support % Planned Hrs Met - Combined reg & support	4750	69	701.5	4704	69	678.5
				99.6%	100.0%	98%					99.0%	100.0%	96.7%
			7648			7578.5				5520			5451
						99.1%							98.8%

In November the clinical areas have been staffed to safe levels. Actual care hours were 115 less than planned. Staffing numbers are triangulated with safety metrics and incidents recorded on Datix and there is no correlation between these incidents and any decreases in staffing level on the shift. There has been low agency usage in the wards and outpatient areas

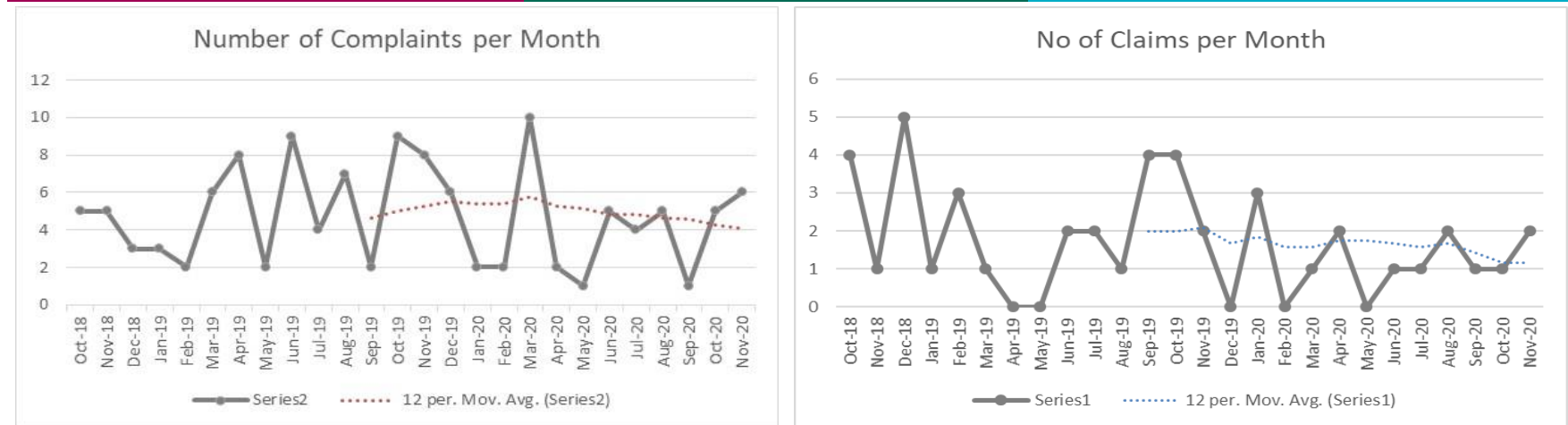
Combined Staffing exc. Site							Target 95%						
	Planned staff			Actual staff			Nov-20	Planned staff			Actual staff		
	RN	NA	HCA	RN	NA	HCA		RN	NA	HCA	RN	NA	HCA
DAY	5612	241.5	2300	5509	241.5	2289	Total Hrs Planned and Actual % Planned Hrs Met Total Hrs Planned & Actual - Combined reg & support % Planned Hrs Met - Combined reg & support	4554	161	667	4497	149.5	644
				98.2%	100.0%	100%					98.7%	92.9%	96.6%
			8154			8039				5382			5290
						98.6%							98.3%

Effective - Performance Indicators



			Q3 2019/20		Q4 2019/20			Q1 2020/21			Q2 2020/21			Q3 2020/21		
			Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Mortalities within 30 days of an inpatient episode or outpatient procedure	Inpatient	No of on site mortalities	0	0	0	0	0	0	1	0	0	0	0	0	1	0
		No of mortalities elsewhere	1	2	1	1	0	1	2	3	0	2	2	1	1	0
	Outpatient	1	0	0	1	1	0	0	0	1	1	0	0	0	0	0
	All Elsewhere	2	2	1	2	1	1	2	3	1	3	2	1	1	0	0
Reviews		Completed Preliminary Reviews	2	2	1	2	1	1	3	3	1	3	2	1	2	0
		No of deaths subject to SJR	0	0	0	0	0	0	1	0	0	0	0	0	1	0
No of mortalities in patients with learning difficulties (inpatients only)			0	0	0	0	0	0	0	0	0	0	0	0	0	0

Caring - Current Compliance - Complaints and Claims



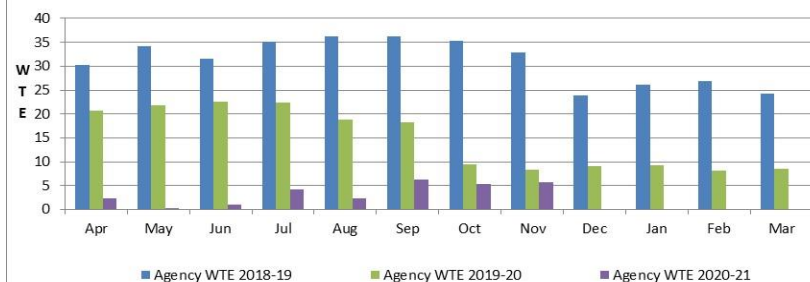
	Q3 2019/20		Q4 2019/20			Q1 2020/21			Q2 2020/21			Q3 2020/21	
	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20
Number of complaints	8	6	2	2	10	2	1	5	4	5	1	5	6
Complaints per 1000 spells	0.42	0.37	0.10	0.12	0.65	0.18	0.09	0.40	0.27	0.35	0.06	0.28	0.35
Number of claims	2	0	3	0	1	2	0	1	1	2	1	1	2
Claims per 1000 spells	0.11	0.00	0.16	0.00	0.07	0.18	0.00	0.08	0.07	0.14	0.06	0.06	0.12
Number of cases referred to PHSO	0	0	0	0	0	0	0	0	0	0	0	0	3

Nursing Workforce - Performance Indicators

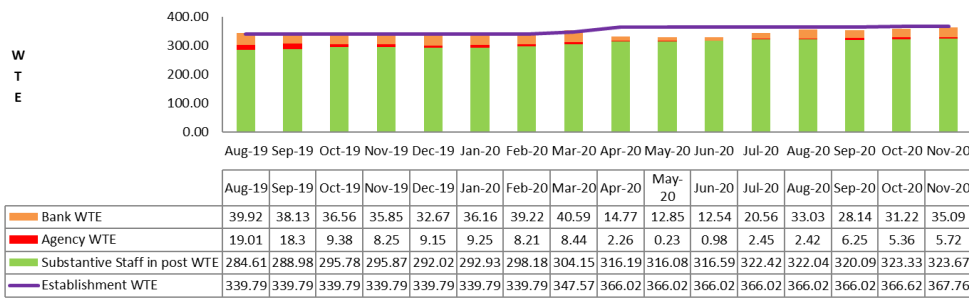
ALL QUALIFIED & UNQUALIFIED NURSING															
2019-20 & 2020-21															
Trust Workforce KPIs	Workforce KPIs (RAG Rating)	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Compared to Previous Month
Establishment WTE (Establishment includes 12% headroom from 01/09/2018)		339.79	339.79	339.79	339.79	347.57	366.02	366.02	366.02	366.02	366.02	366.02	366.62	367.76	▲
Staff in Post WTE		295.87	292.02	292.93	298.18	304.15	316.19	316.08	322.52	322.42	322.04	320.09	323.33	323.79	▲
Vacancies WTE		43.92	47.77	46.86	41.61	43.42	49.83	49.94	43.50	43.60	43.98	45.93	43.29	43.97	▲
Vacancies %	>18% 12%<=18% <12%	12.93%	14.06%	13.79%	12.25%	12.49%	13.61%	13.64%	11.88%	11.91%	12.02%	12.55%	11.81%	11.96%	▲
STARTERS WTE (Excluding rotational doctors)		2.00	1.51	1.00	5.43	4.41	0.51	2.23	5.01	0.61	2.00	2.00	3.63	3.00	▼
LEAVERS WTE (Excluding rotational doctors)		1.76	1.50	6.00	0.00	1.02	3.91	3.00	0.00	2.32	2.75	1.00	1.00	4.61	▲
Starters & Leavers balance		0.24	0.01	-5.00	5.43	3.39	-3.40	-0.77	5.01	-1.71	-0.75	1.00	2.63	-1.61	
Agency WTE (Data From Healthforce)		8.25	9.15	9.25	8.21	8.44	2.26	0.23	0.98	2.45	2.42	6.25	5.36	5.72	▲
Bank WTE (Data From Healthforce)		35.85	32.67	36.16	39.22	40.59	14.77	12.85	12.54	20.56	33.03	28.14	31.22	35.09	▼
Trust rolling Annual Turnover %	>=12% 10%<=12% <10%	12.46%	9.67%	10.50%	9.94%	9.71%	9.95%	10.27%	8.67%	8.48%	8.23%	7.79%	7.44%	8.35%	▲
Monthly Turnover		0.60%	0.37%	1.44%	1.42%	0.00%	1.31%	1.01%	0.00%	0.77%	0.91%	0.33%	0.33%	1.51%	▲
Sickness Absence %	>=4% 4%<=3% <3%	5.11%	4.82%	3.63%	2.67%	6.30%	3.64%	2.21%	1.67%	3.30%	2.54%	2.94%	3.82%	TBC	

Note 1. 2020/21 budget updated September 20 backdated to April 20 to show most current position. March 20 Establishment updated as queries resolved. Both 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, Overseas's Nursing awaiting PIN.
Dental Nurses included in figures from 1.4.2020
Note 4. Of Qualified Staff approximately 4wte are Maxillofacial Nurses and 23.5wte are ODP Theatre Practitioners
Note 5. Of Unqualified staff approximately 10.5wte are Dental Nurses

