

Business Meeting of the Board of Directors

Thursday 6 January 2022

**Session in public
11:00 – 13:00**



**MEMBERSHIP
BOARD OF DIRECTORS
January 2022**

Members (voting):

Trust Chair	-	Anita Donley
Senior Independent Director	-	Gary Needle
Non-Executive Directors	-	Paul Dillon-Robinson
	-	Kevin Gould
	-	Karen Norman
Chief Executive:	-	Steve Jenkin
Medical Director	-	Keith Altman
Director of Nursing (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.	Other
Non-executive and executive members of the board (voting)								
Anita Donley Trust Chair	Director, Anita Donley Associates Ltd	Nil	Nil	Trustee, Imperial Health Charity. Chair, Grants Oversight Committee	Principal Advisor, Academic Health Solutions Senior Associate, Good Governance Institute Independent Advisor, Visionable Ltd	Nil	Nil	Nil
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.	<u>From 1/6/21</u> : Chair of the Audit Risk and Assurance Committee for one of the MoD's Top Level Budget organisations. <u>From 8/11/21</u> : <u>Non-Executive Director Chair of ARAC, and member of Agency Management Board for Rural Payments Agency, ex-officio member of Defra ARAC</u> <u>Already</u> : Non-trustee member of Finance Risk and Audit Committee of Farm Africa. Shadow governor of Hurst Education Trust. Trustee of the Association of

							Churchwarden for Parish of Buxted & Hadlow Down, trustee of Friends of St Margaret, and St Marks House School trust.	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)							
Anita Donley Trust Chair	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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

Business meeting of the Board of Directors
Thursday 6 January 2022
11:00 – 13:00

Agenda: session held in public

Welcome

01-22	Welcome, apologies and declarations of interest <i>Anita Donley, Trust Chair</i>		
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Standing items		Purpose	page
02-22	Draft minutes of the meeting held on 4 November 2021 <i>Anita Donley, Trust Chair</i>	<i>approval</i>	1
03-22	Matters arising and actions pending <i>Anita Donley, Trust Chair</i>	<i>review</i>	8
04-22	Chair's report <i>Anita Donley, Trust Chair</i>	<i>review</i>	9
05-22	Chief executive's report <i>Steve Jenkin, Chief executive</i>	<i>assurance</i>	12

Trust strategy

06-22	Green Plan <i>Steve Jenkin, Chief executive</i>	<i>approval</i>	25
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Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services

07-22	Board Assurance Framework <i>Nicky Reeves, interim Director of nursing, and Keith Altman, Medical director</i>	<i>assurance</i>	64
08-22	Quality and governance assurance <i>Karen Norman, Non-executive director</i>	<i>assurance</i>	67
09-22	Corporate risk register (CRR) <i>Nicky Reeves, interim Director of nursing</i>	<i>review</i>	71
10-22	Quality and safety report <i>Nicky Reeves, interim Director of nursing, and Keith Altman, Medical director</i>	<i>assurance</i>	80
11-22	6 monthly nursing workforce review <i>Nicky Reeves, interim Director of nursing</i>	<i>assurance</i>	94
12-22	Paediatric inpatient survey results <i>Nicky Reeves, interim Director of nursing</i>	<i>review</i>	105

Key strategic objectives 3 and 4: operational excellence and financial sustainability

13-22	Board Assurance Framework <i>Abigail Jago, Director of operations and Michelle Miles, Director of finance</i>	<i>assurance</i>	197
14-22	Financial, operational and workforce performance assurance <i>Paul Dillon-Robinson, Committee chair</i>	<i>assurance</i>	199

15-22	Operational performance <i>Abigail Jago, Director of operations</i>	<i>assurance</i>	202
16-22	Financial performance <i>Michelle Miles, Director of finance</i>	<i>assurance</i>	216
Key strategic objective 5: organisational excellence			
17-22	Board assurance framework <i>Lawrence Anderson, Interim director of workforce and OD</i>	<i>assurance</i>	226
18-22	Workforce monthly report <i>Lawrence Anderson, Interim director of workforce and OD</i>	<i>assurance</i>	227
19-22	Equality and diversity annual report <i>Lawrence Anderson, Interim director of workforce and OD</i>	<i>approval</i>	247
Governance			
20-22	Audit committee assurance update <i>Kevin Gould, committee chair</i>	<i>assurance</i>	308
Any other business (by application to the Chair)			
21-22	<i>Anita Donley, Trust Chair</i>	<i>discussion</i>	-
Members of the public			
22-22	<i>We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to Hilary.Saunders1@nhs.net clearly marked "Questions for the board of directors". Members of the public may not take part in the Board discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.</i> <i>Anita Donley, Trust Chair</i>	<i>discussion</i>	-
23-22	<i>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.</i> <i>Anita Donley, Trust Chair</i>	<i>approval</i>	

Document:	Minutes (Draft & Unconfirmed)	
Meeting:	Board of Directors (session in public) Thursday 4 November 2021, 11:00 via videoconference	
Present:	Gary Needle (GN)	Acting Trust Chair (voting)
	Keith Altman (KA)	Medical Director
	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)
Peter Shore (PS)		Lead governor
Karen Carter Woods (KC-W)		Head of Risk, Clinical Quality and Patient Safety
Chris Parrish (CPa)		Patient Experience Manager
Apologies:	None	
Members of the public:	10 members of the public, (including one for item 158-21)	
Welcome		
157-21	Welcome, apologies and declarations of interest The Chair opened the meeting. There were no apologies and no additional Dols to those already recorded on the register. 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, Board members 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		
158-21	Patient story The Board heard directly from a corneo patient on their experience of the Trust and its staff. The information provided both an insight into the care provided and the areas where their experiences fell short of the Trust's standards. The Board was gratified to hear areas where patient experience had exceeded expectation; however, it also noted the areas of concern and the actions to be taken to secure improvements, and to embed these across the Trust. The Board thanked the patient for their time today and for their openness.	
159-21	Freedom to speak up (FTSU) The Chair thanked SP for attending today's meeting and SP answered questions as follows: <ul style="list-style-type: none">In response to what the Board might do to encourage more staff to come forward with concerns, SP explained that her role was to support those staff who weren't able to raise concerns themselves and many concerns are already raised by other routes including via Datix. FTSU is regularly promoted through internal communications and at induction for new staff.Re whether staff might be worried about potential implications of speaking up, SP stated that in her three years in the role, no one had ever reported that the situation had deteriorated.Main themes continued to be around communication; specific examples couldn't be given without breaking confidentiality and identifying staff; however SP would meet Director of Workforce to consider these in more detail	

