NHS
Queen Victoria Hospital
NHS Foundation Trust

Business Meeting of the Board of Directors

Thursday 4 November 2021

Session in public
11:00 – 13:00

MEMBERSHIP
BOARD OF DIRECTORS
November 2021

Members (voting):

Senior Independent Director and acting Chair	-	Gary Needle
Non-Executive Directors	-	Paul Dillon-Robinson
	-	Kevin Gould
	-	Karen Norman
Chief Executive:	-	Steve Jenkin
Medical Director	-	Keith Altman
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 Communications and Corporate Affairs	-	Clare Pirie
Director of Workforce (interim)	-	Lawrence Anderson
Deputy Company Secretary	-	Hilary Saunders

Annual declarations by directors 2021/22

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)							
Paul Dillon-Robinson Non-Executive Director	Nil	Independent consultant (self-employed) – see HFMA	Nil	Nil	NIL	Independent consultant working with the Healthcare Financial Management Association (including NHS operating game, HFMA Academy and coaching and training)	Chair of the Audit, Risk and Assurance Committee for one of the organisations within the MoD Non-executive member of the ARAC for Rural Payments Agency, and for Defra. Non-trustee member of Finance Risk and Audit Committee of Farm Africa Governor at Hurstpierpoint College and trustee of the Association of Governing Bodies of Independent Schools.

							Churchwarden for Parish of Buxted & Hadlow Down, trustee of Friends of St Margaret, and St Marks House School trust
Kevin Gould Non-Executive Director	Director, Sharpthorne Services Ltd	Nil	Nil	Independent Member of the Board of Governors, Staffordshire University Director and Chair of the Audit & Risk Committee at Grand Union Housing Group Director, Look Ahead Care & Support Trustee, Centre for Alternative Technology	Director, Look Ahead Care & Support	Nil	Nil
Gary Needle Acting Trust Chair and SID	T&G Needle Property Development Ltd	Nil	Nil	Chair of Board of Trustees, East Grinstead Sports Club	Nil	Nil	Nil
Karen Norman Non-Executive Director	Nil	Nil	Nil	Nil	Visiting Professor, Doctorate in Management Programme, Complexity and Management Group, Business School, University of Hertfordshire Visiting Professor, School of Nursing, Kingston University and St George's, University of London	Nil	Nil
Steve Jenkin Chief Executive	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Keith Altman Medical Director	MaxFacs Medical Limited	Nil	Nil	Nil	Nil	Nil	Nil
Michelle Miles, Director of Finance	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nicky Reeves Director of Nursing	Nil	Nil	Nil	Trustee of McIndoe Burns Support Group	Nil	Nil	Nil
Other members of the board (non-voting)							
Abigail Jago Director of operations	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Lawrence Anderson 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 persons declaration

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 a governor of the trust under given circumstances known as the "fit and proper person test". By completing and signing an annual declaration form, QVH governors confirm their awareness of any facts or circumstances which prevent them from holding office as a governors 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)							
Paul Dillon-Robinson Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kevin Gould Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Gary Needle Acting Trust Chair and SID	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Karen Norman Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Keith Altman Medical Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Michelle Miles Director of Finance	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nicky Reeves Director of Nursing	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Other members of the board (non-voting)							
Abigail Jago Director of operations	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Lawrence Anderson Director of HR & OD	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Clare Pirie Director of Communications & Corporate Affairs	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Queen Victoria Hospital
NHS Foundation Trust

Business meeting of the Board of Directors
Thursday 4 November 2021
11:00 – 13:00

Agenda: session held in public			
Welcome			
157-21	**Welcome, apologies and declarations of interest** *Gary Needle, Acting trust chair*		
Standing items		**Purpose**	**page**
158-21	**Patient story**	*assurance*	-
159-21	**Freedom to Speak up** *Sheila Perkins, FTSU guardian*	*assurance*	1
160-21	**Draft minutes of the meeting held on 2 September 2021** *Gary Needle, Acting trust chair*	*approval*	4
161-21	**Matters arising and actions pending** *Gary Needle, Acting trust chair*	*review*	12
162-21	**Chief executive's report** *Steve Jenkin, Chief executive*	*assurance*	13
Key strategic objectives 3 and 4: operational excellence and financial sustainability			
163-21	**Board Assurance Framework** *Abigail Jago, Director of operations and* *Michelle Miles, Director of finance*	*assurance*	26
164-21	**Financial, operational and workforce performance assurance** *Paul Dillon-Robinson, Committee chair*	*assurance*	28
165-21	**Financial performance** *Michelle Miles, Director of finance*	*assurance*	31
166-21	**Operational performance** *Abigail Jago, Director of operations*	*assurance*	43
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services			
167-21	**Board Assurance Framework** *Nicky Reeves, interim Director of nursing, and* *Keith Altman, Medical director*	*assurance*	53
168-21	**Quality and governance assurance** *Karen Norman, Non-executive director*	*assurance*	55
169-21	**Corporate risk register (CRR)** *Nicky Reeves, interim Director of nursing*	*review*	58
170-21	**Quality and safety report** *Nicky Reeves, interim Director of nursing, and* *Keith Altman, Medical director*	*assurance*	62

171-21	**National inpatient survey results 2020** *Nicky Reeves, interim Director of nursing*	*information*	101
172-21	**7-Day services assurance** *Keith Altman, Medical director*	*assurance*	141
173-21	**Guardian of safe working** *Keith Altman, Medical director*	*assurance*	146
Key strategic objective 5: organisational excellence			
174-21	**Board assurance framework** *Lawrence Anderson, Interim director of workforce and OD*	*assurance*	153
175-21	**Workforce monthly report** *Lawrence Anderson, Interim director of workforce and OD*	*assurance*	154
176-21	**Formal ratification of Workforce WRES and WDES** *Lawrence Anderson, Interim director of workforce and OD*	*ratification*	167
Governance			
177-21	**Audit committee assurance update** *Kevin Gould, committee chair*	*assurance*	178
178-21	**Nomination and remuneration update** *Gary Needle, Acting trust chair*	*assurance*	180
Any other business (by application to the Chair)			
179-21	*Gary Needle, Acting trust chair*	*discussion*	-
Members of the public			
180-21	*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.* *Trust Chair*	*discussion*	-
181-21	*Further to paragraph 39.1 and annex 6 of the Trust's Constitution, it is proposed that members of the public and representatives of the press shall be excluded from the remainder of the meeting for the purposes of allowing the Board to discuss issues of a confidential or sensitive nature. Any decisions made in the private session of the Trust Board will be communicated to the public and stakeholders via the Chair's report.* *Gary Needle, Acting trust chair*	*approval*	

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**04/11/2021**		**Agenda reference:**	**159-21**	
Report title:	**Freedom to Speak Up Guardian's Report**				
Sponsor:	Shelia Perkins, Freedom to Speak Up Guardian				
Author:	Shelia Perkins, Freedom to Speak Up Guardian				
Appendices:					
Executive summary					
Purpose of report:	To update the Board on the latest number of speak-ups to the FTSU Guardian highlighting any themes				
Summary of key issues	Majority speak-ups fit into the bullying/unacceptable behaviour from managers/ team leader/colleague category				
Recommendation:	For the Board to **NOTE** the report				
Action required	Approval **Y/N**	**Information Y/N**	Discussion **Y/N**	Assurance **Y/N**	Review **Y/N**
Link to key strategic objectives (KSOs):	KSO1: **Y/N**	KSO2: **Y/N**	KSO3: **Y/N**	KSO4: **Y/N**	KSO5: **Y/N**
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:					
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:					
	Date:		Decision:		
Next steps:					

Report to: Board of Directors
Meeting date: 04 November 2021
Reference number: 159-21
Report from: Sheila Perkins, FTSU guardian
Author: Sheila Perkins, FTSU guardian
Appendices: None
Report date: 25 October 2021

Freedom to Speak Up Guardian

Month	
April 2021 – June 2021	5
July 2021 - September 2021	4
Total	**9**

Staff Demographic	
Nursing	1
Allied Health Professionals	0
Medical / Dental	2
Administrative Staff	6

Themes	
Patient experience (no safety issues)	0
Patient experience potential safety issues	0
Staffing levels	0
HR Issues	0
Bullying/unacceptable behaviour from managers / team leader/ colleague	8
Other	1
COVID related	0

1. One conversation related to the merger talks; it was in relation to a letter from the Chair and it still needs a response. The person who raised the concern is aware that the formal response would not be immediate due to a change of Chair.

2. Regarding the bullying and harassment category: The National Guardians Office (NGO) uses, amongst others, the ACAS definition of bullying, which includes "…any unwanted behaviour that makes someone feel intimidated, degraded, humiliated or offended… ". The NGO advises that the terms should be interpreted broadly and the focus should be on the perceptions of the individual bringing the case.

   Most cases in this category have been raised with the appropriate manager/service lead and are being dealt with; one remains outstanding.

3. In the April report I identified that a lack of clear and effective communication is a factor in staff feeling bullied or harassed; I have also identified that, in some cases,

difficulties arise when the member of staff and their manager/colleague have different expectations about the job role.

4. I offer to support members of staff who have raised concerns, and, in the last six months have arranged follow up sessions for four members of staff.

5. No concerns were raised anonymously, although one member of staff has asked for confidentiality and does not want their name shared with anyone.

6. No member of staff who has raised a concern with me has reported that they have suffered detriment as a result of speaking up, although some have been worried about this.

7. I am aware that other concerns have been raised by staff that haven't come via FTSU guardian; I find it reassuring that staff are able to raise their concerns directly with the most appropriate person.

Sheila Perkins, FTSU Guardian

Document:	Minutes (Draft & Unconfirmed)	
Meeting:	**Board of Directors (session in public)** **Thursday 2 September 2021, 11:00 via videoconference**	
Present:	Beryl Hobson (BH)	Trust Chair (voting)
	Lawrence Anderson (LA)	Interim Director of workforce (non-voting)
	Paul Dillon-Robinson (PD-R)	Non-executive director (voting)
	Kevin Gould (KG)	Non-executive director (voting)
	Karen Norman (KN)	Non-executive director (voting)
	Steve Jenkin (SJ)	Chief executive (voting)
	Michelle Miles (MM)	Director of finance (voting)
	Nicky Reeves (NR)	Interim Director of nursing (voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
	Abigail Jago (AJ)	Director of operations (non-voting)
In attendance:	Hilary Saunders (HS)	Deputy company secretary (minutes)
	Peter Shore (PS)	Lead governor
	Ian Francis (IF)	Deputy medical director and director of clinical strategy (voting)
	Nicolle Ferguson (NF)	Patient Experience Manager **[124-21 – 125-21]**
Apologies:	Keith Altman, (KA)	Medical Director (voting)
	Gary Needle (GN)	Senior independent director (voting)
Members of the public:	Six members of the public, (including one for item 125-21)	

Welcome

124-21 **Welcome, apologies and declarations of interest**

The Chair opened the meeting. Apologies were noted as above. None of the board noted additional DoIs to those already recorded on the register.

The Chair welcomed IF who was representing KA today, and also NF who had joined with a patient's relative for item 125-21.

All board members had read covering reports and papers in advance. The Chair reminded those present that since moving to online meetings and in order to make most efficient use of the time available, the Board now submitted questions in advance, although this did not preclude additional questions being raised.

The Chair went on to welcome those members of the public in attendance today, reminding them that as this was a meeting in public, not a public meeting they would be unable to take part in discussions. Some questions had been raised in advance and these would be addressed at the end, with responses recorded in the minutes.

Standing items

125-21 **Patient story**

The Chair reminded the meeting that this was a standing item taken at the start of each public meeting, to ensure that our patients remained at the centre of the Board's decision making.

The relative of a patient had been invited to the meeting to describe the patient's recent experience, as follows:

- A plan for treatment was agreed with a consultant in August 2020, but surgery cancelled due to the patient's high blood pressure. Patient was subsequently diagnosed with Alzheimer's and vascular dementia.
- In 2021, telephone consultation held between plastics registrar and patient with family members present at which concerns were raised about preferred option of surgery due to patient's underlying health issues. Alternative treatment plan agreed, but consent form deferred until date of surgery.
- Incorrect waiting list form stated patient had normal mental capacity. However, during pre-assessment telephone consultation mental capacity issues were recorded and consultant advised of patient's condition and that 'best interest' consent form would be completed on day of surgery.
- Due to COVID, patient was asked to attend alone and seen by a registrar who had not seen patient before. Treatment options were reviewed and a change made to the plan (reverting back to initial

	plan agreed in 2020). • Following surgery, patient was returned to theatre to stop bleeding, causing considerable distress to both patient and family. • The family believed that had the clinician taken into consideration concerns raised by the pre-assessment team around the patient's capacity and proceeded with the agreed treatment plan, then patient's experience would have been different. However, relative was keen to stress that the family were not apportioning blame, and knew that levels of capacity varied from day to day. The reason for highlighting the story today was to raise awareness. The Board sought assurance as to what actions had taken place. NF advised an investigation had been launched, with actions to date including: • Additional mental capacity training provided by the Safeguarding lead to the plastic surgery team. • Case presentation at the Joint Hospital Governance group meeting to increase awareness amongst clinical teams. This had resulted in an increase in consultants coming forward to seek advice and support. • A review of processes to include mental capacity alerts on the system. • Reinforcing the message that arrangements can be made for family members to accompany vulnerable patients in a COVID secure manner. • Additional work undertaken by the Trust dementia lead. The Board recognised the importance of a holistic approach to patient care. In response to a question, the relative noted that she was fortunate to have a strong family support network but recognised that other patients may have needed additional support post- hospital in similar circumstances. The Chair thanked the relative for her time today. She went on to note that this was NF's final board meeting before leaving QVH after 14 years with the Trust. On behalf of the Board she thanked NF for all she had done and wished her the best for the future.
126-21	**Draft minutes of the meeting held on 5 August** The draft minutes were approved as a correct record subject to the following: • 99-21: 'was' to read 'is' • 114-21: to include reference to the Board discussion on the GSG terms of reference about whether it was easier to revert back now rather than waiting for December, and also the lack of clarity about why this had been requested by the Governors.
127-21	**Matters arising and actions pending** The Board received the latest matters arising update.
128-21	**Chair's report** The Board **received** the Chair's final report before stepping down from the Trust. In response to a question BH noted that she was most proud of the outstanding care provided by QVH, and that she hoped she had contributed to that. Both the Chair and CEO attend all corporate inductions and discuss the importance of values. The Chair's main regret was not having pursued the diversity agenda more rigorously. Since the 'Black Lives Matter' demonstrations, she had taken pride in working with the BAME network co-chairs and as a result had pushed for better diversity at interview panels. SJ thanked the Chair for her service to QVH. He noted that although she had reached the end of her two terms as Chair in March, she had agreed to a request from Council to extend her term of office for a number of additional months in order to provide continuity as QVH discussed possible merger with University Hospitals Sussex NHS Foundation Trust. BH had decided it would be appropriate to retire once the strategic case element of the process had been completed. SJ reminded the Board that the Chair's leadership had been reflected in the 2019 CQC inspection report and highlighted the following: • There was a strong, visible person-centred culture and the service truly respected and valued patients as individuals. • Staff were highly motivated and inspired to offer care that was exceptionally kind and promoted people's dignity.

	• The Trust's leadership team had the skills, knowledge, experience and integrity that they needed to lead the trust. • Executives were given the support they needed. Where an individual board member was lacking in experience, they were supported to gain relevant expertise. • The different levels of governance and management functioned effectively to provide assurance. The board had a structure of committees which were chaired by non-executive members and reported directly to the board. Each committee reviewed evidence to gain information and assurances and escalated to the board in line with their terms of reference. SJ also noted that the Sussex ICS Independent Chair Bob Alexander had thanked Beryl for the role she had played at the Trust and the wider system noting "*Under Beryl Hobson's leadership QVH has played a crucial role in ensuring our populations receive high quality care, and this will continue over the coming months as the NHS focuses on restoration and recovery. Beryl has also made a big contribution to the strengthening of system working over the years and was chair of the system-wide Chair's Forum.*" Other board members commented on Beryl's commitment to the hospital, its patients and its staff. Whilst aiming to lead by consensus, Beryl wasn't afraid to tackle the difficult issues and her decisions were clearly values driven. BH thanked the Board for their kind comments, noting that she had been fortunate always to have been surrounded by great people.
129-21	**Chief executive's report** The CEO presented an update comprising the overall board assurance framework for the organisation, dashboard, main report and media coverage report. He opened by reminding the Board that at last month's meeting, a very full Strategic Case paper had been presented in the public session which gave it very careful consideration. He emphasised that it was not normal practice within a potential merger process to publish the Strategic Case itself as it contained commercial information about both QVH and UHSussex which would be considered sensitive. He provided assurance that the Board, Council and public would remain updated about key work and any decision points throughout the coming months. He anticipated that the Full Business Case would be published at an appropriate point (potentially with any commercially sensitive information redacted). The Board considered his report and update, seeking additional clarification as follows: • An update on how the wider Sussex healthcare system is coping with the challenges currently impacting on QVH. SJ noted that wider system COVID infection rates were increasing and likely to continue to do so in coming weeks. Staffing issues remained a challenge areas across the system, exacerbated by sickness, self-isolation and attempts to recover annual leave. • QVH was impacted in particular by a shortage of anaesthetists and would need to be realistic as to what it could achieve in the context of such systemic problems. • It was recognised that whilst Sussex was one of the best performing ICSs in the region and fourth best nationally, non-elective pressure and staffing challenges continued to pose a risk to recovery. • SJ had continued to keep the Board apprised of development since the start of the ICS Quarterly Provider Assurance Meetings. A number of ICS workforce streams were underway (with which QVH was involved) including work with Allied Health Professionals (AHP). • QVH had supported University Hospitals Sussex (UHSx) with critical care capacity; mindful also of the pressures that primary care were under, QVH was also keen to see how best to support local GP surgeries. • Whilst A&E referrals are increasing in some areas, there is a reduction on others. Elective activity is putting pressure on primary care and non-elective capacity, reflective across the whole patch. There were no further comments and the Board **noted** the contents of the update.
Key strategic objective 5: organisational excellence	
130-21	**Board assurance framework** The Board received the latest BAF for KSO5, noting that questions relating to this would be raised during item 132-21.
131-21	**Financial, operational and workforce performance assurance**

	The Chair of the committee reminded the Board that although the Finance and performance committee had not met in August, he was hopeful that his report would provide helpful assurance that monitoring had continued. The Board noted that staffing issues were a critical factor in delivering operational performance and asked if there was a need to reconsider thresholds for line-booking agency staff in the medium term. It was noted that the Trust would continue try to strike a balance to ensure patient care wasn't compromised, although the Board was reminded that QVH was not the only Trust in this position, as reflected across the ICS. The corporate risk register highlighted areas where there was a specific staff challenge with a risk based approach taken when line booking. There were no further comments and the Board **noted** the contents of the update.
132-21	**Workforce monthly report, including annual workforce race equality standard and workforce disability equality standard** The Board received the latest monthly workforce report and sought clarification in respect of the following: • Workforce plans had been developed in line with staffing availability, albeit with inbuilt assumptions. The ICS was keen for workforce plans and analysis to be undertaken at a system level to help realise benefits from a wider approach. Sussex HR Directors were also keen to work closely when reviewing winter planning and workforce implications. The Trust had linked in with the ICS for workforce modelling for training nurse associates and could offer placements for students here. • Workforce plans were monitored as part of performance reviews. It was anticipated that H2 (new finance and contracting methodology) would introduce additional workforce planning challenges. The Board stressed the importance of not committing to any activity that could not be achieved. • A number of steps were being taken in mitigation to ensure managers were supported regarding Workforce Planning. The Trust had also signed a Memorandum of Understanding and would now be part of the opportunities being explored by the ICS. Other actions included exploring the use of business intelligence software to enhance reporting and links to activity, continued work around succession planning. • Whilst it was difficult to quantify the quality of applicants for clinical and non-clinical roles, the Trust had seen a rise in the numbers of applicants in the last 12 to 18 months. There had also been a rise latterly in the number of adverts being placed by the Trust. Feedback from recruiting managers suggested a reduction in the quality of candidates with fewer shortlisted as a result. It was hoped that an updated values based recruitment strategy would help to improve diversity and breadth of experience of successful candidates. • Workforce Teams were working on a retention action plan which focused on skills retention and ensuring staff have access to development opportunities. • Exit interviews continue to be encouraged although take up was currently low; alternative means were now provided for staff not comfortable with the formal exit interview process. • The main themes amongst staff leaving was career development and relocation. Whilst the Trust continued to offer a wealth of staff development opportunities, it was limited in terms of the breadth of experience on offer. Opportunities afforded by merger (for example, in terms of rotation of staff) could help in the future. There were no further comments and the Board **noted** the contents of the update.
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
133-21	**Board Assurance Framework** Board received the BAFs for KSOs 3 and 4; there were no further comments.
134-21	**Financial performance** The Board received the regular financial performance report, seeking additional clarification with regard to the following: • Noting that the Trust's H1 financial performance was reliant on £2.2m from the Elective Recovery Fund (ERF), which in turn was reliant on the performance of the wider Sussex ICS, the Board asked about the likelihood of the Trust receiving any ERF. MM confirmed that no national guidance had been received to date, which was affecting not only QVH. The Board was also advised that activity levels determined ERF across the ICS, adding to the levels of uncertainty.

	• Clarification that the Trust's plan had been to deliver a £281k surplus; however a surplus of £480k had actually been delivered, £199k better than planned. • Clarification that the Trust had received an initial capital allocation of £5.7m from the ICS, and on receiving guidance that this will not be cash backed reduced the capital programme to £4m to be funded from internally generated resources. • The Board also noted the challenges with regard to addressing efficiency requirements across both service and corporate areas. • Following the announcement this week of additional NHS funding, there would be ongoing conversations with the Treasury as to what the expectations of providers might be. • Clarification that the Trust's budget is set net of the efficiency target, so in effect we are meeting the target as we are doing better than plan. In the future, more work would be required to understand the recurrent nature of the efficiencies that the Trust was delivering. One of the NEDs expressed its disappointment and concern at the lack of planning guidance at this late stage of the process which would impact on the ability of all trusts to make coherent decisions and reflected poorly on the credibility of the NHS. There were no further comments and the Board **noted** the contents of the update.
135-21	**Operational performance** The Board received the latest operational performance report, seeking additional clarification as follows: • Noting that the Trust was currently achieving 95% of 2019/20 levels, the Board heard that areas in which the Trust was currently under target were as a result primarily to staffing challenges and included sleep, corneo and Orthodontic and Maxillofacial Services (OMFS). Activity is reviewed at subspecialty level on a weekly basis. • Staffing is a challenge in a number of key areas, which the Trust continued to work to resolve. • Capacity within the Independent Sector was having an adverse impact and QVH continued towards maximising theatre capacity to manage this. • Primary causes of patient waits greater than 62 days were late referrals or very complex patient pathways. On average the Trust received 20 patients per month, of which 60% had been waiting longer than 62 days. Every effort was made to treat patients within 24 days (as reflected in the Trust's compliance with the 62-day standard). The Board noted that the 62-day backlog remained within the Surrey and Sussex Cancer Alliance requirements, with QVH as one of the strongest performers. • Currently, harm reviews were undertaken for patients waiting beyond 104 days. Those waiting longer than 62 days were tracked weekly, with a review of root cause of delay. The Head Patient Safety & Risk was a member of the Cancer Board and highlighted any areas of concern. Given the possible increase in late patients due to the clearing of the COVID backlog, consideration was being given to a requirement for harm reviews of all 62 day breaches also. There were no further comments and the Board **noted** the contents of the update.
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services	
136-21	**Board Assurance Framework** The Board noted the BAFs for KSOs 1 and 2. There were no further comments.
137-21	**Quality and governance assurance** The Board received the assurance report which this month had been written by the Trust Chair, with the latest meeting chaired by the Senior Independent Director. The Board noted that additional comments with regard to the annual reports had been circulated to Board members by the Committee chair.
138-21	**Corporate risk register (CRR)** The Board received the latest corporate risk register. The Board asked why adult burns had been added as a new corporate risk when this had been known about, (and recorded in the register) for a while now. NR explained that a decision had been taken to

	separate this from the more general risk, and have it now as a specific standalone risk. Other than that nothing had changed.
139-21	**Quality and safety report** The Board received the latest Quality and safety report seeking further assurance as follows: • Reduced levels of MRSA reporting was a result of a change in screening, as had been agreed by the Quality and governance committee. This change would be kept under review and if thought necessary could revert back to full screening after the next audit cycle. • In response to concerns that vaccination data appeared low, the Board was advised that further validation work was underway which was showing a higher level of take-up. However, a technical issue had meant that HR systems could not directly track NHS numbers; the Directors of Nursing and Workforce would continue to work to identify a solution. In addition, some staff had been vaccinated abroad which impacted on data, and a further cohort had been advised not to be vaccinated for clinical reasons. It was also noted that data could not be truly representative due to the impact of leavers and starters. Overall, the Board took assurance that the Trust was confident that data was more robust was being kept under review. • Validation had shown that the actual number of doctors not vaccinated was not substantial, and 100% compliance rates were not feasible due to the number of staff unable to take up the vaccine for clinical reasons. There were no further comments and the Board **noted** the contents of the update.
140-21	**Annual reports** The board received a series of annual reports, previously been reviewed by the Quality and governance committee as follows: • Safeguarding • Infection, prevention & control • Patient experience • Emergency preparedness, resilience and response (EPRR), and business continuity • Medical Appraisal and Revalidation Annual Report • Research and Innovation Annual Report The Board sought and received the following additional clarification: • EPRR - The Trust was currently in the cycle of the peer reviewed assurance, with the aim to achieve substantial assurance this year. The QVH position had been strengthened by resilience testing during COVID. Acknowledging constraints around achieving full assurance, the Board concurred that a substantial assurance rating would be a good outcome. It was also noted that the Trust's role in a major incident had changed with QVH taking on additional supportive roles in the event that larger units became overwhelmed. • The EPRR and Infection, prevention and control reports reflected lessons learned from the pandemic. Additional learning had come from more general areas, (eg, agility with regard to cancer services). The ability to conduct business virtually had been very positive and likewise the ability to make decisions at pace as a result of closer working relationships between EMT and HMT. There were no further comments and the Board **noted** the content of the reports.
Any other business (by application to the Chair)	
141-21	There was none.
Members of the public	
142-21	**Questions from members of the public** **Caroline Migo, public governor:** ***I am very concerned about the number of meetings being held that exclude the public from attending. My understanding is that it is only acceptable in to hold meetings in private in exceptional circumstances that relate to a person or personnel details being discussed. Commercial sensitivity is not an adequate reason to exclude public and certainly does not demonstrate the open, honest and transparent ethos currently being encouraged by NHS England. Would the board therefore define what they mean by 'Commercial sensitivity***

CP responded: *the Board of QVH works on a principle of openness and transparency so the vast majority of review, scrutiny and decision making is in public. There are however occasions when there is a need to have sensitive discussions in private. This is in keeping with Schedule 7 to the National Health Service Act which states that "the constitution may provide for members of the public to be excluded from a meeting for special reasons." There is no statutory definition of "special reasons". Annex 6 of the Trust's constitution gives examples; this is not an exhaustive list. I understand that traditionally QVH referred to "issues of a commercially sensitive nature" when closing the public meeting; we probably need to review that wording going forwards.*

Tim Butler, public governor:

1. ***Can the board explain in detail why they have yet to include as one of the options that should be assessed for the effective future for QVH "The replacement of some or all of the senior management team", while they have included the seemingly pointless 'do nothing' option. This question is asked in the context that the financial failings of QVH follow a timeline directly related to appointment of the current CEO.***

2. ***Given that all options for the best possible future for QVH be considered at this time can the board assure the public, patients and staff of QVH that they will include a full, detailed and unbiased review of the option of "The replacement some or all of the senior management team" to ensure that all options have been properly explored before any decisions on the future of QVH are made.***

   BH commented: 'I responded to a very similar question from a governor at the last Board meeting; we have not considered replacing the leadership team and nor have we had any indication from our regulators that we should consider this. I also quoted the very positive assessment of leadership in our last CQC inspection.

   On 5 August, the boards of QVH and University Hospitals Sussex NHS Foundation Trust agreed to work together to develop a full business case for potential merger. We are looking forward and putting our time and energy into securing a sustainable future for QVH.

   The Board does not accept the assumptions in the question that there have been financial failings, that these are linked to the current CEO, or that there is a need to replace the senior management team.

   I would in fact suggest that staff very much value the continuity that the current CEO is providing at this time and the commitment he is showing to this organisation. I'm conscious of the potential these questions have to undermine our leadership. It is not acceptable to constantly undermine given the work they are doing.'

Peter Ward Booth public governor:

Since, for example, when Adrian Bull was CEO, the QVH was profitable and very sustainable, the present problem is by definition, a failure of this Board to exercise proper financial control. Would the Board therefore agree that whilst a merger is an easy option by passing the problem to someone else, the price will be paid by those patients who need specialist surgery?

MM responded: *'As was noted at the last Board meeting, the financial challenge is not new; the Trust relied on non-recurrent funds and accounting treatments for a number of years before the Trust went into deficit, and surpluses generated were too small to result in meaningful investment.*

This is not an issue of financial control but of the costs associated with being a small organisation and the Trust's exposure to changes in income as our work is focussed on a relatively small number of areas. In larger trusts there are always services which make a loss and services which make a contribution, with greater opportunity for these to offset each other.'

Peter Ward Booth public governor:

The merged QVH will be swamped by routine surgery from Brighton, which will marginalise the specialist services. Since this Board will no longer be around after the

	merger, will the Board agree no reassurances can be given to these patients needing specialist services? IF responded: *' In the coming months I and other lead clinicians will be working with our colleagues at UHSx to begin the process of understanding in more detail the services in each organisation and what opportunities there would be in merger to benefit patients and staff.* *There has been very clear assurance from the chief executive of UHSx that if in future there are service changes identified that could benefit patients, proposals would be shaped by clinicians and feedback sought from the people who use those services before any decisions were made.'*
143-21	**Exclusion of members of the public** Aligned to paragraph 39.1 and annex 6 of the Trust's Constitution, the Board **agreed** that members of the public and representatives of the press shall be excluded from the remainder of the meeting for the purposes of allowing the board to discuss issues of a confidential or sensitive nature. There were no further comments and the Chair closed the public session of the meeting.

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
	Aug 2021	101-21	Q&GC assurance	KSO1	Update on feasibilty of access to UHSussex Patient First methodology	SJ	Sept	UHSx confirmed to QVH at August JEG that they are keen to progress and will be putting somehting in place.	Closed

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

KSO 1 and 2 were reviewed at the Quality and Governance Committee, 25/10/2021. KSO 3, 4 and 5 were reviewed at the Finance and Performance Committee, 25/10/2021. The trust finances continue to be break even due the national requirement and we await further national /regional instruction regarding the financial flows. Changes since the last report are shown in underlined type on the individual KSO BAFs. **KSO1 risk score has been increased to reflect recruitment challenges within paediatric nursing.** 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 November trust board .

	Q3 2020/21	Q4 2020/21	Q1 2021/22	Q2 2021/22	Target risk
KSO 1	12	12	12	**15**	9
KSO 2	16	16	16	16	8
KSO 3	16	16	16	16	9
KSO 4	20	20	20	20	16
KSO 5	16	16	16	16	9

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**04/11/2021**		**Agenda reference:**	**162-21**	
Report title:	**Chief Executive's Report**				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Steve Jenkin, Chief Executive				
Appendices:	1) Integrated Dashboard 2) QVH media update				
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	• NHSEI place conditions on licence • CQC National Inpatients Survey – QVH rated top • Green Plan – team established to develop trust's first plan				
Recommendation:	For the Board to **NOTE** the report				
Action required	Approval **Y/N**	**Information Y/N**	Discussion **Y/N**	Assurance **Y/N**	Review **Y/N**
Link to key strategic objectives (KSOs):	KSO1: **Y/N**	KSO2: **Y/N**	KSO3: **Y/N**	KSO4: **Y/N**	KSO5: **Y/N**
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:					
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	BAF reviewed at EMT				
	Date:	20/10/21	Decision:		
Next steps:					

CHIEF EXECUTIVE'S REPORT
NOVEMBER 2021

TRUST ISSUES
CQC National inpatient survey 2020
The annual national survey of inpatients at all NHS hospital trusts in England published on 19 October covers all aspects of patients' care and treatment. Carried out by the Care Quality Commission, the survey asked patients for their views on aspects of their care, such as: the hospital environment, communication with staff, involvement in decisions and being treated with respect and dignity.

The survey was carried out in October and November 2020 when the hospital was working hard to provide care in the context of the pandemic, and patients said they had confidence and trust in the staff treating them, felt involved in decisions and able to talk about their worries and fear, were treated them with dignity and respect.

A total of 137 NHS trusts in England, which deliver adult inpatient services, participated in the 2020 survey. Feedback was received from 73,015 people, with a response rate of 46%. All patients aged 16 years or over at the time of their hospital stay were eligible to take part if they were treated by the trust during November 2020.

For the seventh year in a row Queen Victoria Hospital NHS Foundation Trust (QVH) is one of the top rated acute hospitals in the country, rated as 'much better than expected'.

Trusts achieving 'much better than expected' results

Six trusts were classed as 'much better than expected' in 2020. All six trusts are classed as specialist trusts.

	Overall results				Core service		Overall CQC rating
	2020	Most Positive (%)	Middle (%)[a]	Most Negative (%)	Medical care	Surgical	
Trust average		**67**	**22**	**11**			
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	MB	82	13	5	MB	MB	G
Queen Victoria Hospital NHS Foundation Trust	MB	82	13	5	MB	MB	G
Royal Papworth Hospital NHS Foundation Trust	MB	78	15	6	MB	MB	O
The Christie NHS Foundation Trust	MB	77	17	6	MB	B	O
The Royal Marsden NHS Foundation Trust	MB	77	17	6	MB	MB	O
The Clatterbridge Cancer Centre NHS Foundation Trust	MB	77	17	6	MB	N/A	G

Key:					
	Trust performance	About the same (S)	Better (B)	Much better (MB)	
	CQC rating	Inadequate (I)	Requires Improvement (RI)	Good (G)	Outstanding (O)

[a] Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. For example, 'Sometimes' is the middle option (scored as 5/10) for the question *'When you asked doctors questions, did you get answers you could understand?'*.

Interim director of nursing and quality, Nicky Reeves, said: "This result comes from the whole hospital team – patients rated QVH highly across the board from hospital admission, through theatres and wards to leaving hospital. Our staff deserve to be very proud of this result. This is about our focus on treating every patient as an individual, taking the time to listen and understand, the care and compassion which our staff show every day."

NHSEI conditions on licence

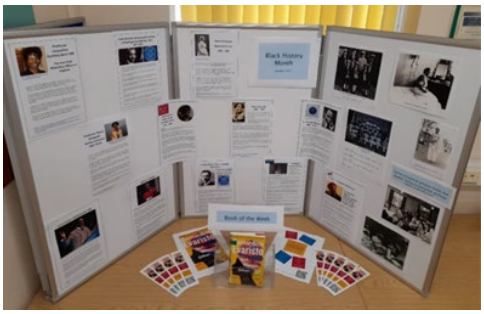
As we work with University Hospitals Sussex on the full business case for possible merger, NHSEI has put in place additional 'licence conditions'. NHSEI have powers to ensure providers comply with their licence conditions under the Health and Social Care Act 2012.

The additional licence conditions will support the Board and Council of Governors to work together, in line with their respective roles and responsibilities, to secure the long term sustainable future of our services.

University Hospital Sussex and QVH will continue to work together to develop a full business case for potential merger. There will be ten workstreams supporting the development of the full business case in the coming months; these include communications, IM&T, finances and clinical governance as well as clinical service reviews. The clinical leaders of both organisations will work together in a series of clinical service reviews to look at how a joined up approach to our services could benefit patients.

Black History Month

Our network co-leads, Aneela Arshad and Kokila Ramalingam, are organising a variety of activities throughout this month. As part of this, the library has put together a display of prominent black people from the fields of medicine and nursing, and some photos of QVH staff from the 1960s. They are also highlighting a different book of interest each week.



QVH Charity – Fundraising and Ambassador

Huge congratulations and thanks to QVH colleague Michelle Hollins who completed the London Marathon for QVH Charity. Michelle, who works in our theatres as a healthcare assistant, raised over

£3,000 for our hospital charity. Congratulations and thanks also go to Andy Stone, a local postman, who ran the London Marathon for our hospital charity raising just over £1,000.

Will Bayley pictured with Kim Brinkworth, senior staff nurse (who also led the nursing team for ParalympicsGB), and Andrew Mellington, consultant plastic surgeon.

GB Paralympic table tennis player and former BBC 'Strictly Come Dancing' contestant Will Bayley returned from Tokyo with two silver medals and is the new charity ambassador for QVH Charity, encouraging Charity supporters and staff in their work.

Will said, "I know first-hand what it's like to be an NHS patient and am proud to have this opportunity to support the work of a local NHS hospital charity. Having grown up nearby in Tunbridge Wells I know how important Queen Victoria Hospital is and was able to visit recently, hearing from staff about just some of the incredible things that happen here. "I'm excited to be involved and to be an ambassador for their QVH Charity. It means a lot to be able to help and I hope together we can help raise funds for the extra things that are outside of what the NHS can fund. Initiatives like children's specialist camps, medical equipment and different ways to support staff."

Retirement

Dame Marianne Griffiths, chief executive of University Hospitals Sussex NHS Foundation Trust (UHSx) announced on 14 October that she will retire next June. Having begun her career as a trainee nurse in the 1980s, she has served nearly 14 years as chief executive of UHSx and its predecessor organisations, Brighton and Sussex University Hospitals NHS Trust (BSUH) and Western Sussex Hospitals NHS Foundation Trust (WSHT), and has decided it is the right time to step aside.