Trust Qualified Nursing & Theatre Practitioners - Agency Usage in WTEs for years 18-19, 19-20 and 20-21



Establishment Vrs SIP & Temporary Staffing Usage



Medical Workforce - Performance Indicators

Metrics	Target	Quarter 3 2019/20	Quarter 4			Quarter 1 2020/21			Quarter 2					12 month rolling
		Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	
Medical Workforce														
Turnover rate in month, excluding trainees	<1%	1.25%	1.14%	0.00%	2.93%	0.00%	0.28%	1.12%	0.00%	3.28%	1.01%	1.06%	0.87%	16.83%
Turnover in month including trainees 9%		2.80%	0.70%	9.57%	2.82%	0.70%	0.17%	1.42%	0.71%	15.26%	4.07%	5.98%	0.55%	44.09%
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		0.99%	0.53	1.55%	1.99%	1.63%	1.52%	0.65%	0.31%	0.55%	1.56%	2.42%	N/A	1.29%
Appraisal rate monthly (including deanery trainees)		89.74%	87.60%	88.44%	91.36%	81.40%	74.85%	62.05%	57.74%	74.51%	77.27%	75.25%	85.88%	N/A
Mandatory training monthly	95%	86%	85%	88.50%	86%	87%	87%	86%	86%	86%	81%	80%	82%	N/A
Exception Reporting – Education and Training		1	0	5	0	0	0	0	1	0	1	0	1	9
Exception Reporting – Hours		2	2	1	0	0	0	0	5	0	4	0	1	15

Medical & Dental Staffing Doctors inductions for the year concluded in October with new Plastic Surgery and OMFS Registrars starting in post. The Medical Education and Resourcing teams are now planning for the next intake due in February.

All specialties have successfully restarted their education timetables, making use of the available technology and larger rooms to allow for social distancing.

Education At this time restrictions are still in place on external delegates coming on site so plans for external courses are on hold, with hopes to restart them some time in 2021.

A library of mandatory training videos is currently being developed which should help to improve mandatory training rates.

NURSING METRICS - 12 MONTH ROLLING

BURNS WARD

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No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2019/20			Quarter 4 19/20			Quarter 1 20/21			Quarter 2 20/21			Quarter 3 20/21			Rolling Year to Date Actual	Trend	Comments
					Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sep	Oct	Nov	Dec			
SAFE																						
1	Incidents	Total reported - All incidents	106	—	7	10	6	6	12	7	8	16	12	9	9	11	10	8		102		
2		Total reported - Patient safety	53	—	4	5	3	3	8	2	4	8	8	5	5	4	8	5		57		
3		Formal internal investigation	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0		1		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	Falls	Falls - All	7	0	0	2	1	0	1	0	1	0	1	2	1	0	0	1		7		ID25185 (12-Nov-2020): Unwitnessed fall from bed.
6		Falls - With harm	3	0	0	2	1	0	0	0	0	0	0	0	0	0	0	1		1		ID25185 (12-Nov-2020): Unwitnessed fall from bed as above - Minor Harm. Graze to right knee.
7	Pressure Damage	G2 or above (hospital acquired)	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0		1		
8	Inoculation Injury	Reported incidents	1	0	0	1	0	1	0	1	0	0	0	0	0	0	0	0		1		
9	MRSA Screening	Elective patients	99.0%	95%	100%	100%	100%	100%	60%	67%	100%	60%	100%	91%	100%	100%	94%	100%		87%		
10		Trauma patients	99.0%	95%	100%	94%	100%	100%	83%	36%	100%	61%	82%	93%	100%	100%	100%	100%		86%		
11		Reported cases	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
12	C Difficile	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
13	Hand Hygiene	Hand hygiene	98%	95%	100%	N/S	N/S	100%	100%	60%	70%	90%	80%	90%	100%	100%	100%	90%		88%		
14		Bare below the elbows	100%	95%	100%	N/S	N/S	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%		100%		
15	Drug Assessments	% staff compliant	92%	100%	93%	100%	100%	100%	87%	94%	100%	100%	100%	100%						97%		September figures not available yet
16	Medication Audit	Number Charts Reviewed			0	1	2			4										4		New audit being completed by pharmacy, it is a 24hr snapshot.
17		Number of Missed/Omitted doses				0	0			0										0		
18	Medication Errors	Reported errors	8	0	0	1	0	0	1	0	1	1	3	1	1	1	0	1		10		ID25120 (1-Nov-2020): NOT a QVH error. Patient referred and received from another Trust refusing care until (specialist) medication administered. Referring Trust had not sent medication. Delay while medication was sourced and couriered to QVH.
21	VTE (Venous thromboembolism)	Assessment of patients (S. Therm)	96%	95%	100%	100%	100%	100%	100%	100%	NC	NC	88%	100%	100%	100%	100%	100%		98%		
23		Monthly screening % (Informatics)	99%	95%	67%	91%	84%	87%	93%	81%	87%	100%	88%	91%	97%	100%	100%			93%		
24	Shift meets requirement Day %	RN	97.0%	95%	96%	100%	100%	99%	99%	99%	95%	100%	99%	100%	99%	98%	99%			99%		
25		HCA	94.0%	95%	96%	95%	100%	95%	95%	95%	94%	100%	100%	100%	100%	96%	97%			97%		
26	Shift meets requirement Night %	RN	98.0%	95%	100%	100%	98%	100%	100%	100%	97%	100%	100%	100%	100%	100%	100%			100%		
27		HCA	105.0%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	10%			90%		
EFFECTIVE																						
28	Nutrition Assessment (MUST)	Initial (Safety Thermometer)	99%	95%	100%	100%	100%	100%	100%		NC	NC	100%	100%	100%	100%	100%	100%		100%		
29		7 day review (Safety Thermometer)	100%	95%	100%	50%	100%	100%	100%		NC	NC	0%	100%	100%	100%	100%	67%		81%		1/3 patients - patient refused
30	Compliance in Practice (CiP)	Inspection score	92%	80%																#DIV/0!		
CARING																						
31	Friends & Family Test	Patient numbers (eligible to respond)	433	—	40	43	34	22	26	30	NC	NC		NC	32	29	27	21		165		FFT suspended in Apr due to COVID and will recommence in Aug.
32		% return rate	60%	40%	50%	37%	94%	64%	100%	43%	NC	NC		NC	72%	48%	B	52%		63%		September data for FFT not yet available
33		% recommendation (v likely/likely)	98.0%	90%	100%	94%	100%	100%	100%	100%	NC	NC		NC	96%	100%	100%	100%		99%		
34		% unlikely/extremely unlikely	0%	0%	0%	6%	0%	0%	0%	0%	NC	NC		NC	4%	0%	0%	0%		1%		

RESPONSIVE																						
35	Complaints	No. recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
WELL-LED																						
36	Vacancy Establishment=	Full Team WTE	31.2		29.5	29.5	29.5	29.50	29.5	29.50	29.5	29.5	29.5	29.5	29.5	29.5	29.50	29.50		30		
37		Vacancy WTE	8.1	10%	4.74	5.16	6.16	6.16	4.56	3.56	3.56	3.06	3.06	3.06	3.45	2.85	1.85	1.85		3		
38		Vacancy (hrs)	1311.1	10%	770.25	838.5	1001	1001.00	741	578.5	578.5	497.25	497.3	497.3	560.63	463.2	300.62	300.62		501		
39	Temporary Staffing excluding RMN	Agency Use	301.8	10%	52.5	46	34.5	138.00	101.5	149.50	80.5	0	0	0	11.5	34.5	34.50	23.00		44		
40		Bank Use-all staff	465.98	10%	510.5	558.75	475	426.75	607.2	663.95	860	197.75	132	178.75	438.5	239.75	344.75	405.00		407		
		Bank Use-non-clinical			124.25	57.25	0	54.00	58.00	67.00	62.25	0	0	0	0	28	42.00	45.25				
42	Sickness-all staff	Hours	79.65		320.25	219	235	138.5	127.5	158	252.5	193.5	128	91.25	81.5	186	234.50	122.50		158		
43		%	1.6%	3%	6.7%	4.6%	4.9%	2.9%	2.7%	3.3%	5.3%	4.0%	2.7%	1.9%	1.7%	3.9%	4.9%	2.6%		3%		
44	Sickness non clinical	Hours			7.5	0	0	0	42.5	0	15.00	25.00	0.00	0.00	0.00	21.00	8.50	0.00				
45		%			0.2%	0.0%	0.0%	0.0%	0.9%	0.0%	0.3%	0.5%	0.0%	0.0%	0.0%	0.5%	0.2%	0.0%				
46	Maternity	Hours			0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
47	Budget Position	YTD Position	-86992	>0	180089	84471	80664	80095	96608	96834					16122	52636						September figures not available yet
48	Statutory & Mandatory	Mandatory training	93.0%	90%	92%	95%	97%	98%	95%	95%	92%	92%	94%	95%	93%	97%	97%		94%			September figures not available yet
49		Appraisal	89.0%	95%	87%	97%	100%	100%	83%	83%	84%	87%	84%	87%	90%	84%	88%		86%			September figures not available yet
50	Uniform Audit	Compliance with uniform policy %	98%	95%	100%	N/S	N/S	100%	40%	100%	100%	70%	100%	90%	100%	100%	100%	100%		90%		