	<ul style="list-style-type: none"> The Board noted that a high proportion of speaks up had come from administrative staff. However, numbers were not high enough to be of significance; they had originated from different areas and not related to anyone particular person. QVH total numbers are very low in comparison to some trusts. <p>The Board considered SP's update, highlighting in particular:</p> <ul style="list-style-type: none"> That the Director of nursing and SP meet regularly to monitor any emergent patterns of behaviour; NR was not aware of any anxiety about speaking up within her own directorate and felt staff usually found a route to raise concerns when necessary. Despite the low number of speak ups, the time dedicated to processing these precluded additional proactive work. Noting that discussions around merger and other areas of contention could increase anxiety amongst staff, the Board wished to ensure there were as many avenues available to staff as possible to raise concerns. SJ agreed to follow up on resourcing issues. [Action: SJ] The Audit committee received an annual report on Whistleblowing which reviewed current processes in place; it may be possible to adapt this to provide a broader picture of concerns raised across the Trust. NEDs could also be invited to the Trust's regular performance review meetings; these provided additional intelligence and were a good opportunity to triangulate data. <p>There were no further comments and the Board noted the contents of the update.</p>
160-21	<p>Draft minutes of the meeting held on 2 September 2021</p> <p>The draft minutes were approved as a correct record</p>
161-21	<p>Matters arising and actions pending</p> <p>The Board received the latest matters arising update. There were no matters outstanding this month.</p>
162-21	<p>Chief Executive's report</p> <p>The Board received the latest report from the Chief Executive which included the overall BAF, dashboard and media update.</p> <p>In response to a question regarding status of the full business case (FBC) for merger, the Board noted that the Trust was currently in discussion with the Sussex ICS and the region regarding resources. It remains the case that FBC work is anticipated to take between 6-9 months.</p> <p>The Board was advised that the dashboard reflects a very high level moment in time and greater detail was available within relevant board papers. SJ summarised as follows:</p> <ul style="list-style-type: none"> The Trust generally maintains a green dashboard for KSOs 1 and 2, areas which relate to patient safety and quality. From an operational (KSO3) perspective, the Trust was catching up on recovery plans (as with most trusts). It had consistently achieved the 62-day cancer standard in the last 12 months and was the only Trust in Sussex to consistently meet the new Faster Diagnosis standard. Recent deterioration in 2-week waits was due to clinic capacity and/or patient choice, and was of particular concern with a number of head and neck capacity related breaches. The Trust's 52-week wait progress was likely to slow and potentially reverse, as H2 planning indicates an increase in numbers. KSO 4 relates to financial sustainability and we have just concluded the first half of this financial year with a small surplus. KSO 5 continued to show sound MAST & appraisal targets being achieved; vacancy and turnover rates continue to show deterioration in the last three months. <p>SJ said critical workforce challenges, and the resulting unsustainable workload on existing NHS staff, were currently the health service's biggest problem. The Board asked what practical measures could be implemented to address these issues; a number of initiatives were due to be considered by the Executive Management team (EMT) next week. NR concurred that this paper would take a rigorous view and consider a range of recruitment initiatives. The Board noted that the workforce report referenced a number of job adverts placed in September, and start dates agreed for 60 staff.</p> <p>The Director of workforce reminded the board that workforce shortages were a national issue with 93k vacancies currently. Acute organisations were facing severe workforce challenges and from a strategic perspective, the ICS were looking to introduce system wide planning submissions rather than individual providers.</p>

Key strategic objectives 3 and 4: operational excellence and financial sustainability	
163-21	<p>Board assurance framework</p> <p>The Board received the latest BAF updates for KSO3 and KSO4, noting that KSO3 highlighted the risk of a potential covid surge, whilst the KSO4 referenced the limited guidance on H2 planning.</p>
164-21	<p>Financial, operational and workforce performance assurance</p> <p>The Board received a report from the Chair of the Finance and performance committee, citing key areas of concern as staff vacancies and the lack of clarity around the H2 planning process.</p> <p>Noting that theatre utilisation remained below target, the Board was informed that there were various contributing factors; the work of the Theatre productivity group was ongoing, and cancellations were reviewed weekly to identify themes. The Committee had taken assurance from the level of work and oversight in this area, recognising there were no systemic causes for the issue.</p> <p>There were no further comments and the Board noted the contents of the report.</p>
165-21	<p>Financial performance</p> <p>MM presented the latest financial performance report, highlighting in particular that the overall surplus position year to date was due to the Trust exceeding the Q1 activity target. Whilst full guidance on Elective Recovery Funding (ERF) for H2 was still awaited, proposed changes in ERF would lead to a shortfall in planned income.</p> <p>The Board sought and received the following clarification:</p> <ul style="list-style-type: none"> • Three separate elements are considered in budget setting; workforce, activity and finance. Activity at speciality level is very specific and takes into account vacancies and recruitment. • In line with the Trust's Scheme of Delegation, the Hospital Management Team will make the final decision on Payroll provider. This project was jointly led by the Associate Director of Finance and the Director of Workforce. • Following a request for an update on the Targeted investment funding (TIF) application for modular theatres, MM advised that £500m had been allocated nationally. QVH would be submitting a bid for replacement of two theatres within Rowntree. The Trust was currently working with a supplier on the project scope but did not know at this stage when the outcome would be known. • Whilst the number of admin vacancies appeared high, these were spread evenly across the Trust and there was no indication as to whether this was a national trend. All vacancies continued to be evaluated at performance review meetings. • The Trust was working closely with the ICS in an effort to mitigate risks associated with delays to publishing H2 guidance. The Chair commended the substantial assurance demonstrated by robust planning processes. <p>There were no further comments and the Board noted the contents of the update.</p>
166-21	<p>Operational performance</p> <p>The Board received the latest operational update and sought the following clarification:</p> <ul style="list-style-type: none"> • That patient initiated follow up targets were set nationally; it was important to note that these were additional patients each month (around 300 patients each month). This was challenging and a comprehensive and complex process was required to establish which patients were appropriate. • Trust performance was behind plan for 2-week, 31-day and 62-day waits. The 62-day backlog resulted in some patients waiting greater than 104 days. • 2-week wait challenges related primarily to clinic capacity and patient choice, although the Board noted that Head and Neck patients were impacted by staff shortages. The Board also noted that head and neck referrals had increased, and continued to do so. • The 62/104 day performance targets remain challenged primarily due to late referrals. Weekly calls with referring trusts were ongoing. All had now been undertaken and reviewed personally by the Director of Operations; delays related mainly to patient choice or other medical condition. <p>The Board sought further assurance regarding the Trust's Clinical Harm Process and were advised:</p> <ul style="list-style-type: none"> • No cases of moderate harm or above had been identified within this cohort; all information was shared with the ICS. • The Director of Nursing reminded the Board that Clinical Harm Reviews were reported in more detail under the Quality and Safety report, and discussed at the Quality and governance committee meeting. These patients were monitored very.