UHSx and QVH will continue to work together to develop a full business case for potential merger. UHSx will begin the process for recruiting a replacement chief executive immediately.

Refurbishments

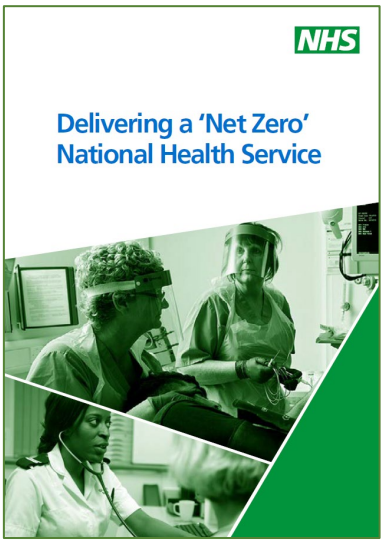
On 30 September the official opening took place for the new rest area for junior doctors and dental trainees, in what was the old bar area of the Surgeons' Mess. The refurbishment was jointly funded by Fatigue and Facilities money from Health Education England and the Trust. A new sofa was also very kindly donated by DFS. Bob Marchant, secretary of the Guinea Pig Club and retired QVH operating department practitioner, who for many years ran the Mess, came back to see the finished renovations and cut a ribbon to officially open the new rest area. Here he is pictured with Helen Moore, medical education manager.

The refurbishment of the rehabilitation unit (building 17) has provided a welcoming reception area, more offices and four fully functional clinic rooms. The gym is now self-contained with a separate corridor for patients and staff to access the rest of the building. There is a newly fitted rehab kitchen

that can be used by therapists for both inpatients and outpatients. Thanks to funding from QVH Charity, the unit also has new tables and chairs for inside and the rehab garden alongside artwork donated by a local artist.

Green Plan

In October 2020, the Greener NHS National Programme published its new strategy, Delivering a net zero National Health Service. This report highlighted that left unabated climate change will disrupt care, with poor environmental health contributing to major diseases, including cardiac problems, asthma and cancer.



The report set out trajectories and actions for the entire NHS to reach net zero carbon emissions by 2040 for the emissions it controls directly, and 2045 for those it can influence (such as those embedded within the supply chain).

To support the co-ordination of carbon reduction efforts across the NHS and the translation of this national strategy to the local level, the 2021/22 NHS Standard Contract set out the requirement for trusts to develop a Green Plan to detail their approaches to reducing their emissions in line with the national trajectories. Given the pivotal role that integrated care systems (ICSs) play, this has been expanded to include the expectation that each system develops its own Green Plan, based on the strategies of its member organisations.

QVH has established its own multi-disciplinary group to develop its first Green Plan which we will look to bring back to our next Board meeting.

Integrated Performance Dashboard Summary

Our Integrated Performance Dashboard (Appendix 1) has been slightly changed to reflect the new planning guidance around recovery plans. A revised Staff Friends and Family Test incorporating nine questions was introduced nationally from 1 July, and is included in this dashboard.

Board Assurance Framework (BAF)

The entire BAF was reviewed at executive management meeting (20/10/2021) alongside the corporate risk register. KSO 1 and 2 were reviewed at the Quality and Governance Committee, 25/10/2021. KSO 3, 4 and 5 were reviewed 25/10/21 at the Finance and Performance Committee. Changes since the last report are shown in underlined type on the individual KSO sheets.

Media

A summary of QVH media activity (Appendix 2) during August and September 2021, highlighting the Board's approval of the strategic case which would lead to detailed work of developing a full business case for merger.

SUSSEX SCENE

Sussex Integrated Care Board

The new Chair Designate of the future Integrated Care Board (ICB) for Sussex is Stephen Lightfoot. He is currently the Chair of the Medicines and Healthcare products Regulatory Agency (MHRA) and has recently completed his eight-year term as Deputy Chair of Sussex Community NHS Foundation Trust and his term as Non-Executive Chair of Sussex Primary Care Limited. The proposed future ICB for Sussex, due to become fully functional next April, will oversee the commissioning, performance, financial management and transformation of the local NHS, as part of the Sussex Health and Care Partnership Integrated Care System (ICS).

NATIONAL SCENE

Changes at Department of Health and Social Care

The Prime Minister carried out a Cabinet reshuffle in September. Sajid Javid remained in post, having replaced Matt Hancock in June Secretary of State for Health and Social Care. Health Minister Edward Argar remained in post and is now joined by four new health ministers:

- Maggie Throup – Minister for Vaccines and Public Health
- Gillian Keegan – Minister for Care and Mental Health
- Lord Kamall – Minister for Technology, Innovation and Life Sciences
- Maria Caulfield – Minister for Patient Safety and Primary Care

At the recent Conservative Party Conference, Sajid Javid announced a review of leadership and management in health and social care, which will be led by General Sir Gordon Messenger, former vice chief of the defence staff and Dame Linda Pollard, chair of Leeds Teaching Hospitals NHS Trust.

Care Quality Commission – The State of health care and adult social care in England 2022/21

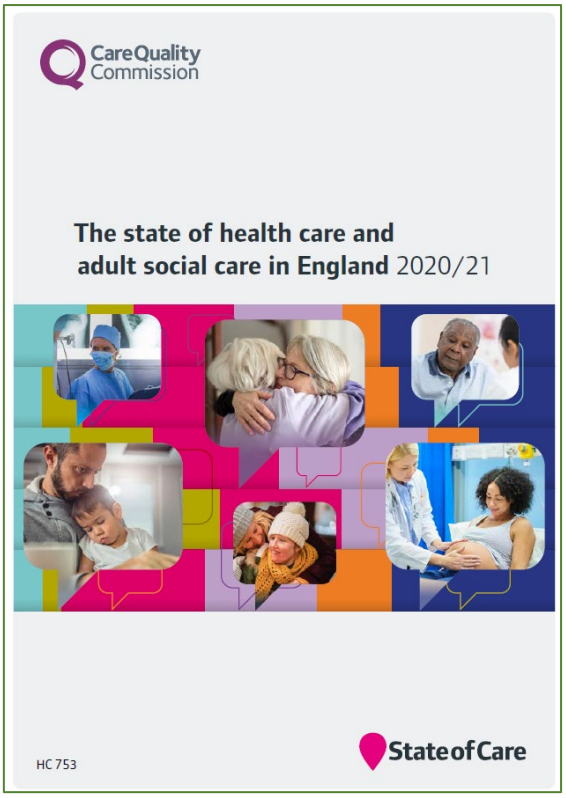
The Care Quality Commission's (CQC's) annual assessment of the state of health and social care in England published on 22 October looks at the quality of care over the past year – the first of these reports to cover a full year of the pandemic.

This year, the success of the vaccination programme has given hope that the virus can be contained. Alongside this hope, however, is the recognition that COVID-19 will continue to cast a long shadow over all aspects of life, especially the health and care system.

CQC state, "The system has not collapsed – but the system is composed of individuals who deliver and receive care, and the toll taken on many of these individuals has been heavy. As we approach winter, the workforce who face the challenges ahead are drained in terms of both resilience and capacity, which has the potential to impact on the quality of care they deliver."

Staffing pressures are being felt across all health and care settings. However, the impact is being seen most acutely in adult social care, where providers are competing for staff with the retail and hospitality industries. Data from information submitted to CQC by providers of residential care shows the vacancy rate rising month-on-month from 6% in April to 10.2% in September. Some care homes whose attempts at recruitment have failed are now having to cancel their registration to provide nursing care, leaving residents looking for new homes in local areas that are already at, or close to, capacity.

CEO Ian Trenholm says, “Increased stability on funding and a clear workforce plan for social care benefits everyone – but further instability could result in a ripple effect across the wider health and care system which risks becoming a tsunami of unmet need.”



Steve Jenkin
Chief Executive

Integrated Dashboard Summary
Key indictators at a glance - November 2021 (reporting M6)

Queen Victoria Hospital
NHS Foundation Trust

KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services	
C-Diff	0
MRSA	0
E-coli	0
Gram-negative BSIs	0
Serious Incidents	0
Never Events	0
No of QVH deaths	1
No of off-site deaths (within 30 days)	1
Complaints	5
Closed <30 days	2
FFT	
In patients	100%
Outpatients	95%
MIU	94%
Day surgery	97%
Hand trauma	94%

KSO 3 Operational Excellence	
MIU <4hrs	98.90%
RTT 18 weeks	73.53%
Cancer 2ww	89.20%
Cancer 62 day	91.70%
Diagnsotics <6weeks	86.24%
52ww	225
Recovery activity	
Day case	92.00%
Elective inpatient	107.00%
First outpatients	92.00%
Follow-up outpatients	100.00%
Outpatient therapies	113.00%
Non-elective	96.00%

Key	Improved Performance	Deteriorating Performance	Remains the same

KSO4 Financial Sustainability (YTD)	
Income	44,826k
Pay expenditure	27,845k
Non-pay expenditure	16,427k
Surplus/Deficit	554k

Block regime in H1, ERF estimated income £3.2m is within the position/ The trust is awaiting agreement and confirmation on actual performance, no clawback has been assumed in the YTD position.

Guidance for H2 has been published in October.

KSO5 Organisational Excellence	
Vacancy rate	13.37%
Turnover rate	14.80%
Sickness rate	3.27%
Appraisal rate	83.93%
MAST	90.92%
Q2 Staff FFT (work at QVH)	94.00%
Q2 Staff FFT (care at QVH)	71.00%

QVH media update – August 2021

Potential merger to be explored in more detail
The HSJ ran two articles this month around the Queen Victoria Hospital board meeting on 5 August where it was agreed our hospital and University Hospital Sussex should do the detailed work of developing a full business case for merger. The full business case will provide the information needed for the boards of both organisations to determine whether to proceed with the merger process.

The article on 3 August (behind the paywall) stated the QVH board is expected to approve the next step to merge, despite some of our council of governors opposing the move and that accusations of bullying [between governors] were made at council of governors meeting in May. This was followed with an article on 6 August (behind the paywall) confirming that the boards of both trusts decided separately to develop a full business case which could lead to a merger at some point next year.

The same day (6 August) the HSJ Weekly Catch-up mentioned that the "power of governors in the NHS has never really been tested" and that QVH board had told governors they could not restrict business in response to a request for activity relating to the possible merger to be paused. An HSJ Daily insight feature on 10 August (behind the paywall) mentioned that if the two trusts merge there would be two acute trusts in Sussex.

Imaging is critical to modern healthcare
The Daily Mail's Good Health ran an article suggesting the NHS is about to face a scan-demic due to the number of people awaiting diagnostic tests. It references a report published last year by the Getting It Right First Time (GIRFT) programme which highlighted examples of good practice and hospitals who have improved their scanning capacity, including Queen Victoria Hospital.

Ian Francis, our consultant radiologist and imaging lead, explained how we are making the most efficient use of our radiology team to help increase our capacity. This includes the introduction of radiology department assistants, to check that patients are having the right scan when they need it. Typically this vetting would be done by sonographers and radiologists, taking up a significant amount of their time. The article was also featured on the nation.lk website and the Pressreader website.

Nurse Kim will lead Paralympic nursing team to Tokyo
News that Kim Brinkworth, one of our senior staff nurses is leading a team of nurses supporting the ParalympicsGB athletes in Tokyo received a number of media mentions. This included an interview in Nursing Standard; an article in Nursing Times; a story on the InYourArea website; and a mention on More Radio's news bulletin (including its website).

Wonderful staff help get Jim back on his bike
The InYourArea website ran an article about how Redhill Cycling Club member Jim McKellar is hoping to compete for Great Britain in the Triathlon World Championships in 2022. 85 year old Jim explains how he was nearly killed after being knocked off his bike and how he "ended up in Queen Victoria Hospital in East Grinstead and they saved my leg. They were absolutely wonderful."

Welcoming Wingbee
Susy Radio covered the unveiling of Project Wingman's newest wellbeing bus – Wingbee – at our hospital in its news bulletin and website on 5 August. Wingbee joins a second bus, Wellbee, to provide a relaxed wellbeing space for NHS staff with a Tea and Empathy service crewed by current or ex-aviation workers who volunteer their time to help.

Promoting our minor injuries unit
Prior to the August bank holiday, our minor injuries unit was mentioned in some regional media coverage about NHS alternatives to A&E across Sussex. Titles to feature the signposting piece included the Chichester Observer and the Shoreham Herald.

Happy birthday Betty
The hospital was referenced in an article by Colorado, USA-based publication Sky Hi News, about the 100th birthday of Betty Cranmer. The article mentions how Betty worked as a nurse in World War II for the UK's Royal Women's Airforce at a "hospital specializing in burns and plastic surgery in East Grinstead, Sussex" and how it was here she met her first husband, Henry Mahn, a patient.

Press releases
We issued the following press releases this month which you can read via the links below.

- Wingbee has its maiden voyage at QVH
- Nurse Kim will lead Paralympic nursing team to Tokyo

We also published the following information on our website:

- What's happening about the possible merger?

QVH media update – September 2021

How the NHS is coping with the Covid surge
This month a number of media outlets ran features about how the NHS is faring with coronavirus admissions. The first was The Mirror, using analysis they commissioned which showed that 154 NHS trusts in England were treating more patients than they were on 'Freedom Day', with hospitals in Birmingham, Liverpool, Manchester, Nottingham, London and Leicester among those to have seen the sharpest rises. We were featured in this article and a follow-up the next day as one of the trusts with no coronavirus admissions. Other titles to feature the list of trusts with coronavirus admissions were Wales Online; Stoke Sentinel; Bristol Post; and InYourArea.

Sussex 'Provider Collaboration Opportunities'
The HSJ ran an article (behind the paywall) about the Sussex acute services review commissioned by Sussex Health and Care Partnership, which stated that a number of services across Sussex are considered 'fragile and challenged'. The review also set out some of the collaboration opportunities such as more efficient planned care sites and shared patient tracking lists to ensure equity of

access. The piece included a box story on Queen Victoria Hospital spoke site working and potential merger. The report was referenced again in an HSJ Insights piece (behind the paywall).

The HSJ also ran a piece (behind the paywall) referencing a letter to our chair and non-executive directors the publication had sight of, where a number of QVH consultants called for a motion of no confidence in the chief executive in light of the decision to progress to a full business case for a potential merger with University Hospitals Sussex. The board reaffirmed its commitment to listening, engaging and responding to the hopes and concerns of all staff as part of the potential merger process. The article also referenced Dr Peter Carter withdrawing from the role as interim chair on health grounds.

Painter's Peanut ward present
The donation of two paintings to our Peanut Ward by local artist Christine Bleny received a series of local media mentions. The artwork is from her series of undersea paintings and were donated to "bring a smile to the children". Titles to feature the donation included the Crawley Observer; InYourArea; Mid Sussex Times; and Daily Advent (linking to the Mid Sussex Times).

Specialist surgery needed for stone skimming accident
Queen Victoria Hospital received a series of national and international media mentions when the parents of one of our patients shared their story. Oliver Quarte, aged nine, was skimming stones at the beach when one hit a concrete pier. The stone fractured into pieces, one of which ricocheted back severing the tendons of his middle finger. He came to QVH for specialist surgery and is receiving physiotherapy support.

Media outlets to feature Oliver's story included The Mirror; Today UK News; Yahoo News; AOL News; Wales Online; The Argus; Cambridge News (also featured on the Daily Advent website) ; Leicester Mercury; Thakoni; Belgium News; Christmas Island News; Bahamas News; Australia News; East Timor News; Grenada News; Iceland News; Congo News; Kuwait News; and French Polynesia News.

Ad hoc media
The Ely Standard's article about a £45m re-development of the Princess of Wales hospital and look back at its history, included an ad hoc mention of our hospital too. Jock Allaway was a patient at Ely R.A.F. Hospital and a member of the Guinea Pig Club. He recalled: "Every month the distinguished surgeon Sir Archibald McIndoe used to visit and pick patients to be transferred to the new Queen Victorian [sic] Hospital, East Grinstead, Sussex."

The website Batman Wikis published a feature about the history of plastic surgery which mentions Queen Victoria Hospital and the work of Sir Archibald McIndoe and Sir Harold Gilles.

Press releases
This month we published the following information on our website:

- Celebrating the 40th anniversary of his sight saving surgery – used as part of a series of posts to tie in with Eye Health Week which we ran across our social media channels.

KSO3 – Operational Excellence

Risk Owner – Director of Operations
Date last reviewed : 21 October 2021

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	4(C) x 4 (L) = 16
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

- Increase of RTT waiting list and patients waiting >52 weeks / > 78 weeks due to COVID-19 pandemic and cancer hub role
- Reduced capacity due to reconfiguration of services to support green and amber elective pathways and infection prevention control requirements
- Reduced capacity due to Rowntree procedure limits
- Increasing staff gaps due to COVID-19 isolation requirements
- Isolation requirement impact - patient take up, timescales to book and ability to utilise capacity following cancellations
- Vacancy levels in sleep [CRR 1116]
- Medical capacity in sleep
- Specialist nature / complexity of some activity
- Sentinel Lymph Node demand [CRR 1122]
- Capacity to deliver NHSE, system and QVH recovery and transformation requirements
- Anaesthetic gaps
- Reduced IS provision for corneo plastics to inability to access Horder Healthcare capacity
- Inflated H2 performance challenge due to second surge cancer hub provision and stand down of reconstruction during first and second surges

Future risks

- Further COVID-19 surge
- National Policy changes to access and targets
- NHS funding and fines changes & volatility
- Reputation as a consequence of recovery
- Workforce morale and potential retention impact due to merger considerations
- System service review recommendations and potential risks to services

Future Opportunities

- Closer ICS working
- Closer working between providers including opportunities with Kent & Surrey
- Partnership with BSUH/WSHFT

Controls / Assurance

- Mobilising of virtual outpatient opportunities to support activity during COVID-19
- Outpatient improvement programme
- Additional reporting to monitor COVID-19 impact
- Recovery planning and implementation underway
- Weekly RTT and cancer PTL meetings ongoing
- Additional cancer escalation meetings initiated where required to maximise daily grip
- Development of revised operational processes underway to enhance assurance and grip
- Additional fixed term anaesthetist posts out to advert
- Locum staff identified to support sleep position
- Theatre productivity work programme in place
- Programme of waiting list validation

Gaps in controls / assurance

- Reduced capacity due to infection control requirements for some services
- Not all spoke sites on QVH PAS so access to timely information is limited
- Late referrals for RTT and cancer patients from neighbouring trusts
- Residual gaps in theatre staffing
- Capacity challenges for both admitted and non admitted pathways
- Informatics capacity
- Impact of COVID-19 on patient willingness
- Reduced Independent Sector capacity
- Theatre capacity due to Rowntree theatre procedure limits

KSO 4 – Financial Sustainability

Risk Owner: Director of Finance & Performance | **Committee: Finance & Performance** | **Date last reviewed 27/10/2021**

Strategic Objective

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

Risk

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

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

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

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

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

Rationale for current score (at Month 6)

- The Trust submitted a breakeven plan for H1 in line with ICS. As at month 6 the Trust has a surplus of £0.6m to plan. This is a £0.6m change to M5 forecast of breakeven. The change in position is due to late notification of ERF M1-3 actuals being higher than previously notified.
- 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
- Unknown costs of redesigned pathways.

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

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

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**4 November 2021**		**Agenda reference:**	**164-21**	
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 committee's meeting on Monday 25th October.				
Summary of key issues	Operational performance. Strong performance in most areas, but issues with late referrals and capacity. H2 planning being undertaken. Workforce indicators. Focus on vacancies and hard to recruit posts. Financial results. Small surplus in H1, budgeting for break-even in full year, but dependent on staffing levels and ERF income				
Recommendation:	The Board is asked to **NOTE** the contents of the report, the **ASSURANCE** (where given), and the uncertainty and challenges in the near future.				
Action required	~~Approval~~	~~Information~~	**Assurance**	**Assurance**	**Assurance**
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: x *Operational excellence*	KSO4: x *Financial sustainability*	KSO5: x *Organisational excellence*
Implications					
Board assurance framework:	KS05 – Organisational Excellence – strong indicators of successful management, but aware of critical dependencies KS04 – Financial Sustainability – short-term break-even is the result of national funding, longer-term is not resolved KS03 – Operational Excellence – risk remains high as growth in waiting lists and times				
Corporate risk register:	Committee is looking in detail at allocated corporate risks				
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:		
Next steps:					

Report to: Board of Directors
Meeting date: 4 November 2021
Reference no: 164-21
Report from: Paul Dillon-Robinson, Committee Chair
Report date: 26 October 2021

Financial, operational and workforce performance assurance

Introduction

The finance and performance committee met on 25th October. A common focus of the meeting was the link between staff in post (both substantive and bank/agency) and the activity that this would generate, which would then be reflected in the H2 expenditure budget and potential income to enable break-even at year-end.

1. Operational performance

The committee noted that some indicators were behind plan, in areas around cancer and diagnostics, whilst recognising that issues remain with late referrals, on the day cancellations, clinic capacity and theatre staffing. Other performance indicators were encouraging.

Sleep remains an area that continues to be challenged, but assurance was given that plans (primarily for recruitment) should drive improvement, albeit not until the new year. A peer review is currently in progress.

Theatre utilisation was discussed in some detail, and it was noted that no particular themes emerge from the analysis, however actual utilisation remains below the target KPI.

Further work is being carried out on outpatient performance indicators.

H2 planning is underway, but there is still some clarity needed on the final requirements and some targets are not easy to apply in QVH's particular circumstances.

2. Workforce performance

The meeting focused on discussions around vacancies against the authorised establishment (given vacancies and turnover have been Red rated for the last couple of months, both overall and for many departments). This was linked into H2 planning given the importance of staffing levels and activity, with the consequent impact on pay budgets and the year-end forecast. Analysis of hard to recruit posts was provided and it was acknowledged that efforts are being made to recruit, noting regional and national problems in many of these areas.

Bank staff remain critical to covering vacancies, with control over agency spending, but there still remain a number of unfilled posts.

The national staff survey is underway and the level of completion by trust staff is around that of other trusts.

3. Financial performance

The financial outcome for H2 is a small surplus, primarily due to final allocation of ERF monies for Q1.

The committee discussed in detail the business planning for H2 and agreed to recommend to the Board a balanced budget for H2 (noting the small surplus in H1) and that the potential deficit of £4m (from aggregated budgets) should be met by budgets held centrally for; pay underspends (since the budget was set on a full establishment) and ERF income that should be achieved by activity plans linked to the level of staffing. The committee was keen that they, and the trust's exposure, were monitored closely in the months ahead.

4. Other

The committee took assurance that two of the corporate risks (1214 Theatre Boilers and 1215 Theatre Medical Air Compressor) would shortly be removed as the remedial work had been completed and just needed to be confirmed as working effectively.

Business planning, already discussed in earlier items, was also discussed in terms of the main changes in H2 requirements, for instance the change to clock stops that was more problematic for QVH, as well as the fact that some certainty on final details was still required. Concern was raised on the ability to stabilise waiting list numbers to September 2021 levels. An update was also provided on a bid for monies from the Targeted Investment Fund for two modular theatres.

The committee reviewed a paper on a move to an ICS wide single payroll provision, and approved the move and delegated authority for the final commercial and contractual discussion

There were also updates on data quality, clinical coding and estates & facilities, with the Redeployment Policy ratified.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**04 November 2021**		**Agenda reference:**	**165-21**	
Report title:	**Financial Performance**				
Sponsor:	Michelle Miles – Director of Finance and Performance				
Author:	Michelle Miles – Director of Finance and Performance				
Appendices:					
Executive summary					
Purpose of report:	To provide the Board with an overview of the Trust's financial performance.				
Summary of key issues	The Trust I&E position is £554k surplus against the YTD plan at M6. The trust in line with national requirements is operating under block income regime with a plan set for H1 (M1-6) 2021-22, further guidance on H2 planning was issued in October. Overall surplus position year to date driven by trust hitting above threshold activity targets for Q1, however ERF guidance has changed for Q2 leading to a shortfall in planned income. Further full guidance on ERF for H2 is still awaited. Expenditure run rate (both Pay and Non-Pay) broadly in line with last 12 months averages. Services across the trust are currently carrying vacancies that are not fully backfilled and therefore resulting into a year to date underspend (£378k) for pay lines. Pay inflation was paid in M6 offset by additional income. Non-Pay in contrast overspending where budget has been flexed to reflect the threshold activity targets (-£170k). The cash position for the Trust continue to remain favourable due to the level and timing of the block payments arrangement. Due to the delay in guidance for H2 the cash position is being assumed that no ERF support is available.				
Recommendation:	To **note** the report				
Action required *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):			KSO3:	**KSO4:**	KSO5:
			Operational excellence	***Financial sustainability***	*Organisational excellence*
Implications					
Board assurance framework:	KS04 – Financial Sustainability				
Corporate risk register:	KS04 – Financial Sustainability				
Regulation:	NHSI Financial Submission				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	25.10.21	Decision:	Noted	
Next steps:					

Financial Performance Report

Michelle Miles, Director of Finance & Performance

September 2021

Trust Board

Contents

Queen Victoria Hospital NHS Foundation Trust

Headline Financial performance Month 06

Queen Victoria Hospital NHS Foundation Trust

Performance Month 06 £0.6m Surplus

Income

- YTD over performance to plan £0.3m.
- Block regime in H1. YTD ERF estimated income £3.2m is within the position. ERF income threshold set at 95% with actual income delivered at M6; DC 85%, EL 74%, OP New 84% and OP Follow-up 95%. The Trust is awaiting agreement and confirmation on M4-M6 actual payments, no further provision for ERF income loss has been assumed in the H1 position.

Expenditure

- YTD under performance to plan of £0.2m, mainly within Pay £0.3m under plan due to current vacancies and staffing challenges.
- Unutilised establishment is 131.79 wte, mainly within the following staff groups - Nursing 62.05 wte Perioperative 32.29 & Operational Nursing 26.85, AHPs 30.31 wte Clinical support 15.99, Outpatients 6.41, Outpatients 5.00 and Admin 24.84 wte.
- Worked establishment at M6 is 986.63 wte, 0.68 wte higher than the same period in 19/20.

Activity

- Trust's activity delivery for September 21 measured against 19/20 activity levels is DC 96%, EL 82%, OP New 97% and OP Follow up 99%.

Efficiencies

- H1 Planned efficiencies £812k. Budgets have been set net of efficiencies therefore full achievement to date.

Balance sheet

- Trade Receivables decreased by £6.8m since M5 primarily due to receipt of September NHS block income £6.3m. Cash at M6 was £12m.
- Trade payables have increased by £2.4m since the start of the year due to an increase in expenditure accruals. Other liabilities decrease since M5 reflects September element of block income £6.3m now recognised.
- Better Payment Practice Code (BPPC) performance continues to be a focus for NHSI/E, Trust YTD performance is compliance, but there are historic issues to be resolved.

Capital

- The Trust capital forecast been revised from £5.7m to £4m to ensure that the plan is achievable. The Capital plan for the year has been approved, with many of the projects underway and YTD spend broadly in line with plan.

Headline Financial performance Month 06

Queen Victoria Hospital NHS Foundation Trust

Financial performance Risks & Mitigations

Income

Trust H1 ERF income forecast is £3.2m an increase from M5 of £0.9m as actual payments for M1-3 performance amount confirmed by NHSE/I is higher than forecast. ERF Payment at present, is subject to the System meeting the 5 ERF Gateway requirements.

Expenditure

The Trust budgets have been set to deliver activity plans based on 19/20 activity levels. H2 Business planning meetings have been taking place during September and October, which will triangulate activity and the resources required to deliver activity.

Efficiencies

The Trust historically has not been able to deliver cash releasing efficiencies. Indicative H2 efficiency target is 3%. The Trust continues work to understand how the productivity and efficiencies currently being delivered can convert into recurrent savings.

Capital

Forecast revised from £5.7m to £4.0m. At this time the Trust is not intending to seek additional cash support and will have discussions on that basis at an ICS level. The Trust will need to review the allocation of funds to "approved" projects in line with the reduced funds available. The Trust capital at £4m is larger than previous years. In order to deliver the plan additional resources are being recruited to support delivery in H2.

Initial guidance for H2 has now been released, H2 planning timetabled for September – November.

Income & Expenditure Month 06

Queen Victoria Hospital NHS
NHS Foundation Trust

Income and Expenditure

	In Month £'000				Year to Date £'000				Forecast Outturn		
	19/20	Plan	Actual	Variance	19/20	Plan	Actual	Variance	Plan	Forecast S/L	Variance
Income											
Patient Activity Income	6,200	6,371	7,291	920	33,352	38,226	37,761	(465)	38,226	37,761	(465)
Other Operating Income	394	322	303	(19)	2,367	1,392	1,731	339	1,392	1,731	339
Block projected top up	0	810	1,104	293	1	4,863	5,334	471	4,863	5,334	471
Total Income	**6,594**	**7,503**	**8,698**	**1,195**	**35,720**	**44,480**	**44,826**	**346**	**44,480**	**44,825**	**345**
Pay											
Substantive	(3,831)	(4,554)	(4,947)	(393)	(22,722)	(27,290)	(25,884)	1,406	(27,290)	(25,884)	1,406
Bank	(418)	(139)	(259)	(119)	(1,729)	(869)	(1,571)	(702)	(869)	(1,571)	(702)
Agency	(141)	(11)	(55)	(45)	(1,202)	(64)	(390)	(326)	(64)	(390)	(326)
Total Pay	**(4,389)**	**(4,704)**	**(5,261)**	**(557)**	**(25,652)**	**(28,223)**	**(27,845)**	**378**	**(28,223)**	**(27,845)**	**378**
Non Pay											
Clinical Services & Supplies	(718)	(916)	(1,167)	(251)	(3,456)	(5,342)	(4,834)	508	(5,342)	(4,834)	508
Clinical Services & Supplies - Med & S	(505)	(549)	(573)	(24)	(3,418)	(3,118)	(3,244)	(126)	(3,118)	(3,244)	(126)
Drugs	(125)	(130)	(106)	24	(742)	(741)	(690)	50	(741)	(690)	50
Establishment Expenses	(175)	(213)	(178)	35	(1,692)	(1,215)	(1,316)	(100)	(1,215)	(1,316)	(100)
Consultancy	(35)	(16)	(9)	7	(42)	(91)	(150)	(59)	(91)	(150)	(59)
Other non pay	(466)	(520)	(366)	154	(2,297)	(2,857)	(2,796)	61	(2,857)	(2,796)	61
Total Non Pay	**(2,023)**	**(2,344)**	**(2,400)**	**(56)**	**(11,647)**	**(13,364)**	**(13,030)**	**334**	**(13,364)**	**(13,030)**	**334**
Non Operational Expenditure	(101)	(128)	(142)	(14)	(771)	(721)	(922)	(201)	(721)	(922)	(201)
Non Operating Income	2	0	0	(0)	10	0	0	(0)	0	0	(0)
Depreciation and amortisation	(292)	(378)	(404)	(26)	(1,753)	(2,173)	(2,475)	(303)	(2,173)	(2,475)	(303)
Total Expenditure	**(6,803)**	**(7,554)**	**(8,206)**	**(653)**	**(39,812)**	**(44,479)**	**(44,272)**	**208**	**(44,479)**	**(44,272)**	**208**
Surplus / (Deficit)	**(209)**	**(50)**	**492**	**542**	**(4,092)**	**1**	**554**	**553**	**1**	**554**	**553**
Adjusted financial performance											
Technical			*151*	*151*			*151*	***151***		*151*	*151*
Adjusted Surplus / (Deficit)	***(209)***	***(50)***	***643***	***693***	***(4,092)***	***1***	***705***	***704***	***1***	***705***	***704***

QVH PERFORMANCE COMMENTARY

YTD M6 the Trust is reporting £553k under plan. This Is a change to the M5 reported breakeven forecast. The change in H1 position is due to late notification of confirmed M1-3 Income ERF payments being higher than previously reported.

Income YTD £345k over plan

- ERF YTD £3.2m, this is the Trust full estimate of ERF income to M6.
- ERF is £0.8m under plan due to lower activity delivered and the revised Q2 threshold, this under performance is offset by estimated pay awards income £0.6m

Expenditure YTD £208k under plan

- Pay: £378k surplus, In month 6 3% pay awards have been paid (YTD). Under plan is mainly due to substantive vacant posts and staffing challenges across services.

The Trust H1 plan has been set to deliver 19/20 activity levels and the Trust requires 19/20 establishment levels to deliver the required activity plans.

The Trust Finance Board report Includes the adjusted financial performance, to align with ICS reporting. Adjusted financial performance includes Technical adjustments which are removed.

QVH FORWARD LOOK / PERFORMANCE RISKS

Risks

Income

- The Trust is reflecting the full planned estimate of ERF income £3.2m. No provision has been made for a change to this whilst the Trust waits to receive conformation of the actuals for M4-6.

Expenditure

- Staff challenges and vacancies, which will impact service delivery as the Trust works to meet the 95% threshold.

Mitigations

- The Trust has reviewed with Business units the establishment required to maintain and deliver performance as part of the vacancy reviews in August.
- H2 Business planning meetings in September – November are again reviewing and triangulating Activity, Workforce and Resources required for H2 delivery.

Run Rate Month 06

Queen Victoria Hospital NHS
NHS Foundation Trust

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Income													
Patient Activity Income	6,200	5,798	5,023	4,683	5,219	4,824	7,885	6,130	6,332	884	5,842	6,006	7,291
Other Operating Income	394	466	303	818	(45)	398	(261)	575	277	236	195	144	303
Block projected top up	0	456	11	(396)	52	(52)	(193)	0	1,401	6,533	776	787	1,104
Comprehensive Income	0	0	0	0	0	0	665	0	0	0	0	0	0
Total Income	***6,594***	***6,721***	***5,337***	***5,105***	***5,226***	***5,169***	***8,097***	**6,706**	**8,010**	**7,653**	**6,822**	**6,938**	**8,698**
Pay													
Substantive	(3,831)	(3,802)	(3,697)	(3,729)	(3,791)	(3,695)	(3,879)	(4,014)	(4,335)	(4,103)	(4,243)	(4,242)	(4,947)
Bank	(418)	(233)	(236)	(264)	(261)	(297)	(122)	(232)	(243)	(248)	(278)	(311)	(259)
Agency	(141)	(225)	(217)	(173)	(153)	(132)	(286)	(56)	(81)	(79)	(68)	(50)	(55)
Total Pay	***(4,389)***	***(4,259)***	***(4,150)***	***(4,165)***	***(4,205)***	***(4,124)***	***(4,287)***	***(4,302)***	***(4,659)***	***(4,430)***	***(4,589)***	***(4,604)***	***(5,261)***
Non Pay													
Clinical Services & Supplies	(718)	(623)	(344)	(472)	(526)	(307)	(135)	(544)	(696)	(748)	(797)	(882)	(1,167)
Clinical Services & Supplies - Med &	(505)	(579)	(573)	(658)	(602)	(579)	(780)	(528)	(427)	(600)	(568)	(548)	(573)
Drugs	(125)	(104)	(138)	(129)	(124)	(119)	(115)	(101)	(121)	(143)	(123)	(97)	(106)
Establishment Expenses	(175)	(378)	(264)	(237)	(169)	(296)	(251)	(273)	(161)	(248)	(224)	(232)	(178)
Consultancy	(35)	(8)	(37)	(48)	(21)	(32)	(26)	(54)	(32)	(18)	(47)	11	(9)
Other non pay	(466)	(380)	(395)	(479)	(541)	(450)	(1,868)	(377)	(509)	(457)	(627)	(459)	(366)
Total Non Pay	***(2,023)***	***(2,073)***	***(1,752)***	***(2,023)***	***(1,982)***	***(1,783)***	***(3,176)***	***(1,876)***	***(1,947)***	***(2,214)***	***(2,386)***	***(2,207)***	***(2,400)***
Non Operational Expenditure	(101)	(135)	(137)	(138)	(137)	(136)	(120)	(129)	(157)	(199)	(148)	(148)	(142)
Non Operating Income	2	2	2	3	2	2	2	0	0	0	0	0	0
Depreciation and amortisation	(292)	(286)	(286)	(286)	(200)	(276)	(359)	(363)	(444)	(448)	(420)	(396)	(404)
Total Expenditure	***(6,803)***	***(6,751)***	***(6,322)***	***(6,610)***	***(6,523)***	***(6,317)***	***(7,940)***	***(6,670)***	***(7,206)***	***(7,291)***	***(7,543)***	***(7,355)***	***(8,206)***
Surplus / (Deficit)	***(209)***	***(30)***	***(986)***	***(1,505)***	***(1,297)***	***(1,148)***	***157***	***35***	***804***	***362***	***(721)***	***(418)***	***492***

QVH PERFORMANCE COMMENTARY

Income : M6 run rate is £1.7m higher than average run rate. This is mainly due to

- M1- 3 ERF actual confirmed payments is higher than expected £0.9m,
- estimated pay awards £0.6m.

Pay- M6 pay costs increased £0.6m for the backdated pay awards, excluding the pay awards impact pay costs are in line with trend for the last 12 months, reflecting the fixed nature of staffing costs.

Non Pay in line with trend and activity performance

QVH FORWARD LOOK / PERFORMANCE RISKS

Staffing recruitment in some areas is ongoing. The Trust expects the pay run rate to increase in H2 as posts are recruited to, however in some areas vacant posts have been covered by bank and agency staff.

Review of establishment requirement monthly profile is ongoing with Finance and budget holders and forms part of the H2 planning process.