NURSING METRICS - 12 MONTH ROLLING

CORNEOPLASTIC OPD

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NURSING METRICS - 12 MONTH ROLLING																							Contact Nicky Reeves on 6607 for any formatting queries		QVH	
CORNEOPLASTIC OPD																										
No.	Indicator	Description	2018/19 total/average	Target	Quarter 3 2019/20			Quarter 4 2019/20			Quarter 1 2020/21			Quarter 2 2020/21			Quarter 3 2020/21			Rolling Year to Date Actual	Trend	Comments				
					Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec							
SAFE																										
1	Incidents	Total reported - All incidents	71	—	8	9	7	13	7	5	0	4	5	4	3	6	7	2		43						
2		Total reported - Patient safety	30	—	5	3	3	10	5	2	0	1	3	3	2	2	2	2		22						
3		Formal internal investigation	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0		1						
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0						
5	Falls	Falls - All	2	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0		0						
6		Falls - With harm	1	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0		0						
7	Pressure Damage	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0						
8	Inoculation Injury	Reported incidents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0						
9	MRSA	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0						
10	C Difficile	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0						
11	Hand Hygiene	Hand hygiene	99%	95%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%	N/S	100%	100%		100%							
12		Bare below the elbows	100%	95%	100%	94%	100%	100%	100%	100%	100%	100%	100%	100%	N/S	100%	100%		100%							
13	Medication Audit	Missed dose																		0						
14		Omitted dose																		0						
15		Total doses																		0						
16	Medication Errors	Reported errors	16	0	2	3	2	6	3	1	0	1	2	0	0	0	2	1		10		ID25248 (20-Nov-2020): Prescribing Error				
EFFECTIVE																										
17	Compliance in Practice (CIP)	Inspection score	91%	80%																0%						
CARING																										
18	Friends & Family Test	Patient numbers (eligible to respond)	24297	—	2451	2392	1903	2346	1639	1402	NC	NC	492	819	1015	1302	1222		7891		FFT suspended in Apr due to COVID -19 recommenced in June					
19		% return rate	21.0%	20%	21%	19%	18%	19%	19%	20%	NC	NC	17%	21%	26%	26%	25%		22%							
20		% recommendation (v likely/likely)	93.0%	90%	93%	92%	93%	91%	91	93	NC	NC	98%	96%	95%	94%	95%		2697%							
21		% unlikely/extremely unlikely	3.0%	0%	3%	4%	0%	2%	2	2	NC	NC	0%	1%	3%	1%	2%		58%							

RESPONSIVE																					
22	Complaints	No. recorded	6	0	2	1	1	1	1	0	0	0	0	0	0	0	1			2	Oct 2020 complaint - relates to admin.
WELL-LED																					
23	Vacancy Establishment=	Full Team WTE	18.1		18.11	18.11	18.11	18.66	18.66	18.66	18.66	18.66	18.66	18.66	18.66	18.66	18.66		19		
24		Vacancy WTE	2.8	10%	1.29	3.09	3.95	3.95	2.50	2.50	2.50	2.50	2.50	2.50	2.50	2.97	3.24	3.24		3	
25		Vacancy (hrs)	456.4	10%	209.62	502.12	641.87	641.90	406.25	406.3	406.3	406.3	406.3	406.3	406.3	482.7	526.50	526.50		438	
26	Temporary Staffing excluding RMN	Agency Use	0	10%	0	0	0	0	0	0	0	0	0	0	0	0.00	0.00		0		
27		Bank Use-All staff	216	10%	178.75	198	115.25	157.50	167.5	167.5	0	0	0	0	8	10	264.00	314.00		235	
		Bank Use non-clinical			0	0	0	0.00	0	0	0	0	0	0	0	0.00	0.00				
29	Sickness-all staff	Hours	67.38		121	170	28	75.50	10	86	89	90	0	135.5	117.5	48	10.00	70.00		82.6	
30		%	2.2%	3%	4.1%	5.8%	1.0%	2.6%	0.3%	2.8%	2.9%	3.0%	0.0%	4.5%	3.9%	1.6%	0.4%	2.3%		2.7%	
31	Sickness-non-clinical	Hours			0	0	0	0.00	0	0	0	0	0	0	0	0	0	0.00			
32		%			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%			
33	Maternity	Hours			0	0	0	0.00	0	0	0	0	0	0	0	0	0	0		0	
34	Budget Position	YTD Position	521464	>0	-10624	13382	15010	23103	20775	48906				29866	46587						
35	Statutory & Mandatory	Mandatory training	96%	90%	94%	94%	95%	92%	92%	92%	92%	94%	95%	93%	96%	98%	98%			95%	
36		Appraisal	97%	95%	89%	100%	100%	100%	74%	74%	80%	90%	90%	90%	95%	94%	94%			87%	
37	Uniform Audit	Compliance with uniform policy %	82%	95%	100%	100%	100%	100%	75%	95%	100%	100%	100%	100%	100%	N/S	100%	100%		97%	

NURSING METRICS - 12 MONTH ROLLING			Contact Nicky Reeves on ext. 6607 for any formatting queries																		QVH	
CRITICAL CARE UNIT																						
No.	Indicator	Description	2018/19 total/average	Target	Quarter 3 2019/20			Quarter 4 2019/20			Quarter 1 20/21			Quarter 2 20/21			Quarter 3 2020/21			Rolling Year to Date Actual	Trend	Comments
					Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec			
SAFE																						
1	Incidents	Total reported - All incidents	181	—	6	16	3	21	10	6	6	7	5	7	9	3	16	19		88		5 x Unplanned Admissions, 0 x Transfers Out (included in total).
2		Total reported - Patient safety	145	—	4	14	3	16	8	5	6	7	4	5	7	2	15	14		73		
3		Formal internal investigation	1	0	0	0	1	1	1	0	0	1	0	1	0	0	0	1		4		ID25235 (21-Nov-2020): CAT2 pressure sore on patients sacral area.
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	Falls	Falls - All	5	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0		2		
6		Falls - With harm	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
7	Pressure Damage	G2 or above (hospital acquired)	1	0	0	0	1	1	1	0	0	1	0	0	0	0	0	1		3		ID25235 (21-Nov-2020): CAT2 pressure sore on patients sacral area.
8	Inoculation Injury	Reported incidents	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
9	MRSA Screening	Elective patients	100%	95%	na	n/a	n/a	100%	100%	%	100%	70%	94%	88%	100%	93%	100%	100%		94%		IC team working with ward leads to revise process and implement new screening policy. This score relate to one missed MRSA swab
10		Trauma patients	99.0%	95%	100%	100%	100%	100%	%	100%	n/a	n/a	100%	100%	n/a	100%	100%	n/a		100%		
11		Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
12	C Difficile	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
13	Hand Hygiene	Hand hygiene	97.0%	95%	N/S	83%	70%	N/S	70%	70%	92%	85%	70%	91%	93%	90%	86%	86%		83%		
14		Bare below the elbows	97.0%	95%	N/S	100%	100%	N/S	100%	100%	92%	100%	80%	100%	100%	95%	93%	100%		96%		
15	Drug Assessments	% staff compliant	98.0%	100%	100%	94%	100%	100%	100%	100%	100%	100%	100%	96%	100%	100%				100%		
16	Medication Audit	Number Charts Reviewed				3	0		2											2		New audit being completed by pharmacy, it is a 24hr snapshot.
17		Number of Missed/Omitted doses				0	0		0											0		
18	Medication Errors	Reported errors	6	0	2	2	0	3	2	0	1	3	1	1	2	0	2	2		14		ID25259 (25-Nov-2020): Storage. Delay in storing medication sent from pharmacy in refrigerator. ID25271 (28-Nov-2020): CD drugs checked & noted to be a discrepancy. Tramadol should have 9 remaining but was 11 in cupboard.
21	VTE (Venous thromboembolism)	Assessment of patients (S. Therm)	100.0%	95%	100%	100%	100%	100%	100%	100%	NC	NC	no pt	100%	100%	100%	100%	100%		100%		
23		Monthly screening % (Informatics)	99%	95%	100%	100%	100%	100%	100%	100%	86%	no pt	100%	100%	100%	100%	100%			98%		
24	Shift meets requirement Day %	RN	96.0%	95%	99%	97%	100%	100%	100%	98%	99%	99%	99%	99%	97%	99%	100%			99%		
25		HCA	98.0%	95%	97%	87%	96%	97%	100%	100%	97%	100%	100%	97%	100%	100%	100%			99%		
26	Shift meets requirement Night %	RN	94.0%	95%	100%	95%	99%	98%	97%	99%	100%	95%	99%	95%	97%	98%	97%			97%		
27		HCA	115.0%	95%	100%	100%	96%	96%	100%	100%	100%	96%	100%	95%	100%	100%	100%			99%		
EFFECTIVE																						
28	Nutrition Assessment (MUST)	Initial (Safety Thermometer)	97.0%	95%	100%	100%	100%	100%	100%	100%	NC	NC	no pt	100%	100%	100%	100%	100%		100%		
29		7 day review (Safety Thermometer)	83.0%	95%	na	na	100%	50%	100%	100%	NC	NC	no pt	100%	100%	100%	100%	no pt		100%		
30	Compliance in Practice (CIP)	Inspection score		80%																#DIV/0!		
CARING																						