	<ul style="list-style-type: none"> The Trust did not have sufficient resources at this stage to introduce a psychological assessment to take into account the overall patient experience. Whilst there was good progress on recovery workstreams, main risks to delivery were capacity, referral optimisation (acknowledged by ICS regional and national teams) and community diagnostic hubs. <p>There were no further comments and the Board noted the latest update.</p>
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services	
167-21	<p>Board Assurance Framework</p> <p>The Board received the latest BAF updates for KSOs 1 and 2, noting the increase in KSO1 score due to staffing challenges; further changes will be reported next month.</p> <p>There were no changes to KSO2 this month.</p>
168-21	<p>Quality and governance assurance</p> <p>The Board received a report from the Chair of the Quality and governance committee, noting that challenges in paediatric nursing were the reason for the increase in the BAF risk rating. Due to reporting time lags, this would not appear on the Corporate Risk Register as a specific risk until next month.</p> <p>There were no further comments and the Board noted the latest update.</p>
169-21	<p>Corporate risk register</p> <p>The Board received the latest Corporate Risk Register. Noting that staffing shortages was a common theme, (and an issue both regionally and national) the Board suggested this should be a corporate risk alongside financial sustainability. NR said this risk had already been recorded and was not apparent in Board papers due to timing of the report.</p> <p>There were no further comments and the Board noted the latest update.</p>
170-21	<p>Quality and safety report</p> <p>The Board received the latest quality and safety report, seeking additional clarification in respect of:</p> <ul style="list-style-type: none"> The implications for QVH should COVID vaccines be made compulsory for all frontline NHS staff in England. NR advised that the number of frontline staff who had not taken up the vaccine was in single figures, the majority of whom were exempt on medical grounds. The Trust will continue to manage each case individually but should legislation be introduced the impact would be marginal. That the new Statistical Process Control (SPC) chart contained limited narrative at present and would be expanded in future to ensure a more meaningful report. Assurance around staffing challenges on Peanut Ward: the Trust would continue to monitor the number of patients not admitted due to staffing challenges, although the general direction of travel was moving from inpatient to day-case treatment. Nursing staff are prioritised for Peanut on days when there are a number of elective cases scheduled. <p>There were no further questions and the Board noted the contents of the latest report.</p>
171-21	<p>National inpatient survey results 2020</p> <p>The Board paid tribute to the management and staff for their ongoing work and commitment which had been reflected in the 2020 national inpatient survey results. These results were a credit to all, not just clinical frontline staff.</p> <p>Mindful of the merger discussions, the Director of nursing was asked how the QVH results compared with those of UHSx. NR reminded the Board that the survey was undertaken in 2020 when UHSx was still running BSUH and Western as two separate organisations. Western were in the top half, and BSUH results were average, with neither organisations near the bottom. NR reminded the Board that specialist trusts generally fared better in these surveys as they were not impacted by A&E and maternity services.</p> <p>There were no further comments and the Board noted the latest update.</p>
172-21	<p>7-Day services assurance</p>

	<p>Although QVH had not been required to submit a report to the regulator since early 2020, we still continued to audit and report on results.</p> <p>There were no further comments and the Board noted the latest update.</p>
173-21	<p>Guardian of safe working</p> <p>The Board received the latest report from the Guardian of Safe Working. The following questions were raised and although unable to attend the meeting in person, the report author, Dr Curran provided responses which are summarised below:</p> <ul style="list-style-type: none"> <p><i>Q: It would be helpful to understand how plastics trainees' concerns about on call rooms are being addressed.</i></p> <p><i>A: On call rooms (accommodation in Meridian Way) are run by an outsourced company and request has been made for specific improvements. A further follow up will be made.</i></p> <p><i>Q: We appear to have a problem with the plastics rota – the report states that this has been noted before but actions have had little impact – how can we be assured that further actions will make a difference?</i></p> <p><i>A: Rota issues in plastics are due to management of the rota rather than the overall template. For example: it is not produced with the 8 weeks' notice required before taking up a post (5 weeks), zero hour days were incorrectly removed (fixed now), trainees need Christmas rota so can plan time off, trainees feel they are not getting sufficient training time with their Consultants and trainees have exception reported this along with frequent last minute movements. These issues will take time; the Director of Medical Education is also heavily involved in this.</i></p> <p><i>Q: What lies behind the comment that “has historically had more commitments than people.”?</i></p> <p><i>A: There has not been significant or effective change on this issue. The senior plastic trainees suggest a review of all clinical commitments, looking at whether staff can be used in a smarter way. Staffing in the administration side of plastics has improved, which should help them to plan further ahead. Plastics have discussed the possible use of physician associates or nurses taking on responsibilities in some areas with training at the Local Faculty Group.</i></p> <p><i>Q: Where is progress against these actions reported?</i></p> <p><i>A: The Director for Medical Education has responsibility for monitoring progress which is reported through the Local Negotiating Committee (LNC) and the Local Academic Board (LAB).</i></p> <p>The CEO noted that the latest report reflects the current challenges with plastics and aligns to the findings of the last GMC survey. The Director of Medical Education and the Clinical Director for Plastics had reported on this at the September HMT meeting; this will be returned to HMT this month to review progress with the rota challenges and activity and to ensure a more robust system was in place. This may impact on business planning and so would need to be addressed as soon as possible.</p> <p>There were no further comments and the Board noted the contents of the latest report and update.</p>
Key strategic objective 5: organisational excellence	
174-21	<p>Board Assurance Framework</p> <p>The Board received the latest KSO5 BAF, noting there were no significant changes on this occasion.</p>
175-21	<p>Workforce monthly report</p> <p>The Chair noted that a substantial discussion had already taken place earlier in the meeting. High vacancy levels were clearly a growing concern both for QVH and for other organisations throughout the country. The Board recognised these challenges as reflected in earlier discussions.</p>
176-21	<p>Formal ratification of Workforce WRES and WDES</p> <p>The Director of Workforce reminded the Board of the national requirement to submit Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Standards (WDES) reports on an annual basis. Following a number of comprehensive discussions at the Finance and performance committee where board members sought additional assurance, the reports had been submitted recently. Today the Board was asked to formally ratify this process.</p>