Workforce Financial performance Month 06

Queen Victoria Hospital NHS
NHS Foundation Trust

Workforce

	In Month WTE					In Month £'000					Year to Date £'000				
	19/20	Plan	Actual	Variance	Total Pay Variance	*19/20*	Plan	Actual	Variance	Total Pay Variance	*19/20*	Plan	Actual	Variance	Total Pay Variance
Substantive															
Admin & Clerical	263.74	325.80	278.80	47.00	24.84	*(818)*	(918)	(1,195)	(278)	(328)	*(4,702)*	(5,685)	(6,029)	(344)	(631)
Allied Health Professionals & Healthcare Scientists	146.00	178.69	145.63	33.06	30.31	*(557)*	(731)	(699)	32	31	*(3,497)*	(4,107)	(3,656)	451	424
Medical	141.89	165.02	153.40	11.62	8.04	*(1,523)*	(1,615)	(1,759)	(143)	(206)	*(8,536)*	(9,692)	(9,363)	329	(106)
Nursing & Healthcare Assistant	262.16	336.71	266.38	70.33	62.05	*(796)*	(1,144)	(1,121)	23	(24)	*(5,166)*	(6,862)	(5,960)	901	641
Support Staff	59.21	64.68	57.12	7.56	6.55	*(137)*	(146)	(174)	(27)	(30)	*(821)*	(944)	(875)	69	49
Substantive Total	**873.00**	**1,070.90**	**901.33**	**169.57**	**131.79**	***(3,831)***	**(4,554)**	**(4,947)**	**(393)**	**(557)**	***(22,722)***	**(27,290)**	**(25,884)**	**1,406**	**378**
Bank															
Admin & Clerical	27.21	0.94	22.38	-21.44		*(76)*	(8)	(56)	(48)		*(385)*	(81)	(375)	(294)	
Allied Health Professionals & Healthcare Scientists	3.89	1.98	3.07	-1.09		*(21)*	(10)	(16)	(5)		*(76)*	(63)	(84)	(22)	
Medical	4.73	0.85	4.02	-3.17		*(128)*	(13)	(55)	(42)		*(348)*	(76)	(345)	(270)	
Nursing & Healthcare Assistant	35.56	24.41	28.65	-4.24		*(184)*	(104)	(125)	(21)		*(881)*	(626)	(731)	(105)	
Support Staff	3.43	1.34	2.35	-1.01		*(9)*	(4)	(6)	(2)		*(39)*	(23)	(35)	(12)	
Bank Total	**74.82**	**29.52**	**60.47**	**-30.95**		***(418)***	**(139)**	**(259)**	**(119)**		***(1,729)***	**(869)**	**(1,571)**	**(702)**	
Agency															
Admin & Clerical	1.71	0.00	0.72	-0.72		*(15)*	(2)	(5)	(3)		*(225)*	(14)	(7)	7	
Allied Health Professionals & Healthcare Scientists	7.75	0.00	1.66	-1.66		*(3)*	0	4	4		*(42)*	0	(5)	(5)	
Medical	0.00	0.00	0.41	-0.41		*(28)*	0	(21)	(21)		*(305)*	0	(165)	(165)	
Nursing & Healthcare Assistant	10.60	0.00	4.04	-4.04		*(94)*	(8)	(34)	(26)		*(606)*	(50)	(206)	(156)	
Support Staff	0.07	0.00	0.00	0.00		*(0)*	0	(0)	(0)		*(24)*	0	(8)	(8)	
Agency Total	**20.13**	**0.00**	**6.83**	**-6.83**		***(141)***	**(11)**	**(55)**	**(45)**		***(1,202)***	**(64)**	**(390)**	**(326)**	
Workforce Total	**967.95**	**1,100.42**	**968.63**	**131.79**		***(4,389)***	**(4,704)**	**(5,261)**	**(557)**		***(25,652)***	**(28,223)**	**(27,845)**	**378**	

QVH PERFORMANCE COMMENTARY

The Trust workforce budget has been set to deliver activity based on 19/20 levels which is an increase in actual usage in 19/20 as shown below.

In Month 6 the Trust has worked establishment of 968.63 wte inclusive of substantive, bank and agency, this is 0.68 higher than the same period in 19/20 (Appendix 1).

	19/20	21/22	Change
Admin & Clerical	292.66	301.90	9.24
Allied Health Professionals & Healthcare Scientists	157.64	150.36	-7.28
Medical	146.62	157.83	11.21
Nursing & Healthcare Assistant	308.32	299.07	-9.25
Support Staff	62.71	59.47	-3.24
Grand Total	**967.95**	**968.63**	**0.68**

Unutilised establishment at M5 is 131.79 wte, across all staff groups (Appendix 2).

QVH FORWARD LOOK / PERFORMANCE RISKS

A review of vacancies and establishment required to deliver activity was undertaken in August. The budgeted establishments at Month 6 have been updated following these review meetings.

As part of the H2 planning process a further review of establishment resources for H2 is taking place in September – November.

Trust ERF Calculation Month 06

Queen Victoria Hospital NHS Foundation Trust

Threshold	95%
Planned ERF	£30,424
Variance	£14,928

POD Group	21/22 Price	19/20 Price	Price Variance	Price Percentage against 19/20	Treshold Baseline Amount	ERF Calculation	19/20 Average Price	21/22 Average Price	Change in Average Price
Day Case Total	£1,065,622	£1,197,221	-£131,599	89%	£1,137,360	-£71,738	£1,264	£1,166	-£98
Elective Total	£846,789	£861,846	-£15,058	98%	£818,754	£28,035	£2,523	£3,013	£491
First Outpatients Total	£478,535	£504,258	-£25,722	95%	£479,045	-£510	£179	£171	-£8
Follow Up Outpatients Total	£709,992	£704,158	£5,834	101%	£668,950	£41,042	£85	£84	-£0
First Outpatient Procedures Total	£38,553	£37,379	£1,174	103%	£35,510	£3,043	£102	£130	£29
Follow Up Outpatient Procedures Total	£282,440	£249,432	£33,009	113%	£236,960	£45,480	£135	£172	£37
Grand Total	**£3,421,931**	**£3,554,294**	**-£132,363**	**96%**	**£3,376,580**	**£45,352**	**£243**	**£238**	**-£4**

QVH PERFORMANCE COMMENTARY

Trust achieved the 95% threshold targets set for September 21 for Daycase, Elective and First Outpatients activity. YTD estimate at M6 now increased to £3.2m ERF, based on latest NHSE calculations M1-3 freeze positions and confirmation that there will be no deduction for underperformance in M5. Confirmation of M4-6 payment still awaited from NHSE.

Risk around the YTD estimate as follow:

- M6 Estimated based on Average Specialty Price where not coded at the time of calculation.
- Payment is subject to System meeting the M6 ERF Gateway requirements.

QVH FORWARD LOOK / PERFORMANCE RISKS

According to latest planning guidance, ERF will now be calculated based on performance in H2 relating to number of closed pathways compared to 19/20 closed pathways.

Work has been done to forecast likely number of closed pathways for H2 which is indicating levels of 95% for admitted and 92% for non-admitted which should continue to generate ERF payments in H2 based on a minimum threshold of 89%.

The detail of the financial calculations relating to ERF tied to closed pathways is still awaited to enable a financial forecast for H2 when full guidance is received.

Recovery Activity

QVH Site / Independent Sector

Queen Victoria Hospital NHS Foundation Trust

Point Of Delivery Group	September 2122 Activity	Recovery Plan	2122 Activity Variance against Recovery Plan	2122 Percentage Variance against Recovery Plan	1920 Activity	2122 Activity Variance against 1920 Activity	2122 Percentage Variance against 1920 Activity
Day Case	914	994	-80	92%	947	-33	96%
Elective	281	264	17	107%	342	-61	82%
First Outpatients	3100	3373	-273	92%	3200	-100	97%
Follow Up Outpatients	10138	10170	-32	100%	10221	-83	99%
Outpatient Therapies	2529	2236	293	113%	2780	-251	91%
Non Elective	533	553	-20	96%	679	-146	78%
Grand Total	**17495**	**17590**	**-95**	**99%**	**18169**	**-674**	**96%**
RAG RATING		**Below 90% of recovery plan**		**90%-100% of recovery plan**		**Over 100% of recovery plan**	

PERFORMANCE COMMENTARY

- **Day Case** – Corneo challenges in M6 continued related to medical vacancies and cataract theatre capacity. Max Fax challenges regarding junior staff shortages also evident in M6. However, ability to utilise theatre sessions in plastics has led to a Trust performance of 96% compared to 19/20.
- **Elective** – Max Fax delivering 93% of 19/20 levels in M6 with Corneo and Plastics over performing. Challenges in Sleep continue but performance has increased to 45% of 19/20 which is only partially offset by other services over performance.
- **First Outpatients** – Max Fax and Plastics over performing vs 19/20 levels in M6 with Ophthalmology delivering 91%. Continued challenges in sleep (staff shortages)
- **Follow Up Outpatients** – Broadly delivering 19/20 levels. Underperformance in Corneo at 88% but significant improvement from M5.
- Recovery is broadly on plan for **Outpatient Therapies** and **Non Elective** although short of 19/20 activity.
- All PODs (with the exception of non-elective) showing an improvement from M5

FORWARD LOOK / PERFORMANCE RISKS

- **Corneo** – Improved staffing position improving OP performance with M7 expected to reflect the same improvement. Admitted activity levels predicted to remain constant with no further movement regarding theatre capacity.
- **Plastics** – Broadly delivering 19/20 levels of activity and expected to continue. Challenges with offsite activity vs 19/20.
- **Max Fax** – Challenge with daycase activity due to a combination of reduced demand and reduced ability to staff theatre lists. D&C analysis underway.
- **Sleep** – Elective activity recovery to approximately 45-50% of 19/20 maintained. Ongoing technician shortages continue to drive challenges.
- **Spoke site** –Improvement in outpatient performance for Max Fax expected with continued challenged position for Plastics going into M7. Daycase activity remains challenged.
- **Anaesthetics** – Continued occasional list cancellation due to anaesthetic capacity Ongoing risk in the ability to backfill late cancellations due to isolation requirements.
- **Independent sector** – Total sessions offered by TMC lower in H2.

Balance Sheet Month 06

Queen Victoria Hospital NHS
NHS Foundation Trust

Statement of financial position 2021-22

£000's	Prior Year End: March 2021	April	May	June	July	August	September	Change In Month	Change In Year
Non Current Assets									
Fixed Assets	54,165	53,857	53,732	53,384	53,316	53,070	53,250	180	(915)
Other Receivables	227	227	227	227	227	227	227	0	0
Total Non Current Assets	**54,392**	**54,084**	**53,959**	**53,611**	**53,543**	**53,297**	**53,477**	**180**	**(915)**
Current Assets									
Inventories	1,462	1,460	1,442	1,469	1,465	1,462	1,470	7	8
Trade and other Receivables	4,140	3,353	4,544	6,289	6,679	11,180	4,420	(6,759)	280
Cash and Cash Equivalents	8,582	9,072	8,933	8,358	8,851	11,142	11,971	829	3,389
Total Current Assets	**14,184**	**13,885**	**14,919**	**16,115**	**16,995**	**23,783**	**17,861**	**(5,923)**	**3,677**
Current Liabilities									
Trade and other Payables	(10,544)	(9,575)	(10,060)	(10,949)	(12,486)	(12,987)	(12,887)	100	(2,343)
Borrowings	(893)	(883)	(883)	(857)	(857)	(857)	(889)	(32)	5
Provisions	(88)	(88)	(88)	(88)	(87)	(87)	(87)	0	1
Other Liabilities	(431)	(396)	(337)	(349)	(343)	(6,838)	(322)	6,516	109
Total Current Liabilities	**(11,956)**	**(10,942)**	**(11,368)**	**(12,242)**	**(13,773)**	**(20,769)**	**(14,185)**	**6,584**	**(2,229)**
Subtotal Net Current Assets	**2,228**	**2,943**	**3,551**	**3,873**	**3,222**	**3,015**	**3,675**	**661**	**1,448**
Total Assets less Current liabilties	**56,620**	**57,027**	**57,510**	**57,484**	**56,765**	**56,312**	**57,153**	**841**	**533**
Non Current Liabilties									
Borrowings	(3,653)	(3,653)	(3,653)	(3,266)	(3,266)	(3,231)	(3,231)	0	422
Provisions	(908)	(908)	(908)	(908)	(909)	(909)	(909)	0	(1)
Total Non Current Liabilties	**(4,561)**	**(4,561)**	**(4,561)**	**(4,174)**	**(4,175)**	**(4,140)**	**(4,140)**	**0**	**421**
Total assets Employed	**52,059**	**52,466**	**52,949**	**53,311**	**52,590**	**52,172**	**53,013**	**841**	**954**
Tax Payers Equity									
Public Dividend Capital	21,005	21,005	21,005	21,005	21,005	21,005	21,005	0	0
Revaluation Reserve	13,943	13,943	13,993	13,993	13,993	13,993	13,993	0	50
Income and Expenditure Reserve	17,111	17,518	17,951	18,313	17,592	17,174	18,015	841	904
Total Tax Payers Equity	**52,059**	**52,466**	**52,949**	**53,311**	**52,590**	**52,172**	**53,013**	**841**	**954**

QVH PERFORMANCE COMMENTARY

- Non current assets have decreased in value up to month 6 which reflects the rate of capital programme spend (£1.2m) compared with the depreciation/amortisation costs (£-2.1m). Capital spend in month has increased to £0.5m against depreciation of £0.3m.
- Trade receivables have dropped to more normal levels as the advance element of block contract invoices have become due. H1 blocks are now complete. NHS income accruals are also reduced as Q1 elective recovery fund income, and other funding for prior periods has been received.
- The closing cash balance for August has increased from last month by £0.8m reflecting the receipt of ERF and Other NHS income outside the block funding arrangement. The year to date cash increase also reflects this, the capital spend lag and the increase in expenditure accruals for payments expected to be made later in the year.
- Trade payables have increased in year by £2.4m which reflects the increase in expenditure accruals
- Borrowings (current and non current) consist of the theatre capital loan and outpatient pod finance lease
- Provisions (current and non current) are relating to early retirement pension costs and the clinical pension tax scheme.
- Other liabilities consists of deferred income items which have now dropped back to normal trend levels as the September element of the block invoices drops out.
- Revaluation reserve has increased by £50k in year to account for a revaluation of assets following a valuation clarification, (Arcomed pumps). This does not affect the income & expenditure position.
- Income and expenditure reserve reflects the current statement of comprehensive income (SOCI) position.

Capital Month 06

Queen Victoria Hospital NHS Foundation Trust

	Year to Date £'000			Forecast Outturn £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
Estates Projects						
Main theatres heating boilers	55	55	0	120	120	0
Eye bank air handling unit	105	105	0	180	110	70
Other	212	343	(131)	1,319	1,204	115
Total Estates Projects	**373**	**503**	**(131)**	**1,619**	**1,434**	**185**
Medical Equipment						
Microvascular/ENT microscope	0	0	0	216	170	46
Patient record system for Ophthalmology	0	0	0	165	165	0
Laser for scar service	0	0	0	150	150	0
Other	380	255	125	532	374	158
Total Medical Equipment	**380**	**255**	**125**	**1,064**	**860**	**203**
Information Management & Technology (IM&T)						
Windows 10 / Server 2012 Upgrade	9	9	0	250	250	0
Radiology systems (PACS/RIS) reprovision	59	59	0	200	200	0
EDM scanning solution	45	45	0	175	175	0
Other	270	165	106	577	749	(172)
Total Information Management & Technology (IM&T)	**384**	**278**	**106**	**1,202**	**1,374**	**(172)**
Capitalised staff costs	159	121	37	350	350	0
Contingency				500	500	0
Not yet allocated				969	(497)	1,466
Total Capital 2021/22 Month 2021/22 Programme	**1,295**	**1,158**	**137**	**5,704**	**4,020**	**1,683**

QVH PERFORMANCE COMMENTARY

- As noted at M04 the capital plan has been reduced by £1.7m to £4.0m following the removal of the assumption of ICS capital allocation.
- The trust has capital programmes identified of £3.5m and a contingency reserve of £0.5k.
- Estates expenditure is ahead of plan. The authorisation and procurement processes for medical equipment and IM&T are progressing and the rate of expenditure is increasing.

QVH FORWARD LOOK / PERFORMANCE RISKS

- The Trust capital forecast is £4.0m at M06.
- The Trust will review the allocation of funds to "approved" projects in line with the current feasibility of delivery before the end of the year. This will then be reported into the ICS as well as NHSE/I.
- Many of the 2021/22 projects are in the development phase, with the bulk of the work falling later in the year.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**Thursday 4 November 2021**		**Agenda reference:**	**166-21**	
Report title:	**Operational Performance Report**				
Sponsor:	Abigail Jago, Director of Operations				
Author:	Operations Team				
Appendices:					
Executive summary					
Purpose of report:	To provide an update regarding operational performance and H1 recovery.				
Summary of key issues	Key items to note in the operational report are: • Operational performance in month • Update on ERF requirements				
Recommendation:	The committee is asked to **note** the contents of the report				
Action required *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	**KSO3:** ***Operational excellence***	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	BAF 3				
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:					
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	25 10 21	Decision:	Noted	
Previously considered by:					
	Date:		Decision:		
Next steps:					

Operational Performance Report

Abigail Jago, Director of Operations

October 2021

Trust Board

Contents

Headlines

Queen Victoria Hospital NHS Foundation Trust

Cancer:

- Performance **meeting national / local set standards** for 62 day and faster diagnosis.
- Performance **behind plan** for 2WW, 31 day, 62 day backlog and patients waiting greater than 104 day. 2WW challenges relate primarily to clinic capacity and patient choice. 62/104 day performance remains primarily challenged due to late referrals.

Diagnostics:

- **DMO1** – Continued challenges within the sleep service due to staffing gaps. Radiology only DMO1 performance is **99.56%**.
- Sleep recovery planning ongoing.

Waiting Lists and Long Waiters:

- Further reduction in patients waiting over **52** weeks.
- Patients waiting over **78** weeks has reduced and is within plan; plastics have seen an in month reduction of 26 patients waiting over 78 weeks.
- Patients waiting over **104** weeks have reduced by 3 in month but are above the planned trajectory of 4. Services are on track to eliminate ahead of March 2022.

Activity Vs Plan:

- Improved performance in month.
- **Day case** activity has increased in month to 92%, although remains below plan, primarily due to workforce challenges in corneo and maxfacs.
- **Elective** activity has increased in month to above plan. Ongoing challenges regarding sleep capacity.
- **First outpatients** and **follow up outpatient** have both increased in month, first remains below plan, but follow up is now 100% of plan.

Risk to performance / forward look

- **62D/104D backlog** – remain an ongoing performance risk due to continued high levels of late referrals.
- **2WW** – capacity challenges and continued high levels of patient choice delays for the first appointment, is driving the challenged performance into October.
- Sleep staffing position; continued performance risk for **DMO1** and **elective activity**.
- Staffed theatre capacity
- Ongoing risk around patients delaying / unable to attend for treatment for Covid and Non-Covid reasons.

Performance Summary

Queen Victoria Hospital NHS Foundation Trust

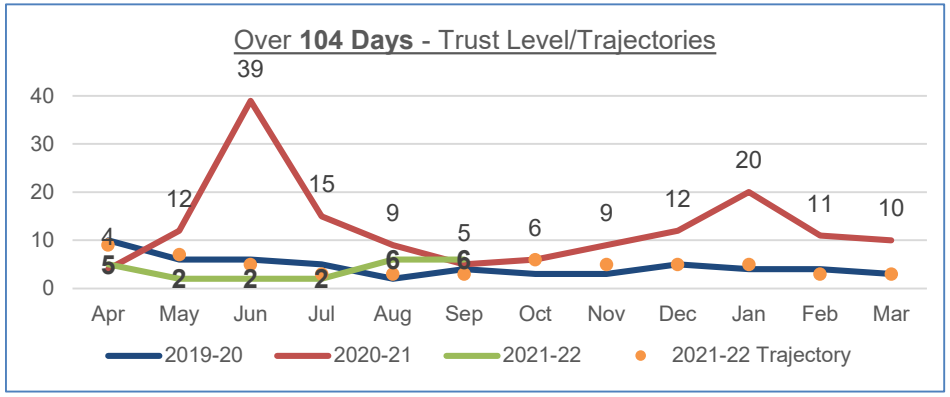
	KPI	TARGET / METRIC	SOURCE	OCT20	NOV20	DEC20	JAN21	FEB21	MAR21	APR21	MAY21	JUN21	JUL21	AUG21	SEP21
CANCER	Cancer 2WW	93%	National	98.7%	99.4%	98.9%	90.7%	98.2%	98.8%	97.8%	98.5%	97.0%	91.2%	89.2%	-
	Cancer 62 day	85%	National	81.2%	86.6%	85.7%	85.3%	87.5%	87.7%	87.5%	89.2%	89.3%	88.4%	91.7%	-
	Cancer 31 day	96%	National	92.2%	93.3%	92.8%	89.7%	94.8%	94.6%	95.5%	97.3%	98.0%	96.7%	95.6%	-
	Faster Diagnosis	75%	National	82.2%	75.1%	77.1%	73.7%	82.8%	83.2%	84.7%	88.9%	85.4%	86.9%	82.5%	-
	Cancer 104 day	Internal trajectory	Local	6	9	12	20	11	10	5	2	2	2	6	6
	Cancer 62 day backlog	Internal trajectory	Local	45	37	51	41	22	8	15	12	18	21	28	30
	Cancer 62 day backlog	<5% of PTL	Local						2.3%	4.6%	2.7%	4.8%	4.3%	5.6%	5.7%
DIAGNOSTICS	DMO1 Diagnostic waits	99% <6 weeks	National	94.9%	98.1%	96.3%	98.80%	99.15%	98.92%	98.88%	97.51%	94.07%	90.76%	86.89%	86.24%
	Histology TAT	90% <10 days	Local	95%	98%	96%	88%	94%	94%	95%	97%	91%	97%	96%	95%
	Imaging reporting	% <7 days	N/A	98.6%	98.5%	98.5%	97.9%	98.4%	97.0%	96.8%	99.1%	97.2%	97.0%	97.1%	98.1%
RTT WAITS	Total Waiting List Size	N/A	N/A	10,360	9907	10,069	10,124	10,416	11,002	10,583	10,487	11,032	11,524	11,242	11,224
	RTT52	Phase 3	ICS	608	563	623	740	907	903	715	534	370	310	272	225
	RTT78	N/A	N/A	16	29	32	43	62	87	126	137	99	103	106	74
	RTT104	N/A	N/A	-	-	-	-	-	2	5	6	4	6	7	4
	RTT18	92%	National	64.20%	69.60%	71.36%	71.06%	69.96%	70.22%	71.20%	74.14%	77.59%	76.08%	75.52%	73.53%
RECOVERY ACTIVITY	Day Case	Recovery plan (% of)	ICS	-	-	-	-	-	-	100.8%	89%	93%	89%	83%	92%
	Elective	Recovery plan (% of)	ICS	-	-	-	-	-	-	92.6%	104%	93%	89%	76%	107%
	First Outpatients	Recovery plan (% of)	ICS	-	-	-	-	-	-	103.4%	95%	113%	98%	82%	92%
	Follow Up Outpatients	Recovery plan (% of)	ICS	-	-	-	-	-	-	112.8%	103%	102%	97%	89%	100%
	Outpatient Therapies	Recovery plan (% of)	ICS	-	-	-	-	-	-	105.9%	108%	111%	113%	99%	113%
	Non Elective	Recovery plan (% of)	ICS	-	-	-	-	-	-	103.1%	112%	104%	105%	101%	96%
MIU	MIU	95% discharged <4hrs	National	100%	100%	99.6%	100%	99.8%	100%	99.9%	99.9%	99.1%	99.9%	99.6%	98.9%
RAG	Deteriorating position or plans / cause for concern			Improving position or plans / local trajectories on track						Delivery of national / local standard					

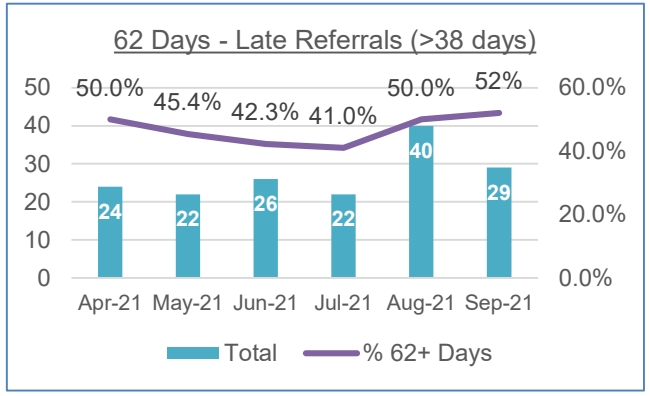
Cancer

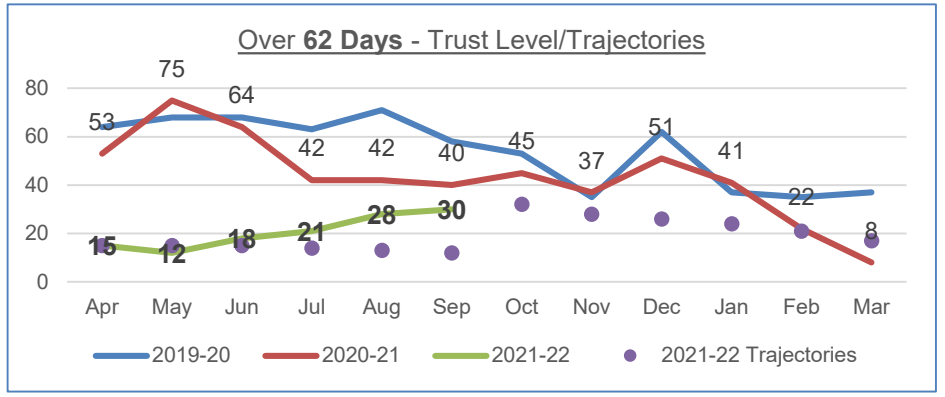
Performance Dashboard / 62 days / 104 day backlog / recovery

Queen Victoria Hospital NHS Foundation Trust

Trust Level	2020-21	Q1 2021-22			Q2 2021-22			Q3 2021-22			Q4 2021-22			Change from last month
		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Two Week Wait	94.0%	97.8%	98.5%	97.0%	91.2%	89.2%								↓
62 Day Referral to Treat	86.5%	87.5%	89.2%	89.3%	88.4%	91.7%								→
Faster Diagnosis	77.5%	84.7%	88.9%	85.4%	86.9%	82.5%								↓
62 Day Con Upgrade	90.1%	90.0%	92.3%	83.9%	100%	90.9%								↓
31 Day Decision to Treat	93.0%	95.5%	97.3%	98.0%	96.7%	95.6%								↑
31 Day Sub Treat	94.0%	94.4%	100%	87.5%	80.0%	88.9%								↓







PERFORMANCE COMMENTARY

- **2WW** – below the target with 40 breaches; 23 of which were clinic capacity related and 13 were patient choice/cancellation.
- **62 day referral to treat** – met standard.
- **Faster diagnosis** – met standard.
- **62 day consultant upgrade** – met standard.
- **31 day decision to treat** – reporting 3 breaches (2 unavoidable and 1 avoidable).
- **31 day subsequent** – below the target.
- **62 day backlog** – Behind plan, with continued challenges with late referrals; 29 in month (referred past 38 days), with 52% of those referred past 62 days.
- **Over 104 day** – Behind plan. Of 6 breaches, 2 were referred past 104 days.

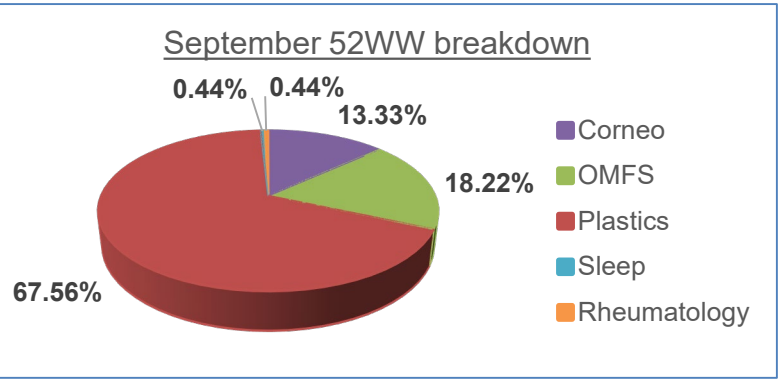
FORWARD LOOK / PERFORMANCE RISKS

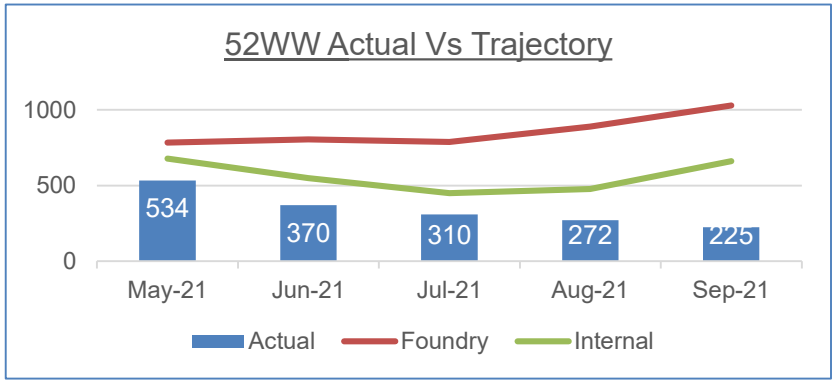
- The unvalidated performance for **62 day** and **FDS** for September is above plan. **31 day** is currently below plan.
- **2WW** performance remains challenged into September and October with head and neck continuing to report a high number of capacity related breaches. Continued work with the services around capacity to enable the booking of appointments within 7days (currently within 8-14 days).
- **62 day backlog** – submitted a new trajectory as part of the H2 planning which has been signed off by the CCG. Ongoing risks around inclusion of late referrals from other trusts as well as patient initiated delays for Covid and non-Covid reasons.
- **Over 104 day** – expected to achieve the revised October trajectory. Ongoing risk around inclusion of late referrals from other trusts with 15 referrals received over 104 days in the last three months.
- Current delays where surgery is being cancelled due to medical reasons - Covid and non-Covid.

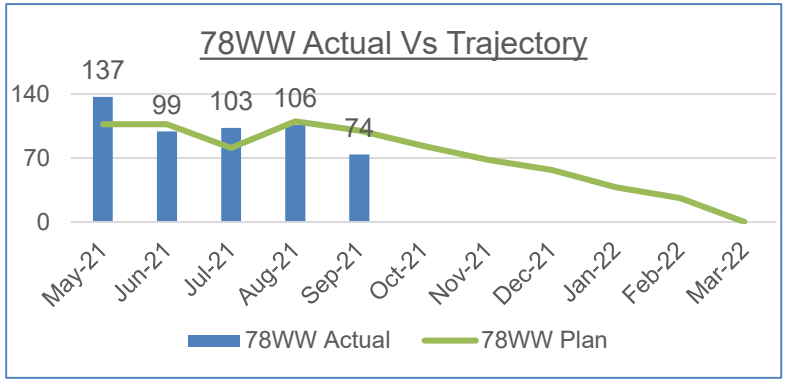
RTT Waits

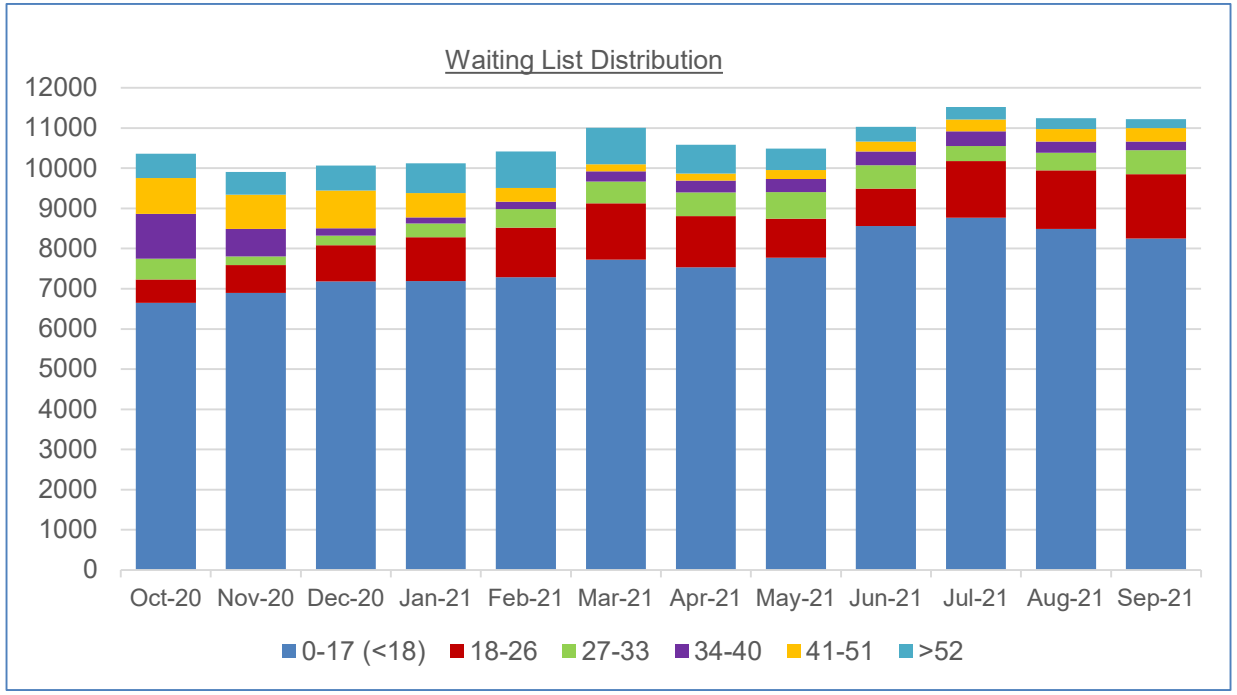
52WW / 78WW / 104WW

Queen Victoria Hospital NHS Foundation Trust









PERFORMANCE COMMENTARY

- **104WW** - 4 patients waiting over 104 weeks; 2 plastics, 2 corneo. 2 have a TCI and 1 are P5. Service levels trajectories in place for Plastics, OMFS and Corneo.
- **78WW** – In month plan met, with a reduction of 32 of patients waiting over 78 weeks; Corneo - 11, MaxFacs - 18, Plastics – 44. Sleep - 1. A rise in % with TCI/treatment booked to 53%; 14 are a P5 or P6 (i.e. patient deferred).
- **52WW** - In month reduction of 47 of patients waiting more than 52 weeks. The trust is continuing to meet the system (foundry) modelling and internal trajectory for 52WW. 62% of patients have a TCI/next event booked. 30 patients waiting over 52 weeks are a P5 or P6
- H2 **52WW** trajectory has been submitted and is in discussion with the ICS.

FORWARD LOOK / PERFORMANCE RISKS

- Ongoing reduction in patients waiting **>78 weeks** into October.
- October **52WW** expected to remain at similar levels to September. Forward look for H2 planning identifies an increase due to stand down of P4, reconstruction and delivering cancer hub.
- Non-admitted pathways continue to remain stable and continue to be reviewed through the PTL process.
- Ongoing risk around patients delaying treatment for Covid and Non-Covid reasons.

Recovery Activity

QVH Site / Independent Sector

Queen Victoria Hospital NHS Foundation Trust

Point Of Delivery Group	September 2122 Activity	Recovery Plan	2122 Activity Variance against Recovery Plan	2122 Percentage Variance against Recovery Plan	1920 Activity	2122 Activity Variance against 1920 Activity	2122 Percentage Variance against 1920 Activity
Day Case	914	994	-80	92%	947	-33	96%
Elective	281	264	17	107%	342	-61	82%
First Outpatients	3100	3373	-273	92%	3200	-100	97%
Follow Up Outpatients	10138	10170	-32	100%	10221	-83	99%
Outpatient Therapies	2529	2236	293	113%	2780	-251	91%
Non Elective	533	553	-20	96%	679	-146	78%
Grand Total	**17495**	**17590**	**-95**	**99%**	**18169**	**-674**	**96%**
RAG RATING		Below 90% of recovery plan		90%-100% of recovery plan		Over 100% of recovery plan	

PERFORMANCE COMMENTARY

- **Day Case** – Corneo challenges in M6 continued related to medical vacancies and cataract theatre capacity. Max Fax challenges regarding junior staff shortages also evident in M6. However, ability to utilise theatre sessions in plastics has led to a Trust performance of 96% compared to 19/20.
- **Elective** – Max Fax delivering 93% of 19/20 levels in M6 with Corneo and Plastics over performing. Challenges in Sleep continue but performance has increased to 45% of 19/20 which is only partially offset by other services over performance.
- **First Outpatients** – Max Fax and Plastics over performing vs 19/20 levels in M6 with Ophthalmology delivering 91%. Continued challenges in sleep (staff shortages)
- **Follow Up Outpatients** – Broadly delivering 19/20 levels. Underperformance in Corneo at 88% but significant improvement from M5.
- Recovery is broadly on plan for **Outpatient Therapies** and **Non Elective** although short of 19/20 activity.
- All PODs (with the exception of non-elective) showing an improvement from M5.

FORWARD LOOK / PERFORMANCE RISKS

- **Corneo** – Improved staffing position improving OP performance with M7 expected to reflect the same improvement. Admitted activity levels predicted to remain constant with no further movement regarding theatre capacity.
- **Plastics** – Broadly delivering 19/20 levels of activity and expected to continue. Challenges with offsite activity vs 19/20.
- **Max Fax** – Challenge with daycase activity due to a combination of reduced demand and reduced ability to staff theatre lists. D&C analysis underway.
- **Sleep** – Elective activity recovery to approximately 45-50% of 19/20 maintained. Ongoing technician shortages continue to drive challenges.
- **Spoke site** – Improvement in outpatient performance for Max Fax expected with continued challenged position for Plastics going into M7. Daycase activity remains challenged.
- **Anaesthetics** – Continued occasional list cancellation due to anaesthetic capacity
- Ongoing risk in the ability to backfill late cancellations due to isolation requirements.
- **Independent sector** – Total sessions offered by TMC lower in H2.
- **Mutual aid** – potential risk in relation to further cancer mutual aid

Recovery Work Streams

Queen Victoria Hospital NHS Foundation Trust

Virtual Consultations:

Deliver 25% of outpatient appointments remotely by telephone or video consultation.