RESPONSIVE																						
31	Complaints	No. recorded	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			0		
WELL-LED																						
32	Vacancy Establishment=	Full Team WTE	28		27.79	27.79	27.79	27.79	27.79	27.79	27.79	27.79	27.79	27.67	27.67	27.67	27.67	27.67		28		
33		Vacancy WTE	10.5	10%	6.46	4.86	4.22	2.16	2.19	2.24	1.44	1.34	1.68	2.02	2.13	2.15	2.15	2.15		2		
34		Vacancy (hrs)	1699	10%	1049.8	789.75	685.75	351.00	355.87	364	234	217.75	273	328.25	346.13	349.4	349.40	349.40		317		
35	Temporary Staffing excluding RMN	Agency Use	751.7	10%	9.5	60.5	73.00	92.00	126.50	38.5	0	0	0	0	11.5	92	69.00	57.50		40		
36		Bank Use-all staff	414.4	10%	409	501.5	573	531.50	557.00	564.75	560	462.75	126	453.25	516.5	287	446.00	235.00		421		
		Bank Use-non-clinical			0	0	0	0.00	0	0	0	0	0	0	0	0	0.00	0.00				
38	Sickness-all staff	Hours	301.4		89.5	239.5	167.5	93.50	135.5	289.5	150.5	80.5	57.5	332.25	115	234.5	296.50	280.00		197		
39		%	6.5%	3%	2.0%	5.3%	3.7%	2.1%	3.0%	6.4%	3.3%	1.8%	1.3%	7.4%	2.6%	5.3%	6.6%	6.2%		4%		All managed within policy. One long term absence
40	Sickness non clinical	Hours			0	148	22.5	4.50	0	46.5	0	0	0	0	0	39	0	13.5				
41		%			0.0%	53.0%	0.5%	0.1%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	0.3%				
42	Maternity	Hours			0	0	0	0	0	0	0	0	92	92	92	92	92	92		55.2		
43	Budget Position	YTD Position	-217834	>0	-159802	-174460	-53117	-67814	-143109	-185257				-949	-9598					-62872		Correlates with underspend in Burns - being looked at by finance to ensure cost centres and budgets are correct
44	Statutory & Mandatory	Mandatory training	89%	90%	93%	95%	94%	93%	94%	94%	85%	90%	95%	95%	96%	97%	97%			94%		
45		Appraisal	83.0%	95%	100%	97%	97%	97%	100%	100%	85%	88%	90%	97%	96%	90%	83%			92%		
46	Uniform Audit	Compliance with uniform policy %	76%	95%	ns	72%	90%	N/S	85%	95%	100%	80%	100%	78%	100%	100%	89%	77%		90%		

NURSING METRICS - 12 MONTH ROLLING																								
Day Surgery, Theatres & Recovery																								
No.	Indicator	Description	2018/19 total/average	Target	Quart	Quarter 3				Quarter 4			Quarter 1			Quarter 2			Quarter 3			Year to Date Actual	Trend	Comments
					er 2	2019/20				2019/20			2020/21			2020/21			2020/21					
					Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec				
SAFE																								
1	Incidents	Total reported - All incidents			23	28	21	18	13	16	16	5	13	16	17	12	23	19	16		153			
2		Total reported - Patient safety			13	12	11	9	8	10	9	3	9	11	10	6	13	12	13		96			
3		Formal internal investigation			0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0			
4		Serious incidents and Never Events			1	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0			
5	Falls	Falls - All			1	1	1	1	0	0	0	0	0	0	0	0	0	0	0		0			
6		Falls - With harm			1	1	1	1	0	0	0	0	0	0	0	0	0	0	0		0			
7	Pressure Damage	G2 or above (hospital acquired)			0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		0			
8	Inoculation Injury	Reported incidents			1	1	2	1	0	4	2	0	0	0	0	0	2	0	0		8			
9	MRSA Screening	Elective patients			ND	ND	98%	95%	93%	91%	91%	100%	94%	100%	80%	80%	89%	74%	100%		90%		IC team working with Day Case Lead ,specifically to filter out patients who do not require screening to improve the screened elective percentage and also to review the impact of theatre productivity on the MRSA screening	
10		Trauma patients			ND	ND	93.0%	100.0%	97.0%	96.0%	98.0%	84.0%	100.0%	n/a	99.0%	100.0%	100.0%	100.0%	100.0%		97%			
11		Reported cases			ND	ND	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
12	C Difficile	Reported cases			ND	ND	0	0	0	0	0	0	0	0	0	0	0	0	0		0			
13	Hand Hygiene	Hand hygiene			ND	ND	58%	85%	65%	20%	90%	100%	100%	100%	100%	100%	100%	N/S	100%		90%			
14		Bare below the elbows			ND	ND	98%	100%	98%	100%	100%	100%	100%	100%	100%	100%	100%	100%	N/S	100%		100%		
VTE SCREENING																								
20	Medication Errors	Reported errors			2	2	0	0	1	0	2	1	1	0	0	0	0	1	0		5			
EFFECTIVE																								
23	Compliance in Practice (CIP)	Inspection score	88%	80%																	#DIV/0!			
CARING																								
24	Friends & Family Test	Patient numbers (eligible to respond)			553	625	558	461	503	503	389	n/a	n/a	390	689	985	1068	843	1104		5971		FFTsuspended in April due to covid-19 but recommenced in June.	
25		% return rate			44%	52%	49%	53%	57%	51%	59%	n/a	n/a	26%	29%	32%	29%	43%	27%		37%			
26		% recommendation (v likely/likely)			97%	95%	98%	98%	95%	97%	97%	n/a	n/a	97%	98%	95%	96%	98%	100%		97%			
27		% unlikely/extremely unlikely			2%	1%	0%	0%	2%	3%	1%	n/a	n/a	2%	2%	2%	2%	1%	0%		2%			
RESPONSIVE																								
28	Complaints	No. recorded			0	1	3	0	0	0	0	0	0	0	0	0	0	0	0		0			
WELL-LED																								
29	Vacancy Establishment=	Full Team WTE			ND	ND	ND	132.73	132.73	132.73	132.73	132.7	132.7	132.7	132.7	132.7	132.7	132.7	132.7		132.7			
30		Vacancy WTE			ND	ND	ND	14.18	15.69	15.28	15.28	15.28	17.86	17.74	16.35	17.27	16.19	16.89	18.89		16.7			
31		Vacancy (hrs)			4376.7	3929.8	3565.8	2645.78	2549.6	2483	2483	2483	2901	2882.75	2656.8	2806.1	2630.9	2345.3	2608.9		2628.1			
32	Temporary Staffing excluding RMN	Agency Use			1843.8	917.5	786.25	731.25	656.75	635	614	160	28	73	218	244.5	768	468.5	438.5		364.75			
33		Bank Use-all staff			2189.8	2358.3	2377	2041	2820.8	2464.3	2399.8	799	787	784.25	1243.3	1975.5	2954.5	1982.3	2234.8		1762.5			
		total			4033.5	3275.8	3163.3	2772.25	3477.5	3099.3	3013.8	959	815	857.25	1461.3	2220	3722.5	2450.8	2673.3		2127.2			
35	Sickness-all staff	Hours			728.2	1408	749	1348	1343	1018.5	2507.8	1679.5	946	519.5	1890.2	1944.5	905.75	944.75	1167		1352.3			
36		%			3.2%	3.2%	5.3%	3.9%	4.4%	3.9%	3.9%		3.2%	2.0%	1.7%	1.8%	2.9%				0.0275		% = all Periop including Pre-assess, Day Surgery, theatres, trauma clinic & recovery OCT FIGURE IS FOR DAY SURGERY, RECOVERY AND THEATRES	
37	Maternity	Hours			654	669	646.5	532	420	390	420	457	427	595	517	471.9	455.8	458.5	288.3		448.05			
38	Statutory & Mandatory	Mandatory training	94.0%	95%	96%	91%	92%	93%	90%	90%	93%	93%	91%	93%	93%	93%	93%	92%	92%		92%			
39		Appraisal	93.0%	95%	90%	86%	88%	91%	87%	87%	82%	82%	85%	93%	97%	96%	85%	91%	96%		89%			
40	Uniform Audit	Compliance with uniform policy %	95%	95%	ND	ND	60%	66%	68%	100%	70%	100%	100%	100%	100%	100%	100%	N/S	100%		97%			

NURSING METRICS - 12 MONTH ROLLING

N/A

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No.	Indicator	Description	Target	Quarter 1 20/21				Quarter 2 20/21			Q3 20/21		Rolling Year to Date Actual	Trend	Comments
				April	May	June	July	Aug	Sep	Oct	Nov	Dec			
SAFE															
1	Incidents	Total reported - All incidents	—	0	0	0	0	0	6	5	11		41		All previous data is presented in RT and MD wards metric.
2		Total reported - Patient safety	—	0	0	0	0	0	3	3	9		25		
3		Formal internal investigation	0	0	0	0	0	0	0	0	0		0		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0		0		
5	Falls	Falls - All	0	0	0	0	0	0	0	1	2		4		ID25198 (17-Nov-2020): Fall in bathroom. No Harm/Near Miss . ID25204 (18-Nov-2020): Witnessed fall as patient returned to bed area from bathroom. No Harm/Near Miss .
6		Falls - With harm	0	0	0	0	0	0	0	0	0		0		
7	Pressure Damage	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0		0		
8	Inoculation Injury	Reported incidents	0	0	0	0	0	0	0	0	0		1		
9	MRSA Screening	Elective patients	95%	nc	nc	nc	nc	nc					0%		IC team working with ward leads to separate out screening data from CCU and implement new screening policy
10		Trauma patients	95%	nc	nc	nc	nc	nc					0%		
11		Reported cases	0	0	0	0	0	0					0		
12	C Difficile	Reported cases	0	0	0	0	0	0					0		
13	Hand Hygiene	Hand hygiene	95%	nc	nc	nc	nc	nc					80%		Nursing 100%
14		Bare below the elbows	95%	nc	nc	nc	nc	nc					100%		
15	Drug Assessments	% staff compliant	100%	nc	nc	nc	nc	nc	100%				94%		
16	Medication Audit	Number Charts Reviewed											6		New audit being completed by pharmacy, it is a 24hr snapshot.
17		Number of Missed/Omitted doses		0									0		
18	Medication Errors	Reported errors	0	0	0	0	0	2	1	0	1		5		ID25167 (10-Nov-2020): Prescribing error.
21	VTE (Venous thromboembolism)	Assessment of patients (S. Therm)	95%	nc	nc	nc	100%	100%	100%	67%	100%	100%	96%		1/3 not assessed
23		Monthly screening % (Informatics)	95%	nc	nc	nc	nc	100%	100%	100%			95%		
24	Shift meets requirement Day %	RN	95%	nc	nc	nc	nc	100%	100%	100%	100%		100%		
25		HCA	95%	nc	nc	nc	nc	100%	96%	100%	100%		98%		
26	Shift meets requirement Night %	RN	95%	nc	nc	nc	nc	100%	98%	100%	98%		99%		
27		HCA	95%	nc	nc	nc	nc	100%	100%	100%	100%		100%		