	<p>A number of issues had been highlighted within the report which were being addressed through the action plan. LA drew the Board's attention to the significant progress, including the establishment of an active BAME network, and career development opportunities to support disabled staff and staff with other protected characteristics.</p> <p>The annual Equality and Diversity report and action plan was due to come to Board in January.</p> <p>The Board received assurance that the low disciplinary caseload was a reflection of the increased capacity within the team to support employee relations and much work was carried out on an informal basis. There was no evidence that the national mandatory suspension of medical appraisals in 2020/21 had any adverse impact; these had been re- introduced in April and followed a robust process.</p> <p>There were no further comments and the Board unanimously ratified the WRES and WDES.</p>
Governance	
177-21	<p>Audit committee assurance update</p> <p>The Board noted the contents of the update on the recent Audit committee meeting.</p>
178-21	<p>Nomination and remuneration update</p> <p>The Board noted the contents of the report on the recent Nomination and remuneration committee meeting.</p>
Any other business (by application to the Chair)	
179-21	<p>There was none.</p>
Members of the public	
180-21	<p>Questions from members of the public</p> <ol style="list-style-type: none"> CP advised that the following had been submitted by Caroline Migo, public governor: <i>As NHSEI seem to be happy to waive certain criteria relating to the appointment a Trust Chair, why hasn't QVH looked to other successful specialist hospital Trust Chairs to fill the position of interim Chair? Surely a Chair experienced in dealing with the unique services provided by a specialist hospital would be the logical choice. In order to fulfil the extra licence conditions imposed by NHSEI it is incumbent on governors, whilst carrying out their statutory duties, to ensure the probity of this appointment so that the Public is confident that it has been carried out in an open, honest and transparent manner rather than simply a box ticking exercise.</i> <p>The Chair responded: <i>'Peter Carter, who was due to take up the role of Chair at Queen Victoria Hospital NHS Foundation Trust had to withdraw from this role for health reasons, so as senior independent director, I have been Acting Chair since Beryl Hobson's retirement on 30 September. We are working with NHSEI to appoint an appropriately experienced chair as a matter of urgency.'</i></p> <ol style="list-style-type: none"> CP advised the following had been received from Oliver Harley, public governor: <i>Last month, 66% of the hospitals 83 consultants expressed No Confidence in the chief executive with a mere 7.5% (6 consultants) expressing confidence. This is a clear and strong message from the most senior clinicians in the hospital who are all closely in touch with many other staff members and groups on a daily basis; yet the hospital leadership asserts that the consultants do not represent the views of staff as a whole. In order to support their assertion, will the hospital leadership hold a vote for all staff groups to determine whether they have 'confidence' or 'no confidence' in the chief executive?</i> <p>The Chair responded: <i>'No. Decisions in relation to merger have been taken by the full Board not the chief executive, and the chief executive has the confidence of the Board.'</i></p> <p><i>The issues raised in the letter from QVH consultants are being looked at in detail; we have explained to those who sent the letter that a full response will follow. This is in keeping with our approach to all questions and issues raised by staff to date.</i></p> <p><i>In September as part of ongoing staff engagement activity related to the possible merger, an anonymous and confidential survey was established as an additional mechanism to enable staff to share their views. The survey included asking staff what improvements or benefits they would like to see from a merger and what concerns they have, and more than 300 staff contributed. We will be sharing the results of that survey with all staff.'</i></p>

181-21	<p>Exclusion of members of the public</p> <p>Aligned to paragraph 39.1 and annex 6 of the Trust's Constitution, members of the public and representatives of the press were excluded from the remainder of the meeting for the purposes of allowing the board to discuss issues of a confidential or sensitive nature.</p> <p>There were no further comments and the Chair closed the public session of the meeting.</p>
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Matters arising and actions pending from previous meetings of the Board of Directors - PUBLIC									
ITEM	MEETING Month	REF.	TOPIC	CATEGORY	AGREED ACTION	OWNER	DUE	UPDATE	STATUS
1	Nov 2021	159	FTSU	Standing items	Review of resourcing allocated to FTSU Guardian	SJ	January	Chief executive met with FTSU Guardian 14 December and discussed; no immediate action required, will keep under review	Closed

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	6 January 2022	Agenda reference:		04-22	
Report title:	Chair's report				
Sponsor:	Anita Donley, Chair				
Authors:	Anita Donley, Chair and Clare Pirie, Director of communications and corporate affairs				
Appendices:	None				
Executive summary					
Purpose of report:	To update the Board of Directors on Chair, NED and governor activities since the last Board meeting.				
Summary of key issues	Initial impressions since appointment in November 2021				
Recommendation:	For the Board to NOTE the report.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	NA				

Report to: Board of Directors
Agenda item: 04-22
Date of meeting: 06 January 2022
Report from: Chair of the Board
Report author: Anita Donley
Date of report: 29 December 2021
Appendices: none

Chair's Report to the Board

First impressions and goals

It has been a pleasure to meet a wide range of staff since I joined the Trust on 15 November, starting with the groundsman who kindly helped me find my way on my first day on site. I have spoken individually with each of the Executive Directors and Non-executive Directors, as well as meeting the Clinical Directors and there is no doubt that QVH has an exceptionally skilled and competent team.

I made it a priority to meet with all Governors on a one-to-one basis before chairing the Council of Governors two weeks after my arrival, and I am grateful to those who made themselves available outside of normal office hours as well as all those I spoke with during the day. I have heard directly from all but three of the Governors and I am grateful for the energy and commitment that they bring to their role.

It has been a great pleasure to see the impressive patient feedback that has come in the few short weeks I have been in post, including top scores in the national children and young people's inpatient survey published in December.

Independent review

On behalf of the Trust, and with NHSE South East, I have initiated a rapid Independent Review focussed on governance, supporting the requirement under the second licence condition for effective working.

The Review is being undertaken by Carnall Farrar, and will:

- examine the Board's handling of the merger and of relations with the Council of Governors
- provide clarity on roles and decision-making, particularly between the Board and the Council of Governors
- make recommendations which will help resolve conflict and to build a consensus that allows the Trust to make progress effectively and at pace in order to ensure that the Trust has a long-term and sustainable plan for the Trust's services and staff.

The purpose of this review is to bring learning to our future governance and to support improvement in our next steps; a number of staff, governors and key external stakeholders have been asked to contribute, alongside a comprehensive document review, and I am grateful for all groups' engagement with the Review, especially at this very busy time of the year.

It is essential that contributors are able to discuss confidential or sensitive issues as necessary, so the full report will not be shared. An executive summary, including the findings, conclusions and recommendations for further action, will be shared with Governors. This is necessary to balance transparency with confidentiality.

I expect this Review to be complete in the next few weeks.

Goals

My six month term of office at QVH will undoubtedly pass very fast, and I am focussed on the work I have committed to deliver in helping to secure a long term sustainable future for the outstanding services and excellent staff of QVH. It is my hope that the Independent Review will give us clear recommendations to support us in resolving conflict and moving forward with consensus.

Meanwhile, my close friendship with the M25 is more than compensated for by the warm welcome and support I have received from all at QVH. It is very clear that everybody associated with this hospital wants the very best for QVH, for the staff, and for patients receiving the internationally-renowned services that QVH provides: and it is my role to help us achieve that.

Non-executive directors

Our four Non-executive Directors have been working hard on behalf of the hospital too. In addition to their work through sub-committees detailed elsewhere in these papers, since the last Board meetings the Non-executive Directors have:

- chaired consultant interview panels, making appointments for consultant radiologist and in anaesthetics and sleep
- attended compliance in practice visits in pre-assessment, Peanut ward and burns
- taken part in a seminar on allyship
- had induction meetings with the newly appointed Clinical Director for clinical governance, and the recently appointed interim Deputy Director of Nursing
- talked directly with individual staff and teams to seek assurance on issues including reduction of patient falls, harm reviews
- participated in the stakeholder panel for selection of Chair for the Sussex ICS Integrated Care Board
- attended a national leadership framework health inequalities improvement program
- voluntary shift in OPD (helping patients to check in)
- observer at safeguarding committee
- attended meetings of Sussex ICS Chairs Forum
- attended Joint Hospital Governance Group
- attended QVH Green Plan meetings

QVH benefits from a very skilled, engaged, and active team of Non-executive Directors, contributing above and beyond their contracted commitment to bring a careful balance of questioning and support to the hospital. I am sure this has been a particular challenge through the pandemic. From the feedback I have received it is clear to me that the Non-executive Team have managed to be both robustly challenging, appropriately respectful, and kind; I am proud to join them as Chair, and very much welcome their style of working.