- Currently achieving the required standard.
- Data reconciliation in progress with system.

Patient Initiated Follow Up (PIFU):

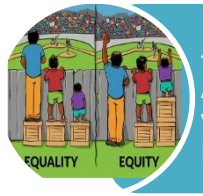
Begin reporting on PIFU activity across the six national metrics from the end of Q2 with a target of 1.5% by December and 2% by March of outpatient activity as PIFU.

- New H2 target - PIFU in place for at least five major outpatient specialties, moving or discharging 1.5% of all outpatient attendances to PIFU pathways by December 2021, and 2% by March 2022.

Referral Optimisation:

Increase the uptake of A&G to the national ambition of 12% by March 2022.

- New H2 target – 12% of outpatient first attendances, or equivalent via other triage approaches, by March 2022.



Health Inequalities:

Address inequalities in access, experience and outcomes, working with local partners across health, social care, and beyond.

- Ethnic coding collection work programme; shift from 50% (April) - 65% (current).
- Cancer priorities identified and signed off at Cancer Board, work underway to implement.

Recovery Work Streams

Queen Victoria Hospital NHS Foundation Trust

Clinical Validation:

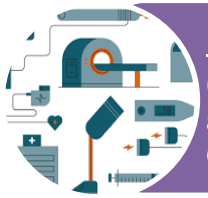
Validate surgical waiting lists to allow operating lists to run effectively.

- QVH diagnostic 'D' code validation is complete in line with system and national deadline.
- Improved performance of P code captured across all patient activity.

Pathway Transformation:

Redesign clinical pathways to increase productivity, and accelerate progress on digitally-enabled care.

- Ophthalmology; cataract pathway – looking to agree single pathway; currently reviewing referral criteria, method of referral, how 1st and 2nd eyes are managed.
- ENT; 2 workstreams including the mobilisation of an ICS single PTL and improved collaboration with community and primary care.



Diagnostics:

Community diagnostic centres (CDC) should be created across the country, away from hospitals, so that patients can receive life-saving checks close to their homes.

- Phase 1 activity plan submitted; demand to be confirmed, working with commissioners
- Funding to enable medical leadership and ultrasound purchase being implemented
- MOU in place to pilot digital platform to support implementation
- Work continues for Phase 2 Physiology and workforce identified

System PTL:

System wide management of elective waiting lists to reduce long waiters.

- System tactical PTL meeting has taken place. Initial focus for P2 patients >78 weeks
- System PTL is being developed within the ENT workstream as above.

QVH

KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality
Committee: Quality & Governance
Date last reviewed 25th October 2021

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 may not be able to recruit or retain a workforce with the right skills and experience due to national staffing challenges impacting and possible 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.
3) Ongoing risk of Covid outbreak impacting on clinical care Risk 1220

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 **2020 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
- 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
- Clinical Harm Review process in place
- **Increasing challenge with recruitment, particularly Head and Neck unit and paediatrics. Risk register will be updated during October to reflect**

Initial Risk	4(C) x 2(L) = 8 low
Current Risk Rating	**3(C) x 5 (L) = 15 mod**
Target Risk Rating	3(C) x 3(L) = 9 low

Future risks
- Generational workforce : analysis shows significant risk of retirement in workforce
- Many services single staff/small teams that lack capacity and agility.
- Impact of Sussex partnership plans on QVH clinical and non clinical strategies

Future Opportunities
- Developing new healthcare roles – will change skill mix
- Potential merger could offer significant opportunities for development of the workforce including collaborative international recruitment opportunities

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
- 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 2019 via existing referral pathway. Inpatient paeds on exception basis
- QVH simulation faculty to enhance safety and learning culture in theatres
- Burn Case for Change being developed in collaboration with NHSE
- Red, amber and green pathways in theatres and wards, asymptomatic staff screening, comprehensive IPC board assurance document, patient screening pathways. New Risk assessment process for staff commenced Nov 2021 "Risk Assurance"

Gaps in controls / assurance
- Unknown Specialist commissioning intention for some of QVH services eg inpatient paediatric Sussex based service and head and neck pathway Risks 834, 968, 1226
- Ongoing workforce challenges with recruitment and retention
  Risks 1225, 1199, 1077,

KSO2 – World Class Clinical Services

Risk Owner: Medical Director
Date last reviewed: 20th October 2021

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
1. Potential for harm to patients due to long waits for surgery
2. Maintaining safe & effective clinical services evidenced by excellent outcomes & clinical governance
3. ~~Developing a robust research & innovation strategy along with potential collaboration with BSMS if there is a future merger~~

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

Initial Risk Rating 5(C)x3(L) =15, moderate
Current Risk Rating 4(C)x4(L)=16, moderate
Target Risk Rating 4(C)x2 L) = 8, low

Rationale for current score
- Adult burns ITU and paediatric burn derogation
- Paediatric inpatient standards and co-location
- Compliance with 7 day services standards
- Spoke site clinical governance.
- Consultant medical staffing of Sleep Disorder Centre & Histopathology ~~and Radiology~~
- 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 and loss of routine activity
- Sussex Clinical Strategy Review
- Antibiotic stewardship

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
- Diversion of inpatient paediatric burns patients to alternative network providers
- Antibiotic task & finish group

Gaps in controls and assurances:
- Link between internal data systems & external audit requirements & programs
- 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)~~
- Antimicrobial prescribing (CRR 1221)
- Repeat prescriptions in Sleep (CRR 1164)

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	04/11/2021		**Agenda reference:**	**168-21**	
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	This report updates the board on assurance issues arising from the Quality Priorities Update report, Quality and Safety Report, Policy Status Update report, Covid-19 pandemic report, Guardian of safe working report, CQC inpatient survey results, and clinical harm reviews. Assurance is taken from the CQC survey, which confirmed that QVH is joint top in the country for positive patient experience. The main areas of risk remain the difficulties in recruitment and retention of staff, service pressures arising from the Covid pandemic and clinical fragilities as set out in the board 'Case for change' document.				
Recommendation:	The Board is asked to **NOTE** this report				
Action required *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs): *[Highlight which KSO(s) this recommendation aims to support]*	KSO1: ***Outstanding patient experience***	KSO2: ***World-class clinical services***	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	The Committee received updates on the relevant BAF summaries and noted the need to extend the scope of the risk relating to staffing.				
Corporate risk register:	As above				
Regulation:	Compliance with regulated activities in the Health and Social Care Act, 2008, and the CQC essential standards of quality and safety.				
Legal:	As above				
Resources:	As documented in the paper				
Assurance route					
Previously considered by:	N/A				
	Date:		Decision:		
Next steps:					

Report to:	Board Directors
Agenda item:	168-21
Date of meeting:	04/11/2021
Report from:	Karen Norman, Q&GC chair
Report author:	Karen Norman
Date of report:	25/10/2021
Appendices:	None

Quality and governance committee assurance
The Q&GC wish to bring the following matters from those considered at our meeting on 25 October to the attention of the Board:

Quality Priorities Update: Patient Experience
Assurance was taken from the positive feedback received by our patients attending their appointments on-line using **video consultation** on the 'Attend Anywhere' platform. Work is also being done to seek the views of patients and clinicians regarding the effectiveness of virtual consultations and to ensure that the right balance is struck between virtual and face-to-face consultations. Benefits cited by patients include reduced travel and waiting times.

Quality and Safety Report
The **antimicrobial steering group** continues to meet with the aim of improving compliance with antibiotic prescribing policies. Concerns were raised with respect to the inability to secure regular medical and microbiology input at these meetings. This will be addressed and kept under review. Progress was reported in the maxillofacial department following a presentation by one of the consultants about good antimicrobial practice. The Medical Director has personally contacted clinicians whose antibiotic prescribing deviated from the guidance and it was confirmed that they had since changed their practice

Following concerns raised previously regarding the increase in **Out of Hours Surgery,** it was confirmed that recent cases had been reviewed by the medical director and were necessary and appropriate.

Workforce remains one of the top risks to the hospital, mirroring the national shortfall of full-time-equivalent (FTE) staff in post against planned workforce levels, with several clinical areas giving rise for concern. Assurance was taken from some of the measures outlined to address these. Examples were of further improvements planned to aid recruitment and retention, noting there was, unfortunately no 'quick-fix.'

It was noted that a **Quality Improvement Framework** would be advantageous in addressing several ongoing issues of concern highlighted in the Q&GC quality reports. The Executive confirmed these will be monitored and reported in the Q&GC **patient exception report** in future, alongside a more detailed update of actions being taken to secure improvement on any adverse variations shown on safety metrics such as patient falls, pressure ulcers, MRSA screening, etc.

Further clarification was sought with respect to the management and reporting of **structured judgement reviews** following deaths in hospital and processes for preparing for coroners' inquests.

The **Policy Status Update Report** confirmed an increase in the number of expired policies this year, which was noted with concern. Updating these had proved challenging in some areas due to staffing difficulties during the pandemic, as highlighted in the clinical risk register. It was also recognised that expired policies may constitute further risks, given their clinical importance and further assurance was sought. Reassurance was given that several polices have been completed, approved, and published on the QVH intranet since the report was written. The Executive confirmed additional measures are being taken to ensure a speedy resolution for policies still outstanding.

Guardian of Safe Working Hours Report
Further assurance was sought regarding actions being taken regarding **the rise in the number of exception reports** and concerns raised **by the Guardian of Safe working**. This highlighted plastics as experiencing problems with respect to maintaining safe working hours, which may pose a risk to recruiting to the Trust grade posts at a junior level, if unresolved. Those attending the junior doctor forum noted their appreciation for the refurbished end of the old maxillofacial staff club as a 'really lovely relaxing space for all doctors to use,' with thanks extended to all those involved.

CQC Inpatient Survey Results 2020
This survey confirmed the QVH is **joint top in the country** for **positive patient experience** with an increased percentage of responses and high overall scores. There were no areas where QVH scored 'worse' than other Trusts. Q&GC commended these excellent results, noting that patients were surveyed during the Covid pandemic.

Significant assurance was taken from the findings.

Thanks were extended to all staff involved in securing such high levels of patient satisfaction, including non-patient-facing staff who ensure systems and processes run smoothly behind the scenes, and the Executive team for their leadership on this issue.

Covid 19- update
Assurance was taken on confirmation that 91.4 % of staff are now double vaccinated. The QVH seasonal flu campaign has commenced and the QVH Covid booster campaign is due for completion during October 2021. Further assurance was sought on how best to ensure maximum compliance and reassurance was given on further actions planned. It was noted that there may shortly be a national mandate for all health-care workers to be vaccinated, which would need to be sensitively managed. Thanks were extended to the interim Director of nursing and her team on this initiative to protect our patients and staff.

Clinical Harm Reviews
It was noted that a number of cases have been identified from those with extended waiting times as showing the potential for harm. These will be subject to further review. The number of outstanding harm reviews in some areas gives rise for concern. It was helpful to discuss this issue with the CCG representative about how others are tackling this issue, which it was agreed would benefit from wider shared learning and attention. We look forward to further collaboration with other organisations to share lessons learned.

Recommendation
The Board is asked to **note** the contents of this update.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**4th November 2021**		**Agenda reference:**	**169-21**	
Report title:	**Corporate Risk Register**				
Sponsor:	Nicky Reeves, Interim Director of Nursing				
Author:	Karen Carter-Woods, Head of Risk, Clinical Quality & Patient Safety				
Appendices:	None				
Executive summary					
Purpose of report:	For assurance that the Trust risk management process is being followed; new risks identified and current risks reviewed and updated in a timely way.				
Summary of key issues	Following the December 2020 Board Seminar, the Corporate Risk Register is now divided and reviewed in two subcommittees of the Board, Quality & Governance and Finance & Performance. The full corporate risk register is bought to board for review and discussion Key changes to the CRR this period: • No new corporate risks added • One corporate risk closed: Consultant radiologist cover • No corporate risks rescored				
Recommendation:	The board is asked to **note** the Corporate Risk Register information				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:** ***Outstanding patient experience***	**KSO2:** ***World-class clinical services***	**KSO3:** ***Operational excellence***	**KSO4:** ***Financial sustainability***	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:	The entire BAF has been reviewed by EMT alongside the CRR, The corresponding KSOs have been linked to the corporate risks.				
Corporate risk register:	This document				
Regulation:	All NHS trust are required to have a corporate risk register and systems in 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:	Quality and performance committee				
	Date:	25/10/2021	Decision	**Noted**	
Previously considered by:	Finance and performance committee				
	Date:	25/10/2021	Decision	**Noted**	
Next steps:					

Corporate Risk Register Report
August and September 2021 Data

Key updates

Corporate Risks added between 01/8/2021 and 30/09/2021: nil

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed

Corporate Risks closed this period: nil

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
4x3=12	1163	Inadequate Consultant radiologist cover	Both staff now in post

Corporate Risks rescored this period: Nil

Risk ID	Service / Directorate	Risk Description	Previous Risk Score (CxL)	Updated Risk Score (CxL)	Rationale for Rescore

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

Risk Register management

There are 62 risks on the Trust Risk Register as at 3rd August 2021, of which 21 are corporate, with the following modifications occurring during this reporting period (August and September 2021 incl):

- No new corporate risks added
- One corporate risk closed
- No corporate risks rescored

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 21 corporate risks open on the trust risk register as at the end of September 2021.
One corporate risk remains within the higher grading category: ID877 – Finance risk

	No harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2			**5**	**1**	**7**
Possible 3		**4**	**22**	**8** ID: 834, 968, 1192, 1210, 1214, 1215, 1218, 1226	**0**
Likely 4		**2**	**5** ID: 1040, 1077, 1136, 1148, 1217	**0**	**0**
Certain 5		**0**	**7** ID1140, 1164, 1189, 1198, 1199, 1221, 1225	**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.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**4th November 2021**		**Agenda reference:**	**170-21**	
Report title:	Quality & Safety Board Report				
Sponsor:	Nicky Reeves, Director of Nursing and Quality				
Author:	Kelly Stevens, Head of Quality and Compliance				
Appendices:	1. Covid Update 2. IPC BAF				
Executive summary					
Purpose of report:	To provide updated quality information and assurance that the quality of care at QVH is safe, effective, responsive, caring and well led.				
Summary of key issues	The Board's attention should be drawn to the following key areas detailed in the reports: • Antimicrobial Stewardship Task and Finish Group is meeting fortnightly looking at this issue to ensure guidance around antimicrobial prescribing is followed • Ongoing challenges with recruitment on Peanut Ward due to national shortages in paediatric nurses • New Dental Core Trainees welcomes to QVH and offered an extended induction that incorporated simulation training • Four foundation dentists have started. They are part of a longitudinal pilot scheme, which extends their foundation training to two years and incorporating eight months in a hospital setting.				
Recommendation:	The Board is asked to **note** the contents of the Quality & Safety report				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	**KSO3:**	KSO4:	**KSO5:**
	Outstanding patient experience	***World-class clinical services***	***Operational excellence***	*Financial sustainability*	***Organisational excellence***
Implications					
Board assurance framework:	The Quality and Safety Board Report reflects 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 risk impacts most on quality, safety and patient experience.				
Regulation:	The Q&S 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:	25/10/21	Decision:		
Next steps:					

Executive Summary - Quality and Safety Report, November 2021

Domain	Highlights
Director of Nursing and Quality	Safety of our patients and staff continues to be the primary focus for the Trust whilst also maintaining a positive patient experience. The Covid Infection control BAF is included in appendix 1 for information - updates are highlighted in yellow to reflect changes in national guidance and QVH actions.
Medical Director	**Antimicrobial stewardship** An antimicrobial stewardship task & finish group is meeting fortnightly looking at this issue to ensure guidance around antimicrobial prescribing is followed. Antibiotic Datixes are reviewed. The clinical directors have been asked to look at the MicroGuide with their colleagues to determine if the guidance is appropriate for different surgical procedures and to make amendments if required. The medical director has personally contacted clinicians whose antibiotic prescribing is consistently not within the guidance or differs markedly to other clinicians doing similar work. **Job planning** The current job-planning round is going very well and it is hoped to be completed by the end of autumn. There is a job planning meeting every week to review progress with the medical director, director of ops and director of HR along with the general managers. A job planning consistency group comprising the medical director, director of operations and director of HR meets with the general managers weekly to sign off all job plans.

Report by Exception - Key Messages

Domain	Issue raised	Action taken
Responsive: Quality and Safety	Assurance regarding double vaccination status for individuals who may be entering care homes.	SOP reviewed at Strategic safeguarding Group and Clinical Governance Group
Responsive: Safe Staffing	Peanut staffing challenges	Ongoing challenges with recruitment on Peanut Ward due to national shortages in paediatric nurses, particularly impacts on night cover" Actions – review of overnight activity, cohorting trauma activity and staffing, weekly review of rota. Use of bank and agency where appropriate. Ongoing recruitment drive in place.

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	Q1 2020/21		Q2 2020/21			Q3 2020/21			Q4 2020/21			Q1 2021/22		12 month total/ rolling average
		Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	
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	3	4	0	0	1	0	0	0	8
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%	90%	83%	99%	93%	99%	94%	95%	94%	95%	96%	86%	84%	89%	92%
MRSA screening - trauma	95%	98%	99%	100%	99%	95%	96%	94%	97%	96%	98%	97%	97%	97%	97%
Incidents															
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
Theatre metrics															
All patients: Number of patients operated on out of hours 22:00 - 08:00	5	3	2	3	3	4	0	5	2	8	5	7	5	2	46
Paediatrics under 3 years: Induction of anaesthetic was between 18:00 and 08:00	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
WHO quantitative compliance		99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Non-clinical cancellations on the day		4	5	7	8	0	0	2	5	3	8	5	9	10	62
Needlestick injuries	0	3	0	0	3	4	3	3	2	1	3	2	2	1	24
Pressure ulcers (all grades)(Theatre metric)		0	0	0	0	0	0	1	0	0	0	1	1	0	3
Paediatric transfers out (<18 years)		0	0	0	1	1	0	1	0	0	1	0	0	0	4
Medication errors															
Total number of incidents involving drug / prescribing errors		7	16	7	6	6	9	10	3	9	8	10	9	3	96
No & Low harm incidents involving drug / prescribing errors		6	12	7	5	6	8	8	3	9	5	8	8	2	81
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		0.6	2.2	0.0	0.6	0.0	0.7	1.1	0.0	0.0	1.7	1.1	0.6	0.6	0.7
Pressure Ulcers Hospital acquired - category 2 or above		0	0	1	2	0	1	0	2	0	0	0	2	0	8
VTE initial assessment (Safety Thermometer)	95%	100%	94%	100%	100%	100%	100%	100%	100%	97%	96%	96%	100%	100%	99%
Patient Falls															
Patient Falls assessment completed within 24 hrs of admission	95%	100%	100%	97%	97%	100%	100%	93%	100%	100%	93%	100%	95%	100%	98%
Patient Falls resulting in no or low harm (inpatients)		3	2	5	4	4	6	2	1	3	3	4	5	2	41
Patient Falls resulting in moderate or severe harm or death (inpatients)		0	0	0	0	0	0	0	0	0	1	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 & MClndoe and screening process reviewed.

nc = not collected or not reported

Safe - Performance Indicators

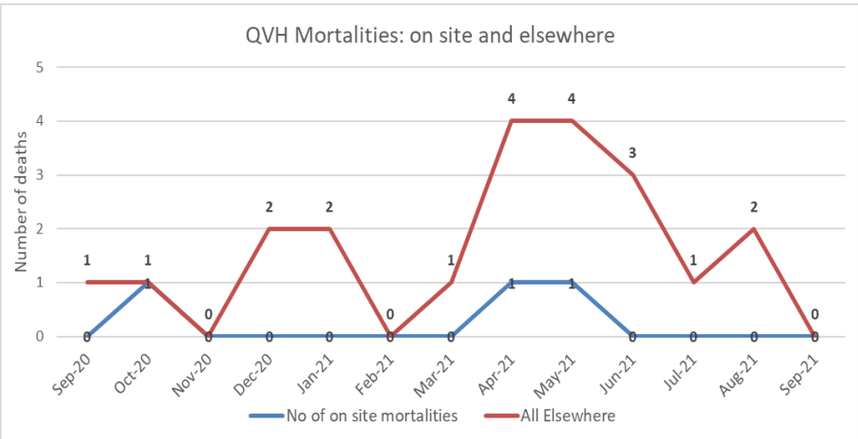
KPI	Latest month	Measure	Target	Variation	Assurance	Average
MRSA - Elective	Aug-21	84%	95%			95%
MRSA - Trauma	Aug-21	97%	95%			95%
Serious Incidents	Aug-21	0	0			0.2
Total no of incidencts involving drug/prescribing errors	Aug-21	8	0			11
Falls per 1000 bed days	Aug-21	6.3	0			3.3
Pressure ulcers per 1000 bed days	Aug-21	2.5	0			0.6
Complaints	Aug-21	5	0			5
Mortalities	Aug-21	2	0			1

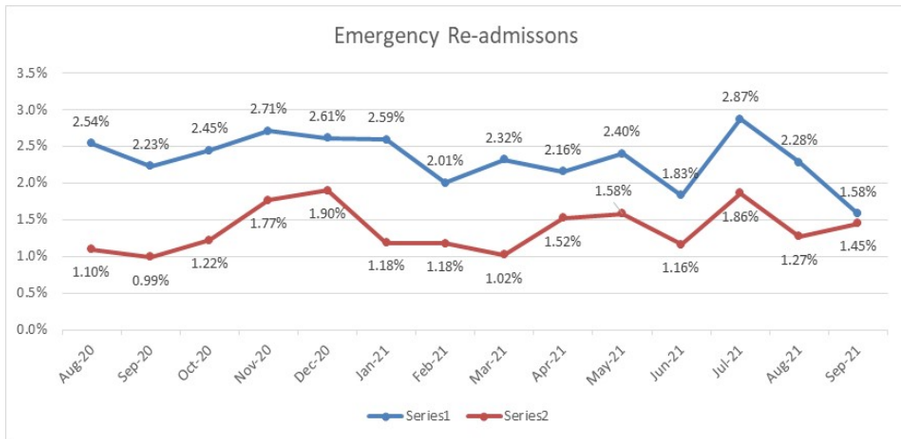
We continue to see lower levels of compliance for MRSA screening of elective patients, this was raised as an issue last month. The Heads of Nursing are working on an action plan to remedy.

Positively we continue to see lower levels of drug/prescribing errors and should review the baseline if the team are confident the current process is fully embeded. Pressure ulcers whilst not highlighted at the moment could easily be with a review of the baseline.
The remaining metrics are not consistently achieving or falling short of our target, but is subject to random variation.

SPC limits calculated using data from September 2017 to December 2020.

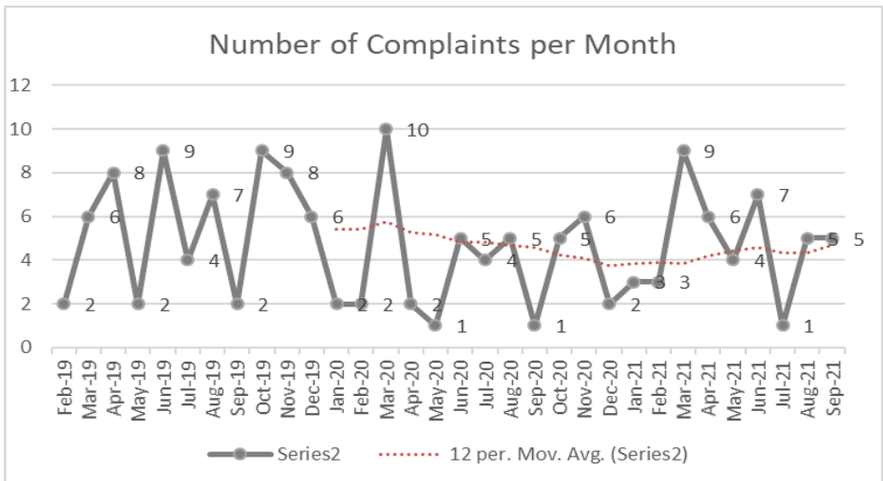
Effective - Performance Indicators

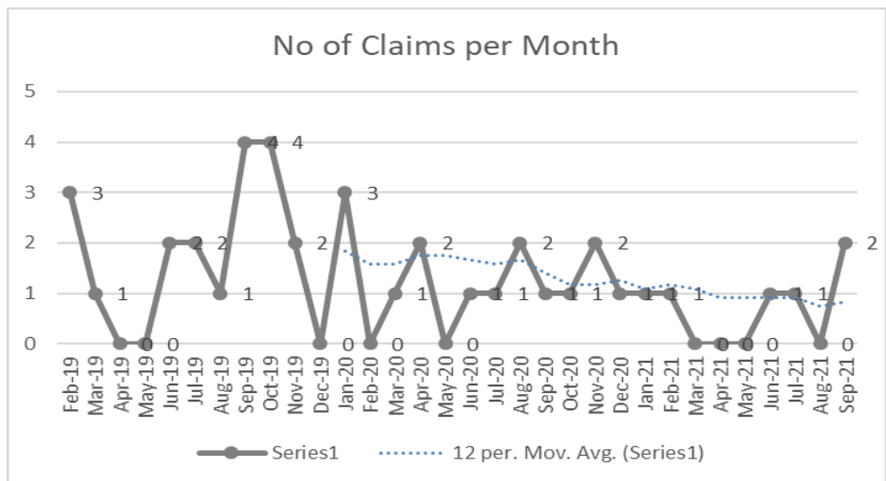




Mortalities Report			Q2 2020/21	Q3 2020/21			Q4 2020/21			Q1 2021/22			Q2 2021/22		
			Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Mortalities within 30 days of an inpatient episode or outpatient procedure	Inpatient	No of on site mortalities	0	1	0	0	0	0	0	1	1	0	0	0	1
		No of mortalities elsewhere	1	1	0	1	1	0	0	1	3	3	1	1	1
	Outpatient		0	0	0	1	1	0	1	3	1	0	0	1	0
	All Elsewhere		1	1	0	2	2	0	1	4	4	3	1	2	1
Reviews		Completed Preliminary Reviews	1	2	0	2	0	0	0	1	1	0	1	2	0
		No of deaths subject to SJR	0	1	0	0	0	0	0	1	3	3	3	0	1
No of mortalities in patients with learning difficulties (inpatients only)			0	0	0	0	0	0	0	0	0	0	0	0	0

Caring - Current Compliance - Complaints and Claims





	Q4 2019/20		Q1 2020/21			Q2 2020/21			Q3 2020/21			Q4 2020/21
	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Number of complaints	5	6	2	3	3	9	6	4	7	1	5	5
Complaints per 1000 spells	0.28	0.33	0.12	0.20	0.20	0.50	0.31	0.21	0.34	0.05	0.28	0.26
Number of claims	1	2	1	1	1	0	0	0	1	1	0	2
Claims per 1000 spells	0.06	0.11	0.06	0.07	0.07	0.00	0.00	0.00	0.05	0.05	0.00	0.10
Number of cases referred to PHSO	0	3	0	0	0	0	0	1	0	0	0	0

Nursing Workforce - Performance Indicators, Safe staffing data

Peanut ward - on going staffing challenges are leading to issues with night cover. In August there were four overnight cases on 4 occasions and there were 9 occasions when the ward was unable to accept an inpatient overnight. In September there were 15 patients overnight on 10 occasions. There were 19 occasions in September when the ward was not able to accept an inpatient.

August safe staffing data demonstrates compliance across all the bands with staffing levels above 95% of the required template. Staffing levels are reviewed on a regular basis and as a minimum three times a day. Use of the Safe Care Live module is also supporting the team to make real time staffing decisions.

Combined Staffing exc. Site — *Target 95%*

	Planned staff			Actual staff			Aug-21	Planned staff			Actual staff		
	RN	NA	HCA	RN	NA	HCA		RN	NA	HCA	RN	NA	HCA
DAY	4957	184	2243	4934	184	2197	*Total Hrs Planned and Actual*	NIGHT 3841	184	989	3830	184	989
				99.5%	100.0%	98%	*% Planned Hrs Met*				99.7%	100.0%	100.0%
			7383			7314	*Total Hrs Planned & Actual - Combined reg & support*			5014			5003
						99.1%	*% Planned Hrs Met - Combined reg & support*						99.8%

September safe staffing data demonstrates compliance across all the bands with staffing levels at or above 95% of the required template. Staffing levels are reviewed on a regular basis and as a minimum three times a day. Use of the Safe Care Live module is also supporting the team to make real time staffing decisions.

Combined Staffing exc. Site — *Target 95%*

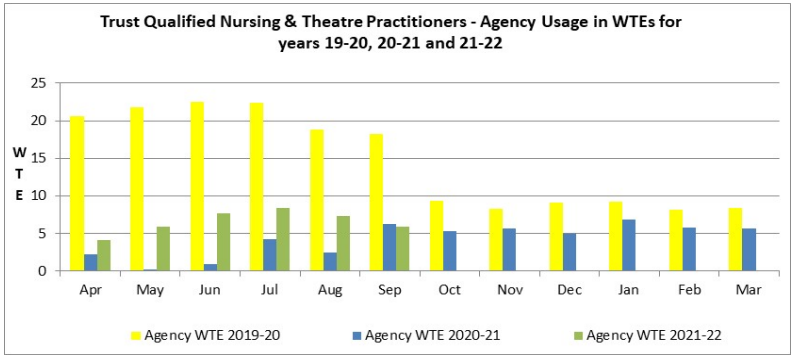
	Planned staff			Actual staff			Sep-21	Planned staff			Actual staff		
	RN	NA	HCA	RN	NA	HCA		RN	NA	HCA	RN	NA	HCA
DAY	5290	172.5	1898	5267	172.5	1806	*Total Hrs Planned and Actual*	NIGHT 3853	126.5	782	3795	126.5	770.5
				99.6%	100.0%	95%	*% Planned Hrs Met*				98.5%	100.0%	98.5%
			7360			7245	*Total Hrs Planned & Actual - Combined reg & support*			4761			4692
						98.4%	*% Planned Hrs Met - Combined reg & support*						98.6%

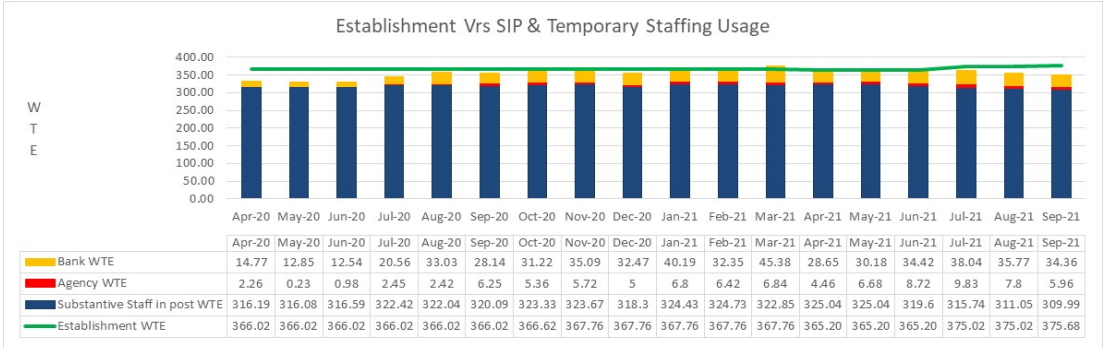
Nursing Workforce - Performance Indicators

ALL QUALIFIED & UQUALIFIED NURSING

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2019-20 & 2020-21			Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Compared to Previous Month
Establishment WTE (Establishment includes 12% headroom from 01/09/2018)				366.02	366.62	367.76	367.76	367.76	367.47	367.47	365.20	365.20	365.20	375.02	375.02	375.68	◄►
Staff In Post WTE				320.09	323.33	323.79	318.30	324.43	324.73	322.85	325.04	325.04	319.60	315.74	311.05	309.99	▼
Vacancies WTE				45.93	43.29	43.97	49.46	43.33	42.74	44.62	40.16	40.16	45.60	59.28	63.97	65.69	▲
Vacancies %	>18%	12% <> 18%	<12%	12.55%	11.81%	11.96%	13.45%	11.78%	11.63%	12.14%	11.00%	11.00%	12.49%	15.81%	17.06%	17.49%	▲
STARTERS WTE (Excluding rotational doctors)				2.00	3.63	3.00	0.00	11.56	1.00	1.00	6.15	2.00	3.43	0.00	1.41	3.93	▲
LEAVERS WTE (Excluding rotational doctors)				1.00	1.00	4.61	4.36	4.18	0.00	2.88	3.80	0.87	7.62	3.21	6.76	1.12	▼
Starters & Leavers balance				1.00	2.63	-1.61	-4.36	7.38	1.00	-1.88	2.35	1.13	-4.19	-3.21	-5.35	2.81	
Agency WTE (Data From Healthrostier)				6.25	5.36	5.72	5.00	6.80	6.42	6.84	4.46	6.68	8.72	9.83	7.80	5.96	▼
Bank WTE (Data From Healthrostier)				28.14	31.22	35.09	32.47	40.19	32.35	45.38	28.65	30.18	34.42	38.04	35.77	34.36	▼
Trust rolling Annual Turnover %	>=12%	10% <> 12%	<10%	7.79%	7.44%	8.35%	9.21%	8.90%	8.93%	9.34%	9.33%	8.58%	10.91%	11.36%	12.52%	12.62%	▲
Monthly Turnover				0.33%	0.33%	1.51%	1.10%	1.14%	0.00%	0.95%	1.26%	0.29%	2.58%	1.09%	2.14%	0.38%	▼
Sickness Absence %	>=4%	4% <>3%	<3%	2.94%	3.82%	3.87%	4.50%	4.48%	3.13%	3.30%	2.30%	3.70%	3.81%	3.21%	3.61%	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, EmergencyPractitioners, Theatre Practitioners, HCA's,Student OPD's, Trainee NurseAssociates/Practitioners,Nurse Associates, Play Specialists, Oversea's Nursing awaiting PIN. Dental Nurses included in figures from 1.4.2020





	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21
Bank WTE	14.77	12.85	12.54	20.56	33.03	28.14	31.22	35.09	32.47	40.19	32.35	45.38	28.65	30.18	34.42	38.04	35.77	34.36
Agency WTE	2.26	0.23	0.98	2.45	2.42	6.25	5.36	5.72	5	6.8	6.42	6.84	4.46	6.68	8.72	9.83	7.8	5.96
Substantive Staff in post WTE	316.19	316.08	316.59	322.42	322.04	320.09	323.33	323.67	318.3	324.43	324.73	322.85	325.04	325.04	319.6	315.74	311.05	309.99
Establishment WTE	366.02	366.02	366.02	366.02	366.02	366.02	366.62	367.76	367.76	367.76	367.76	367.76	365.20	365.20	365.20	375.02	375.02	375.68

Medical Workforce - Performance Indicators

Metrics	Quarter 3 2020/21			Quarter 4			Quarter 1 2021/22			Quarter 2			12 month rolling
	Oct	Nov	Dec	Jan	Feb	Mar	April	May	June	July	Aug	Sept	
Medical Workforce													
Turnover rate in month, excluding trainees	1.06%	0.87%	1.08%	1.08%	0.00%	2.70%	30.18%	0.55%	1.33%	0%	1.38%	1.38%	12.10%
Turnover in month including trainees 9%	5.98%	0.55%	2.07%	0.69%	3.26%	6.77%	8.02%	0.35%	2.10%	0%	18.23%	18.23%	49.94%
Management cases monthly	0	0	1	0	0	0	0	0	1	0	0	0	2
Sickness rate monthly on total medical/dental headcount	2.42%	2.03%	1.71%	1.67%	1.24%	1.70%	1.21%	1.52%	1.52%	2.01%	1.24%	TBC	1.58%
Appraisal rate monthly (including deanery trainees)	75.25%	85.88%	76.14%	76.83%	78.05%	83.81%	62.00%	66.67%	67.46%	68.70%	70.27%	64.79%	N/A
Mandatory training monthly	80%	82%	85%	85%	82%	81%	83%	85%	84%	82%	82%	82%	N/A
Exception Reporting – Education and Training	0	1	0	0	0	1	0	2	1	1	10	5	21
Exception Reporting – Hours	0	1	0	2	3	1	2	2	1	5	10	2	29

Medical & Dental Staffing

In September QVH welcomed new Dental Core Trainees, who are the most junior trainees working in the Trust, and were offered an extended induction incorporating simulation training.

In addition, in mid-September we welcomed a cohort of four foundation dentists who are part of a longitudinal pilot scheme, extending their foundation training to two years and incorporating eight months in a hospital setting. These new dentists are supernumerary, fully funded by HEE, and will be supervised by the consultants in OMFS.

	The newly refurbished relaxation area in the Surgeons' Mess is ready for use. A launch and opening ceremony is planned for 30th September. The plans for additional funding received from HEE relating to PGME Training Recovery have been submitted to HEE. Quotes have been submitted to procurement to purchase the identified equipment to renovate the A Wing Lecture Theatre to improve its training facilities.
Education	Dental foundation training has started in the Dental Skills Lab with foundation dentists attending for their regional inductions, and ongoing weekly training Invitations have been sent out for the doctors' mandatory training update webinars on 27 September; these webinars are run twice yearly to maintain the compliance rate for all substantive and fixed term medical and dental staff. It is hoped that there will be good attendance to ensure compliance rates are maintained.

COVID-19 UPDATE OCTOBER 2021

As previously reported, QVH continues to screen front line staff weekly utilising Optigene. We are also promoting the use of lateral flow testing at home and encourage staff to both order and report their results via the national system. The heads of department and managers have all been reminded to ensure **all** staff are complying with asymptomatic screening.

We continue to see small numbers of staff become covid positive.