EFFECTIVE																
28	Nutrition Assessment (MUST)	Initial (Safety Thermometer)	95%	nc	nc	nc	nc	100%	100%	100%	100%	100%	100%			
29		7 day review (Safety Thermometer)	95%	nc	nc	nc	nc	100%	100%	100%	100%	100%	100%			
30	Compliance in Practice (CiP)	Inspection score	80%										#DIV/0!			
CARING																
31	Friends & Family Test	Patient numbers (eligible to respond)	–	NC	NC		NC	NC	42	32	46		176		FFT suspended in Apr due to COVID and will recommence in Aug.	
32		% return rate	40%	NC	NC		NC	NC	69%	31%	48%		58%			
33		% recommendation (v likely/likely)	90%	NC	NC		NC	NC	100%	100%	100%		100%			
34		% unlikely/extremely unlikely	0%	NC	NC		NC	0%	0%	0%	0%		0%			
RESPONSIVE																
35	Complaints	No. recorded	0	0	0	0	0	0	0	0	0		0			
WELL-LED																
36	Vacancy Establishment=	Full Team WTE		0	0	0	0	0	50.71	50.71	50.71		21			
37		Vacancy WTE	10%	0	0	0	0	0	1.69	1.14	1.14		1			
38		Vacancy (hrs)	10%	0	0	0	0	0	274.7	185.3	185.3		196			
39	Temporary Staffing excluding RMN	Agency Use	10%	0	0	0	0	0	287.50	287.50	333.50		116			
40		Bank Use-all staff	10%	0	0	0	0	0	800.00	773.80	1330		417			
		Bank Use-non-clinical		0	0	0	0	0	7.50	41.00	155.00					
42	Sickness-all staff	Hours		0	0	0	0	0	520	433.25	526.00		176			
43		%	3%	0.0%	0.0%	0.0%	0.0%	0.0%	6.4%	5.3%	6.4%		2%			
44	Sickness non clinical	Hours		0.00	0.00	0.00	0.00	0.00	87.5	77.75	49.00					
45		%		0.0%	0.0%	0.0%	0.0%	0.0%	1.1%	1.0%	0.6%					
46	Maternity	Hours		0	0	0	0	0	240.00	240.00	240		72			
47	Budget Position	YTD Position	>0				0		134200	143887	45812					
48	Statutory & Mandatory	Mandatory training	90%	NC	NC	NC	NC	nc	95%	95%	94%		95%		2 out of date - 1 is complete, 1 is booked.	
49		Appraisal	95%	nc	nc	nc	nc	nc	100%	98%	92%		91%			
50	Uniform Audit	Compliance with uniform policy %	95%	nc	nc	nc	nc	nc	90%	100%	70%		80%			

NURSING METRICS - 12 MONTH ROLLING

MAIN OUTPATIENTS

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No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2019/20			Quarter 4 2019/20			Quarter 1 2020/21			Quarter 2 2020/21			Quarter 3 2020/21			Year to Date Actual	Trend	Comments
					Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
SAFE																						
1	Incidents	Total reported - All incidents	155	—	6	12	26	15	15	10	3	5	4	11	15	21	12	15		126		
2		Total reported - Patient safety	42	—	2	10	15	5	6	3	2	1	2	3	5	7	9	7		50		
3		Formal internal investigation	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0		0		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	Falls	Falls - All	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
6		Falls - With harm	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
7	Pressure Damage	G2 or above (hospital acquired)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
8	Inoculation Injury	Reported incidents	3	0	0	0	1	0	1	1	0	0	0	0	0	0	0	0		2		
9	MRSA	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
10	C Difficile	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
11	Hand Hygiene	Hand hygiene	89.0%	95%	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	100%	N/S	100%	100%		99%		
12		Bare below the elbows	100.0%	95%	100%	100%	100%	90%	100%	100%	100%	100%	100%	100%	100%	N/S	100%	100%		189%		
13	Medication Audit	Missed dose																		0		
14		Omitted dose																		0		
15		Total doses																		0		
16	Medication Errors	Reported errors	2	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0		1		
EFFECTIVE																						
17	Compliance in Practice (CiP)	Inspection score	90%	80%																#DIV/0!		
CARING																						
18	Friends & Family Test	Patient numbers (eligible to respond)	136854	—	14301	12676	10966	12859	11266	9096	n/a	n/a	2602	4789	5107	6610	6068	7092		65489		FFTsuspended in Apr due to covid-19 recommenced in June.
19		% return rate	17.0%	20%	18%	17%	16%	17%	15%	15%	n/a	n/a	17%	18%	19%	18%	18%	19%		17%		
20		% recommendation (v likely/likely)	95.0%	90%	94%	95%	95%	94%	94%	95%	n/a	n/a	95%	98%	95%	94%	93%	96%		95%		
21		% unlikely/extremely unlikely	2.0%	0%	2%	2%	1%	2%	2%	2%	n/a	n/a	2%	1%	2%	1%	3%	2%		2%		

RESPONSIVE																					
22	Complaints	No. recorded	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
WELL-LED																					
23	Vacancy Establishment=	Full Team WTE	15.4		16.38	16.38	16.38	16.41	16.41	16.41	16.41	16.41	16.41	15.86	15.86	15.86	15.86	15.86		16.2	
24		Vacancy WTE	1.4		2.9	2.9	2.9	2.76	3.25	3.25	3.22	2.22	3.02	2.47	2.47	2.47	2.47	2.46		2.7	
25		Vacancy (hrs)	232.5		471.25	471.25	471.3	448.5	528.12	528.1	523.25	360.75	490.75	401.37	401.4	401.4	401.4	399.75		444.1	
26	Temporary Staffing excluding RMN	Agency Use	0		0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0	
27		Bank Use-all staff	201.9		228.95	162	113.9	60.95	131.85	64.00	5.00	0.00	0.00	41.50	87.85	132.50	103.00	42.50		60.832	
		Bank Use-non-clinical			8	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00	0.00			
29	Sickness-all staff	Hours	75.7		180	227.75	33	33.75	121.5	250.3	64	54	134.5	0	91	32	52	44.00		79.732	
30		%	3.6%	3%	6.8%	8.6%	1.2%	1.3%	4.6%	9.4%	2.4%	2.0%	5.0%	0.0%	3.5%	1.3%	2.1%	1.7%		3.03%	
	Sickness-non-clinical	Hours			0	0	0	0	0	0	0	0	0	0	0	0	16	0.00			
		%			0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%			
33	Maternity	Hours	0.0%		0	0	0	0	0	0	0	0	0	0	0	0	0	0		0	
34	Budget Position	YTD Position	-130815	>0	-1680	-13162	-9544	-14269	-13750	-14982	0	0	0	37622	52821					-112380	
35	Statutory & Mandatory	Mandatory training	94%	90%	94%	93%	95%	93%	87%	87%	94%	94%	94%	94%	94%	91%	92%			92%	
36		Appraisal	96%	95%	89%	94%	94%	76%	82%	82%	100%	100%	100%	88%	82%	94%	94%			90%	
37	Uniform Audit	Compliance with uniform policy %	76%	95%	100%	100%	100%	100%	100%	100%	100%	100%	100%	90%	100%	N/S	100%	100%		99%	