Finally, I should like to thank all for adhering to the national rules now in force regarding the Omicron variant of COVID19, and encourage all staff to have vaccinations as advised.

Recommendation

The Board is asked to **NOTE** the contents of this report.

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&2 were reviewed at the Quality and Governance Committee, 20/12/2021. KSO 3, 4 and 5 were reviewed at the Finance and Performance Committee on 22/11/2021. Due to the Omicron surge the Trust has been asked to “step up” as a cancer hub from 10th January 2022. The trust finances continue to be break even and we await further national /regional instruction regarding the financial flows. The trust is proactively managing the new and emerging risks identified as part of the restoration and recovery phase. Workforce challenges continue to be referenced in individual BAS's

	Q4 2020/21	Q1 2021/22	Q2 2021/22	Q3 2021/22	Target risk
KSO 1	12	12	15	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:	06/01/2022	Agenda reference:		05-22	
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	<ul style="list-style-type: none"> Potential impact of Omicron variant CQC 2020 National Children and Young Person Experience Survey Targeted Investment Fund – capital allocation for modular theatres Timeline for possible merger with University Hospital Sussex NHS 2022/23 priorities and operational planning guidance 				
Recommendation:	For the Board to NOTE the report				
Action required	Approval Y/N	Information Y/N	Discussion Y/N	Assurance Y/N	Review Y/N
Link to key strategic objectives (KSOs):	KSO1: Y/N	KSO2: Y/N	KSO3: Y/N	KSO4: Y/N	KSO5: Y/N
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:					
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	BAF reviewed at EMT				
	Date:	13/12/21	Decision:		
Next steps:					

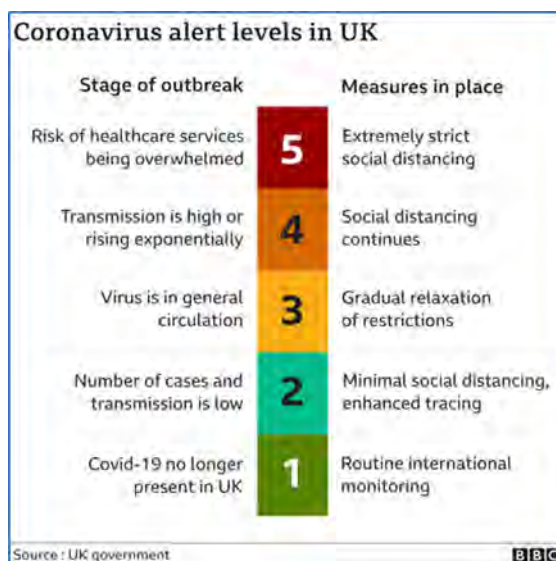
CHIEF EXECUTIVE'S REPORT JANUARY 2022

TRUST ISSUES

Omicron

On 26 November 2021, the World Health Organisation (WHO) designated the variant B.1.1.529 a variant of concern, named Omicron. This decision was based on the evidence that Omicron has several mutations that may have an impact on how it behaves, for example, on how easily it spreads or the severity of illness it causes.

On 12 December the Prime Minister addressed the nation on the situation regarding Omicron including the chief medical officers for the UK nations recommending the alert level is raised from three to four as shown here.



The NHS was tasked with offering every eligible adult over the age of 18 a booster vaccination by 31 December. All health systems were tasked to deliver this priority. For Sussex ICS this meant bringing forward 530,000 booster jabs to 31 December. At the time of writing good progress was being made against this challenging target and pleased that some QVH staff have been involved in this programme.

Preparing for the potential impact of the Omicron variant and other winter pressures

The discovery of the Omicron variant has described above, once again requires an extraordinary response from the NHS. Alongside the new vaccination challenge, the NHS has been required to prioritise its activities to deliver against it. Against this backdrop, the NHS has declared a Level 4 National Incident in recognition of the impact on the NHS of both supporting the vital increase in the vaccination programme and preparing for a potentially significant increase in COVID-19 cases.

NHS providers and commissioners within Sussex working alongside our local authority partner have developed plans to prepare for and to respond to the Omicron threat. QVH role will be to stand back up the surgical cancer hub with effect from 10 January, as before to support patients with breast, skin or head and neck cancers. We anticipate the role continuing until end of March.

The most significant challenge for all trusts including QVH is the absence of due staff. The figures show how Omicron is having a tangible real-time impact on services that were already operating beyond full stretch, through increased staff absences. Chris Hopson, CEO of NHS Providers said, "This is a big worry for trust leaders who are doing all they can to support colleagues at this very challenging time. Absences due to COVID-19 are up nearly 40%, and with community infections surging ahead, that figure may well get worse before it gets better."

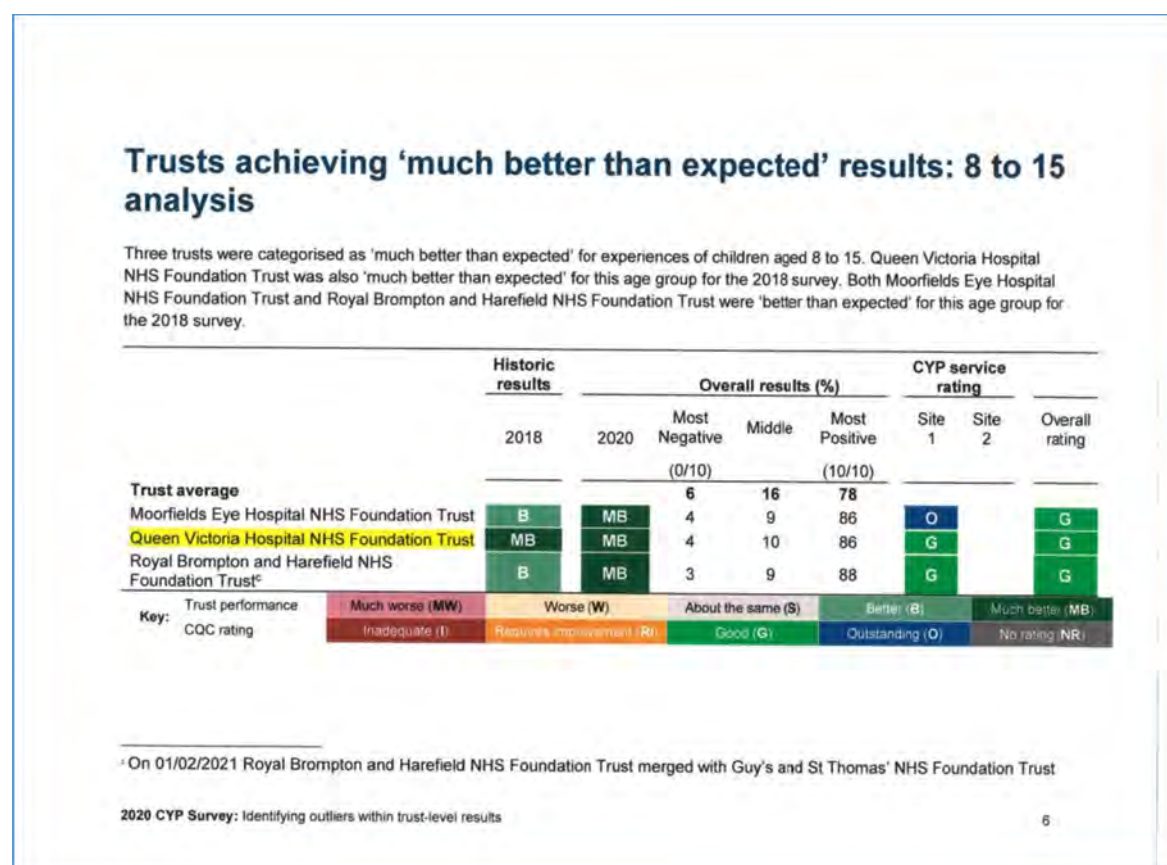
Care Quality Commission – 2020 National Children and Young Person Experience Survey