QVH continues to participate in the regular system call and holds an incident call once per week to ensure the situation is being managed and the most up to date information is disseminated to the teams. The system remains challenged and when possible, QVH support by providing staff particularly to Critical care.

The incident room remains open 7 days per week.

Covid vaccination update:

Currently 92 % staff are double vaccinated

The QVH seasonal flu campaign has commenced

The QVH Covid booster campaign has completed during October 2021.

Appendix 1

Infection prevention and control board assurance framework

June 30th, 2021. V1.6

Updates from V1.5 highlighted September 2021

Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts. We have developed this board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks. The general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance. It can be used to provide evidence and as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.

Ruth May
Chief Nursing Officer for England

1. Introduction

As our understanding of COVID-19 has developed, PHE and related; guidance on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

We have developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful for directors of infection prevention and control, medical directors and directors of nursing rather than imposing an additional burden. This is a decision that will be taken locally although organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the Code of Practice on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Health and Safety at Work Act 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. Local risk assessments should be based on the measures as prioritised in the hierarchy of

controls. In the context of COVID-19, there is an inherent level of risk for NHS staff who are treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.

Infection Prevention and Control board assurance framework

1. Systems are in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**

Systems and processes are in place to ensure:
• local risk assessments are based on the measures as prioritised in the hierarchy of controls. The risk assessment needs to be documented and communicated to staff;
• the documented risk assessment includes:
  ○ a review of the effectiveness of the ventilation in the area;
  ○ operational capacity;
  ○ prevalence of infection/variants of concern in the local area.
• triaging and SARS-CoV-2 testing is undertaken for all patients either at point of admission or as soon as possible/practical following admission across all the pathways;
• when an unacceptable risk of transmission remains following the risk assessment, consideration to the
	• Each area has been assessed to ascertain safe pathways for patients with clear green and amber routes identified.
	• Evidence of planning evident through 'Restoration and Recovery' meeting minutes with SOP's produced throughout pandemic for individual services, departments and specific re-starting of procedures.
	• Ventilation reviewed in key green areas with improvements made through the purchasing of air scrubbers
	• All elective admissions are PCR screened pre-
		• Due to the age of the site and infrastructure most departments are without mechanical ventilation with only natural ventilation achieved through windows and doors being opened
		• There is no way to confirm patients are completing the required isolation period pre-admission and are therefore exposing the Trust to Covid-19 by not following infection control instructions
			<u>July 2021 update</u>
			Air scrubbers installed within the CCU to improve ventilation and air flow and potentially increase capacity to facilitate 'amber' CCU level admissions
			
			All departments assess the patient flow to ensure green and amber patients follow different pathways.
			AGP's are performed in side rooms with guidance on fallow time given.
			Guidance given to reduce fallow time for green patients by utilising on site LAMP (Optigene) Sars-Cov2 testing to ensure

extended use of Respiratory Protective Equipment RPE for patient care in specific situations should be given; • there are pathways in place which support minimal or avoid patient bed/ward transfers for the duration of admission unless clinically imperative; • that on occasions when it is necessary to cohort COVID-19 or non-COVID-19 patients, reliable application of IPC measures are implemented and that any vacated areas are cleaned as per national guidance; • resources are in place to enable compliance and monitoring of IPC practice including: ○ staff adherence to hand hygiene; ○ patients, visitors and staff are able to maintain 2 meter social & physical distancing in all patient care areas, unless staff are providing clinical/personal care and are wearing appropriate PPE; ○ staff adherence to wearing fluid resistant surgical facemasks (FRSM) in: ▪ a) clinical; ▪ b) non-clinical setting;	admission and isolated as per national guidance • High risk/vulnerable patients are isolated for an extended period of time pre-admission • Strict admission criteria's in place for green areas • All trauma patients are Sars Cov 2 tested on arrival with entry to departments dependent on the result • Clear guidance and SOP in place for isolation routes for high risk patients or those confirmed positive • Infection control advise on PPE/RPE requirements for all positive cases due to low numbers being admitted • All staff are instructed on correct application and removal of PPE with guidance published on what PPE should be worn in each area, FIT testing Trust database held to ensure staff are FIT tested • Regular communication sent to all staff and updated on		patients not Covid-19 positive at the time of procedure **August 2021** Sop produced to provide guidance for staff on whether they can break isolation following a notification to isolate due to contact with a Covid positive case. Strict guidance in place to ensure risk to staff and patients is minimised. **September 2021** SOP for screening patients modified to provide a pathway for patients who have not received results from home tests performed due to problems with the posting process. Patients will follow the amber pathway and have optigene screening on arrival. Major cases to be discussed with admitting consultant and anaesthetist.

○ monitoring of staff compliance with wearing appropriate PPE, within the clinical setting; • that the role of PPE guardians/safety champions to embed and encourage best practice has been considered; • that twice weekly lateral flow antigen testing for NHS patient facing staff has been implemented and that organisational systems are in place to monitor results and staff test and trace; • additional targeted testing of all NHS staff, if your location/site has a high nosocomial rate, as recommended by your local and regional Infection Prevention and Control/Public Health team; • training in IPC standard infection control and transmission-based precautions is provided to all staff; • IPC measures in relation to COVID-19 are included in all staff Induction and mandatory training; • all staff (clinical and non-clinical) are trained in: ○ putting on and removing PPE; ○ what PPE they should wear for each setting and context; • all staff (clinical and non-clinical) have access to the PPE that protects them	visitor/patient forums to reinforce the need for social distancing and the continuing need to wear face coverings whilst within the Trust • Waiting areas continue with reduced numbers, staff and rest areas are socially distanced with staff reminded to stagger break times to facilitate this • All elective admissions are assessed as to whether they are urgent i.e. cancer surgery. Patients are pre-assessed and given instructions to self-isolate for 14 days they are then swabbed for COVID 72 hours before admission. • During core hours trauma patients requiring GA's are swabbed from throat and nose which is tested using Optigene, a negative result is required before surgery • Separate theatre areas are available for patients who are not swabbed due to low risk surgery		

for the appropriate setting and context as per national guidance; • there are visual reminders displayed communicating the importance of wearing face masks, compliance with hand hygiene and maintaining physical distance both in and out of the workplace; • IPC national guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way; • changes to national guidance are brought to the attention of boards and any risks and mitigating actions are highlighted; • risks are reflected in risk registers and the board assurance framework where appropriate; • robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens; • the Trust Chief Executive, the Medical Director or the Chief Nurse approves and personally signs off, all daily data submissions via the daily nosocomial sitrep; • the IPC Board Assurance Framework is reviewed, and evidence of assessments are made available and discussed at Trust board;	e.g. hand trauma • Patients with suspected or confirmed Covid-19 are cared for in a designated • area with full precautions- due to cancer hub corona 'lite 'status of the site this has not been required at time of completing this document which shows the screening measures are working. • Patients who remain inpatients are screened again at day 3 and all those being discharged to a healthcare environment are screened no greater than 48 hours before discharge • Fluid resistant surgical masks are available in all departments for staff to wear anyone non able to tolerate masks is referred to occupational health • All areas re-starting patient facing work are assessed to ensure staff are aware of the right PPE they need		

• the Trust Board has oversight of ongoing outbreaks and action plans; • there are check and challenge opportunities by the executive/senior leadership teams in both clinical and non-clinical areas.	• FIT testing is an ongoing process to ensure all staff who are required to wear FFP3 are safe to do so, for those who are unable to be FIT tested there is a supply of air powered hoods available for use. • All requirements for PPE are in line with current PHE recommendations		
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • designated nursing/medical teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas; • designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas; • decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance;	• There are no designated COVID-19 wards due to cancer hub/corona 'lite' hospital status , however anaesthetic staff, CCU staff and ODP's have been running SIM training to care for the unwell COVID-19 patient with a designated area set up that could be used to safely isolate and care for a patient with COVID-19 • Decontamination will be done in the COVID-19 ward area by the nursing staff designated		**July 2021 update** No changes made. Trust already compliant with the stipulated changes in the document evidence of this included in evidence section **September update**. Recommendations received from UKHSA that allow the reduction of enhanced cleaning in green areas. Cleaning to continue in line with

• assurance processes are in place for the monitoring and sign off following terminal cleans as part of outbreak management and actions are in place to mitigate any identified risk; • cleaning and decontamination is carried out with neutral detergent followed by a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine as per national guidance. If an alternative disinfectant is used, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses; • manufacturers' guidance and recommended product 'contact time' is followed for all cleaning/disinfectant solutions/products as per national guidance; • a minimum of twice daily cleaning of: ○ areas that have higher environmental contamination rates as set out in the PHE and other national guidance; ○ 'frequently touched' surfaces e.g. door/toilet handles, patient call bells, over bed tables and bed rails;	cleaners allocated to minimise risk of spread • Decontamination and terminal cleans are done in line with the national standards of cleanliness and PHE guidance. Utilising the Hydrogen peroxide mist system alongside robust cleaning with detergent and chlorine based • Cleaning has been increased in key areas of the Trust by the in-house domestic team, such as main corridors, focusing on high touch areas such as public bathrooms, taps and door handles. • All waste and linen is disposed of in line with PHE guidance and with full discussion with our waste and linen providers. • Where possible single use equipment is used, is not possible all equipment is cleaned following the terminal clean process. • Reusable sterile equipment is		the national standards of cleanliness

○ electronic equipment e.g. mobile phones, desk phones, tablets, desktops & keyboards; ○ rooms/areas where PPE is removed must be decontaminated, ideally timed to coincide with periods immediately after PPE removal by groups of staff; • reusable non-invasive care equipment is decontaminated: ○ between each use ○ after blood and/or body fluid contamination ○ at regular predefined intervals as part of an equipment cleaning protocol ○ before inspection, servicing or repair equipment; • linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken; • single use items are used where possible and according to single use policy; • reusable equipment is appropriately decontaminated in line with local and PHE and other national guidance and	decontaminated and sterilised by Steris • All re-usable patient equipment is cleaned between each patient use and then at regular intervals e.g. weekly/monthly depending on type of equipment and storage space in line with the guidance laid out in the National standards of cleanliness • Decontamination and Disinfection policy in place which details cleaning guidance. • All equipment requiring servicing or repair must have a decontamination form completed and attached to it before work undertaken • Cleaning of patient equipment is documented in ward based cleaning charts		

that actions in place to mitigate any identified risk; • cleaning standards and frequencies are monitored in non-clinical areas with actions in place to resolve issues in maintaining a clean environment; • where possible ventilation is maximised by opening windows where possible to assist the dilution of air.			
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and process are in place to ensure: • arrangements for antimicrobial stewardship are maintained • mandatory reporting requirements is adhered to and boards continue to maintain oversight	• Antimicrobial stewardship continues with a new antimicrobial pharmacist in post. Monthly reporting continues. • Antibiotic prophylaxis and alternative antibiotic therapy discussed with consultant microbiologist • All mandatory reporting continues as normal with quarterly reports produced for Board.	• There has been no onsite Consultant Microbiology cover since February 2020 • Antimicrobial pharmacist has left the Trust	**July 2021 update** Lack of onsite Microbiology present raised at quarterly pathology review meeting and SLA being reviewed Antimicrobial task and finish group established and meeting twice a month to look at non-compliance with antimicrobial prescribing and identify ways to improve

			Antibiotic prescribing still monitored by pharmacy staff with Infection control team conducting quarterly reviews **September update.** Antimicrobial task and finish group continues with actions focusing on challenging individual clinical leads on their antimicrobial prescribing
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.			
• **Key lines of enquiry**	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • national guidance on visiting patients in a care setting is implemented; • areas where suspected or confirmed COVID-19 patients are being treated have appropriate signage and have restricted access; information and guidance on COVID-19 is available on all trust websites with easy read versions;	• Visiting is restricted in line with PHE guidance. • Plan in place for EOLC to allow compassionate visiting • Signage throughout the trust marking ward areas closed to visiting and do not enter signs • Clear guidance available on Trust website for all patients and visitors on current Covid-19		July 2021 update Regular communication sent out to all staff reminding them of the need to social distance and continue wearing face coverings Infection control maintain an increased availability to provide assurance and guidance to staff on Covid requirements with

• infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved; • there is clearly displayed, written information available to prompt patients' visitors and staff to comply with hands, face and space advice. • Implementation of the Supporting excellence in infection prevention and control behaviors Implementation Toolkit has been considered C1116-supporting-excellence-in-ipc-behaviours-imp-toolkit.pdf (england.nhs.uk)	guidance		the incident control centre which continues to be staffed 7 days a week Clear guidance given around when to isolate and to undertake PCR testing A risk averse approach to ill health in staff is maintained to minimise the risk of spread of covid-19 within the trust Staff continue with, as a minimum weekly Optigene testing for clinical staff and every other week for non-clinical for prevalence. Lateral flow screening twice weekly is offered as an addition **September update** No changes to guidance
5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • screening and triaging of all patients as per IPC and NICE guidance within	• The Trust has been separated to create COVID-19 clear areas for all elective admissions who have		**July 2021 updates** No changes made, Trust compliant with previous and updated guidance

all health and other care facilities is undertaken to enable early recognition of COVID-19 cases; • front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms and to segregate from non Covid-19 cases to minimise the risk of cross-infection as per national guidance; • staff are aware of agreed template for triage questions to ask; • triage is undertaken by clinical staff who are trained and competent in the clinical case definition and patient is allocated appropriate pathway as soon as possible; • face coverings are used by all outpatients and visitors; • individuals who are clinically extremely vulnerable from COVID-19 receive protective IPC measures depending on their medical condition and treatment whilst receiving healthcare e.g. priority for single room isolation; • clear advice on the use of face masks is provided to patients and all inpatients are encouraged and supported to use surgical facemasks (particularly when moving around the ward) providing it is tolerated and is	undertaken the required isolation and screening. • There is separate area for trauma and elective patients who are non-symptomatic but have not under taken the isolation and screening • All patients are met at the front entrance where they are temperature checked and then directed to the appropriate area. • Any patient with symptoms whilst an inpatient is transferred to a designated area to await swab results. • If a patient presents with symptoms then the reason for admission /attendance is assessed as to whether they need to be seen on that day if it is deemed urgent then they are cared for in a designated area. • All in patient's elective or trauma are swabbed. All patients returning to care home are screened 48 hours in advance • Patients deemed to be clinically vulnerable are		**September update** No changes made

not detrimental to their (physical or mental) care needs; • monitoring of Inpatients compliance with wearing face masks (particularly when moving around the ward) providing it is tolerated and is not detrimental to their (physical or mental) care needs; • patients, visitors and staff are able to maintain 2 metre social & physical distancing in all patient care areas; ideally segregation should be with separate spaces, but there is potential to use screens, e.g. to protect reception staff. • isolation, testing and instigation of contact tracing is achieved for patients with new-onset symptoms, until proven negative; • patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested and contacts traced promptly; • there is evidence of compliance with routine patient testing protocols in line with Key actions: infection prevention and control and testing document; • patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately.	put into increased isolation preadmission and treated through separate green areas within the Trust • Side rooms are prioritised for infection control requirements with immunocompromised patients being prioritised for isolation		

6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • patient pathways and staff flow are separated to minimise contact between pathways. For example, this could include provision of separate entrances/exits (if available) or use of one-way entrance/exit systems, clear signage, and restricted access to communal areas; • all staff (clinical and non-clinical) have appropriate training, in line with latest PHE and other national guidance to ensure their personal safety and working environment is safe; • all staff providing patient care and working within the clinical environment are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely put it on and remove it; • a record of staff training is maintained; • adherence to PHE national guidance on the use of PPE is regularly audited with actions in place to mitigate any identified risk;	• All staff have received training to ensure they are working in a safe environment. • Communication to staff around social distancing, hand washing, good respiratory etiquette has been reinforced • All staff are now screened for Covid-19 on a rolling basis. High risk areas are screened more regularly on a weekly basis. This is monitored on a departmental basis and overseen by a dedicated research team • All staff providing care have been trained on the use of PPE with physical demonstrations and posters produced to ensure they know which PPE to use when and how to put it on and take it off correctly. All staff		**July 2021 update** No changes made **September update** No changes made

• hygiene facilities (IPC measures) and messaging are available for all patients/individuals, staff and visitors to minimise COVID-19 transmission such as: ○ hand hygiene facilities including instructional posters; ○ good respiratory hygiene measures; ○ staff maintaining physical and social distancing of 2 metres wherever possible in the workplace unless wearing PPE as part of direct care; ○ staff are maintaining physical and social distancing of 2 metres when travelling to work (including avoiding car sharing) and remind staff to follow public health guidance outside of the workplace; ○ frequent decontamination of equipment and environment in both clinical and non-clinical areas; ○ clear visually displayed advice on use of face coverings and facemasks by patients/individuals, visitors and by staff in non-patient facing areas.	are FIT tested before they can use an FFP3 mask • Re-use of PPE is in place following PHE guidance with clear instructions on decontamination of PPE. • Monthly hand hygiene and uniform audits are undertaken. • Staff are reminded of the importance of hand hygiene and the correct wearing of uniforms/work clothes and scrubs. • Colour coded scrubs are in place to show designated areas of the Trust • All staff have been provided information and communication around the symptoms of COVID- they or a family members displays any of them. –Staff screening is available. • IPC team keep numbers of staff trained , individual training is recorded by staff member		

• staff regularly undertake hand hygiene and observe standard infection control precautions; • the use of hand air dryers should be avoided in all clinical areas. Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance; • guidance on hand hygiene, including drying should be clearly displayed in all public toilet areas as well as staff areas; • staff understand the requirements for uniform laundering where this is not provided for onsite; • all staff understand the symptoms of COVID-19 and take appropriate action (even if experiencing mild symptoms) in line with PHE and other national guidance if they or a member of their household display any of the symptoms; • a rapid and continued response through ongoing surveillance of rates of infection transmission within the local population and for hospital/organisation onset cases (staff and patients/individuals);	• PPE has not needed to be reused at this time. CAS alert guidance would be followed if the situation were to change • The trust follows the national PPE guidance and has a QVH visual guide as well displayed in all clinical areas. Spot check are undertaken by IPC team • This monitoring continues as per normal process • Guidance has been provided to staff via daily bulletins • Numerous reminders have been sent to staff and updates have included new symptoms to look out for		

• positive cases identified after admission who fit the criteria for investigation should trigger a case investigation. Two or more positive cases linked in time and place trigger an outbreak investigation and are reported; • robust policies and procedures are in place for the identification of and management of outbreaks of infection. This includes the documented recording of outbreak meetings.			
7. Provide or secure adequate isolation facilities			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • restricted access between pathways if possible, (depending on size of the facility, prevalence/incidence rate low/high) by other patients/individuals, visitors or staff; • areas/wards are clearly signposted, using physical barriers as appropriate to patients/individuals and staff understand the different risk areas; • patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate;	• If a patient is suspected of or confirmed to be COVID-19 positive then there is a designated area that they will be cared for, this has been set up with a clear entry and exit room, donning and doffing areas, shower facilities for staff, areas to care for the symptomatic well patient and the deteriorating patients. This area is distanced from other areas within the Trust to minimise the risk of		**July 2021 update** No changes made **September update** No changes made

• areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE national guidance; • patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement.	spread. • Any patient with an infectious organism would be managed as per standard infection control precautions. • Departments relocated to different areas within the Trust in order to facilitate trauma patients being brought back to site whist still being able to segregate green and amber patients • All areas assessed by the MDT including department leads, IPACT and estates		
8. Secure adequate access to laboratory support as appropriate			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
There are systems and processes in place to ensure: • testing is undertaken by competent and trained individuals; • patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance;	• All staff required to screen patients have been given training on the correct way to swab a patient. Staff are trained on the approved way to label and package swabs to ensure safe transport to the laboratory for testing.		**July 2021 update** No changes made. All staff continue to be screened for prevalence through optigene screening weekly for clinical staff and every other week for non-clinical. If indicated screening is

• regular monitoring and reporting of the testing turnaround times with focus on the time taken from the patient to time result is available; • regular monitoring and reporting that identified cases have been tested and reported in line with the testing protocols (correctly recorded data); • screening for other potential infections takes place; • that all emergency patients are tested for COVID-19 on admission; • that those inpatients who go on to develop symptoms of COVID-19 after admission are retested at the point symptoms arise; • that emergency admissions who test negative on admission are retested on day 3 of admission, and again between 5-7 days post admission; • that sites with high nosocomial rates should consider testing COVID negative patients daily; • that those being discharged to a care home are tested for COVID-19 48 hours prior to discharge (unless they have tested positive within the previous 90 days) and result is communicated to receiving organisation prior to discharge;	• Patient screening is done either preadmission in line with the national cancer pathway or on admission for all overnight stays, on discharge if the patient is being discharged to a care home facility or if the patient displays any symptoms of Covid-19. Staff displaying symptoms are screened following PHE guidance • Trust policy on screening patients for other infections remains in place. • Staff testing lab is now in place with a 2 week prevalence having been completed showing a 0% rate of Covid carriage amongst all staff groups. Regular testing continues with frequency being dictated by area worked.		increased for staff in certain areas. This is supported with staff using twice a week lateral flow tests available through the national testing system. **September update** Some pre-operative screening is done using the national home testing system. Whilst this works for some patients we have been experiencing problems with the home swabs not being collected by the couriers or being lost in transit, SOP modified to provide an admission pathway for patients affected by this to reduce the chances of cancellations

• that patients being discharged to a care facility within their 14 day isolation period are discharged to a designated care setting, where they should complete their remaining isolation; • that all Elective patients are tested 3 days prior to admission and are asked to self-isolate from the day of their test until the day of admission.			
9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Systems and processes are in place to ensure: • staff are supported in adhering to all IPC policies, including those for other alert organisms; • any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff; • all clinical waste and linen/laundry related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance; • PPE stock is appropriately stored and accessible to staff who require it.	• The infection control team has increased visibility in all wards and departments to ensure staff feel supported with all IPC policies and changes in guidance • The IPACT has provided contact details for out of hours advice to maintain a constant support and advice ethos • Any changes in PHE guidance is disseminated in a timely manner to fit with the Trust environment • All waste is disposed of in accordance with PHE guidance and following assurance from the waste providers		**July 2021 update** No changes made **September update** No changes made

	• Stores of PPE is monitored, stored and controlled by the supplies department in a way that ensures staff have appropriate access.		
10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection			
Key lines of enquiry	**Evidence**	**Gaps in Assurance**	**Mitigating Actions**
Appropriate systems and processes are in place to ensure: • staff in 'at-risk' groups are identified using an appropriate risk assessment tool and managed appropriately including ensuring their physical and wellbeing is supported; • that risk assessments are undertaken and documented for any staff members in an at risk or shielding groups, including Black, Asian and Minority Ethnic and pregnant staff; • staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained and held centrally; • staff who carry out fit test training are trained and competent to do so; • all staff required to wear an FFP respirator have been fit tested for the model being used and this should be	• Staff are risk assessed by their department leads to identify safe working practices on an individual basis following guidance from PHE • HR have developed and circulated extensive health and wellbeing information and tips. • We currently do not have reusable respirators within the Trust but all staff required to wear a disposable respirator are FIT tested to do so and a log maintained. • Any staff member who tests positive is given information about isolation and keeping well, they are able to contact the infection control team at any time for further advice or		**July 2021 update** 6 further members of staff completed FIT tester training to ensure all required staff have access to FIT test training **September update** FIT testing drop in days conducted with multiple reminder emails sent to all teams to ensure all clinical staff undertake annual FIT testing. All IPC policies in date.

repeated each time a different model is used; • a record of the fit test and result is given to and kept by the trainee and centrally within the organisation; • those who fail a fit test, there is a record given to and held by trainee and centrally within the organisation of repeated testing on alternative respirators and hoods; • members of staff who fail to be adequately fit tested a discussion should be had, regarding re deployment opportunities and options commensurate with the staff members skills and experience and in line with nationally agreed algorithm; • a documented record of this discussion should be available for the staff member and held centrally within the organisation, as part of employment record including Occupational health; • following consideration of reasonable adjustments e.g. respiratory hoods, personal re-usable FFP3, staff who are unable to pass a fit test for an FFP respirator are redeployed using the nationally agreed algorithm and a record kept in staff members personal record and Occupational health service record;	support. Support is offered via incident control room and line manager. Return to work advice follows national guidance and this is confirmed with IPC Team or EPRR lead if any queries re this		

• boards have a system in place that demonstrates how, regarding fit testing, the organisation maintains staff safety and provides safe care across all care settings. This system should include a centrally held record of results which is regularly reviewed by the board; • consistency in staff allocation should be maintained, reducing movement of staff and the crossover of care pathways between planned/elective care pathways and urgent/emergency care pathways as per national guidance; • all staff to adhere to national guidance and are able to maintain 2 metre social & physical distancing in all patient care areas if not wearing a facemask and in non-clinical areas; • health and care settings are COVID-19 secure workplaces as far as practical, that is, that any workplace risk(s) are mitigated maximally for everyone; • staff are aware of the need to wear facemask when moving through COVID-19 secure areas; • staff absence and well-being are monitored and staff who are self-			

isolating are supported and able to access testing; • staff who test positive have adequate information and support to aid their recovery and return to work.			

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**04/11/2021**		**Agenda reference:**	**171-21**	
Report title:	**National inpatient survey results 2020**				
Sponsor:	Nicky Reeves, Interim Director of Nursing and Quality				
Authors:	Nicky Reeves, Interim Director of Nursing and Quality Care Quality Commission				
Appendices:	1 - Full CQC 2020 inpatient survey report				
Executive summary					
Purpose of report:	To provide assurance about the quality of patient experience at QVH, comparing trust performance with previous year and national benchmarks.				
Summary of key issues	The survey shows QVH is joint top in the country for positive patient experience during COVID times with an increased percentage of responses and high overall scores. There are no areas where QVH has scored "worse" than other Trusts.				
Recommendation:	The Board is asked to **NOTE** the results of the National Inpatient Survey 2020				
Action required *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	KSO1: *Outstanding patient experience* √	KSO2: *World-class clinical services* √	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	This report links primarily to KSO1 which has been reviewed and amended following publication of the full report				
Corporate risk register:	There are several corporate risk which relate directly to patient experience this has been reviewed following publication of this report				
Regulation:	None: It is part of the Trust's regulatory requirement to undertake the annual CQC inpatient survey				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	Quality and Governance Committee				
	Date:	25/10/2021	Decision	**Noted**	
Next steps:					

National inpatient survey results 2020

Introduction

The 2020 survey of adult inpatient's experiences involved 137 NHS acute trusts in England. The CQC received responses from 73015 patients, a response rate of 46%. Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital during November 2020.

QVH is joint top in the country.

The CQC use the results from the survey in the regulation, monitoring and inspection of NHS trusts in England. Survey data will be used in CQC's Insight, which provides inspectors with an assessment of performance in areas of care within an NHS trust that need to be followed up. Survey data will also be used to support CQC inspections. NHS England and Improvement will use the results to check progress and improvement against the objectives set out in the NHS mandate, and the Department of Health and Social Care will hold them to account for the outcomes they achieve.

Executive summary for QVH 2019 impatient survey

Respondents and response rate

- 636 Queen Victoria Hospital NHS Foundation Trust inpatients responded to the survey
- The response rate for Queen Victoria Hospital NHS Foundation Trust was 52.39 %

Banding

- The trust's results were much better than most trusts for **32** questions.
- The trust's results were better than most trusts for **9** questions
- Your trust's results were somewhat better than most trusts for **1** question.
- Your trust's results were about the same as other trusts for **2** questions.

Of note, there were no areas where QVH scored "worse" than most trusts

Comparisons with last year's survey

Due to a significant change in methodology for this survey the scores cannot be compared against last year's results.

Recommendation

The Board is asked to **NOTE**:

- The results of the National Inpatient Survey 2020.
- That this report was embargoed until publication by CQC on 19th October 2021
- That this report forms part of our assurance that patient experience is being sustained and improved which is notable given the challenges in our workforce, as well as demonstrating that patient experience as a whole is not compromised due to COVID, operational or financial challenges that have emerged during 2020.

Appendix 1

The full 2020 QVH inpatient survey

2020 Adult Inpatient Survey

Identifying outliers within trust-level results

NHS Patient Survey Programme

Published October 2021

Contents

Summary

A total of 137 NHS trusts in England, which deliver adult inpatient services, participated in the 2020 survey. Feedback was received from 73,015 people, with a response rate of 46%.[a]

All patients aged 16 years or over at the time of their hospital stay were eligible to take part if they were treated by the trust during November 2020[b]. Fieldwork took place between January 2021 and May 2021.

Following from the success of the pilot study in 2019, this year the adult inpatient survey has become the first survey in the NHS Patient Survey Programme to transition from using an entirely paper-based to mixed-mode data collection methodology, aligning with CQC's ambitions to create a digital method of survey delivery.

The pilot results showed that changing the survey methodology impacted the way patients responded to questions, meaning the 2020 survey's transition to a mixed-mode method can no longer yield comparable results to previous years. Further information about the changes made to the survey can be found in the Survey Development report.

We have published an analysis of the national results from the survey on the CQC website. This separate analysis identifies trusts where patient experience is better, or worse than expected, when we compare survey results across trusts. The analysis methodology used in this report allows for an overall picture of performance across the survey as a whole, based on considering the results for all evaluative (scored) questions simultaneously. It supplements the approach used in trust level benchmark reporting, which provides results for individual questions.

More information on the difference between approaches used to explore variation in patient experience between trusts is available within the section 'difference between outlier analysis and trust-level benchmark reports'.

Each trust has been assigned one of five bands: 'much worse than expected', 'worse than expected', 'about the same', 'better than expected' or 'much better than expected'.

[a] We report the 'adjusted' response rate. The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable, or if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

[b] As trusts with smaller numbers of discharges were permitted to sample back earlier into 2020, approximately 15% of respondents were discharged from hospital between May-October 2020.

Better than expected trusts

Ten trusts have been categorised within the highest bands, with 6 identified as ‘much better than expected’ and 4 identified as ‘better than expected’. All of these trusts are classed as specialist trusts.

Trusts identified as achieving ‘much better than expected’ results:

- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- Royal Papworth Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust

Trusts identified as achieving ‘better than expected’ results:

- Liverpool Women’s NHS Foundation Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- Royal Brompton and Harefield NHS Foundation Trust

Worse than expected trusts

Eight trusts were categorised as ‘worse than expected’, and 2 as ‘much worse than expected’, resulting in a total of 10 trusts in the lowest bands.

Trusts identified as achieving ‘worse than expected’ results:

- Northern Lincolnshire and Goole NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Barking, Havering and Redbridge University Hospitals NHS Trust
- West Hertfordshire Hospitals NHS Trust
- Walsall Healthcare NHS Trust
- Lewisham and Greenwich NHS Trust
- Croydon Health Services NHS Trust
- Bradford Teaching Hospitals NHS Foundation Trust

Trusts identified as achieving ‘much worse than expected’ results:

- Mid Yorkshire Hospitals NHS Trust
- Medway NHS Foundation Trust

Interpreting the results

To provide a comprehensive picture of inpatient experience within each NHS trust, we have calculated the overall proportion of responses each trust received for the 'most negative', 'middle' and 'most positive' answer option(s) across the scored questions in the survey.[c]

We use the following question from the 2020 adult inpatient survey to show how responses are categorised as either 'most negative', 'middle' and 'most positive':

Q8. How clean was the hospital room or ward that you were in?

- Very clean – **most positive**
- Fairly clean – **middle**
- Not very clean – **middle**
- Not at all clean – **most negative**

Where people's experiences of a trust's inpatient care are better or worse than elsewhere, there will be a significant difference between the trust's result and the average result across all trusts. Each trust is then assigned a banding of either 'much worse than expected', 'worse than expected', 'about the same', 'better than expected' or 'much better than expected' depending on how significant that variation is. Consistent with our trust-level benchmarking methodology, specialist and non-specialist trusts have been compared with one another.

For example, if a trust's proportion of responses breaks down as: 'most negative' 12%, 'middle' 14% and 'most positive' 74%. This is then compared to the average of 'most negative' 11%, 'middle' 22% and 'most positive' 67% for all trusts. An 'adjusted z-score'[d] is calculated for the difference between 'most positive' trust proportions, which in this example is -2.50. This means this trust has a higher proportion of 'positive' responses than average. This is considered significant with a p-value of less than 0.25 but not less than 0.01. As a result, the trust is classed as 'better'.

In order to provide more granular results, we have also re-run the analysis according to whether patients received 'medical' or 'surgical' care. Please see Appendix A for a description of medical and surgical care and Appendix D for the results. Finally, each table within the report includes the most recent trust-wide CQC rating.

For full details of the analytical method used to calculate these results, please see Appendix C.

[c] Filter questions, such as Q1 *'Was your most recent hospital stay planned in advance or an emergency?',* were not included within this analysis.
[d] Z scores give an indication of how different a trust's proportion is from the average.

Results

Trusts achieving ‘much better than expected’ results

Six trusts were classed as ‘much better than expected’ in 2020. All six trusts are classed as specialist trusts.

	Overall results				Core service		Overall CQC rating
	2020	Most Positive (%)	Middle (%)[e]	Most Negative (%)	Medical care	Surgical	
Trust average		**67**	**22**	**11**			
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	MB	82	13	5	MB	MB	G
Queen Victoria Hospital NHS Foundation Trust	MB	82	13	5	MB	MB	G
Royal Papworth Hospital NHS Foundation Trust	MB	78	15	6	MB	MB	O
The Christie NHS Foundation Trust	MB	77	17	6	MB	B	O
The Royal Marsden NHS Foundation Trust	MB	77	17	6	MB	MB	O
The Clatterbridge Cancer Centre NHS Foundation Trust	MB	77	17	6	MB	N/A	G

Key:

Trust performance	About the same (**S**)	Better (**B**)	Much better (**MB**)	
CQC rating	Inadequate (**I**)	Requires Improvement (**RI**)	Good (**G**)	Outstanding (**O**)

[e] Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. For example, ‘Sometimes’ is the middle option (scored as 5/10) for the question *‘When you asked doctors questions, did you get answers you could understand?*’.

Trusts achieving ‘better than expected’ results

Four trusts were classed as ‘better than expected’ across the entire survey.

	Overall results				Core service		Overall CQC rating
	2020	Most Positive (%)	Middle (%)	Most Negative (%)	Medical care	Surgical	
Trust average		**67**	**22**	**11**			
Liverpool Women’s NHS Foundation Trust	B	75	18	7	MB	N/A	G
Liverpool Heart and Chest Hospital NHS Foundation Trust	B	75	18	7	MB	S	O
The Walton Centre NHS Foundation Trust	B	75	17	8	B	B	O
Royal Brompton and Harefield NHS Foundation Trust	B	73	19	8	B	S	G

Key:

Trust performance	About the same (**S**)	Better (**B**)	Much better (**MB**)	
CQC rating	Inadequate (**I**)	Requires Improvement (**RI**)	Good (**G**)	Outstanding (**O**)

Trusts achieving ‘worse than expected’ results

Eight trusts were classed as ‘worse than expected’.

	Overall results				Core service		Overall CQC rating
	2020	Most Positive (%)	Middle (%)	Most Negative (%)	Medical care	Surgical	
Trust average		**67**	**22**	**11**			
Northern Lincolnshire and Goole NHS Foundation Trust	**W**	61	24	14	**W**	**W**	**RI**
The Rotherham NHS Foundation Trust	**W**	61	25	14	**S**	**MW**	**RI**
Barking, Havering and Redbridge University Hospitals NHS Trust	**W**	62	24	14	**W**	**S**	**RI**
West Hertfordshire Hospitals NHS Trust	**W**	62	25	14	**W**	**W**	**RI**
Walsall Healthcare NHS Trust	**W**	61	25	14	**W**	**S**	**RI**
Lewisham and Greenwich NHS Trust	**W**	61	25	14	**S**	**MW**	**RI**
Croydon Health Services NHS Trust	**W**	59	28	14	**MW**	**S**	**RI**
Bradford Teaching Hospitals NHS Foundation Trust	**W**	61	25	14	**S**	**MW**	**G**

Key:

Trust performance	About the same (**S**)	Worse (**W**)	Much worse (**MW**)	
CQC rating	Inadequate (**I**)	Requires Improvement (**RI**)	Good (**G**)	Outstanding (**O**)

Trusts achieving ‘much worse than expected’ results

Two trusts were classed as ‘much worse than expected’.

	Overall results				Core service		Overall CQC rating
	2020	Most Positive (%)	Middle (%)	Most Negative (%)	Medical care	Surgical	
Trust average		**67**	**22**	**11**			
Mid Yorkshire Hospitals NHS Trust	**MW**	61	23	16	**MW**	**S**	**RI**
Medway NHS Foundation Trust	**MW**	60	25	15	**W**	**MW**	**RI**

Key:

Trust performance	About the same (**S**)	Worse (**W**)	Much worse (**MW**)	
CQC rating	Inadequate (**I**)	Requires Improvement (**RI**)	Good (**G**)	Outstanding (**O**)

Appendix A: Analysis methodology

Identifying worse than expected patient experience

The analytical approach to identifying those trusts where patient experience was 'worse than expected' uses responses for most scored questions (excluding question 46, the overall experience question asked to patients).

For each trust, a count of the number of responses scored as '0' (the most negative option) is calculated. This is then divided by the total number of responses scored as 0 to 10 to calculate the trust-level proportion of poor experience. A higher percentage of negative responses indicates poor patient experience.

Within the analysis, we use z-scores that give an indication of how different a trust's poor experience proportion is from the average.

There are two thresholds for flagging trusts with concerning levels of poor patient experience:

- **Worse than expected**: z-score lower than -1.96
- **Much worse than expected**: z-score lower than -3.09

Appendix C provides full technical detail of the analytical process used.

Identifying better than expected patient experience

In order to identify 'better than expected' patient experience a count of the number of responses scored as '10' (the most positive option) is calculated for each trust.

This is then divided by the total number of responses scored as 0 to 10 to calculate the trust-level proportion of good experience.