NURSING METRICS - 12 MONTH ROLLING

MARGARET DUNCOMBE

Contact Nicky Reeves on ext. 6607 for any formatting queries


NURSING METRICS - 12 MONTH ROLLING			Contact Nicky Reeves on ext. 6607 for any formatting queries																		QVH		
MARGARET DUNCOMBE																							
No.	Indicator	Description	2018/19 total/average	Target	Quarter 3 2019/20			Quarter 4 2019/20			Quarter 1 2020/21			Quarter 2 2020/21			Q3 2020/21			Year to Date Actual	Trend	Comments	
					Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec				
SAFE																							
1	Incidents	Total reported - All incidents	180	—	20	26	10	12	11	8	5	2	3	1	2	5	8	9		54			
2		Total reported - Patient safety	118	—	17	24	10	8	10	6	5	1	2	0	1	4	6	8		43			
3		Formal internal investigation	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
4		Serious incidents and Never Events	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0		0		
5	Falls	Falls - All	14	0	4	2	2	1	0	0	0	0	1	0	0	1	0	1		3		ID25200 (17-Nov-2020): Patient about to be transferred from trolley to bed and kneeled down to floor. No Harm	
6		Falls - With harm	4	0	1	2	0	1	0	0	0	0	0	0	0	0	0	0	0		0		
7	Pressure Damage	G2 or above (hospital acquired)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
8	Inoculation Injury	Reported incidents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
9	MRSA Screening	Elective patients	97.4%	95%	98%	100%	100%	94%	100%	100%					100%	100%	100%	93%		99%			
10		Trauma patients	95.4%	95%	96%	87%	97%	94%	90%	92%					n/a	n/a	n/a	n/a		91%			
11		Reported cases	0	0	0	0	0	0	0	0					0	0	0	0		0			
12	C Difficile	Reported cases	0	0	0	0	0	0	0	0				0	0	0	0	0		0			
13	Hand Hygiene	Hand hygiene	100%	95%	100%	100%	N/S	N/S	90%	60%				100%	100%	60%	70%	90%		81%		other hand hygiene 50%. Staff encourage to demonstrate good practice.	
14		Bare below the elbows	94.7%	95%	90%	100%	N/S	N/S	90%	90%				100%	100%	90%	100%	100%		96%			
15	Drug Assessments	% staff compliant	99.7%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%			
16	Medication Audit	Number Charts Reviewed				14	10		15											15			
17		Number of Missed/Omitted doses				0	2		0											0			
18	Medication Errors	Reported errors	32	0	8	12	5	4	1	2	1	0	0	0	0	1	2	0		7			
21	VTE (Venous thromboembolism)	Assessment of patients (S. Therm)	98.0%	95%	94%	100%	100%	100%	100%	77%	NC	NC	100%	100%	100%	100%	90%	100%		96%		1/10 not screened	
22		Monthly screening % (Informatics)	97.0%	95%	90%	88%	79%	84%	75%	91%	100%	100%	100%	100%	100%	88%	93%		94%				
23	Shift meets requirement	RN	98.0%	95%	99%	100%	99%	100%	100%	96%	100%	100%	100%	100%	100%	98%	100%	100%		99%			
24	Day %	HCA	99.0%	95%	100%	86%	100%	88%	100%	100%	100%	100%	100%	100%	96%	100%	94%	100%		99%			
25	Shift meets requirement	RN	99.0%	95%	99%	100%	100%	99%	100%	100%	100%	94%	100%	100%	100%	100%	100%	97%		99%			
26	Night %	HCA	92.0%	95%	98%	96%	89%	100%	85%	94%	100%	80%	100%	100%	95%	95%	94%	100%		94%			
EFFECTIVE																							
27	Nutrition Assessment (MUST)	Initial (Safety Thermometer)	97%	95%	100%	100%	100%	95%	100%		NC	NC	100%	100%	100%	100%	100%	100%		100%			
28		7 day review (Safety Thermometer)	92.0%	95%	100%	100%	50%	100%	100%		NC	NC	100%	100%	100%	100%	100%	100%		100%			
29	Compliance in Practice (CIP)	Inspection score		80%																#DIV/0!			
CARING																							
30	Friends & Family Test	Patient numbers (eligible to respond)	1624	—	146	128	124	98	125	85	n/c	n/c	n/c	n/c	61	78	102	104		555			
31		% return rate	55.0%	40%	61%	57%	50%	64%	48%	65%	n/c	n/c	n/c	n/c	44%	59%	43%	47%		51%			
32		% recommendation (v likely/likely)	99.0%	90%	99%	99%	100%	100%	100%	98%	n/c	n/c	n/c	n/c	96%	100%	100%	100%		99%			
33		% unlikely/extremely unlikely	0.0%	0%	0%	0%	0%	0%	0%	0%	n/c	n/c	n/c	n/c	4%	0%	0%	0%		1%			

RESPONSIVE																							
34	Complaints	No. recorded	6	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0		
WELL-LED																							
35	Vacancy Establishment=	Full Team WTE	49.2		52.42	52.42	52.42	53.42	53.42	53.42	53.42	53.42	53.42	53.42	52.02	50.71	50.71	50.71		52.5			
36		Vacancy WTE	11		9.43	10.43	10.35	11.04	9.64	5.63	5.01	5.01	5.01	5.01	3.00	1.69	1.14	1.14		4.2			
37		Vacancy (hrs)	1784		1532.4	1694.9	1681.9	1794	1566.50	914.87	814.12	814.12	814.12	814.12	487.5	274.7	185.3	185.3		687.1			
38	Temporary Staffing excluding RMN	Agency Use	1258		402.5	218.5	382.5	371.50	528.00	398.50	4.00	0.00	0.00	11.50	34.50	287.50	287.50	333.50		188.5			
39		Bank Use-all staff	856		1191.4	1051.7	1045.7	1086.10	1345.00	1072.50	57.50	92.00	96.00	262.50	688.30	800.00	773.80	1330.00		651.8			
		Bank Use-non-clinical			9	33	0	0.00	52.50	16.00	0.00	0.00	0.00	0.00	0.00	7.50	41.00	155.00					
41	Sickness-all staff	Hours	216.2		290	446.5	482.25	572.00	451.00	1059.75	304	320	67.5	231	216.25	520	433.25	526.00		412.9			
42		%	2.7%	3%	3.4%	5.2%	5.7%	6.6%	5.2%	12.2%	3.5%	3.7%	0.8%	2.7%	2.6%	6.4%	5.3%	6.4%		4.9%			
43	Sickness-non-clinical	Hours			42	21	0	107.00	33.00	46	138	150	0	0	0	87.5	77.75	49.00					
44		%			0.5%	0.2%	0.0%	1.2%	0.4%	0.5%	1.6%	1.7%	0.0%	0.0%	0.0%	1.1%	1.0%	0.6%					
45	Maternity	Hours			0.00	0.00	0.00	0.00	0.00	90.00	90.00	90.00	90.00	90.00	240.00	240.00	240.00	240		#####			
46	Budget Position	YTD Position		>0	-51939	-35502	-51014		-102978	-139697			84366	115835	147808	134200	143887	45812		429233			
47	Statutory & Mandatory	Mandatory training	94%	90%	96%	96%	94%	93.86	94%	94%	90%	93%	92%	93%	95%	95%	95%	94%		93%			
48		Appraisal	93%	95%	87%	91%	89%	95.35	88%	88%	98%	94%	94%	98%	100%	100%	98%	92%		95%			
49	Uniform Audit	Compliance with uniform policy %	87%	95%	100%	0%	N/S	N/S	90%	100%				80%	86%	90%	100%	70%		88%			

2 people out of date - 1 is completed the other is booked.

NURSING METRICS - 12 MONTH ROLLING			Contact Nicky Reeves on ext. 6607 for any formatting queries																		QVH	
MAX FAC OUTPATIENTS																						
No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2019/20			Quarter 4 2019/20			Quarter 1 2020/21			Quarter 2 2020/21			Quarter 3 2020/21			Year to Date Actual	Trend	Comments
					Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
SAFE																						
1	Incidents	Total reported - All incidents	50	—	5	2	4	7	2	2	0	0	2	2	2	3	4	4		21		
2		Total reported - Patient safety	19	—	2	1	2	2	1	0	0	0	0	1	0	1	2	2		7		
3		Formal internal investigation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
5	Falls	Falls - All	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		0		
6		Falls - With harm	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0		0		
7	Pressure Damage	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
8	Inoculation Injury	Reported incidents	2	0	0	1	0	0	0	0	0	0	0	0	1	0	0	0		1		
9	MRSA	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
10	C Difficile	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0		
11	Hand Hygiene	Hand hygiene	99%	95%	100%	100%	100%	90%	90%	NS	100%	100%	100%	100%	100%	100%	100%	100%		99%		
12		Bare below the elbows	100%	95%	100%	100%	100%	100%	100%	NS	100%	100%	100%	100%	100%	100%	100%	100%		100%		
13	Medication Audit	Missed dose																		0		
14		Omitted dose																		0		
15		Total doses																		0		
16	Medication Errors	Reported errors	3	0	0	0	0	1	0	0	0	0	0	0	0	0	1	0		1		
EFFECTIVE																						
17	Compliance in Practice (CiP)	Inspection score		80%																#DIV/0!		
CARING																						
18	Friends & Family Test	Patient numbers (eligible to respond)	17136	—	1184	1098	1063	1183	899	689	n/c	n/c	327	510	646	892	704			4667		FFT suspended in Apr due to Covid-19 and recommenced in June. Changes to trust data capture due to IG concern in April and May
19		% return rate	18.0%	20%	18%	18%	16%	18%	16%	18%	n/c	n/c	19%	21%	20%	20%	21%			19%		
20		% recommendation (v likely/likely)	93.0%	90%	95%	96%	97%	95%	95%	97%	n/c	n/c	95%	99%	95%	95%	95%			96%		
21		% unlikely/extremely unlikely	2.0%	0%	3%	2%	0%	2%	2%	0%	n/c	n/c	0%	0%	2%	2%	1%			1%		

RESPONSIVE																					
22	Complaints	No. recorded	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
WELL-LED																					
23	Vacancy Establishment=	Full Team WTE	21.4		20.21	20.21	20.21	22.52	22.52	22.52	22.52	22.52	22.52	22.52	22.52	22.52	22.52	22.52	22.5		
24		Vacancy WTE	1.9		-0.64	-0.44	-0.36	2.31	2.31	2.31	3.31	3.91	3.91	3.91	3.51	2.51	2.51	2.95	3.1		
25		Vacancy (hrs)	311.2		-104	-71.5	-58.5	375.37	375.37	375.4	537.9	635.37	635.4	635.4	570.37	407.87	407.9	479.38	506.04		
26	Temporary Staffing excluding RMN	Agency Use	0		0	0	0	0.00	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0			
27		Bank Use-all staff	153.9		128.5	163.5	113.9	151.50	177.00	239.00	35.00	0.00	0.00	158.75	298.05	166.00	205.50	193.75	147.31		
		Bank Use-non-clinical			0	0	0	0.00	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
29	Sickness-all staff	Hours	139.7		449.5	304.5	201	241.00	138.00	167.00	223.50	91.50	122.50	408.50	168.75	268.00	220.50	192.00	200.03		
30		%	3.9%	3%	13.7%	9.3%	6.1%	6.6%	3.8%	4.6%	6.1%	2.5%	3.3%	11.2%	4.6%	7.4%	6.1%	5.2%	5.5%		Long term absences - All managed within policy.
31	Sickness-non-clinical	Hours			0	0	0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00				
32		%			0.0%	0.0%	0.0%	0.00	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%				
33	Maternity	Hours	12.5%		150.00	150.00	150.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00	120.00	0.00	108		
34	Budget Position	YTD Position		>0	20832	33034	43748	55578.00	67649	75433				31940	54366				229388		
35	Statutory & Mandatory	Mandatory training	92%	90%	95%	98%	95%	98%	100%	100%	91%	94%	96%	92%	96%	96%	92%		95%		
36		Appraisal	97%	95%	100%	100%	96%	88%	96%	96%	72%	88%	92%	96%	100%	96%	92%		92%		
37	Uniform Audit	Compliance with uniform policy %	100%	95%	100%	100%	100%	90%	100%	NS	100%	100%	100%	100%	100%	100%	90%	100%	99%		