The latest national children and young people's hospital survey shows that we continue to achieve some of the highest feedback in the country from young patients. The Care Quality Commission's Children and Young People's Survey published last Thursday (9 December) surveyed children and young people across England about their hospital treatment.

We were one of only three trusts in the country to score 'much better than expected' for patients aged 8 to 15 years old, the top band of the survey, and one of only eight trusts to score 'better than expected' for patients aged 0 to 7 years old.

We scored highly on questions around staff caring for children's individual needs, being friendly, involving children in decisions, making sure there was enough for children to do while in hospital (including good Wi-Fi), as well as the important basics like cleanliness, privacy and making sure it was quiet enough to sleep.

Well done to all of our staff, particularly those on Peanut ward, for their commitment and dedication to the children and young people we care for.



NHS Staff Survey 2021

NHS Staff Survey 2021 Final Response Rate for QUEEN VICTORIA HOSPITAL NHS FOUNDATION TRUST
Our quality assurance checks are now complete and the final overall response rate for your Picker staff list is 64.5% (679 respondents from an eligible sample of 1053 staff). Last year we were received a response rate of 59.2%.

Government decision on making vaccination a condition of deployment in the health and wider social care sector

The Department of Health and Social Care (DHSC) has formally announced that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022.

The Government regulations will come into effect from 1 April 2022, following approval by parliament on 14 December 2021. This means that unvaccinated individuals will need to have had

their first dose by 3 February 2022, in order to have received their second dose by the 1 April 2022 deadline.

We will continue to support our staff by providing access to information in a range of formats, opportunities to speak with experts and regular reminders of how to access the vaccine.

Next steps in working together towards a potential merger

In August our board and the board of University Hospitals Sussex agreed to work together to develop a full business case for potential merger. We have now agreed our focus over the next 4-6 months will be on clinical leads in both organisations working together to identify what improvements a joined up service could bring for patients and staff. In parallel with that we will be bringing the Patient First improvement methodology to QVH as well as support for back office functions where needed.

In Spring 2022 we will set up a project team to prepare the full business case for merger, with a view to board decision making in Autumn 2022. We had hoped to progress work on the full business case sooner, but the operational pressures both organisations are experiencing and the ongoing pandemic mean this is not possible.

Should the decision be taken in autumn 2022 to proceed to merger, it is likely to take six months to prepare for a smooth transition, with merger in spring 2023. The timeline will be mapped out in more detail as we progress and shared with you.

Targeted Investment Fund (TIF) allocation

TIF is a flexible revenue and capital fund designed to enable elective recovery. Following a recent bid, QVH had been allocated £2.4m capital for use to replace the current Rowntree Theatre with a modular building. The Board discussed the financial detail of this in private for reasons of commercial sensitivity. The additional modular buildings will be a significant improvement, increasing activity and the additional resilience will ensure it is operational throughout the year (current Rowntree provision is removed during winter period due to its fragility).

Provision of equipment to support Sleep Therapy services

Continuous positive airway pressure and non-invasive ventilation equipment, consumables and service support is delivered to the Trust by ResMed. The Board approved the proposal to extend the current contract for a further two years as allowed for under the contract; this decision was made by the Board at a meeting in private so that sensitive commercial detail could be considered.

Waiving residency requirement for new Chair

The Board approved waving the residency requirement in the Constitution on an exceptional basis for this short term appointment, noting that the proposed Chair lives outside of the Trust membership constituencies in Kent, Surrey, Sussex or specific south London boroughs. This decision was made by the Board at a meeting in private as the name of the proposed candidate was not at that stage in the public domain. The Council of Governors similarly approved this, and Anita Donley started in the role of QVH Chair on 15 November.

Adult in-patient burns

Queen Victoria Hospital (QVH) is the sole provider of adult burn care services in the South East. QVH operates at 'Unit Plus' level and is part of the London and South East Burn Network (LSEBN) ODN. Critical care, ward and outpatient level acute burn care is provided and there are also facilities to provide inpatient and outpatient post-burn rehabilitation as well as long term burn follow up and management.

QVH burns service has operated since 2013 under derogation due to non-compliance with some of the National Burns Care Standards (BCS). While a high quality burns service is provided at QVH (as evidenced by our healing times, admission time per % burn rates and other quality indicators), we have limitations on the service we provide due to the location of the burns service in a stand-alone specialist hospital. This requires us at times to redirect referred patients to an alternative burn care provider out of area or to transfer burn-injured inpatients who become medically unwell and whose needs cannot be provided for on the QVH site. There are safeguards in place with clinical pathways designed for these circumstances but it is clearly more favourable to have access to the required services and expertise within the same hospital site.

NHS Specialised Commissioning as our lead commissioner of burns at QVH is leading on an options appraisal aimed at seeking a provider who can continue to provide as high a quality service as is currently provided at QVH while enhancing and improving this service by being colocated with acute emergency, medical and surgical services. It is also expected to fully comply with the BCS although these are of course overlapping goals with a mutual end aim to benefit our burn injured patients.

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 (13/12/2021) alongside the corporate risk register. KSO 1 and 2 were reviewed at the Quality and Governance Committee, 20/12/2021. KSO 3, 4 and 5 were reviewed 22/11/21 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 October and November 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 move to put integrated care systems on a statutory footing and close clinical commissioning groups has been delayed by three months. The delay is due to the additional time required to get the Health & Care Bill through the parliamentary process. Sussex ICS will work in a shadow form of our new governance arrangements from 1 April 2022 to enable us to transition smoothly into the new legislative framework on 1 July 2022.