A higher percentage of positive responses indicates good patient experience.

Our analysis has found that those trusts with the highest proportion of positive responses also have the lowest proportion of negative responses.

There are two thresholds for identifying trusts with high levels of good patient experience:

- **Better than expected**: z-score lower than -1.96
- **Much better than expected**: z-score lower than -3.09

Medical care and surgery core service results

For this analysis, a patient is counted as a medical case or surgical case based on the 'treatment function code' assigned to them during their time as an inpatient. Surgical care includes most surgical activity in a hospital. Surgical disciplines include (where they are provided) trauma and orthopaedics, urology, ENT, cardiac surgery, vascular, ophthalmic surgery, neurosurgery and general surgery. Medical care includes services that involve assessment, diagnosis and treatment of adults by means of medical interventions rather than surgery.

Core service results have been included to give trusts an indication of where improvement is most needed. We acknowledge that due to the different respondent numbers across trusts when looking at medical care and surgery experiences separately, some trusts with small samples may not have flagged as ‘better’ or ‘worse’ because their measurement error is too great.

When comparing experiences across all trusts for all inpatients (medical care and surgery combined), this limitation is mitigated as each trust has similar sample sizes and data for all questions.

Weighting

As in the trust-level benchmark analysis, results have been standardised by age, sex and method of admission (emergency or elective)[f] of respondents to reflect the ‘national’ age-sex-admission type distribution (based on all respondents to the survey).

Standardisation enables a more accurate comparison of results from trusts with different population profiles. In most cases, this will not have a large impact on trust results. However, it does make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of 0 the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess a trust’s performance. For example, they may be descriptive questions such as Q1 asking respondents if their inpatient stay was planned in advance or an emergency.

[f] For medical care and surgery core service analysis, results have instead been weighted by age, sex and to the average medical care / surgery profile.

Appendix B: Difference between outlier analysis and trust-level benchmark reports

To analyse trust variation in this report, we focused on identifying significantly higher levels of better or worse patient experience **across the entire survey**.

This holistic approach is different to the technique used to analyse results within trust benchmarking reports. In those reports trust results, for each scored question, are assigned bands when compared with the findings for all other trusts. This provides feedback on specific areas where trusts can target improvement. However, trust benchmark reports do not attempt to look across all questions concurrently and as a result do not provide an overall assessment of the proportion of positive or negative patient experience reported across the entire survey.

While both approaches are useful, analysing individual questions can hide variation in people's experience as the scores are 'averaged'. The approach used in this report allows CQC to identify potential concerns raised by people across the survey in its entirety.

Appendix C: Analytical stages of the outlier model

The analytical approach to identifying outliers is based on all evaluative items in the survey. These are the questions that are scored for benchmarking purposes. The scored variables are the source data, and are required at case level. These variables take values between 0 (representing the worst rating of experience) and 10 (representing the best rating). The approach also makes use of the standardisation weight for the survey.

1. Count the poor-care ratings made by each respondent[g]

Count of the '0' responses across the scored questions answered by each respondent (excluding the "Overall…" question).

2. Count the questions given specific (scored) answers by each respondent

Count of all '0 to 10' responses across the scored questions answered by each respondent (excluding the "Overall…" question).

3. Weight the data

Apply the standardisation weight for respondents. The weight adjusts the population of respondents within each trust to the national average proportions for age, sex and route of admission.

4. Aggregate to trust-level and compute proportion of poor ratings

Obtain a weighted numerator and denominator for each trust. Divide the numerator by the denominator to obtain the trust-level proportion of poor care ratings. For example, the overall percentage of responses which were scored as 0.

5. Compute the mean of the trust-level proportions

Sum all proportions and divide by the number of trusts to obtain the average trust-level proportion of poor care ratings.

[g]The analytical approach used to identify positive patient experience uses a numerator count of the '10' responses across all scored questions (excluding the "overall…" question) to calculate the 'good-care ratings'. There are no other differences between the analytical approaches for identifying poor and good patient experience.

6. Compute the z-score for the proportion

The Z-score formula used is:

$$z_i = -2\sqrt{n_i}\left\{sin^{-1}\left(\sqrt{p_i}\right) - sin^{-1}\left(\sqrt{p_0}\right)\right\} \qquad (1)$$

where: n_i is the denominator for the trust

p_i is the trust proportion of poor care ratings

p_0 is the mean proportion for all trusts

7. Winsorize the z-scores

Winsorizing consists of shrinking in the extreme Z-scores to some selected percentile, using the following method:

1. Rank cases according to their naive Z-scores.

2. Identify Z_q and $Z_{(1-q)}$, the 100q% most extreme top and bottom naive Z-scores. For this work, we used a value of q=0.1

3. Set the lowest 10% of Z-scores to Z_q, and the highest 10% of Z-scores to $Z_{(1-q)}$. These are the Winsorized statistics.

This retains the same number of Z-scores but discounts the influence of outliers.

8. Calculate dispersion using Winsorized z-scores

An over dispersion factor $\hat{\phi}$ is estimated which allows us to say if the data are over dispersed or not:

$$\hat{\phi} = \frac{1}{I}\sum_{i=1}^{I} z_i^2 \qquad (2)$$

Where I is the sample size (number of trusts) and z_i is the Z score for the *i*th trust given by (1). The Winsorized Z scores are used in estimating $\hat{\phi}$.

9. Adjust for overdispersion

If I $\hat{\phi}$ is greater than (I - 1) then we need to estimate the expected variance between trusts. We take this as the standard deviation of the distribution of p_i (trust proportions) for trusts, which are on target, we give this value the symbol $\hat{\tau}$, which is estimated using the following formula:

$$\hat{\tau}^2 = \frac{I\hat{\phi} - (I-1)}{\sum_i w_i - \sum_i w_i^2 / \sum_i w_i} \quad (3)$$

where $s_i = (p_i - p_o)/z_i$, $w_i = 1/s_i^2$ and $\hat{\phi}$ is from (2). Once $\hat{\tau}$ has been estimated, the Z_D score is calculated as:

$$z_i^D = \frac{p_0 - p_i}{\sqrt{s_i^2 + \hat{\tau}^2}} \quad (4)$$

Appendix D: Additional core service results

This analysis identified trusts performing better / worse than expected according to whether patients received ‘medical’ or ‘surgical’ care.

Medical care

Nine trusts were identified as being **‘much better than expected’** for medical care experiences:

- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- Royal Papworth Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust
- Liverpool Women’s NHS Foundation Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust

Four trusts were identified as being **‘better than expected’** for medical care:

- The Walton Centre NHS Foundation Trust
- Royal Brompton and Harefield NHS Foundation Trust
- The Newcastle upon Tyne Hospitals NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust

Nine trusts were identified as being **‘worse than expected’** for medical care experiences:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- West Hertfordshire Hospitals NHS Trust
- Walsall Healthcare NHS Trust
- Medway NHS Foundation Trust
- Liverpool University Hospitals NHS Foundation Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust
- The Princess Alexandra Hospital NHS Trust
- United Lincolnshire Hospitals NHS Trust

Two trusts were identified as being **‘much worse than expected’** for medical care experiences:

- Mid Yorkshire Hospitals NHS Trust

- Croydon Health Services NHS Trust

Surgical

Four trusts were identified as being **'much better than expected'** for surgical experiences:

- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- Royal Papworth Hospital NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust

Four trusts were identified as being **'better than expected'** for surgical experiences:

- The Christie NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- St Helens and Knowsley Teaching Hospitals NHS Trust

Seven trusts were identified as being **'worse than expected'** for surgical experiences:

- Northern Lincolnshire and Goole NHS Foundation Trust
- West Hertfordshire Hospitals NHS Trust
- Dartford and Gravesham NHS Trust
- East Kent Hospitals University NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- Lancashire Teaching Hospitals NHS Foundation Trust
- The Shrewsbury and Telford Hospital NHS Trust

Four trusts were identified as being **'much worse than expected'** for surgical experiences.

- The Rotherham NHS Foundation Trust
- Lewisham and Greenwich NHS Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Medway NHS Foundation Trust

Appendix E: Date of published CQC ratings

Trusts achieving 'much better than expected' results

	Rating	Date
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	G	21/02/2019
Queen Victoria Hospital NHS Foundation Trust	G	23/05/2019
Royal Papworth Hospital NHS Foundation Trust	O	16/10/2019
The Christie NHS Foundation Trust	O	12/10/2018
The Royal Marsden NHS Foundation Trust	O	16/01/2020
The Clatterbridge Cancer Centre NHS Foundation Trust	G	16/04/2019

Trusts achieving 'better than expected' results

	Rating	Date
Liverpool Women's NHS Foundation Trust	G	22/04/2020
Liverpool Heart and Chest Hospital NHS Foundation Trust	O	03/07/2019
The Walton Centre NHS Foundation Trust	O	19/08/2019
Royal Brompton and Harefield NHS Foundation Trust	G	22/02/2019

Trusts achieving 'worse than expected' results

	Rating	Date
Northern Lincolnshire and Goole NHS Foundation Trust	RI	07/02/2020
The Rotherham NHS Foundation Trust	RI	18/03/2019
Barking, Havering and Redbridge University Hospitals NHS Trust	RI	09/01/2020
West Hertfordshire Hospitals NHS Trust	RI	17/06/2020
Walsall Healthcare NHS Trust	RI	25/07/2019
Lewisham and Greenwich NHS Trust	RI	03/07/2020
Croydon Health Services NHS Trust	RI	11/02/2020
Bradford Teaching Hospitals NHS Foundation Trust	G	09/04/2020

Trusts achieving 'much worse than expected' results

	Rating	Date
Mid Yorkshire Hospitals NHS Trust	RI	07/12/2018
Medway NHS Foundation Trust	RI	05/08/2021

How to contact us

Call us on: 03000 616161

Email us at: enquiries@cqc.org.uk

Look at our website: www.cqc.org.uk

Write to us at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Follow us on Twitter: @CareQualityComm

Please contact us if you would like a summary of this document in another language or format.

2020 Adult Inpatient Survey

Identifying outliers within trust-level results

NHS Patient Survey Programme

Published October 2021

Contents

Summary

A total of 137 NHS trusts in England, which deliver adult inpatient services, participated in the 2020 survey. Feedback was received from 73,015 people, with a response rate of 46%.[a]

All patients aged 16 years or over at the time of their hospital stay were eligible to take part if they were treated by the trust during November 2020[b]. Fieldwork took place between January 2021 and May 2021.

Following from the success of the pilot study in 2019, this year the adult inpatient survey has become the first survey in the NHS Patient Survey Programme to transition from using an entirely paper-based to mixed-mode data collection methodology, aligning with CQC's ambitions to create a digital method of survey delivery.

The pilot results showed that changing the survey methodology impacted the way patients responded to questions, meaning the 2020 survey's transition to a mixed-mode method can no longer yield comparable results to previous years. Further information about the changes made to the survey can be found in the Survey Development report.

We have published an analysis of the national results from the survey on the CQC website. This separate analysis identifies trusts where patient experience is better, or worse than expected, when we compare survey results across trusts. The analysis methodology used in this report allows for an overall picture of performance across the survey as a whole, based on considering the results for all evaluative (scored) questions simultaneously. It supplements the approach used in trust level benchmark reporting, which provides results for individual questions.

More information on the difference between approaches used to explore variation in patient experience between trusts is available within the section 'difference between outlier analysis and trust-level benchmark reports'.

Each trust has been assigned one of five bands: 'much worse than expected', 'worse than expected', 'about the same', 'better than expected' or 'much better than expected'.

[a] We report the 'adjusted' response rate. The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable, or if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

[b] As trusts with smaller numbers of discharges were permitted to sample back earlier into 2020, approximately 15% of respondents were discharged from hospital between May-October 2020.

Better than expected trusts

Ten trusts have been categorised within the highest bands, with 6 identified as ‘much better than expected’ and 4 identified as ‘better than expected’. All of these trusts are classed as specialist trusts.

Trusts identified as achieving ‘much better than expected’ results:

- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- Royal Papworth Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust

Trusts identified as achieving ‘better than expected’ results:

- Liverpool Women’s NHS Foundation Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- Royal Brompton and Harefield NHS Foundation Trust

Worse than expected trusts

Eight trusts were categorised as ‘worse than expected’, and 2 as ‘much worse than expected’, resulting in a total of 10 trusts in the lowest bands.

Trusts identified as achieving ‘worse than expected’ results:

- Northern Lincolnshire and Goole NHS Foundation Trust
- The Rotherham NHS Foundation Trust
- Barking, Havering and Redbridge University Hospitals NHS Trust
- West Hertfordshire Hospitals NHS Trust
- Walsall Healthcare NHS Trust
- Lewisham and Greenwich NHS Trust
- Croydon Health Services NHS Trust
- Bradford Teaching Hospitals NHS Foundation Trust

Trusts identified as achieving ‘much worse than expected’ results:

- Mid Yorkshire Hospitals NHS Trust
- Medway NHS Foundation Trust

Interpreting the results

To provide a comprehensive picture of inpatient experience within each NHS trust, we have calculated the overall proportion of responses each trust received for the 'most negative', 'middle' and 'most positive' answer option(s) across the scored questions in the survey.[c]

We use the following question from the 2020 adult inpatient survey to show how responses are categorised as either 'most negative', 'middle' and 'most positive':

Q8. How clean was the hospital room or ward that you were in?

- Very clean – **most positive**
- Fairly clean – **middle**
- Not very clean – **middle**
- Not at all clean – **most negative**

Where people's experiences of a trust's inpatient care are better or worse than elsewhere, there will be a significant difference between the trust's result and the average result across all trusts. Each trust is then assigned a banding of either 'much worse than expected', 'worse than expected', 'about the same', 'better than expected' or 'much better than expected' depending on how significant that variation is. Consistent with our trust-level benchmarking methodology, specialist and non-specialist trusts have been compared with one another.

For example, if a trust's proportion of responses breaks down as: 'most negative' 12%, 'middle' 14% and 'most positive' 74%. This is then compared to the average of 'most negative' 11%, 'middle' 22% and 'most positive' 67% for all trusts. An 'adjusted z-score'[d] is calculated for the difference between 'most positive' trust proportions, which in this example is -2.50. This means this trust has a higher proportion of 'positive' responses than average. This is considered significant with a p-value of less than 0.25 but not less than 0.01. As a result, the trust is classed as 'better'.

In order to provide more granular results, we have also re-run the analysis according to whether patients received 'medical' or 'surgical' care. Please see Appendix A for a description of medical and surgical care and Appendix D for the results. Finally, each table within the report includes the most recent trust-wide CQC rating.

For full details of the analytical method used to calculate these results, please see Appendix C.

[c] Filter questions, such as Q1 *'Was your most recent hospital stay planned in advance or an emergency?',* were not included within this analysis.
[d] Z scores give an indication of how different a trust's proportion is from the average.

Results

Trusts achieving ‘much better than expected’ results

Six trusts were classed as ‘much better than expected’ in 2020. All six trusts are classed as specialist trusts.

	Overall results				Core service		Overall CQC rating
	2020	Most Positive (%)	Middle (%)[e]	Most Negative (%)	Medical care	Surgical	
Trust average		**67**	**22**	**11**			
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	MB	82	13	5	MB	MB	G
Queen Victoria Hospital NHS Foundation Trust	MB	82	13	5	MB	MB	G
Royal Papworth Hospital NHS Foundation Trust	MB	78	15	6	MB	MB	O
The Christie NHS Foundation Trust	MB	77	17	6	MB	B	O
The Royal Marsden NHS Foundation Trust	MB	77	17	6	MB	MB	O
The Clatterbridge Cancer Centre NHS Foundation Trust	MB	77	17	6	MB	N/A	G

Key:

Trust performance	About the same (**S**)	Better (**B**)	Much better (**MB**)	
CQC rating	Inadequate (**I**)	Requires Improvement (**RI**)	Good (**G**)	Outstanding (**O**)

[e] Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. For example, ‘Sometimes’ is the middle option (scored as 5/10) for the question *‘When you asked doctors questions, did you get answers you could understand?*’.

Trusts achieving ‘better than expected’ results

Four trusts were classed as ‘better than expected’ across the entire survey.

	Overall results				Core service		Overall CQC rating
	2020	Most Positive (%)	Middle (%)	Most Negative (%)	Medical care	Surgical	
Trust average		**67**	**22**	**11**			
Liverpool Women’s NHS Foundation Trust	B	75	18	7	MB	N/A	G
Liverpool Heart and Chest Hospital NHS Foundation Trust	B	75	18	7	MB	S	O
The Walton Centre NHS Foundation Trust	B	75	17	8	B	B	O
Royal Brompton and Harefield NHS Foundation Trust	B	73	19	8	B	S	G

Key:

Trust performance	About the same (**S**)	Better (**B**)	Much better (**MB**)	
CQC rating	Inadequate (**I**)	Requires Improvement (**RI**)	Good (**G**)	Outstanding (**O**)

Trusts achieving ‘worse than expected’ results

Eight trusts were classed as ‘worse than expected’.

	Overall results				Core service		Overall CQC rating
	2020	Most Positive (%)	Middle (%)	Most Negative (%)	Medical care	Surgical	
Trust average		**67**	**22**	**11**			
Northern Lincolnshire and Goole NHS Foundation Trust	**W**	61	24	14	**W**	**W**	**RI**
The Rotherham NHS Foundation Trust	**W**	61	25	14	**S**	**MW**	**RI**
Barking, Havering and Redbridge University Hospitals NHS Trust	**W**	62	24	14	**W**	**S**	**RI**
West Hertfordshire Hospitals NHS Trust	**W**	62	25	14	**W**	**W**	**RI**
Walsall Healthcare NHS Trust	**W**	61	25	14	**W**	**S**	**RI**
Lewisham and Greenwich NHS Trust	**W**	61	25	14	**S**	**MW**	**RI**
Croydon Health Services NHS Trust	**W**	59	28	14	**MW**	**S**	**RI**
Bradford Teaching Hospitals NHS Foundation Trust	**W**	61	25	14	**S**	**MW**	**G**

Key:

Trust performance	About the same (**S**)	Worse (**W**)	Much worse (**MW**)	
CQC rating	Inadequate (**I**)	Requires Improvement (**RI**)	Good (**G**)	Outstanding (**O**)

Trusts achieving ‘much worse than expected’ results

Two trusts were classed as ‘much worse than expected’.

	Overall results				Core service		Overall CQC rating
	2020	Most Positive (%)	Middle (%)	Most Negative (%)	Medical care	Surgical	
Trust average		**67**	**22**	**11**			
Mid Yorkshire Hospitals NHS Trust	**MW**	61	23	16	**MW**	**S**	**RI**
Medway NHS Foundation Trust	**MW**	60	25	15	**W**	**MW**	**RI**

Key:					
	Trust performance	About the same (**S**)	Worse (**W**)	Much worse (**MW**)	
	CQC rating	Inadequate (**I**)	Requires Improvement (**RI**)	Good (**G**)	Outstanding (**O**)

Appendix A: Analysis methodology

Identifying worse than expected patient experience

The analytical approach to identifying those trusts where patient experience was 'worse than expected' uses responses for most scored questions (excluding question 46, the overall experience question asked to patients).

For each trust, a count of the number of responses scored as '0' (the most negative option) is calculated. This is then divided by the total number of responses scored as 0 to 10 to calculate the trust-level proportion of poor experience. A higher percentage of negative responses indicates poor patient experience.

Within the analysis, we use z-scores that give an indication of how different a trust's poor experience proportion is from the average.

There are two thresholds for flagging trusts with concerning levels of poor patient experience:

- **Worse than expected**: z-score lower than -1.96
- **Much worse than expected**: z-score lower than -3.09

Appendix C provides full technical detail of the analytical process used.

Identifying better than expected patient experience

In order to identify 'better than expected' patient experience a count of the number of responses scored as '10' (the most positive option) is calculated for each trust.

This is then divided by the total number of responses scored as 0 to 10 to calculate the trust-level proportion of good experience.

A higher percentage of positive responses indicates good patient experience.

Our analysis has found that those trusts with the highest proportion of positive responses also have the lowest proportion of negative responses.

There are two thresholds for identifying trusts with high levels of good patient experience:

- **Better than expected**: z-score lower than -1.96
- **Much better than expected**: z-score lower than -3.09

Medical care and surgery core service results

For this analysis, a patient is counted as a medical case or surgical case based on the 'treatment function code' assigned to them during their time as an inpatient. Surgical care includes most surgical activity in a hospital. Surgical disciplines include (where they are provided) trauma and orthopaedics, urology, ENT, cardiac surgery, vascular, ophthalmic surgery, neurosurgery and general surgery. Medical care includes services that involve assessment, diagnosis and treatment of adults by means of medical interventions rather than surgery.

Core service results have been included to give trusts an indication of where improvement is most needed. We acknowledge that due to the different respondent numbers across trusts when looking at medical care and surgery experiences separately, some trusts with small samples may not have flagged as ‘better’ or ‘worse’ because their measurement error is too great.

When comparing experiences across all trusts for all inpatients (medical care and surgery combined), this limitation is mitigated as each trust has similar sample sizes and data for all questions.

Weighting

As in the trust-level benchmark analysis, results have been standardised by age, sex and method of admission (emergency or elective)[f] of respondents to reflect the ‘national’ age-sex-admission type distribution (based on all respondents to the survey).

Standardisation enables a more accurate comparison of results from trusts with different population profiles. In most cases, this will not have a large impact on trust results. However, it does make comparisons between trusts as fair as possible.

Scoring

For each question in the survey, the individual (standardised) responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of 0 the worst. The higher the score for each question, the better the trust is performing.

It is not appropriate to score all questions in the questionnaire as not all of the questions assess a trust’s performance. For example, they may be descriptive questions such as Q1 asking respondents if their inpatient stay was planned in advance or an emergency.

[f] For medical care and surgery core service analysis, results have instead been weighted by age, sex and to the average medical care / surgery profile.

Appendix B: Difference between outlier analysis and trust-level benchmark reports

To analyse trust variation in this report, we focused on identifying significantly higher levels of better or worse patient experience **across the entire survey**.

This holistic approach is different to the technique used to analyse results within trust benchmarking reports. In those reports trust results, for each scored question, are assigned bands when compared with the findings for all other trusts. This provides feedback on specific areas where trusts can target improvement. However, trust benchmark reports do not attempt to look across all questions concurrently and as a result do not provide an overall assessment of the proportion of positive or negative patient experience reported across the entire survey.

While both approaches are useful, analysing individual questions can hide variation in people's experience as the scores are 'averaged'. The approach used in this report allows CQC to identify potential concerns raised by people across the survey in its entirety.

Appendix C: Analytical stages of the outlier model

The analytical approach to identifying outliers is based on all evaluative items in the survey. These are the questions that are scored for benchmarking purposes. The scored variables are the source data, and are required at case level. These variables take values between 0 (representing the worst rating of experience) and 10 (representing the best rating). The approach also makes use of the standardisation weight for the survey.

1. Count the poor-care ratings made by each respondent[g]

Count of the '0' responses across the scored questions answered by each respondent (excluding the "Overall…" question).

2. Count the questions given specific (scored) answers by each respondent

Count of all '0 to 10' responses across the scored questions answered by each respondent (excluding the "Overall…" question).

3. Weight the data

Apply the standardisation weight for respondents. The weight adjusts the population of respondents within each trust to the national average proportions for age, sex and route of admission.

4. Aggregate to trust-level and compute proportion of poor ratings

Obtain a weighted numerator and denominator for each trust. Divide the numerator by the denominator to obtain the trust-level proportion of poor care ratings. For example, the overall percentage of responses which were scored as 0.

5. Compute the mean of the trust-level proportions

Sum all proportions and divide by the number of trusts to obtain the average trust-level proportion of poor care ratings.

[g]The analytical approach used to identify positive patient experience uses a numerator count of the '10' responses across all scored questions (excluding the "overall…" question) to calculate the 'good-care ratings'. There are no other differences between the analytical approaches for identifying poor and good patient experience.

6. Compute the z-score for the proportion

The Z-score formula used is:

$$z_i = -2\sqrt{n_i} \qquad \{sin^{-1}(\sqrt{p_i}) - sin^{-1}(\sqrt{p_0})\} \quad (1)$$

where: n_i is the denominator for the trust

p_i is the trust proportion of poor care ratings

p_0 is the mean proportion for all trusts

7. Winsorize the z-scores

Winsorizing consists of shrinking in the extreme Z-scores to some selected percentile, using the following method:

1. Rank cases according to their naive Z-scores.

2. Identify Z_q and $Z_{(1-q)}$, the 100q% most extreme top and bottom naive Z-scores. For this work, we used a value of q=0.1

3. Set the lowest 10% of Z-scores to Z_q, and the highest 10% of Z-scores to $Z_{(1-q)}$. These are the Winsorized statistics.

This retains the same number of Z-scores but discounts the influence of outliers.

8. Calculate dispersion using Winsorized z-scores

An over dispersion factor $\hat{\phi}$ is estimated which allows us to say if the data are over dispersed or not:

$$\hat{\phi} = \frac{1}{I}\sum_{i=1}^{I} z_i^2 \quad (2)$$

Where I is the sample size (number of trusts) and z_i is the Z score for the *i*th trust given by (1). The Winsorized Z scores are used in estimating $\hat{\phi}$.

9. Adjust for overdispersion

If I $\hat{\phi}$ is greater than (I - 1) then we need to estimate the expected variance between trusts. We take this as the standard deviation of the distribution of p_i (trust proportions) for trusts, which are on target, we give this value the symbol $\hat{\tau}$, which is estimated using the following formula:

$$\hat{\tau}^2 = \frac{I\hat{\phi} - (I-1)}{\sum_i w_i - \sum_i w_i^2 / \sum_i w_i} \quad (3)$$

where $s_i = (p_i - p_o)/z_i$, $w_i = 1/s_i^2$ and $\hat{\phi}$ is from (2). Once $\hat{\tau}$ has been estimated, the Z_D score is calculated as:

$$z_i^D = \frac{p_0 - p_i}{\sqrt{s_i^2 + \hat{\tau}^2}} \quad (4)$$

Appendix D: Additional core service results

This analysis identified trusts performing better / worse than expected according to whether patients received ‘medical’ or ‘surgical’ care.

Medical care

Nine trusts were identified as being **‘much better than expected’** for medical care experiences:

- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- Royal Papworth Hospital NHS Foundation Trust
- The Christie NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust
- Liverpool Women’s NHS Foundation Trust
- The Clatterbridge Cancer Centre NHS Foundation Trust
- Royal National Orthopaedic Hospital NHS Trust
- Liverpool Heart and Chest Hospital NHS Foundation Trust

Four trusts were identified as being **‘better than expected’** for medical care:

- The Walton Centre NHS Foundation Trust
- Royal Brompton and Harefield NHS Foundation Trust
- The Newcastle upon Tyne Hospitals NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust

Nine trusts were identified as being **‘worse than expected’** for medical care experiences:

- Barking, Havering and Redbridge University Hospitals NHS Trust
- West Hertfordshire Hospitals NHS Trust
- Walsall Healthcare NHS Trust
- Medway NHS Foundation Trust
- Liverpool University Hospitals NHS Foundation Trust
- Northern Lincolnshire and Goole NHS Foundation Trust
- Great Western Hospitals NHS Foundation Trust
- The Princess Alexandra Hospital NHS Trust
- United Lincolnshire Hospitals NHS Trust

Two trusts were identified as being **‘much worse than expected’** for medical care experiences:

- Mid Yorkshire Hospitals NHS Trust

- Croydon Health Services NHS Trust

Surgical

Four trusts were identified as being **'much better than expected'** for surgical experiences:

- The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
- Queen Victoria Hospital NHS Foundation Trust
- Royal Papworth Hospital NHS Foundation Trust
- The Royal Marsden NHS Foundation Trust

Four trusts were identified as being **'better than expected'** for surgical experiences:

- The Christie NHS Foundation Trust
- The Walton Centre NHS Foundation Trust
- Northumbria Healthcare NHS Foundation Trust
- St Helens and Knowsley Teaching Hospitals NHS Trust

Seven trusts were identified as being **'worse than expected'** for surgical experiences:

- Northern Lincolnshire and Goole NHS Foundation Trust
- West Hertfordshire Hospitals NHS Trust
- Dartford and Gravesham NHS Trust
- East Kent Hospitals University NHS Foundation Trust
- Pennine Acute Hospitals NHS Trust
- Lancashire Teaching Hospitals NHS Foundation Trust
- The Shrewsbury and Telford Hospital NHS Trust

Four trusts were identified as being **'much worse than expected'** for surgical experiences.

- The Rotherham NHS Foundation Trust
- Lewisham and Greenwich NHS Trust
- Bradford Teaching Hospitals NHS Foundation Trust
- Medway NHS Foundation Trust

Appendix E: Date of published CQC ratings

Trusts achieving 'much better than expected' results

	Rating	Date
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	G	21/02/2019
Queen Victoria Hospital NHS Foundation Trust	G	23/05/2019
Royal Papworth Hospital NHS Foundation Trust	O	16/10/2019
The Christie NHS Foundation Trust	O	12/10/2018
The Royal Marsden NHS Foundation Trust	O	16/01/2020
The Clatterbridge Cancer Centre NHS Foundation Trust	G	16/04/2019

Trusts achieving 'better than expected' results

	Rating	Date
Liverpool Women's NHS Foundation Trust	G	22/04/2020
Liverpool Heart and Chest Hospital NHS Foundation Trust	O	03/07/2019
The Walton Centre NHS Foundation Trust	O	19/08/2019
Royal Brompton and Harefield NHS Foundation Trust	G	22/02/2019

Trusts achieving 'worse than expected' results

	Rating	Date
Northern Lincolnshire and Goole NHS Foundation Trust	RI	07/02/2020
The Rotherham NHS Foundation Trust	RI	18/03/2019
Barking, Havering and Redbridge University Hospitals NHS Trust	RI	09/01/2020
West Hertfordshire Hospitals NHS Trust	RI	17/06/2020
Walsall Healthcare NHS Trust	RI	25/07/2019
Lewisham and Greenwich NHS Trust	RI	03/07/2020
Croydon Health Services NHS Trust	RI	11/02/2020
Bradford Teaching Hospitals NHS Foundation Trust	G	09/04/2020

Trusts achieving 'much worse than expected' results

	Rating	Date
Mid Yorkshire Hospitals NHS Trust	RI	07/12/2018
Medway NHS Foundation Trust	RI	05/08/2021

How to contact us

Call us on: 03000 616161

Email us at: enquiries@cqc.org.uk

Look at our website: www.cqc.org.uk

Write to us at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA


Follow us on Twitter: @CareQualityComm

Please contact us if you would like a summary of this document in another language or format.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	04 November 2021		**Agenda reference:**	**172-21**	
Report title:	Seven-day services assurance				
Sponsor:	Keith Altman, Medical Director				
Author:	Keith Altman, Medical Director				
Appendices:	None				
Executive summary					
Purpose of report:	To provide assurance that QVH meets 7-day services clinical standards				
Summary of key issues	• QVH as a specialist hospital has had CCG agreement that we need to meet the priority standards 2 and 8, only. • NHSE/I do not now require QVH to submit its results. • In recent audits maxillofacial and hand trauma met the overall standard at over 90% for standard 2. In high dependency cases, standard 8 was again met at over 90% for once & twice daily review, especially as CCU medical staff continuously review these patients along with head/neck senior registrars/fellows.				
Recommendation:	Recent audits of 7 day services provide assurance that QVH is currently compliant with Priority Standards 2 and 8.				
Action required	Approval	Information	Discussion	Assurance ✓	Review
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: ✓ *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	KSO2: Access to hospital services				
Corporate risk register:	None				
Regulation:	NHSE/I				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:					
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:					

Priority 7DS Clinical Standards

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 2: All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital.	**Overall standard met at over 90% (amalgamating the figures)**. 80% for maxillofacial trauma, 100% & 100% for hand trauma at weekends and weekdays, respectively. There continues to be issues with poor documentation of time and named consultant review. Need to ensure that emergency admissions are documented completely and consultants are notified when patients are admitted. The virtual ward setup will be looked at to try and implement Consultant job plans in anaesthetics, burns and plastic surgery allow for full compliance with local standards for Clinical Standard 2 and 8 seven days per week. Full pharmacy services are only provided 5 days per week. The 7DS risk is mitigated through site practitioner access to pharmacy and telephone advice available from GSTT 24/7 when pharmacy is closed. There is no evidence that safer staffing levels on wards and critical care are influenced by the day of the week. We monitor deaths on site, and off site within 30 days of surgery. Low mortality numbers (c5 per year) do not allow for conclusions on any weekend effect. Transfer out of patients is monitored as part of the clinical indicator programme. Transfers at weekend proportionally less at weekends (confirmed on 2019 data).	Yes, the standard is met for over 90% of patients admitted in an emergency	Yes, the standard is met for over 90% of patients admitted in an emergency	Standard Met

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 5: Hospital inpatients must have scheduled seven-day access to diagnostic services, typically ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, and microbiology. Consultant-directed diagnostic tests and completed reporting will be available seven days a week: • Within 1 hour for critical patients • Within 12 hour for urgent patients • Within 24 hour for non-urgent patients	Q: Are the following diagnostic tests and reporting always or usually available on site or off site by formal network arrangements for patients admitted as an emergency with critical and urgent clinical needs, in the appropriate timescales?	Microbiology	Yes available off site via formal arrangement	Yes available off site via formal arrangement	Standard Met
		Computerised Tomography (CT)	Yes available on site	Yes available off site via formal arrangement	
		Ultrasound	Yes available on site	Yes available on site	
	Formal network agreement for medical referral and review, for pathology and radiology via BSUH SLA. Memorandum of Understanding with aspirations to increase clinical and managerial collaboration between two trusts. Likley partnership with supporting trust by 2020. CT now on-site since Dec 2018, but currently only 5 day working hours service. SLA in place for out of hours. Aspiration to increase to 7 days. Business plan for translocatable MRI in progress.	Echocardiography	Yes available on site	Yes available off site via formal arrangement	
		Magnetic Resonance Imaging (MRI)	Yes available on site	Yes available off site via formal arrangement	
		Upper GI endoscopy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	

Clinical standard	Self-Assessment of Performance		Weekday	Weekend	Overall Score
Clinical Standard 6: Hospital inpatients must have timely 24 hour access, seven days a week, to key consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear written protocols.	Q: Do inpatients have 24-hour access to the following consultant directed interventions 7 days a week, either on site or via formal network arrangements?	Critical Care	Yes available on site	Yes available on site	Standard Met
		Interventional Radiology	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Interventional Endoscopy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Emergency Surgery	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
	Formal network agreement for medical referral and review, for pathology and radiology via BSUH SLA. Memorandum of Understanding with aspirations to increase clinical and managerial collaboration between two trusts. Possible merger with supporting trust by 2020.	Emergency Renal Replacement Therapy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Urgent Radiotherapy	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Stroke thrombolysis	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Percutaneous Coronary Intervention	Yes available off site via formal arrangement	Yes available off site via formal arrangement	
		Cardiac Pacing	Yes available off site via formal arrangement	Yes available off site via formal arrangement	

Clinical standard	Self-Assessment of Performance	Weekday	Weekend	Overall Score
Clinical Standard 8: All patients with high dependency needs should be seen and reviewed by a consultant TWICE DAILY (including all acutely ill patients directly transferred and others who deteriorate). Once a clear pathway of care has been established, patients should be reviewed by a consultant at least ONCE EVERY 24 HOURS, seven days a week, unless it has been determined that this would not affect the patient's care pathway.	**Overall standard met at over 90% (amalgamating the figures).** High dependency patients on CCU had a consultant review by maxillofacial/head and neck surgeons at least once daily in 85% cases of 35/41 bed days. However, there was a consultant review in the morning in 68% of cases or fellow/registrar in the remaining 27% of cases. A clear pathway of care was established every morning for each patient (100%). Consultants reviewed in the afternoon 10% of occasions, while the fellow/registrars reviewed 90%, so overall 100%. Issues with poor documentation of time reviewed and named consultant. CCU consultants also continually reveiw their patients. All patients with Level 2 or 3 critical care needs reviewed twice daily, and as required. Anaesthetic and critical care consultant out of hours job planning enables twice daily consultant review across seven days in these areas. Documentation specifically captures twice daily critical care review and, in particular, weekend handover. Renewed CCU discharge paperwork. Efficient escalation protocols in critical care. CCU consultant present at morning and evening handover meetings with trauma and hospital at night teams. Day time consultant cover of ICM is limited to 2 consultants / week, working in 2 – 3 day blocks, plus on-call cover at weekend. Consistency of ST5-7 cover is also limited to 2 -3 registrars / week. Ward transfers at nights and weekends only in very exceptional cases. Critical care inspected by CQC in Feb 2019 ('Good' in all domains) and SECCCN in April 2019 - positive report. We do not meet all critical care service specifications in terms of 24/7 FICM accredited critical care consultants or co-location, but mitigation to the satisfaction of network and CQC, and reflects case mix. Once daily review of all non-elective patients in QVH on daily ward round well-embedded (100% on 2018 audit data). Capture of daily 'Board rounds' in plastic and OMFS trauma and delegation of review still remains a deficit. E-obs and electronic handover tool funding approved, with potential for automated NEWS2 escalation, virtual ward	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Once daily: Yes the standard is met for over 90% of patients admitted in an emergency	Standard Met
		Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	Twice daily: Yes the standard is met for over 90% of patients admitted in an emergency	

7DS Clinical Standards for Continuous Improvement

Self-Assessment of Performance against Clinical Standards 1, 3, 4, 7, 9 and 10
Standard 1 - Excellent Friends and Family feedback, however, not yet split into collection on weekday versus weekend. Standard 3 - Professions Allied to Medicine, including SALT, OT, Dietetics, Pharmacy, Psychology, are generally provided on a 5 day / week basis. QVH specialist case mix does not require full MDT review for vast majority of cases admitted at weekend. Physiotherapy is available 24/7. Standard 4 - MDT handover well embedded for wards, critical care and whole hospital, with high satisfaction in GMC training survey. Capture of handover information, including delegation of review, to form part of patient record not yet finalised, and remains priority for 2020/21. Standard 7 SLA with Sussex Partnership NHS Foundation trust for 24/7 mental health needs, plus on-site psychological services department (5 days/week). Particular requirements of reconstruction and burns patients considered and well catered for. Standard 9 Infrequent delayed transfers of care for our patient cohort, which are generally ambulatory. Discharge planning begins on admission. Access to community of all QVH urgent services via specialty consultants on-call. Standard 10 Detailed in Annual Quality Report and Quality and Safety Strategy. All pillars of clinical governance and clinical risk management provided and adhered. Trainees supported and feedback regularly collected. Review of patient outcomes looks at: patient experience, patient safety and clinical effectiveness. Clinicians monitor their outcomes (eg, PROMs) and discussed at appraisal meetings.