NURSING METRICS - 12 MONTH ROLLING																					
Pre-assessment																					
No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2019/20			Quarter 4 2019/20			Quarter 1 2020/21			Quarter 2 2020/2021			Quarter 3 2020/21		Trend	Comments	
					Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov			
SAFE																					
1	Incidents	Total reported - All incidents			1	2	3	3	5	3	1	2	4	2	4	2	8	4			
2		Total reported - Patient safety			1	2	0	2	1	1	0	0	0	0	0	2	1	1			
3		Formal internal investigation			0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4		Serious incidents and Never Events			0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5	Falls	Falls - All			0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6		Falls - With harm			0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7	Pressure Damage	G2 or above (hospital acquired)			0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8	Inoculation Injury	Reported incidents			0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11	Hand Hygiene	Hand hygiene				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
12		Bare below the elbows				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			
EFFECTIVE																					
13	Compliance in Practice (CiP)	Inspection score	%																		
CARING																					
14	Friends & Family Test	Patient numbers (eligible to respond)																		data not currently captured for Pre-assess as a whole	
15		% return rate																		data not currently captured for Pre-assess as a whole	
16		% recommendation (v likely/likely)																		data not currently captured for Pre-assess as a whole	
17		% unlikely/extremely unlikely																		data not currently captured for Pre-assess as a whole	
RESPONSIVE																					
18	Complaints	No. recorded			0	0	0	0	0	0	0	0	0	0	0	0	1				
WELL-LED																					
19	Vacancy Establishment=	Full Team WTE			10.47	10.47	10.47	10.47	10.47	10.47	10.47	10.47	10.47	10.47	10.47	10.47	10.47	10.47			
20		Vacancy WTE			2.64	2.64	2.64	2.64	2.64	3.04	3.04	3.04	3.04	3.04	3.04	2.53	2.83	2.83			
21		Vacancy (hrs)			429	429	429	429	624	494	494	494	494	494	494	411	459.87	459			
22	Temporary Staffing excluding RMN	Agency Use			0	0	0	0	0	0	0	0	0	0	0	0	0	0			
23		Bank Use-all staff			317.91	224.75	159.25	173.00	304.00	294.30	294.30	22.50	0.00	0.00	53.00	91.00	393.50	266.75			
		Total B&A			317.91	224.75	159.25	173	304	294.3	294.3	22.5	0	0	53	91	393.5	266.75			
25	Sickness-all staff	Hours			93.75	75	141.25	192.25	52.5	206	132	179	7.5	126.5	19	66	448	467			
26		%					6.6%	9.6%													
31	Statutory & Mandatory	Mandatory training				92%	91%	91%	88%	88%	94%	95%	97%	97%	97%	96%	96%	96%			
32		Appraisal			70%	70%	80%	80%	90%	90%	90%	90%	81%	91%	100%	83%	69%	69%			
33	Uniform Audit	Compliance with uniform policy %				100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%			

NURSING METRICS - 12 MONTH ROLLING			Contact Nicky Reeves on 6607 for any formatting queries																			QVH	
ROSS TILLEY																							
No.	Indicator	Description	2018/19 total/ average	Target				Quarter 4 2019/20			Quarter 1 2020/21			Quarter 2 2020/21			Quarter 3 2020/21			Year to Date Actual	Trend	Comments	
					Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec				
SAFE																							
1	Incidents	Total reported - All incidents	155	—	24	16	6	26	8	12	4	11	3	6	11	10	16	14		95			
2		Total reported - Patient safety	96	—	18	13	5	15	7	9	3	6	2	4	6	7	14	8		66			
3		Formal internal investigation	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0			
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0			
5	Falls	Falls - All	12	0	1	0	1	1	0	3	1	0	0	2	0	2	1	1		10		ID25239 (23-Nov-2020): Unwitnessed fall from toilet. No Harm.	
6		Falls - With harm	1	0	1	0	1	0	0	1	1	0	0	0	0	0	0	0		2			
7	Pressure Damage	G2 or above (hospital acquired)	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0			
8	Inoculation Injury	Reported incidents	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0		1			
9	MRSA Screening	Elective patients	98.0%	95%	97%	100%	87%	100%	100%	89%	90%	100%	100%	83%	100%	100%	94%	100%		96%			
10		Trauma patients	96.0%	95%	98.0%	98.0%	97.0%	99.0%	98.0%	96.0%	89.0%	50.0%	100.0%	85.0%	97.0%	99.0%	98.5%	100.0%		91%			
11		Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0		0			
12	C Difficile	Reported cases	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		0			
13	Hand Hygiene	Hand hygiene	97%	95%	100%	100%	90%	79%	40%	NS	NS	83%	62%	100%	83%	50%	60%	60%		67%		0% compliance with Drs and 80% compliance with Nurses. All staff encouraged to demonstrate good practice.	
14		Bare below the elbows	93.0%	95%	100%	100%	90%	100%	90%	NS	NS	100%	100%	100%	100%	100%	70%	100%		95%			
15	Drug Assessments	% staff compliant	100.0%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				100%			
16	Medication Audit	Number Charts Reviewed				4	11		19											19			
17		Number of Missed/Omitted doses				0	0		0											0			
18	Medication Errors	Reported errors	31	0	11	8	2	7	3	0	1	0	0	1	0	3	5	2		15		ID25210 (18-Nov-2020): Patient given another patients eye drops on discharge. ID25288 (30-Nov-2020): Patients relative took eye drops home on Doctors instruction. Current supply issue with the drops. Doctor advised that no such instruction had been given. Courier sent to retrieve drops and bring back to QVH.	
21	VTE (Venous thromboembolism)	Assessment of patients (S. Therm)	98.0%	95%	100%	100%	100%	100%	100%	100%	NC	NC	100%	100%	100%	100%	100%	100%		100%			
22		Monthly screening % (Informatics)	95.0%	95%	92%	91%	83%	88%	92%	92%	96%	91%	77%	75%	95%	97%	90%			89%			
23	Shift meets requirement Day %	RN	98.0%	95%	98%	97%	96%	99%	96%	98%	100%	100%	100%	100%	99%	99%	99%	99%		99%			
24		HCA	98.0%	95%	96%	83%	100%	96%	94%	98%	95%	94%	100%	96%	100%	100%	97%	100%		97%			
25	Shift meets requirement Night %	RN	95.0%	95%	99%	99%	100%	99%	97%	97%	98%	100%	100%	100%	100%	97%	99%	98%		99%			
26		HCA	92.0%	95%	96%	92%	97%	93%	91%	96%	96%	89%	96%	100%	100%	96%	97%	96%		96%			
EFFECTIVE																							
27	Nutrition Assessment (MUST)	Initial (Safety Thermometer)	100.0%	95%	100%	100%	100%	100%	100%	100%	NC	NC	100%	100%	100%	100%	100%	100%		100%			
28		7 day review (Safety Thermometer)	97.0%	95%	100%	100%	0%	67%	100%	100%	NC	NC	100%	100%	100%	100%	93%	100%		99%		1 patient - oct 2020	
29	Compliance in Practice (CiP)	Inspection score	88%	80%																#DIV/0!			
CARING																							
30	Friends & Family Test	Patient numbers (eligible to respond)	2254	—	218	195	199	212	201	184	n/a	n/a	n/a	n/a	204					589		september data not available	
31		% return rate	40.0%	40%	44%	31%	44%	43%	34%	34%	n/a	n/a	n/a	n/a	14%					27%		All staff encourage to hand out FFT forms on discharge.	
32		% recommendation (v likely/likely)	99.0%	90%	100%	100%	95%	100%	98%	98%	n/a	n/a	n/a	n/a	100%					99%			
33		% unlikely/extremely unlikely	0.0%	0%	0%	0%	1%	0%	0%	0%	n/a	n/a	n/a	n/a	0%					0%			

RESPONSIVE																								
34	Complaints	No. recorded	3	0	0	0	0	0	0	0	0	0	0	0	0					0				
WELL-LED																								
35	Vacancy Establishment=	Full Team WTE	49.2		52.42	52.42	52.42	52.42	53.42	53.42	53.42	53.42	53.42	53.42	52.02	50.71	50.71	50.71		52.5				
36		Vacancy WTE	11	10%	9.43	10.43	10.35	10.35	9.64	5.63	5.01	5.01	5.01	5.01	3.00	1.69	1.14	1.14		4.2				
37		Vacancy (hrs)	1784	10%	1532	1694.9	1682	1682.00	1566.50	914.87	814.12	814.12	814.12	814.12	487.5	274.7	185.3	185.3		687.07				
38	Temporary Staffing excluding RMN	Agency Use	1258	10%	402.5	218.5	382.5	371.50	528.00	398.50	4.00	0.00	0.00	11.50	34.50	287.50	287.50	333.50		188.5				
39		Bank Use-all staff	856	10%	1191.4	1051.7	1045.7	1086.10	1345.00	1072.50	57.50	92.00	96.00	262.50	688.30	800.00	773.80	1330.00		651.76		Accounted for by RMN usage		
		Bank Use-non-clinical			9	33	0	0.00	52.50	16.00	0.00	0.00	0.00	0.00	0.00	7.50	41.00	155.00						
41	Sickness-all staff	Hours	216.2		290	446.5	482.25	572.00	451.00	1059.8	304	320	67.5	231	216.25	520	433.25	526.00		412.88				
42		%	2.7%	3%	3.4%	5.2%	5.7%	6.7%	5.2%	12.2%	3.5%	3.7%	0.8%	2.7%	2.6%	6.4%	5.3%	6.38		68.1%		Managed as per policy, high rates of self isolation due to covid.		
43	Sickness-non-clinical	Hours			42	21	0	107.00	33.00	46	138	150	0	0	0	87.5	77.75	49.00						
44		%			0.5%	0.2%	0.0%	1.3%	0.4%	0.5%	1.6%	1.7%	0.0%	0.0%	0.0%	1.1%	1.0%	0.6%						
45	Maternity	Hours	50.6%		0	0	0	0.00	0.00	0	0	0	0	0	240.00	240.00	240.00	240.00		96				
46	Budget Position	YTD Position		>0	-51939	-35502	-51014		-102978	-139697					84366	115835	147808	134200	143887	45812		429233		
47	Statutory & Mandatory	Mandatory training	94.0%	90%	96%	96%	94%	93.86	94%	94%	90%	93%	93%	94%	95%	95%	95%	94%		94%				
48		Appraisal	93.0%	95%	87%	91%	89%	95.35	88%	88%	98%	94%	98%	100%	100%	100%	98%	92%		96%		2 out of date - 1 is completed 1 is booked.		
49	Uniform Audit	Compliance with uniform policy %	95%	95%	100%	0%	80%	80.00%	90%	NS	NS	83%	75%	67%	83%	90%	100%	70%		82%				