The annual HSJ awards took place on 18 November with the Sussex Health and Care Partnership named highly commended in the category integrated care system (ICS) of the year. Our integrated care system (of which QVH is one of 13 partner organisations) was recognised for the significant improvement and process made over the last four years.



Co-chairs of our BAME network Kokila Ramalingam, and Aneela Arshad, attended with the ICS team, representing QVH.

NATIONAL SCENE

NHS 2022/23 priorities and operational planning guidance

On Friday 24 December, NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance. The priorities included in the document set out the task for the next financial year as the provider sector works to restore services, reduce the care backlog, and expand capacity. Key points:

- NHSE/I have acknowledged that the immediate operational focus for trusts should be on delivering on the objectives set out in the recent letter, 'Preparing the NHS for the potential impact of the Omicron variant'. The planning timetable and submission deadlines will therefore be extended to the end of April 2022 and draft plans will be due in mid-March.
- The detailed annexes on revenue and capital allocations have not yet been published. However senior leaders in NHSE/I hope to share more of the detail likely to be included in those ahead of its publication, through their finance networks.
- Given the uncertain timeframe for the passage of the Health and Care Bill, the move to placing integrated care systems (ICSs) on a statutory footing will be pushed back to 1 July 2022.
- The priorities set out in the planning guidance are based on COVID-19 activity and disruption returning to early summer 2021 levels.
- Systems are being asked to deliver on the following ten priorities:
 1. Investing in the workforce and strengthening a compassionate and inclusive culture
 2. Delivering the NHS COVID-19 vaccination programme
 3. Tackling the elective backlog
 4. Improving the responsiveness of urgent and emergency care and community care
 5. Improving timely access to primary care
 6. Improving mental health services and services for people with a learning disability and/or autistic people
 7. Developing approach to population health management, prevent ill-health, and address health inequalities
 8. Exploiting the potential of digital technologies
 9. Moving back to and beyond pre-pandemic levels of productivity
 10. Establishing ICBs and enabling collaborative system working

The Review of Health and Social Care Leadership

The Secretary of State for Health and Social Care last year announced a review of health and social care leadership in England. The terms of reference were published seven weeks later on 23 November 2021.

The strength of leadership across health and social care is an important driver of performance. It impacts on the quality of care people receive, the efficient use of public resources, the culture of the organisations they lead and the engagement and motivation of the diverse health and care workforce.

The move to integrated care boards in July 2022 and the need for ever closer working between NHS organisations and local authorities provides an opportune moment to look at what more needs to be done to foster and replicate the best leadership and management, including in the most challenged areas. It also provides a new focus on how leaders from both health and care work together to provide efficient and integrated care for the people they serve. It will look at how we can support leaders to drive up efficiency and give staff the space to focus on delivering care for patients.

The review will cover leadership and management in the NHS and social care and will include consideration of whether the findings of previous reports on leadership have been delivered and what their impact has been.

The review should report to the Secretary of State for Health and Social Care after 4 months and will be followed by a delivery plan with clear timelines on implementing agreed recommendations.

The report will be led by General Sir Gordon Messenger, former Vice Chief of the Defence Staff, supported by Dame Linda Pollard, Chair of Leeds Teaching Hospital Trust.

Responding to the publication of the terms of reference for the review of health and social care leadership in England, the chief executive of NHS Providers, Chris Hopson, said:

"Trust leaders will welcome these terms of reference as they set out how the review can increase support for leaders who have some of the most difficult roles in the country, given the size and complexity of the trusts they lead.

"Trust leaders on the front line are doing everything they can to ensure additional investment in the NHS is well spent, improving care, reducing variation, cutting waste and leading the transformational change the NHS needs.

"They are also dealing with the impact of an unprecedented global pandemic and four structural fault-lines that have emerged over the last decade – the longest and deepest financial squeeze in NHS history; a consequent inability to grow NHS capacity to meet growing demand; a broken workforce model including 93,000 vacancies and a social care system under impossible pressure. These issues are not solved by changing senior leaders.

"So it is important that the review reflects these multiple challenges, while also exploring how to improve performance and bring about change. We also welcome the focus on increasing incentives to encourage the best leaders and leadership teams to take on the most difficult leadership challenges.

"Ultimately, we want to avoid a blame game where fingers are pointed at NHS leaders for not being able to meet any unrealistic expectations imposed upon them at a time when the whole system is under huge pressure."

Steve Jenkin
Chief Executive

Integrated Dashboard Summary
Key indicators at a glance - January 2022 (reporting M8)

KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services			KSO 3 Operational Excellence				KSO4 Financial Sustainability (YTD)										
C-Diff	0	↑	MIU <4hrs	99.70%	→	<div>Income60,026k→</div> <div>Pay expenditure37,323k→</div> <div>Non-pay expenditure22,337k→</div> <div>Surplus/Deficit366k→</div> <div>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.</div> <div>Guidance for H2 has been published in October.</div>											
MRSA	0	→	RTT 18 weeks	70.31%	↓												
E-coli	0	→	Cancer 2ww	90.20%	↑												
Gram-negative BSIs	0	→	Cancer 62 day	85.50%	→												
Serious Incidents	1	→	Diagnostics <6weeks	91.06%	↑												
Never Events	0	→	52ww	206	↑												
No of QVH deaths	0	→	<u>Recovery activity</u>														
No of off-site deaths	3	↓	Day case	94.00%	↓												
(within 30 days)			Elective inpatient	88.00%	↓												
			First outpatients	98.00%	↑												
Complaints	5	→	Follow-up outpatients	99.00%	↓	KSO5 Organisational Excellence											
Closed <30 days	5	→	Outpatient therapies	113.00%	→	Vacancy rate	12.49%	↑									
FFT			Non-elective	92.00%	↓	Turnover rate	16.43%	↓									
In patients	100%	→	<table><tr><th>Key</th><th>Improved Performance</th><th>Deteriorating Performance</th><th>Remains the same</th></tr><tr><td></td><td>↑</td><td>↓</td><td>→</td></tr></table>				Key	Improved Performance	Deteriorating Performance	Remains the same		↑	↓	→	Sickness rate	4.47%	↓
Key	Improved Performance	Deteriorating Performance					Remains the same										
	↑	↓					→										
Outpatients	95%	→	Appraisal rate	81.24%	→												
MIU	93%	→					MAST	91.48%	→								
Day surgery	95%	→					Q3 Staff FFT (work at QVH)	94.00%	→								
Hand trauma	94%	→					Q3 Staff FFT (care at QVH)	71.00%	→								

QVH media update – October 2021

A matter of confidence

[BBC South East](#) ran a short piece in its breakfast, lunchtime and evening bulletins on 1 October stating that two thirds of consultants at Queen Victoria Hospital supported a motion of no confidence in their chief executive, in light of the decision to progress to a full business case for a potential merger with University Hospitals Sussex. It also mentioned that the Trust is committed to listening, engaging and responding to staff concerns.

The same day the [HSJ](#) revealed the motion in its [Daily Insights](#). It was also mentioned in passing in the [HSJ's](#) announcement that Dame Marianne Griffiths, chief executive of University Hospitals Sussex, plans to retire next year.