7DS and Urgent Network Clinical Services

	Hyperacute Stroke	Paediatric Intensive Care	STEMI Heart Attack	Major Trauma Centres	Emergency Vascular Services
Clinical Standard 2	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 5	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust
Clinical Standard 6	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust

Assessment of Urgent Network Clinical Services 7DS performance (OPTIONAL)
N/A

Clinical Standard 8	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust	N/A - service not provided by this trust

Template completion notes

Trusts should complete this template by filling in all the yellow boxes with either a free text assessment of their performance as advised or by choosing one of the options from the drop down menus.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	4 November 2021		**Agenda reference:**	**173-21**	
Report title:	Guardian of Safe Working Hours Report Q3				
Sponsor:	Keith Altman, Medical Director				
Author:	Dr Joy Curran, Guardian of Safe Working				
Appendices:	None				
Executive summary					
Purpose of report:	The report triangulates data regarding junior doctor working hours and training				
Summary of key issues	Significant rise in exception reporting, bank hours required and rota gaps.				
Recommendation:	The Board is asked to **note** the contents of this update				
Action required *[highlight **one** only]*			**Discussion**		
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
			Operational excellence	***Financial sustainability***	***Organisational excellence***
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	Yes				
Assurance route					
Previously considered by:	Quality and Governance Committee				
	Date:	25/10/2021	Decision:		
Previously considered by:	NA				
	Date:		Decision:		
Next steps:					

Quarterly report on safe working hours: doctors and dentists in training

This is the Q3 report prepared jointly by the Guardian of Safe working hours (Joy Curran) and Kathleen Ally for Medical Staffing and HR.

Executive summary

This report is for July, August, September and triangulates data from workforce, junior doctor exception reports on Allocate and feedback at the quarterly junior doctor forum (JDF) run by the GOSW.

High level data

Number of doctors / dentists in training (total):	55
Number of doctors / dentists in training on 2016 TCS (total):	37
Amount of time available in job plan for guardian to do the role:	0.75 PAs hours per week
Admin support provided to the guardian (if any):	Ad hoc
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

a) Exception reports (with regard to working hours)

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Anaesthetics	0	0		
Maxillofacial	0	0		
Orthodontic	0	0		
Plastics	4	35	11	24
Radiology	0			
Total	4	35	11	24

Exception Reports for Hours breached

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics	0	
Maxillofacial	0	
Orthodontic	0	
Plastics	18	15
Radiology	0	
Total	18	

Exception reports for missed Education and Training

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics		
Maxillofacial		
Orthodontic		
Plastics	17	12
Radiology		
Total	17	12

Note, most of the reports have been discussed with the respective educational supervisor but not resolved to the trainees' satisfaction and therefore not closed.

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
CT1-2 / ST1-2	0	0	0	
ST3 +	4	35	11	24
Total				

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Anaesthetics	0	0	0	
Maxillofacial junior	0	0	0	
Maxillofacial senior	0	0	0	
Orthodontics	0			
Plastics Junior	0			
Plastics Senior	3	35	14	25
Radiology	0			
Total				

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open
F1	0			
F2	0			
CT1-2 / ST1-2	0			
ST3-8	0	2	0	33
Total	0			

b) Work schedule reviews

We have not had any formal work schedule reviews this quarter although there have been meetings between the plastics rota makers, clinical tutor, CD and Director of Medical Education in response to difficulties with the health roster leave software being wrongly implemented.

Work schedule reviews by grade	
F1	0
F2	0
CT1-2 / ST1-2	0
ST3+	0

c) Locum bookings

i) Bank

Locum bookings (bank) by department					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Anaesthetics	7	7	0	78.00	78.00
Maxillofacial	37	37	0	485.25	485.25
Orthodontics	3	3	0	18.00	18.00
Plastics	141	141	0	1520.83	1520.83
Total	188	188	0	2102.08	2102.08

Locum bookings (bank) by grade					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
CT1-2*	81	81	0	889.75	889.75
ST3 +*	107	107	0	1212.33	1212.33
Total	188	188	0	2102.08	2102.08

*Includes Trust Grade doctors – Health Roster is not configured to identify separately

Locum bookings (bank) by reason*					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Vacancy	122	122	0	1350.50	1350.50
Sickness	21	21	0	202.58	202.58
Other*	45	45	0	549.00	549.00
Total	188	188	0	2102.08	2102.08

*Other * includes Additional Clinics/list, Additional Dependency - Covid 19, Annual leave, Maternity, On Call, Other, Special Leave, Study leave, Training*

ii) Agency

We have had no agency bookings this quarter.

d) Locum work carried out by trainees

We are currently not collecting data on individual trainees.

Bank hours can be either current junior staff who would like to do extra hours where permitted by their shift pattern and fixed limits or ex junior staff who remain on our bank list. This is the preferred way of filling gaps; with doctors that know the QVH and avoiding agency fees.

e) Vacancies

This section should list all vacancies among the medical training grades (including trust doctors) during the previous quarter. These should be reported for each month separately, split by specialty / rota and grade.

Vacancies by month						
Specialty	Grade	Month 1	Month 2	Month 3	Total gaps (average)	Number of shifts uncovered
Anaesthetics	ST5+	1	3	3	2.3	0
Maxillofacial Core	DCT2+	0	0	1	0.33	0
Maxillofacial higher	ST3+	1	1	1	1	0
Plastic surgery core	CT2+	2	4	4	3.33	0
Plastic surgery higher	ST3+	1	2	3	2	0
Orthodontics	ST1+	0	0	0	0	0
Total		5	10	12	8.96	0

f) Fines

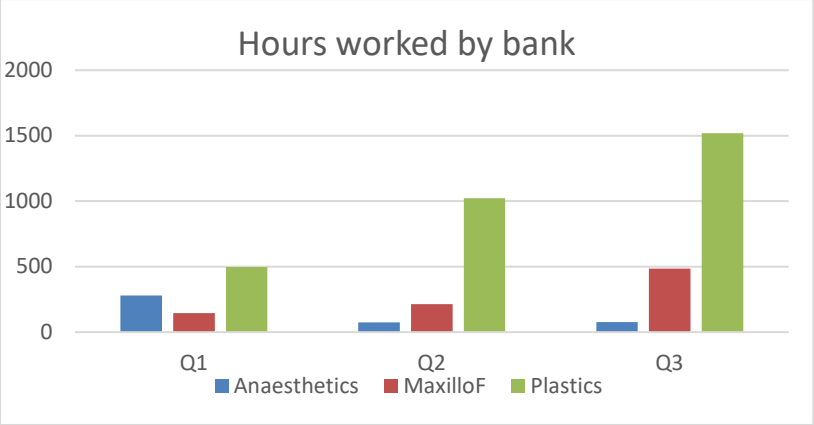
Fines by department		
Department	Number of fines levied	Value of fines levied
Plastics	2,1, 1 = total 4	July – 1133.52, August – 755.68, Sept – 377.88

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
1854	£2267.08	£1400.00	£2721

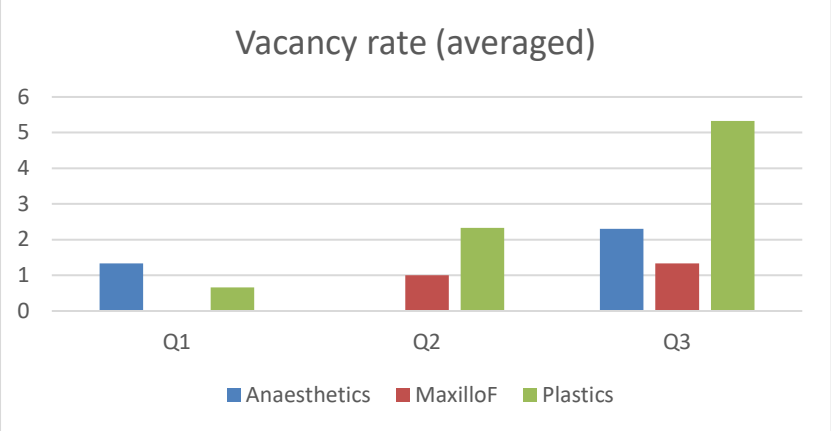
Two ultrasound phantom trainers were purchased for use in ultrasound training at approx £700 each.

Issues arising

There have been significant gaps in some of our rota. In Anaesthetics there were 3 vacancies for August and September, Plastics had 4 vacancies at Core level and 2 at higher and Maxillofacial had 1 or 2 missing from both of their rota.

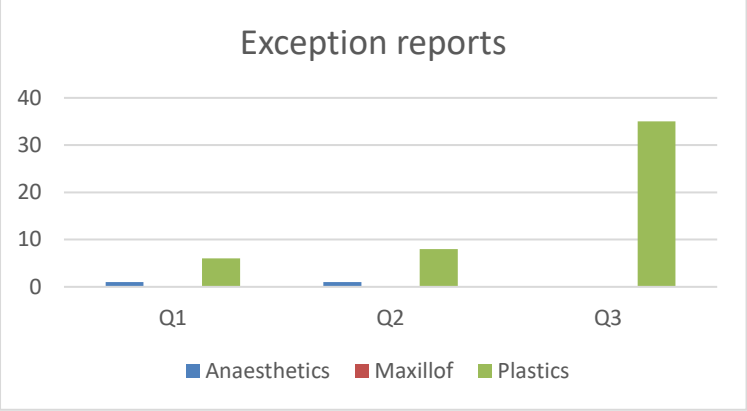


The chart above shows the rising number of bank hours worked within both plastic and the maxillofacial departments. The plastics directorate is considerably bigger with approximately double the number of junior doctors. The next chart shows the number of gaps for each quarter.



From the Healthroster data it seems that no gap was not filled. This seems excellent, but I have not triangulated this information. It may well be that some of the daytime sessions were not filled. I have not heard of Consultants needing to do night shifts for this period. However I am aware of two occasions in October when the Anaesthetic Consultant on call was resident with another Consultant on call from home.

This quarter has seen a very large spike in exception reporting from the plastics trainees who have filled out all of the reports.



Looking at the split in exception reports half were for extra hours worked and half for education. Digging deeper into the reasons for the reports many are for not allocating them to the teaching

sessions that they feel they should be, or being moved from those sessions at short notice to cover service requirements. The extra hours were claimed for late running clinics, late running theatre sessions and work at night. Some are because the trainees zero hour day was removed in error. Compared to our normal level of reporting these results are striking and warrant concern.

Junior Doctor Forum
The JDF met on the 30th of September. At this time of the year we have a large change in trainees so we said goodbye to some of the trainee reps and look forward to working with the new. A big thankyou to them for the time and effort they have put in on everyones behalf.

There were concerns from the core plastics trainees regarding the amount of theatre experience they are getting particularly feeling that the locum trainees were often in theatre more than themselves. The senior plastics trainees reported some issues with the on call rooms which we will follow up. These have external providers and the service is notably poor. The trainees described the daily rota issues as truly terrible over the last few months. There had been a problem with leave hours being calculated wrongly (8 hours per day allocated on the system, but 10 hours deducted per day when leave was taken – this has been resolved). Difficulties with the zero hour days have been described already. The rota was not issued within the correct time frame (8 weeks notice), or even 6 weeks contrasting with their annual leave requests requiring to be submitted with 8 weeks to go.

The refurbished end of the old maxillofacial staff club was declared open after the last JDF and is a really lovely relaxing space for all doctors to use.

Actions taken to resolve issues
The most pressing concerns have been with the staffing of the plastics department, which has historically had more commitments than people. Before the September JDF there was an emergency meeting with the Director of Medical Education, Clinical tutor, CD, rota coordinators to try to help some of the problems. Actions have been put in place and while I am encouraging trainees to continue to report, I hope that things will improve. It is important that they do, or we will struggle to recruit to the Trust grade posts at junior level. This section should describe any actions already taken to resolve the issues described above. It may be possible to draw in data on work schedule reviews to indicate concerns which have already been addressed, however, it may be that the guardian has to use this section to highlight departments which have not, cannot or (in a small number of cases) will not take appropriate steps to ensure safe working hours.

Summary
I do not think that there are safety concerns for nighttime cover or working at QVH. However, I have real concerns over the trends shown over this year so far in gaps and bank cover required in plastic surgery. We have noted the problem before but so far, little has had an impact.

KSO5 – Organisational Excellence

Risk Owner: Interim Director of Workforce & OD
Date: 19th October 2021

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 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, and the 2020 outcome remained stable through COVID
- 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
- Concerns regarding staff availability owing to isolation requirements

Initial Risk 3(C)x 5(L)=15, moderate
Current Risk Rating 4(C)x 4(L)=16, high
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 longer terms impact of second wave & vaccination programme
- 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 UHSussex

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 activities business and usual and stability in some KPI's
- Overseas recruitment successful and will be reviewed as part of business planning, improving picture
- Work to finalise ESR hierarchy with ledger including monthly Workforce Establishment reconciliation
- Some positive gains from the 2020 NHS Staff survey results, but generally stable
- Stay Well Team, health and wellbeing initiative established to support staff through the pandemic
- Workforce Restoration and Recovery workstreams ongoing monitoring, mainly BAU

Gaps in controls / assurance
- Management competency and capacity in workforce planning including succession planning
- Continuing resources to support the development of staff – optimal use of apprenticeship levy budget

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	04 November 2021		**Agenda reference:**	**175-21**	
Report title:	**Workforce Report: October 2021 (September Data)**				
Sponsor:	Lawrence Anderson, Interim Director of Workforce & Organisational Development				
Author:	• Gemma Farley, Employee Relations & Wellbeing Manager • Sarah Oliphant, Employee Services and E-Systems Manager • Annette Byers, Head of Organisational Development • Helen Moore, Medical Education Manager				
Appendices:					
Executive summary					
Purpose of report:	The Workforce and OD Report for October 2021 (with September 2021 Data) is provided in the format consistent with the Trust Workforce Strategy and NHS Staff Survey Themes				
Summary of key issues	• Workforce KPI's continue to demonstrate workforce stability, • There has been slippage in turnover and a slight increase in sickness this month compared to last month, although remains under 4%. • Appraisal rates remain over 90%, 12 Month Rolling Stability remains over 85%				
Recommendation:	The Board are asked to note the report				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	KSO2:	KSO3:	**KSO4:**	**KSO5:**
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	***Financial sustainability***	***Organisational excellence***
Implications					
Board assurance framework:	• KSO5. Trust reputation as a good employer and ensuring 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. • Workforce availability due to vacancy levels				
Regulation:	Well Led				
Legal:	None				
Resources:	Managed by HR and OD with support from Finance, operations and nursing				
Assurance route					
Previously considered by:	Finance & Performance Committee				
	Date:	25/10/2021	Decision:	Noted	
Next steps:					

Workforce and Organisational Development Report

Lawrence Anderson, Interim Director of Workforce &OD

October 2021 (September 2021 Data)

Contents

Headlines

Engagement & Communication:

- National WRES and WDES reports have been published on our website.
- The Gender Pay Gap report was approved by F&P, the data was reported Nationally and published on our website.
- NHS Staff Survey 2021 response rates are being monitored and forwarded to directorate leads on a regular basis to get them to encourage teams to complete the survey
- Regular communications continue to be sent to heads of department and all QVH staff on any training, development and apprenticeships available.

Attraction & Retention:

- As predicted in the August report the number of adverts place has risen to 49 (63.68 WTE) for September, this increase will subsequently bring our WTE as a trust up as more employees join.
- 60 candidates had start dates agreed, including 9 HEE doctors in September; a further increase from previous months. External candidates took an average of 83.46 with the slight increase due to the increase in volumes being processed. Internal candidates have been processed faster that August at 35.9 days.
- Overall average time taken from when an advert was approved to a new starter in post was 131.95 days for external candidates and 82.69 for internal. These increases will again be due to the volume passing through the recruitment team.
- The bespoke interview training has been launched and our BAME panel members are being invited to attend.

Health & Wellbeing:

- Mental Health First Aider training programmes had been delivered to staff virtually (Rethink) x15 participants and face to face (St John Ambulance) x12 participants. Bite-size sessions for all staff were offered in September/ October with in the region of x28 attendees.
- September's focus was nutrition and health eating, and also a mid-year round up of all information shared from the Stay Well team between September 2020 and August 2021. Ongoing webinars available from Care First (EAP) continued to be shared with all staff.

Learning & Education:

- Overall Stat & Mand compliance is **88.71%** across QVH – decreased by 0.14% from last month **90.43%** (includes non perm and perm staff)
- Appraisals compliance is **83.93%** across QVH – decreased by 1.35% from last month **86.00%**. 21 GMC and GDC registrants have Covid PDR exemptions.
- In Medical Education, two inductions were delivered in September, and the Surgeon's Mess will have an official opening on 30th September

Talent & Leadership

- Upto date apprenticeship data is now available (see page 11)
- Update on SHCP Leadership, OD and Talent Group activity (see page 11)
- The Admin & Clerical programme (Skills for Success) continues to be offered across QVH

Workforce KPI Summary

Queen Victoria Hospital NHS Foundation Trust

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2020/21 & 2021/22			Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Compared to Previous Month
Establishment WTE *Note 1				1030.33	1030.18	1036.20	1037.20	1035.09	1042.49	1042.49	1031.34	1031.34	1032.34	1057.51	1057.51	**1061.28**	▲
Staff In Post WTE				922.67	923.09	933.53	928.06	927.02	932.50	934.23	931.78	930.44	930.22	922.66	910.88	**919.42**	▲
Vacancies WTE				107.66	107.09	102.67	109.14	108.07	109.99	108.26	99.58	100.90	102.12	134.85	146.63	**141.86**	▼
Vacancies %	>12%	8%<>12%	<8%	10.45%	10.40%	9.91%	10.52%	10.44%	10.55%	10.38%	9.65%	9.78%	9.89%	12.75%	13.87%	**13.37%**	▼
Agency WTE				11.12	10.10	11.95	10.80	10.83	9.78	10.55	7.46	11.06	12.11	12.89	9.97	**8.28**	▼
Bank WTE *Note 2				57.61	64.72	66.60	65.44	76.20	66.31	87.81	64.81	64.22	72.64	78.37	71.08	**70.05**	▼
Trust rolling Annual Turnover % (Excluding Trainee Doctors)	>=12%	10%<>12%	<10%	10.65%	10.05%	10.49%	10.60%	10.63%	10.25%	10.76%	11.55%	10.94%	12.20%	13.15%	14.11%	**14.60%**	▲
Monthly Turnover				0.70%	0.70%	0.84%	0.99%	1.66%	0.20%	1.45%	1.34%	0.33%	2.03%	1.49%	2.12%	**1.25%**	▼
12 Month Rolling Stability % *Note 3	<70%	70%<>85%	>=85%	89.12%	89.44%	89.11%	89.07%	88.87%	89.06%	88.91%	88.37%	87.84%	87.11%	85.09%	85.09%	**85.43%**	▲
Sickness Absence %	>=4%	4%<>3%	<3%	2.88%	2.99%	3.26%	3.20%	3.48%	2.50%	2.75%	2.49%	3.04%	3.63%	3.17%	**3.27%**	***TBC***	▲
% staff appraisal compliant (Permanent & Fixed Term staff) *Note 4*	<80%	80%<>95%	>=95%	80.58%	80.00%	80.60%	84.03%	82.03%	83.69%	86.32%	86.50%	85.23%	83.72%	85.17%	86.08%	**83.93%**	▼
Statutory & Mandatory Training (Permanent & Fixed Term staff) *Note 5*	<80%	80%<>90%	>=90%	90.80%	90.82%	91.02%	91.92%	92.30%	91.47%	91.65%	92.57%	92.34%	92.35%	91.98%	92.35%	**90.92%**	▼

		2019-20	2020-21	
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%	**National Survey Of 572 responses: 92% : 2%**	**National Survey Of 594 responses: 94% : 2%**	19-20 & 20-21 ▲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%	**National Survey Of 560 responses: 72% : 10%**	**National Survey Of 593 responses: 71% : 11%**	19-20 & 19-21 ▲Responses ▼ Likely ▲Unlikely

*Note 1 -2020/21 establishment updated in September backdated to April 20. From Finance Ledger
*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 to date has been adjusted for GMC medics who are exempt from appraisals due to Covid-19.

GOAL 1: Engagement & Communication

Queen Victoria Hospital NHS Foundation Trust

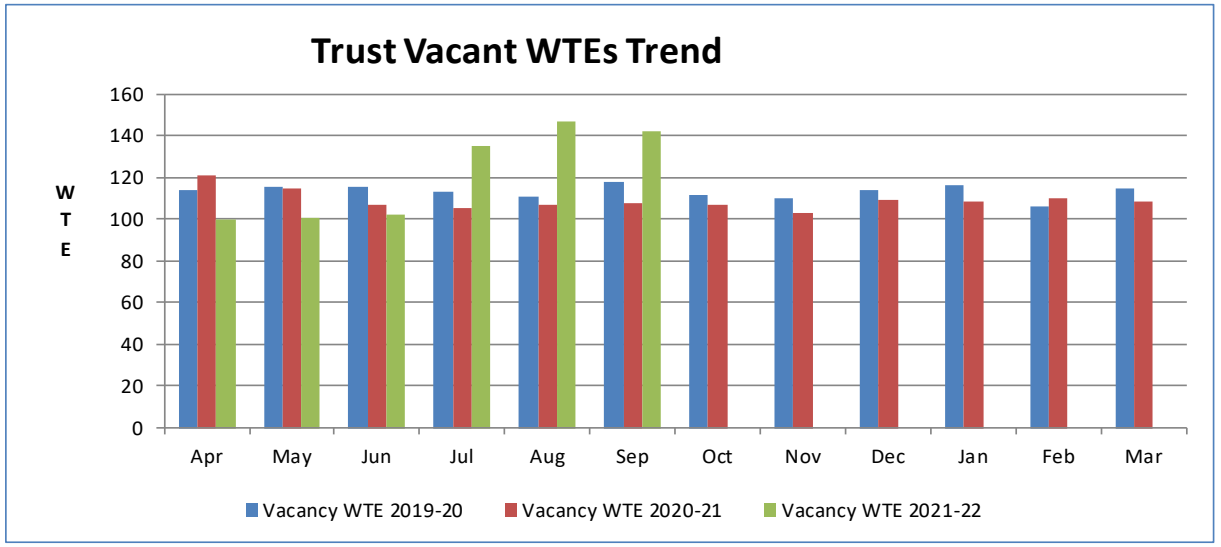
- National WRES and WDES reports have been published on our website.
- The Gender Pay Gap report was approved by F&P, the data was reported Nationally and published on our website.
- National Staff Survey QVH current overall response rate is: **24.1%** (255 respondents from an eligible sample of 1056 staff)
- Acute Specialist Trust - Worst performing: 14.9%, Best performing: 28.4%, Average response rate: 22.5%

The following tables show current response rate for each of the localities in our staff list.

Locality 1	Eligible	Respondents	Response Rate
276 CORPORATE (DIR)	37	17	45.9%
276 FINANCE & PERFORMANCE (DIR)	133	48	36.1%
276 HUMAN RESOURCES & OD (DIR)	29	17	58.6%
276 NURSING AND ACCESS & OUTPATIENTS (DIR)	80	23	28.8%
276 OPERATIONS (DIR)	777	150	19.3%

COMMENTARY	FORWARD LOOK / POTENTIAL RISKS
• 2021 NHS Staff Survey closes 26th November 2021, please encourage staff to complete their surveys.	• With the recent decision around the QVH business case for a possible merger, there is a risk that the NSS21 results could be significantly impacted particularly around staff engagement and how they might be feeling. • 2021 survey findings will be difficult to compare against 2020 finding due to significant changes to department groupings.

GOAL 2: Attraction & Retention



	Non Medical		Medical	
	Posts advertised this month	Pipeline	advertised this	Pipeline
Corporate	5	6.4	NA	NA
Eyes	2.7	1	0	8.83
Sleep	0	0.8	1	1
Plastics	1	1	9	24.1
Oral	3.8	2	4	9
Periop	13.7	8.3	1	1
Clinical Support	10.15	8.75	1	0
Outpatients	0	0	NA	NA
Director of Nursing	5.8	2	NA	NA
Operational Nursing	20.09	20.74	NA	NA
Community Services	0.8	0.8	0	0
QVH Trust Total	**63.01**	**51.79**	**16**	**43.93**

VACANCY PERCENTAGES	Jul-21	Aug-21	Sep-21	Compared to Previous Month
Corporate	10.25%	9.90%	9.76%	▼
Eyes	19.48%	17.06%	5.44%	▼
Sleep	14.94%	18.86%	22.79%	▲
Plastics	4.61%	11.89%	10.87%	▼
Oral	7.20%	11.61%	10.68%	▼
Periop	13.43%	14.02%	14.42%	▲
Clinical Support	16.80%	15.45%	16.58%	▲
Outpatients	34.93%	28.15%	29.51%	▲
Director of Nursing	5.52%	5.52%	5.02%	▼
Operational Nursing	13.71%	15.65%	14.44%	▼
Community Services	35.61%	35.61%	35.61%	◄►
QVH Trust Total	12.75%	13.87%	13.37%	▼

COMMENTARY

- Our Vacancy Rate has decreased by 0.5% for September at 13.37%
- SIP has increased to 919.42wte resulting in a decrease in vacancies to 13.37%. There has been an increase in establishment since August to 1061.28wte
- Highest volume of WTE advertised again in Operational Nursing at 20.09 and Perioop at 13.7 WTE.
- We received fewer applications at 377, 85 interviewed and 34 offered. An increase in 2 bank appointed in September at 17 (15 clinical and 2 non clinical)

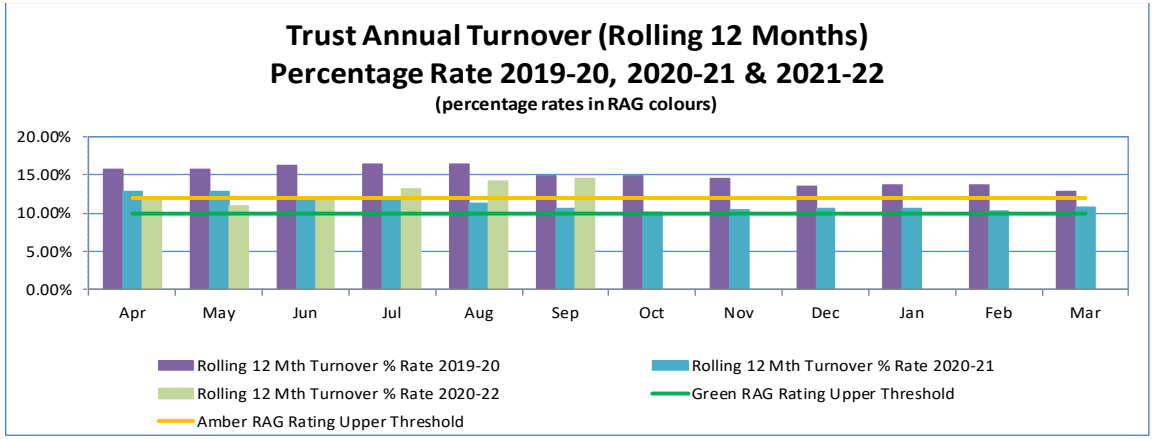
FORWARD LOOK / POTENTIAL RISKS

- Bank Admin and HCA adverts currently live to bring numbers up for October.
- Expected rise in candidates in October with the current increase in adverts placed.
- More assistance from the Resourcing team to Nursing workforce recruitment to take burden of admin for advertising away.
- Historic requirement of re authorisation for readverts at 3 months raised to 6 months to help reduce time for adverts to go live if already approved within last 6 months

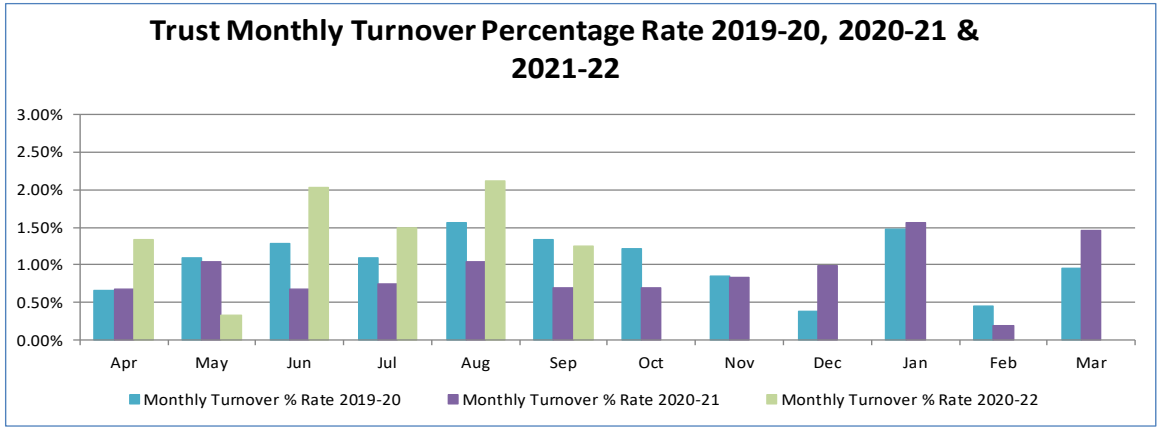
Turnover, New Hires and Leavers

Queen Victoria Hospital NHS Foundation Trust

ANNUAL TURNOVER ROLLING 12 MTHS excl. Trainee Doctors	Jul-21	Aug-21	Sep-21	Compared to Previous Month
Corporate %	13.29%	14.28%	14.92%	▲
Eyes %	35.27%	35.41%	33.11%	▼
Sleep %	12.99%	17.04%	21.06%	▲
Plastics %	12.24%	14.23%	15.86%	▲
Oral %	11.70%	15.63%	14.58%	▼
Peri Op %	13.16%	13.57%	13.17%	▼
Clinical Support %	12.31%	12.33%	13.82%	▲
Outpatients %	18.14%	14.57%	14.03%	▼
Director of Nursing %	3.04%	3.03%	3.04%	▲
Operational Nursing %	11.13%	12.99%	13.53%	▲
Community Services %	25.52%	25.42%	25.77%	▲
QVH Trust Total %	13.15%	14.11%	14.60%	▲



MONTHLY TURNOVER excl. Trainee Doctors	Jul-21	Aug-21	Sep-21	Compared to Previous Month
Corporate %	1.66%	1.11%	2.21%	▲
Eyes %	3.61%	9.68%	0.00%	▼
Sleep %	0.00%	4.07%	4.27%	▲
Plastics %	3.17%	16.79%	1.95%	▼
Oral %	0.00%	10.35%	1.55%	▼
Peri Op %	3.40%	5.36%	0.41%	▼
Clinical Support %	2.22%	1.10%	2.16%	▲
Outpatients %	3.03%	0.00%	0.00%	◄►
Director of Nursing %	1.95%	0.00%	0.00%	◄►
Operational Nursing %	1.30%	2.74%	0.69%	▼
Community Services %	4.97%	0.00%	0.00%	◄►
QVH Trust Total %	1.49%	2.12%	1.25%	▼



COMMENTARY

- Excluding trainees there were 10.52wte leavers in September of which 1.12wte were qualified nurses
- 12 month rolling turnover increased to 14.60% This increase is on trend with previous years for this time of year with the exception of last year. However our turnover rate is roughly equivalent to November 2019.
- Monthly turnover has decreased to 1.25% for September with the highest in Clinical Support at 2.16%.