NURSING METRICS - 12 MONTH ROLLING

SLEEP DC

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No.	Indicator	Description	2018/19 total/ average	Target	Quarter 3 2019/20			Quarter 4 2019/20			Quarter 1 2020/21			Quarter 2 2020/2021			Quarter 3 2020/21		Year to Date Actual	Trend	Comments	
					Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov				
SAFE																						
1	Incidents	Total reported - All incidents	25	—	10	1	2	7	3	2	0	0	1	5	4	2	1	0	18			
2		Total reported - Patient safety	9	—	4	1	1	3	0	1	0	0	0	3	1	1	0	0	6			
3		Formal internal investigation	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
4		Serious incidents and Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
5	Falls	Falls - All	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
6		Falls - With harm	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
7	Pressure Damage	G2 or above (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
8	Inoculation Injury	Reported incidents	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
9	MRSA	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
10	C Difficile	Reported cases	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			
11	Hand Hygiene	Hand hygiene	100%	95%	100%	100%	100%	100%	100%	100%	n/s	n/s	n/s	100%	100%	100%	100%	100%	100%			
12		Bare below the elbows	100.0%	95%	100%	100%	100%	100%	100%	100%	n/s	n/s	n/s	100%	100%	100%	100%	100%	100%			
13	Medication Errors	Reported errors	4	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0			
14	VTE	Monthly screening % (Informatics)	100%	95%	100%	100%	100%									100%			100%			
EFFECTIVE																						
15	Compliance in Practice (CiP)	Inspection score	91%	80%															#DIV/0!			
CARING																						
16	Friends & Family Test	Patient numbers (eligible to respond)	10086	—	831	926	847	847	847	461	n/c	n/c	n/c	n/c	328				1636		FFT suspended in Apr due to covid-19 will recommence in Aug.	
17		% return rate	19.0%	20%	23%	20%	20%	20%	20%	18%	n/c	n/c	n/c	n/c	25%				21%			
18		% recommendation (v likely/likely)	97.0%	90%	94%	97%	95%	95%	100%	94%	n/c	n/c	n/c	n/c	95%				96%			
19		% unlikely/extremely unlikely	1.0%	0%	4%	1%	2%	0%	0%	0%	n/c	n/c	n/c	n/c	2%				1%			
RESPONSIVE																						
20	Complaints	No. recorded	1	0	0	0	0	0	0	1	1	0	0	0	1				3		Sept, Mar & Apr - these complaints relate to communication and are not nursing related. Aug: DPA issue	
WELL-LED																						
21	Vacancy Establishment=	Full Team WTE			32.9	32.9	32.9										29.37		29.4		Includes all sleep staff: medical, admin and physiology staff	
22		Vacancy WTE		10%	8.09	7.27	8.29											2.78		2.8		
23		Vacancy (hrs)		10%	303.3	272.62														#DIV/0!		
24	Temporary Staffing excluding RMN	Agency Use		10%	0	0	0	0	0	0	0	0	0	0	0	0			0			
25		Bank Use		10%	3.96	3.67	2.3	327	398.66	315.75	32.25	39.5	22.5	23.5	100.5	177.5			138.77			
26	Sickness	Hours			124	17.5	39	37	72	104.5	22	24.5	15	70	81	82.28			58.91		both clinical & non-clinical combined between January & September 2020	
27		%		3%	16.0%	3.0%	38.0%												#DIV/0!			
28	Sickness non clinical	Hours			21	14.5	0												#DIV/0!			
29		%			4.0%	3.0%	0.0%												#DIV/0!			
30	Maternity	Hours			0	0	0	0	0	0	0	0	0	0	0	0			0		2.78	
31	Budget Position	YTD Position		>0	435	453													0			
32	Statutory & Mandatory	Mandatory training		90%	94%	94%	91%	88%	94%	94%	92%	92%	93%	92%	93%				93%			
33		Appraisal		95%	91%	94%	93%	88%	88%	79%	76%	76%	68%	65%	68%				74%			
34	Uniform Audit	Compliance with uniform policy %	100%	95%	100%	100%	100%	90%	100%	100%	n/s	n/s	n/s	100%	100%	100%	100%	100%	100%			

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	7 January 2021	Agenda reference:	23-21		
Report title:	BAF, QVH Risk Appetite Statement and CRR review				
Sponsor:	Nicky Reeves Interim Director of Nursing				
Author:	Nicky Reeves Interim Director of Nursing				
Appendices:	nil				
Executive summary					
Purpose of report:	To assure the board of the steps being taken to manage corporate risk during the Covid pandemic and the exploration of potential partnership arrangements				
Summary of key issues	<p>The corporate risk landscape has changed significantly due to a number of issues not least of which has been the impact of the covid pandemic. The following are seen as the key points of note</p> <p>Identification of the principle risks that could impact the Trust achieving its strategic priorities; to be reported at March public board.</p> <p>Establish process for review of relevant risks by each Board sub-committee.</p> <p>Risk appetite statement to be reviewed, with specific focus on patient safety in the context of the pandemic.</p>				
Recommendation:	The Board is asked to NOTE the actions outlined in this paper				
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:	All BAFs reviewed as part of this process				
Corporate risk register:	Corporate Risk Register will be reviewed taking in to account the learning from the Board seminar.				
Regulation:	All NHS trusts are required to have a corporate risk register and systems in place to identify & manage risk effectively.				
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
Resources:	None at this time				
Assurance route					
Previously considered by:	EMT – 4 th January 2021				
	Date:	04/01/21	Decision	Still to be discussed at time of writing	
Next steps:					

Report to: Board Directors
Agenda item: 23-21
Date of meeting: 7 January 2021
Report from: Nicola Reeves, interim Director of Nursing
Report author: Nicola Reeves, interim Director of Nursing
Date of report: 29 December 2020
Appendices: N/A

BAF, QVH Risk Appetite Statement and CRR review

There are clear interdependencies between the Board Assurance Framework (BAF), Risk Appetite statement and Corporate Risk Register. These documents are subject to regular review, in addition members of the Board met in a seminar in December in order to consider alignment of these documents and ensure that they reflected the key challenges facing the Trust.

The seminar offered an opportunity to reflect on how to best utilise the Trust's risk appetite approach to support decision making at board and board sub-committee level. Board members also considered governance processes to effectively oversee risks outlined in the BAF and associated risk registers; to monitor action plans to mitigate and reduce the risk; and to enable assurance regarding management of risks. The seminar enabled fuller discussion of how the BAF reflects material risks currently faced by the organisation and what the future risks may look like, with consideration of what business as usual means during the extended period of pandemic working.

The key considerations from the seminar are as follows:

- The corporate risk register is a comprehensive record of risk and mitigations, in addition the Board would benefit from articulation and agreement of the principle risks that could impact the Trust achieving its strategic priorities; this might take the form of a statement of the top five risks.
- Responsibility for detailed review of risks on the corporate risk register will be allocated across the Board sub committees to ensure adequate time to review the risks with appropriate expert staff present. A small number of risks may need to be considered in two committees in order to facilitate this expert input and assurance. The audit committee will retain responsibility for review of the process of risk management.
- Regular risk appetite review – the risk appetite statement was recently updated as noted by the Board in November; further development will be required given the rapidly changing environment.
- The executive team use risk appetite implicitly in discussion and decision making, though it is rarely explicitly referenced.
- Risk is reviewed on a continuous basis, particularly regarding patient experience, for example in decision making around allowing more flexibility for patient visiting.
- The Board Assurance Frameworks are reviewed at every public Board meeting and have been refreshed to ensure they consistently take account of covid-19 and merger discussions. The BAFs will continue to be subject to regular and considered review at this time of significant NHS-wide changes.
- The documents will need further review in the light of the strategic case for possible merger, which will be considered by the Board in April 2021, and the

- planned governor merger evaluation working group considering the criteria for governor assurance. The strategic case will include consideration of whether merger would meet QVH's stated requirements around maintaining our specialist services, our excellent record for patient experience, clinical outcomes and safety, our world class research and innovation; the BAF and corporate risk register will need to reflect any risks and mitigations related to this.

Next steps

The director of nursing will lead on the following actions.

1. Identification of the principle risks that could impact the Trust achieving its strategic priorities; to be reported at March public board.
2. Establish process for review of relevant risks by each Board sub-committee.
3. Risk appetite statement to be reviewed, with specific focus on patient safety in the context of the pandemic.

Recommendation

The Board is asked to **NOTE** the actions outlined in this paper