FORWARD LOOK / POTENTIAL RISKS

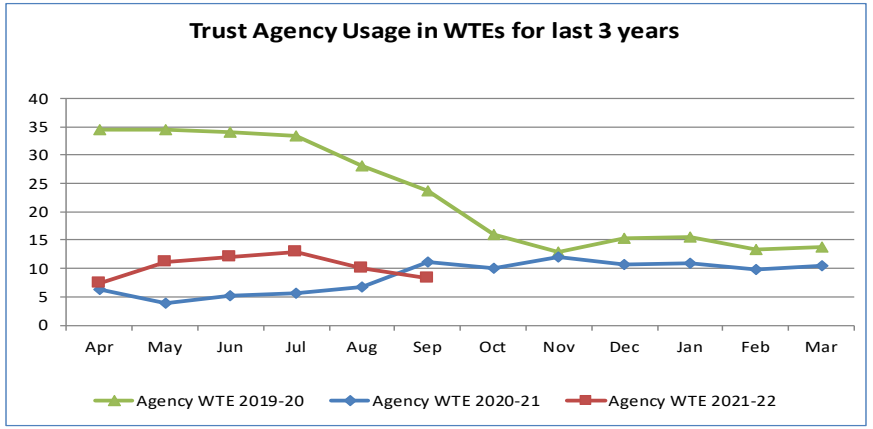
- 12 month Stability has decreased as expected with an increase in turnover rate.
- The team continue to advertise and recruit in higher numbers than pre-pandemic.
- Developing further streamlining to the recruitment process in a bid to reduce time to hire further

Temporary Workforce

Queen Victoria Hospital NHS Foundation Trust

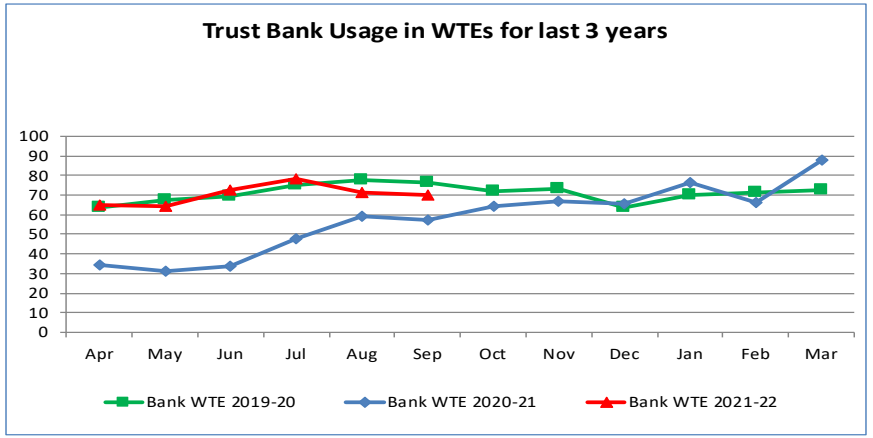
Agency				
BUSINESS UNIT (WTE)	Jul-21	Aug-21	Sep-21	Compared to Previous Month
Corporate	1.80	1.75	1.75	◄►
Eyes	0.00	0.00	0.00	◄►
Sleep	0.26	0.29	0.39	▲
Plastics	0.00	0.00	0.00	◄►
Oral	0.00	0.00	0.00	◄►
Periop	4.65	4.75	2.80	▼
Clinical Support	1.00	0.13	0.18	▲
Outpatients	0.00	0.00	0.00	◄►
Director of Nursing	0.00	0.00	0.00	◄►
Operational Nursing	5.19	3.05	3.16	▲
Community Services	0.00	0.00	0.00	◄►
QVH Trust Total	12.89	9.97	8.28	▼

Bank				
BUSINESS UNIT (WTE)	Jul-21	Aug-21	Sep-21	Compared to Previous Month
Corporate	10.41	8.91	10.13	▲
Eyes	1.65	0.94	1.34	▲
Sleep	3.76	3.36	4.25	▲
Plastics	3.86	4.39	2.11	▼
Oral	2.84	4.09	4.15	▲
Periop	20.95	17.64	18.56	▲
Clinical Support	8.75	6.46	5.58	▼
Outpatients	1.63	1.34	1.60	▲
Director of Nursing	2.21	2.70	2.79	▲
Operational Nursing	20.57	19.69	17.63	▼
Community Services	1.75	1.55	1.88	▲
QVH Trust Total	78.37	71.08	70.05	▼



Agency				
STAFF GROUP (WTE)	Jul-21	Aug-21	Sep-21	Compared to Previous Month
Qualified Nursing	8.35	7.38	5.96	▼
HCAs	1.48	0.42	0.00	▼
Medical and Dental	1.07	0.29	0.39	▲
Other AHP's & ST&T	0.19	0.13	0.18	▲
Non-Clinical	1.80	1.75	1.75	◄►
QVH Trust Total	12.89	9.97	8.28	▼

Bank				
STAFF GROUP (WTE)	Jul-21	Aug-21	Sep-21	Compared to Previous Month
Qualified Nursing	26.77	24.90	24.28	▼
HCAs	11.27	10.87	10.08	▼
Medical and Dental	8.53	8.76	5.75	▼
Other AHP's & ST&T	3.42	2.67	2.88	▲
Non-Clinical	28.37	23.89	27.06	▲
QVH Trust Total	78.37	71.08	70.05	▼



COMMENTARY

- Both Bank and agency decreased in September. This decrease especially in bank is on trend with previous year with exception of last year.
- Operational Nursing showing the highest Agency usage at 3.16 WTE
- Qualified nursing the highest agency staff group at 5.96 WTE

FORWARD LOOK / POTENTIAL RISKS

- Continue to work with finance and general/local managers to ensure establishment data is correct and staff in in correct establishment lines and any changes are updated for each month they are received. Finance and Workforce meeting regularly to review and discuss.
- Work with the ICS on the agency use process and to look at collaborative bank working across trusts with the use of the Digital Staff Passport

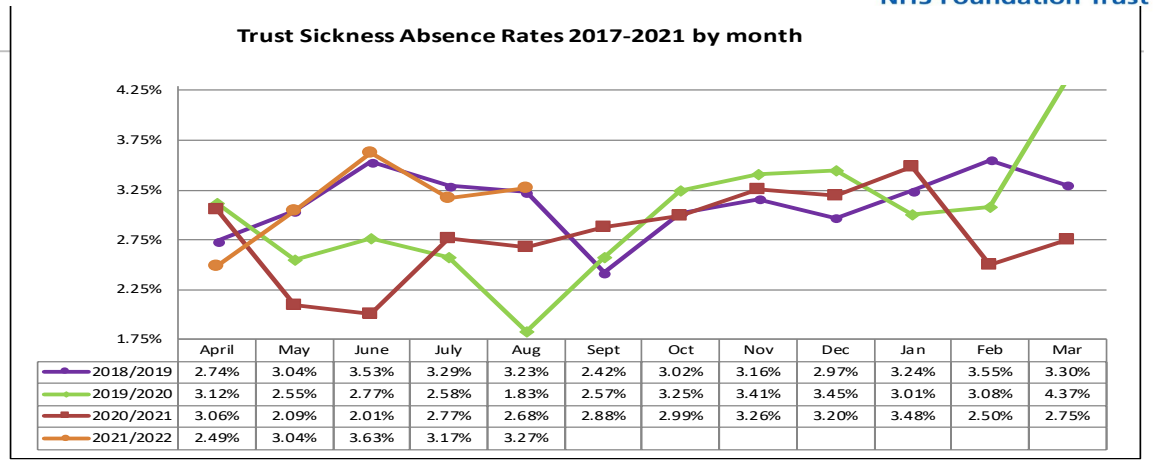
GOAL 3: Health and Well-being

Queen Victoria Hospital NHS Foundation Trust

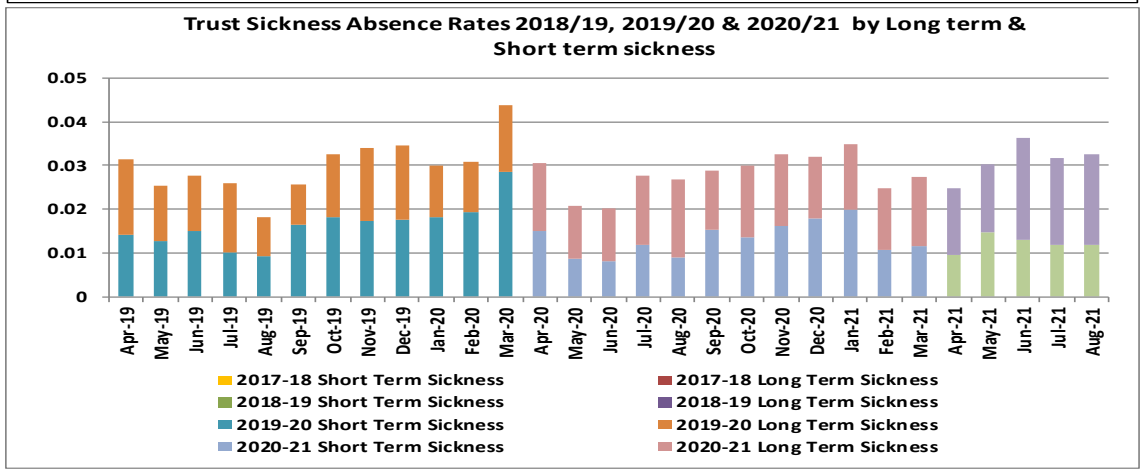
SHORT TERM SICKNESS	Jun-21	Jul-21	Aug-21	Compared to Previous Month
Corporate	1.05%	1.26%	1.32%	▲
Clinical Support	0.99%	0.72%	2.04%	▲
Plastics	0.28%	1.33%	0.73%	▼
Eyes	0.00%	1.02%	0.61%	▼
Sleep	2.81%	2.56%	0.58%	▼
Oral	0.58%	0.75%	0.95%	▲
Periop	1.95%	1.82%	1.35%	▼
Outpatients	0.68%	1.79%	0.00%	▼
Director of Nursing	0.38%	0.35%	0.93%	▲
Operational Nursing	2.31%	0.92%	1.18%	▲
Community Services	0.00%	1.23%	0.00%	▼
QVH Trust Total	1.30%	1.19%	1.18%	▼

LONG TERM SICKNESS	Jun-21	Jul-21	Aug-21	Compared to Previous Month
Corporate	1.63%	2.05%	2.90%	▲
Clinical Support	3.33%	2.42%	1.87%	▼
Plastics	0.82%	1.51%	0.79%	▼
Eyes	0.00%	0.00%	0.00%	◄►
Sleep	15.06%	9.72%	8.16%	▼
Oral	0.43%	0.39%	4.18%	▲
Periop	2.40%	1.35%	1.23%	▼
Outpatients	4.86%	1.79%	0.00%	▼
Director of Nursing	1.31%	0.00%	3.26%	▲
Operational Nursing	2.24%	3.05%	2.32%	▼
Community Services	8.40%	8.71%	8.83%	▲
QVH Trust Total	2.33%	1.98%	2.08%	▲

ALL SICKNESS (with RAG)	Jun-21	Jul-21	Aug-21	Compared to Previous Month
QVH Trust Total	3.63%	3.17%	3.27%	▲



	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2018/2019	2.74%	3.04%	3.53%	3.29%	3.23%	2.42%	3.02%	3.16%	2.97%	3.24%	3.55%	3.30%
2019/2020	3.12%	2.55%	2.77%	2.58%	1.83%	2.57%	3.25%	3.41%	3.45%	3.01%	3.08%	4.37%
2020/2021	3.06%	2.09%	2.01%	2.77%	2.68%	2.88%	2.99%	3.26%	3.20%	3.48%	2.50%	2.75%
2021/2022	2.49%	3.04%	3.63%	3.17%	3.27%							



COMMENTARY

- The Trust's total absence in August 2021 has increased to 3.27%, an increase from the same month last year which was at 2.68% (in 2019 the Trust total for May was 2.58% as a comparison). The rise of total sickness in May 2020 is against the usual trend that would normally be seen in this month.
- There was a 0.29% increase in long term absence in August 2021 (2.08%) compared to August 2020 (1.79%). Since August 2020, long term sickness has seen marginal increases month on month despite shielding due to the Covid-19 pandemic measures.

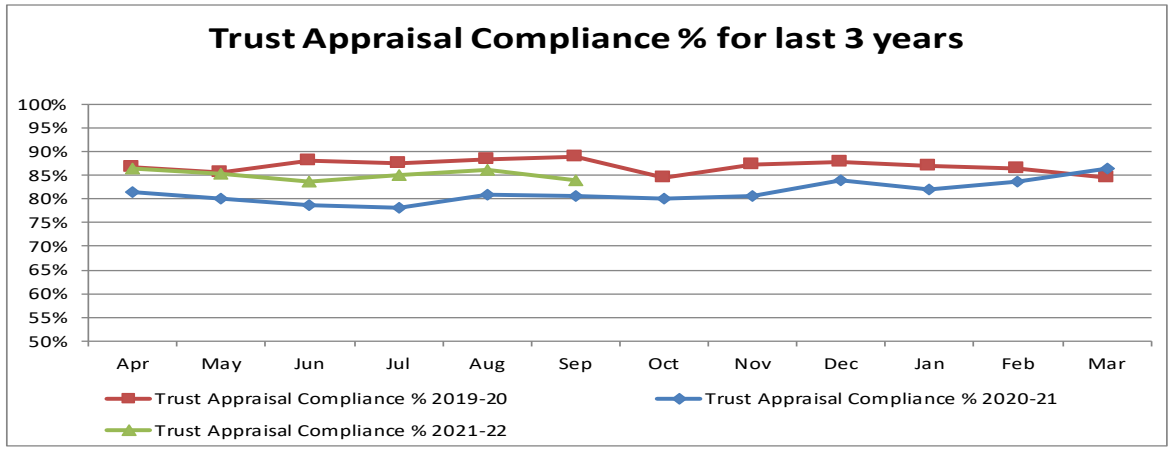
FORWARD LOOK / POTENTIAL RISKS

- There continues to be an increase in sickness absence for both long term and short term.
- As we head into winter, it is expected that sickness absence levels will rise, which is the trend seen over the last 4 years.
- In comparison to other years, September and October has seen a rise in both formal and informal absence management

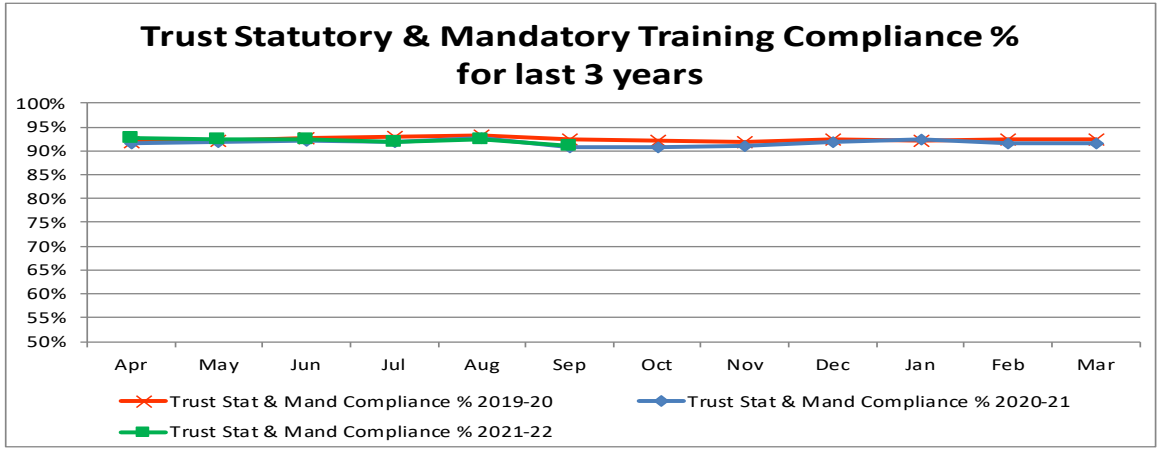
GOAL 4: Learning and Education

Queen Victoria Hospital NHS Foundation Trust

APPRAISALS	Jul-21	Aug-21	Sep-21	Compared to Previous Month
Corporate	80.20%	78.33%	81.86%	▲
Eyes	75.00%	84.00%	86.67%	▲
Sleep	73.33%	76.67%	71.43%	▼
Plastics	79.52%	88.89%	85.55%	▼
Oral	82.56%	80.49%	75.28%	▼
Peri Op	85.12%	87.34%	83.53%	▼
Clinical Support	90.00%	90.18%	89.74%	▼
Outpatients	75.00%	72.00%	62.50%	▼
Director of Nursing	96.23%	98.15%	94.55%	▼
Operational Nursing	92.82%	92.65%	88.24%	▼
Community Services	75.00%	75.00%	61.54%	▼
QVH Trust Total	85.17%	86.08%	83.93%	▼



MANDATORY AND STATUTORY TRAINING	Jul-21	Aug-21	Sep-21	Compared to Previous Month
Corporate	92.59%	92.20%	91.15%	▼
Eyes	96.39%	95.96%	87.57%	▼
Sleep	88.51%	91.04%	90.10%	▼
Plastics	78.22%	79.57%	79.59%	▲
Oral	91.56%	90.18%	87.55%	▼
Peri Op	90.93%	92.66%	90.68%	▼
Clinical Support	95.10%	94.44%	95.10%	▲
Outpatients	97.41%	94.29%	93.53%	▼
Director of Nursing	95.49%	95.56%	94.92%	▼
Operational Nursing	95.54%	95.56%	93.97%	▼
Community Services	90.28%	87.50%	90.28%	▲
QVH Trust Total	91.98%	92.35%	90.92%	▼



COMMENTARY

- 483 course bookings for September 2021
- 281 attendees (58% of all bookings),
- 94 did not attend (19% of all bookings),
- 47 withdrew within 2 weeks of the course (10% of all bookings),
- 32 withdrew more than 2 weeks before the course (7% of all bookings)

FORWARD LOOK / POTENTIAL RISKS

- September has always been a busy month for course bookings as historically (due to CQC in in Sept 2015) a high % of staff competencies end this month. Additionally, we are seeing increased DNA's and individuals withdrawning from courses and this has impacted the overall compliance figures.
- As doctor's exemptions for appraisals end, it may mean appraisal rates could drop unless they actively seek to renew their appraisal compliance.

GOAL 5: Talent & Leadership

Including OD&L and Medical Education activity

Queen Victoria Hospital NHS Foundation Trust

Apprenticeships:

- The Government apprenticeship target for public sector bodies is that least 2.3% of their staff are new apprentice starts each financial year. This data is reported annually through the Apprenticeship Levy portal and must be published.
- The data below for 2020/2021 will be published on the QVH website on 1st November 2021. In 2020/21, Covid impacted on the number of apprenticeship starts but it is anticipated that in this financial year the number of new starts will meet QVH's Public Sector Target .

Public Sector Apprenticeship Data 2020/2021	Data
Number of new employees who started working for you in England between 1 April 2020 to 31 March 2021	**159**
Number of new apprentices in England between 1 April 2020 to 31 March 2021 (includes both new hires and existing employees who started an apprenticeship)	**10**
Number of employees who were working in England on 31 March 2021	**1089**
Number of apprentices who were working in England on 31 March 2021	**25**
Percentage of apprenticeship starts (both new hires and existing employees) as a proportion of employment starts between 1 April 2020 to 31 March 2021	**6.29%**
Percentage of total headcount that were apprentices on 31 March 2021	**2.30%**
Number of apprentices who were working in England on 31 March 2020	**30**
Number of employees who were working in England on 31 March 2020	**1073**
Percentage of apprenticeship starts (both new hires and existing employees who started an apprenticeship) between 1 April 2020 to 31 March 2021 as a proportion of total headcount on 31 March 2020	**0.93%**

SHCP – Leadership, OD and Talent Group activity:

- Funding has now been approved from HEE for the proposed programmes.
- '*Developing Excellence, Together' Leadership Programmes* – Phase 1 concluded (170 attendees), phase 2 will commence enhancing development for existing cohorts 1-10. Phase 3 for new cohorts 11-20 will be a repeat of Phase 1 for a new cohort of up to 200 people with a focus on the community and social care.
- Developing a Coaching Culture: The impact of ILM level 3 accredited coaches is becoming apparent with a number of them now supporting the foundation programme and are keen to become facilitators in time. Further places on the ILM level 3 have not been budgeted for in 2021/22 as we wanted to see impact of current programme first, and it is now apparent that this is a good investment of funds.
- SE Leadership Academy Local Programmes: Mary Seacole Local pilot programme concludes in February. Rosalind Franklin has been extended to November as people are still completing their assignments.

Other activities:

- Bespoke team development sessions was delivered for Finance Teams and the operation event has been rescheduled for January 2021.
- We have undertaken several 360 degree feedback session across the SHCP

Medical Education activity

In October QVH hosted the final doctors' induction of the year, welcoming new trainees and trust doctors in Corneo Plastics, Plastic Surgery and OMFS.

The newly refurbished relaxation area in the Surgeons' Mess was opened on 30 September, with Bob Marchant in attendance, see photo below.

The plans for additional funding received from HEE relating to PGME Training Recovery have been submitted to HEE. Orders have been placed to purchase the identified equipment to renovate the A Wing Lecture Theatre to improve its training facilities.

On 4 October the Plastic Surgery Hand team, supported by Medical Education, held an excellent hand teaching session, with sponsors in attendance who brought along their kit for the trainees to practice with.

On 7 October the Medical Education team hosted an MCA refresh webinar for all clinical staff, presented by barrister Alex Ruck-Keene. The session was extremely interesting and it is hoped to repeat it next year.

Following the GMC survey results, a report and action plan has been submitted to HEE to look at improving the position for Higher Plastics trainees, where a number of pink and red flags were received.

The consultants' mandatory training day on 27 September was fairly well attended, although there were a number of medical and dental staff unable to attend; they will be contacted separately to maintain their MAST compliance.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**04 November 2021**		**Agenda reference:**	**176-21**	
Report title:	**Formal ratification of Workforce WRES and WDES**				
Sponsor:	Lawrence Anderson, Interim Director of Workforce & OD				
Author:	Gemma Farley, Employee Relations & Wellbeing Manager				
Appendices:	Annual WRES report 2020/21 Annual WDES report 2020/221				
Executive summary					
Purpose of report:	The Board is asked to formally ratify the decision made in July to approve the WRES and WDES annual reports for 2020/21.				
Summary of key issues	In order to meet the regulator deadline, and as permitted under the Trust's standing orders, Board approval was obtained via email for both reports. The Board is now asked to formally ratify that decision. The Board has been asked to note in particular: • Some improving trends particularly the increase in the diversity of the QVH Workforce. • Action plans are being embedded and developed as part of the Annual Equalities Report and 18 month action plan				
Recommendation:	The Board is asked to ratify its decision to approve the WRES and WDES annual reports for 2019/20				
Action required *[highlight **one** only]*	**Approval**	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	KSO1: *Outstanding patient experience* ✓	KSO2: *World-class clinical services* ✓	KSO3: *Operational excellence* ✓	KSO4: *Financial sustainability*	KSO5: *Organisational excellence* ✓
Implications					
Board assurance framework:	KSO5 will highlight any risks that may be identified				
Corporate risk register:	n/a				
Regulation:	Well led				
Legal:	n/a				
Resources:	Some funding secured from NHS Charities Together to support action plans from the annual reports				
Assurance route					
Previously considered by:					
	Date:		Decision:		
Next steps:					

Queen Victoria Hospital
NHS Foundation Trust

Workforce Race Equality Standards (WRES 2021)

Annual Report 2020/21

Introduction

The Workforce Race Equality Scheme (WRES) provides data to facilitate the Trust's ability to make informed decisions and take action to actively promote equality of opportunity, as well as to reduce discrimination which may exist, ultimately to improve the working lives and wellbeing of staff, patients and service users.

This report is based on 2020/21 data and is a comparison between 1st April 2020 and 31st March 2021. Accompanying this report is the full data set to be submitted nationally by the Trust. This report highlights the improvements that have been seen and the areas that may require further action.

Findings

Overall Workforce

The percentage of Black, Asian and Minority Ethnic (BAME) staff within the workforce has increased as a proportion of the total workforce from 16% in 2019/20 to 18.8% during this period.

Analysis of the data shows that the Trust has increased its entire workforce overall in both clinical and non-clinical roles by 1.2% in the last 12 months (a headcount increase of 13 people). There has been a significant increase in our BAME workforce in clinical roles (headcount of 14) and junior doctors (headcount of 12), which is 2.4% of the overall workforce. The increase in the BAME workforce in clinical roles at Bands 4 and 5 (a headcount of 9 people) can be attributed to a successful international recruitment campaign.

The Trust's medical & dental workforce increased by 3.5%, and in the same period there was a proportional increase in BAME staff by a headcount of 14 people. In contrast, the white medical workforce has decreased by a headcount of 1 person. Our BAME representation has therefore increased by 6.67% (from 35.46% in 2020 to 42.13% in 2021) of the overall medical & dental workforce. This can be attributed to a shift in the declaration of ethnicity by junior doctors which increased by 63.6% (8 people non-declared in 2020 compared to 1 person in 2021).

Senior Workforce Representation

In 2020 the Trust had a total of 69 individuals employed at Band 8a or above and in 2021 this decreased to 67 individuals; a total reduction of 3% from the previous year. However, the data shows a proportion of BAME individuals in senior roles has increased by 50% (a headcount of 3 people). In 2020 8.69% (a headcount of 6) of the Trust's senior workforce (not including medical & dental) were from a declared BAME background, this has increased to 13.43% (a headcount of 9) in 2021.

In 2020 28% of the Consultant workforce were from BAME backgrounds and although there was a headcount increase of 2 people, the proportion of BAME individuals remained constant at 28% as there was an increase in white colleagues by a headcount of 4 people in 2021.

Junior Workforce Representation

Our junior workforce (Agenda for Change staff in Bands 2-7) have seen the largest increases in BAME representation between 2020 and 2021, an increase from 12.54% in 2020 to 14.3% in 2021.

This increase has been seen in both clinical and non-clinical roles which have both increased over the last 12 months. In this time period our clinical representation increased from 16.2% in 2020 to 18.5% in 2021 (a headcount of 12 people), and our non-clinical representation increased from 7.3% in 2020 to 8.3% in 2021 (a headcount of 4 people).

Recruitment

There has been a significant increase in candidates being appointed from shortlisting if they were from a white background. The number of shortlisted applicants from a white background to being appointed had a 1.79 relative likelihood in 2021 (with 1 being an equal comparison) compared to a 1.47 relative likelihood in 2020.

The data shows that in 2020 a white applicant had a 29.5% chance of being appointed after shortlisting and this decreased to 28.02% in 2021. However the figures for BAME applicants shows a variance of 4.44% as in 2020 a BAME applicant had a 20.13% chance of being appointed after shortlisting compared to a 15.69% in 2021 (a headcount of 15 people).

The number of shortlisted applicants not declaring their ethnicity dropped by 39.26% from 2020 to 2021 which is a significant improvement.

Formal Disciplinary Processes

At QVH there is a minimal formal disciplinary caseload in comparison to most other Trusts, and there were no staff from a BAME background that entered a formal disciplinary process in 2021. The number of cases (2 in 2021) therefore does not have statistical relevance.

Access to Training and Development

The data shows that the number of BAME staff accessing non-mandatory training and CPD has fallen from 43.60% (a headcount of 75 people) in 2020 to 42.44% (a headcount of 87 people) in 2021. However, there was a headcount increase of 33 people between 2020 and 2021, therefore there were more BAME staff that accessed non-mandatory training and CPD in 2021.

The data captures all courses (not just those entered onto ESR), it therefore does account for training and CPD. A further consideration is due to the increase in BAME individuals

joining the Trust during this period, it could be assumed that the focus will have been on successful probation, statutory and mandatory compliance, and the first annual appraisal before entering non-mandatory and CPD opportunities.

In 2020/21 there were 84 educational funds awarded by the Trust's Educational Funding Panel of which 15 (18%) were for BAME applicants. This is on a par with the overall Trust representation of 18.8%.

Trust Board Representation

The numbers relating to Trust Board members show that 1 individual from a declared BAME background departed from Trust, and therefore there is no BAME representation on either the voting Board or non-voting Board.

Conclusions

Appointment to the BAME Network Leads was completed in August 2020 with two Leads appointed.

Although it is encouraging that the proportion of BAME representation across the workforce at QVH has increased from 16% in 2020 to 18.8% in 2021, it is important to recognise the size of the Trust with a total headcount of 1,091 people.

Analysis of the data shows that the increase in proportion has been seen at more junior levels and careful reflection is needed in regard to our BAME representation at senior levels, and in particular on the Trust Board where representation is null.

Gemma Farley
Employee Relations and Wellbeing Manager

Progress against actions 2020

Action	Progress
Appointment of a BAME Network Lead	Appointment to the BAME Network Leads was completed in August 2020 with two Leads appointed.
Trust Board Seminar to undertake to deliver long term commitment to our BAME workforce	Not discussed to date
Understand how we identify talent in Bands 2-7 and support progression and development into more senior roles Considerations • Are opportunities in open competition • Understand barriers to entry	Rolled over to actions 2021

• Are there targeted development needs needed? • Do the Trust encourage opportunities? • BAME Representation on Band 8a and above interview panels?	
Look at ways to address the discrepancy in shortlisting for roles for BAME candidates Considerations • Are we doing enough to promote equality of opportunity • Are applications sufficiently anonymised • Unconscious bias training • Increase recruitment and selection training	Rolled over to actions 2021
Increase staff engagement to disclose their ethnic origin to the Trust Considerations • Communication to all staff who haven't disclosed • Increase knowledge of ESR Self Service • Understand what barriers prevent disclosure	This was achieved, most significantly there was a shift in the declaration of ethnicity by junior doctors which increased by 63.6%
Increase candidate engagement to disclose their ethnic origin to the Trust when applying for roles Considerations • Understand what barriers prevent disclosure • Mandate individuals to disclose at application stage – linked to understand barriers	

Actions 2021

Action	Timeframe
Understand how we identify talent in Bands 2-7 and support progression and development into more senior roles Considerations • Are opportunities in open competition • Understand barriers to entry • Are there targeted development needs needed? • Do the Trust encourage opportunities? • BAME Representation on 8a and above interview panels?	December 2021

Further increase staff engagement to disclose their ethnic origin to the Trust • Targeted communication to all staff who have not disclosed • Understand what barriers prevent disclosure	March 2022
Encourage recruiting managers to appoint applicants from a BAME background • Understand what are the barriers to appointment • Mandate recruiting managers to attend training • Mandate recruiting managers to comment on why applicants have not been appointed	December 2021
Encourage BAME representation in the shortlisting of roles Band 8a+ and attendance at interview panels • Details of BAME network members trained to participate • Communicate to recruiting managers of roles Band 8a+ are required to ensure a BAME representation is fully involved in the recruitment process	December 2021
Monthly review of rejected applicants from shortlisting and interview stage with a particular focus on of those from a BAME background	Ongoing

Comments from the BAME network Chairs

The conclusion of the report is promising in that it shows an increase of BAME staff of 2.8% within the trust. However, upon closer interpretation this isn't clear cut and therefore more work is needed to improve this ratio especially at senior levels and as mentioned at board level where representation is zero.

The Trust must encourage the appointment of a diverse range of staff at all levels but especially at senior and board level where representation is hugely lacking. There must also be equal opportunities for training and development for BAME staff. We plan to work diligently over the next few months engaging with staff in order to understand how to identify and set up a BAME specific talent pool and recognise any barriers and/or developmental needs for all banding levels.

Encouragement of managers to appoint BAME staff will not suffice alone and although training is provided covering unconscious bias, it is important that the network leads are aware of what is covered so that we can provide personal feedback or even be involved in the training going forward. We are pleased that the Trust is encouraging diversity on interview panels and as we set that up in the coming months, we believe that will have a positive outcome not only in appointment of candidates but also in the understanding of the interviewers.

The BAME network leads will now set up regular meetings and look to increase the capacity of the network by setting up more roles internally and creating more support for the leads which is critical in order to achieve the Trust's targets set out in the action plan.

Aneela Arshad and Kokila Ramalingam

Queen Victoria Hospital
NHS Foundation Trust

Workforce Disability Equality Standards (WDES 2021)

Annual Report 2020/21

Introduction

The Workforce Disability Equality Scheme (WDES) is a set of ten specific measures (metrics) which enables NHS organisations to compare the workplace and career experiences of disabled and non-disabled staff. The metrics referred to in this report are: metric 1 non-clinical and clinical workforce, metric 2 recruitment, metric 3 capability (performance), and metric 10 Board voting membership (metrics 4-9 is data from the NHS Staff Survey which has been reported earlier in 2021). NHS Trusts use the metrics data to develop and publish an action plan. Year on year comparison enables Trusts to demonstrate progress against the indicators of disability equality.

This report is based on 2020/2021 data and is a comparison between 1st April 2020 and 31st March 2021. Accompanying this report is the full data set to be submitted nationally by the Trust. This report highlights the improvements that have been made and the areas that may require further action.

Findings

Overall Workforce

There was 5% of the workforce at QVH that disclosed a disability in 2021 (a headcount of 51 people) which is the same percentage as in 2020; however there was a decrease in headcount of 3 people of which 1 was non-clinical Band 2-4 and 2 were clinical Band 2-7.

The percentage of the workforce where a disability was 'unknown', and therefore non-declared or prefer not to say, saw an improvement from 7.9% in 2020 (a headcount of 85 people) to 5.8% in 2021 (a headcount of 63 people). However as it is a proportion of the overall Trust workforce, there is not an impact on the quality and accuracy of the information.

The proportion of the workforce declaring a disability is lower for Band 8a and above at 4.48% (a headcount of 3 people) than those in Band 1-7 at 5.44% (a headcount of 46 people). However for context, the Trust employs 846 staff at Band 7 or below and there are 67 staff employed at Band 8a or above.

Non-clinical Workforce Representation (metric 1)

Within the non-clinical workforce there was a 4.17% decrease in the number of declared disabled staff between 2020 and 2021 (a headcount of 1 person) compared to the non-disabled staff where there was an increase of 2.1% (a headcount of 7 people). On analysis of the data within the context of the overall Trust workforce, the percentage of disabled staff in the non-clinical workforce saw a marginal drop by 0.13%.

The data shows no change in the non-clinical Band 8a+ workforce as the headcount remained consistent at 37 people in 2020 and 2021. However, there was a 1.75% increase in the number of non-clinical Band 1-7 workforce (a headcount of 6 people) in 2021 compared to 2020 of which there was a 4.54% decrease in disabled staff (a headcount of 1 person).

Clinical Workforce Representation (metric 1)

Within the clinical workforce (excluding medical & dental) there was a 7.14% decrease in the number of disabled staff between 2020 and 2021 (a headcount of 2 people) compared to the non-disabled staff where there was an increase of 2.6% (a headcount of 12 people). On analysis of the data within the context of the overall Trust workforce, the percentage of disabled staff in the clinical workforce saw a marginal drop by 0.2%.

The data shows a change of a headcount of 1 person in the clinical Band 8a+ workforce (3.22%) between 2020 and 2021. There was a minimal 0.6% increase in the number of clinical Band 1-7 workforce (a headcount of 3 people) in 2021 compared to 2020 of which there was a 7.41% decrease in disabled staff (a headcount of 2 people).

Of the Consultant workforce, there is a headcount of 2 people who have declared a disability which is 2.3% of the Consultant workforce (and 1.12% of the overall medical & dental workforce). There are no other staff in the medical & dental workforce that have declared a disability.

Recruitment (metric 2)

The Trust saw a 36.6% fall in the total number of shortlisted applicants between 2020 (a headcount of 853 people) and 2021 (a headcount of 541 people) which can be attributed to the Covid-19 pandemic. As a proportion, there was a negligible change of 0.1% (from 3.6% in 2020 to 3.5% in 2021) in the number of declared disabled shortlisted applicants. In comparison, there was 0.49% less non-disabled shortlisted applicants in the same period.

On analysis of the total number appointed from shortlisting, there was a decrease of 30.6% between 2020 (a headcount of 255 people) and 2021 (a headcount of 177 people). As a proportion, there was a minimal change of 0.9% (from 2% in 2020 to 1.1% in 2021) in the number of declared disabled appointed from shortlisting, and in the same period there was a significant 12.6% less non-disabled appointed from shortlisting.

The 2021 data demonstrates a 2.41 comparative likelihood of a disabled applicant being appointed of a non-disabled applicant. This is a significant concern and regression from the 2020 figure of 1.71 (a figure below 1:00 indicates that disabled individuals are more likely than non-disabled individuals to be appointed from shortlisting).

To put this into context, in 2021 there was a 48% likelihood of non-disabled applicants successful from being shortlisted to being offered the role, compared to 11% of disabled applicants. This represents a decrease by 5% of disabled applicants being appointed from 2020 (16%) which is a significant concern.

On analysis of the disability unknown (not declared or prefer not to say), there was a 88% likelihood of applicants being successfully shortlisted to offered the role (a headcount of 60 appointed from a total of 68 people shortlisted).

The Trust actively promotes its Disability Confident Employer status and is working towards the next level of Disability Confident Leader. This gives applicants the opportunity to declare any disability and subsequently entitling them to a guaranteed interview if they meet all essential requirements of a role. Appointing managers are prompted to reconsider applications automatically if a disability is declared but has not been invited to interview.

There are 45 Health Education England doctors within our workforce at QVH and these have been included in the recruitment data. However, the process does not involve shortlisting or interviewing, as the selection process is carried out by HEE rather than the Trust, but the individuals are entered onto the Trust's recruitment system as 'applicants' and then moved through to the 'offer' stage. There is therefore a disparity in the recruitment data and in future this workforce will be removed from the data on analysis.

Formal Capability Processes (metric 3)

At QVH there is a minimal caseload of formal capability on the grounds of performance in comparison to most other Trusts. There were 2 staff (non-disabled) who entered a formal capability process in 2021 which therefore does not have a statistical relevance.

Board Voting Membership (metric 10)

There is 1 person (8%) of the Trust Board members both voting and non-voting members with a declared disability in 2021. This is an increase from 2020 where there were no disabled declarations.

Conclusions

It is encouraging that there has been an increase of 26% in the disclosure of a disability between 2020 and 2021. This is as a result of targeted initiatives to staff to encourage disability disclosure in April and November 2020. Guidance was established and information available on a dedicated Intranet page in March 2020, and promotion was included in the Trust's newsletter.

The number of disabled staff employed at the Trust reduced by 5.55% (a headcount of 3 people), however it is important to consider the statistical relevance as the Trust numbers are relatively low.

The concern remains in respect of the number of shortlisted and appointed applicants with a declared disability. The Trust saw a decrease in the total number of applicants shortlisted and appointed from shortlisting, however it is encouraging that there was an increase in the declaration of a disability.

Gemma Farley – Employee Relations and Wellbeing Manager

Progress against actions 2020

Action	Progress
Continue to encourage discussion and disclosure of disabilities amongst staff and applicants	This action was achieved with an increase of 26% in the disclosure of a disability between 2020 and 2021
Connect with local and national disabled people's organisations (DPO's) to access networks of disabled people to attract disabled people to apply for jobs at QVH	This action was not progressed
Help managers build a wider understanding of the WDES metrics that are relevant to recruitment and retention	This action was not achieved in 2020, however see actions below for 2021
Ensure the Trust's Disability Confident status is retained and renewed	This action was achieved as the Disability Confident status was retained and renewed

Actions 2021

Action	Timeframe
Further increase staff engagement to disclose their disability status to the Trust, including changes to status • Targeted communication to all staff who have not disclosed • Understand what barriers prevent disclosure	March 2022
Further increase line management engagement in supporting employees with a declared disability through reasonable adjustments in the workplace	March 2022
Ensure the Trust's Disability Confident status is retained and renewed	December 2021
Encourage recruiting managers to consider reasonable adjustments to enable appointment of applicants with a declared disability • Understand what are the barriers to appointment • Mandate recruiting managers to attend training • Mandate recruiting managers to comment on why applicants have not been appointed	December 2021
Monthly review of rejected applicants from shortlisting and interview stage with a particular focus on disability	Ongoing

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**4 November 2021**		**Agenda reference:**	**177-21**	
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 15 September 2021 and the additional meeting on 6 August 2021.				
Summary of key issues	The Committee received updated assurance on the assurance frameworks for KSOs 1, 2, 3 &4. 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: *Outstanding patient experience* √	KSO2: *World-class clinical services* √	KSO3: *Operational excellence* √	KSO4: *Financial sustainability* √	KSO5: *Organisational excellence* √
Implications					
Board assurance framework:	Updates on assurance framework for 1,2,3&4 were received.				
Corporate risk register:	None				
Regulation:	Internal audit reports on Data Protection Security Toolkit and Statutory and Mandatory Training				
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:	4 November 2021
Reference number:	177-21
Report from:	Kevin Gould, Chair
Author:	Kevin Gould, Chair
Appendices:	N/A
Report date:	25 October 2021

Audit Committee report
Meeting held on 15 September 2021

1. The Committee noted the additional meeting held in August, at which the Committee received an update on the assurance framework for KSOs 1 & 2, and an update on the single-tender waiver process.

2. The Committee received an update on the assurance framework for KSO 3 from the Director of operations and on KSO4 from the Director of finance & performance. The discussion focused on key risks (as recognised in the BAF), sources of assurance and potential gaps in assurance. Additional context and assurance were received from the Chair of the Finance & Performance Committee.

3. KPMG provided an update on the finalisation of the annual report and accounts.

4. RSM presented an update on the Internal Audit plan. Two reports had been completed since the previous meeting:
   - Data Protection Security Toolkit (advisory-no rating, one High priority action)
   - Statutory and Mandatory Training (Substantial assurance, no High priority actions)

   The Committee reviewed and discussed the outstanding management actions, noting the follow-up review by RSM and the continued good progress that had been made.

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

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

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**04 November 2021**		**Agenda reference:**	**178-21**	
Report title:	**Nomination and remuneration committee assurance update**				
Sponsor:	Gary Needle, Acting Chair				
Author:	Gary Needle, Acting Chair				
Appendices:	NA				
Executive summary					
Purpose of report:	To provide assurance to the board in relation to matters discussed at the nomination and remuneration committee meeting on 7 October.				
Summary of key issues	• Trust's commitment to supporting personal development for EDs • Continuation of interim executive arrangements • NHSEI guidance on VSM pay				
Recommendation:	The Board is asked to **NOTE** the contents of this report.				
Action required *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	KSO1: *Outstanding patient experience* √	KSO2: *World-class clinical services* √	KSO3: *Operational excellence* √	KSO4: *Financial sustainability* √	KSO5: *Organisational excellence* √
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	None				

Report to: Board of Directors
Meeting date: 4 November 2021
Author: Gary Needle, Acting Chair
Appendices: N/A
Report date: 27 October 2021

Nomination and remuneration committee assurance report
Meeting held on 7 October 2021

The Committee met on 7 October to:

1. Discuss and reaffirm the Trust's commitment to supporting personal development for executive directors in the challenging context of the potential merger with University Hospitals Sussex

2. Approve continuation of interim arrangements for two executive directors until merger or other significant change to the board status of these roles;

3. Consider the letter received from NHSE/I regarding VSM pay. The committee noted that it had been an exceptional year due to the pandemic and concluded that whilst it would be inappropriate to go against national advice on this matter, all possible support should be provided to support VSM career development options.

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