Memorandum of understanding signed for pilot project

A memorandum of understanding signed with company Feedback Medical generated a series of media interest. The pilot project will involve providing Feedback Medical's digital infrastructure to help link both primary and secondary care settings as Queen Victoria Hospital becomes a community diagnostic centre (CDC) for the Sussex Integrated Care System. The CDC programme hopes to free up hospitals and help them better manage their inpatients and emergency services by providing a range of diagnostic investigations in one place.

Market and technology outlets to feature the memorandum of understanding included [Market Watch](#); [Proactive Investors](#); [Investigate](#); [Market Screener](#); [ShareCast](#); [LSE](#); [Health Tech Newspaper \(HTN\)](#); [Morning Star](#); [Digital Health](#); and the [Feedback Medical's website](#).

Burns first aid

Nora Nugent, consultant plastic surgeon and burns lead, spoke to [BBC Radio Sussex](#) on 8 October about the importance of burns first aid and acid burns. It followed a story the station has been following about an acid attack in Brighton last year – the attacker having been sentenced the day before. Nora explained how vital immediate first aid is, and the importance of psychological support as well as physical support for the injuries a person sustains, describing how Queen Victoria Hospital has a psychological therapist in its burns team to support patients.

First aid was the key message in the hospital's [press release](#) and social media for this year's burns awareness day on 13 October. [More Radio](#) also reinforced the first aid messaging in its news bulletins and on its website.

Top marks in national inpatient survey

The news that for the seventh year in a row Queen Victoria Hospital NHS Foundation Trust is one of the top rated hospitals in the country was featured on the [In Your Area website](#). The annual national survey of inpatients at all NHS hospital trusts in England carried out by the Care Quality Commission, 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.

Vaccinating NHS staff

At the end of the month NHS England published staff Covid vaccination rates by trust for the first time. Media agency [RADAR](#) (part of PA Media) ran a series of syndicated regional articles using the data, including one about Queen Victoria Hospital. It said 95.4% of staff had been given their first dose of the vaccine by the end of September, above the national average, but pointed out the hospital was not at 100%. The [HSJ](#) (behind the paywall) focused on trusts with the lowest staff vaccination rates, but mentioned Queen Victoria Hospital in a table of all trusts, showing it to be among the top 14 for staff vaccination.

Press releases

This month we published the following press releases:

- [Cool, call, cover can be crucial first aid for burns](#)
- [QVH comes top in national inpatient survey](#)

QVH media update – November 2021

Dangerous viral challenge results in burns

A TikTok trend inspired by the Netflix programme Squid Game caught the interest of the media this month, including the [Daily Mail](#), because children have needed skin grafts for burns sustained whilst trying to recreate one of the show's challenges. The second challenge in the popular programme sees contestants attempt to snap off the edges of a honeycomb biscuit until just a shape in the middle is left. Those who fail are executed. Now the viral 'honeycomb challenge' sees fans make the sweet treats from scratch at home, melting sugar at 150C to create the gooey honeycomb mixture, which sticks to skin like glue.

The British Burns Association issued a warning to the public about the dangers of the challenge and both Nora Nugent, Queen Victoria Hospital's consultant plastics surgeon and burns lead, and Nicole Lee, burns matron, were cited in much of the coverage, sharing their concerns and the importance of immediate first aid. [The Mirror](#) was also keen to cover the warning, along with a number of publications that did not mention Queen Victoria Hospital specifically.

Those that did mention us included number of online news outlets, based on the Daily Mail's story, including [In Entertainment](#); [This Is Money](#); [Brazil News](#); [Afghanistan News](#); [Barbados News](#); [Diaz Hub](#); [Uber Turco News](#); [Juan News World](#); [UKMail](#); [The Montreal Times](#); [Antarctica News](#); [Czech Republic News](#); [The News Yard](#); [Leakers Post](#); [Brownil](#); [Elegant News](#); [Newsmond blog](#); [Travel Guides](#); [Buzzwind](#); [HCA Barbieri News](#); [T-gate](#); [Costa Rica News](#); [Angola News](#); [Cambodia News](#); [wseetonline](#); [Heaven 32](#); [Elegant News](#); and [Head Topics](#) (citing The Mirror).

New ambassador for QVH Charity

News that GB Paralympic table tennis player and former BBC 'Strictly Come Dancing' contestant Will Bayley MBE has been announced as the new charity ambassador for QVH Charity gained a series of local media interest. This included two Saturday breakfast radio interviews on 6 November with Will – one for [BBC Sussex](#), the other for [BBC Kent](#).

Will's new role was also featured in [Charity Today](#); [West Sussex Today](#); [Mid Sussex Times](#); [West Sussex County Times](#); and the [Crawley Observer](#).

Conditions and a new Chair

At the start of the month the [HSJ](#) ran an article (behind the paywall) regarding extra conditions NHS England and Improvement have placed on Queen Victoria Hospital Foundation Trust's licence. The conditions include a requirement for the hospital's council of governors to work effectively with the board of directors to secure the long-term sustainability of services; and the recruitment of an experienced chair. The topic was picked up again the following day in [HSJ's expert briefing](#) (again behind the paywall).

Later in the month the [HSJ](#) (also behind the paywall) ran the announcement of Dr Anita Donley OBE as the hospital's new Chair.

Vaccinating NHS staff

Following NHS England publishing staff Covid vaccination rates by trust for the first time, the [Mid Sussex Times](#) ran an article citing how 'only' 95.4% of staff at Queen Victoria Hospital had been given their first dose of the vaccine by the end of September, despite this being above the national average. Nicky Reeves, our interim director of nursing and quality, was quoted in the piece explaining that all staff are encouraged to have their Covid vaccines, the hospital has provided booster vaccines to staff, and continues to support new starters and those who are yet to have their full set of vaccines to do so through the national system.

Increasing diagnostic capacity

Queen Victoria Hospital was mentioned in an advertorial in the [HSJ](#) about community diagnostic centres, sponsored by Feedback Medical who we recently signed a memorandum of understanding with. It talks about how its product Bleepa, a digital comms platform, and one of the products Queen Victoria Hospital will be implementing, can enable community diagnostic centres to connect primary, secondary and other care settings together.

Colour changing dressings lead to new company

The University of Bath and University Hospitals Bristol and Weston NHS Foundation Trust are launching a new spin-out company creating a quick and simple test for diagnosing bacterial infections in wounds, based on technology developed at the University's department of chemistry. Queen Victoria Hospital was involved in a proof of concept trial of the infection detecting bandages as part of our treatment for a number of burns patients, and was mentioned in the announcement of the new company in [Scienmag](#) and [Eurekaalert](#).

McIndoe the musical?

[The Spectator](#) ran an article about how the forgotten story of Sir Archibald McIndoe and his pioneering and life-changing surgery is set to be turned into a musical. Its creator Adam Doyle wants to show the physical and psychological support McIndoe gave to the injured airmen he treated at Queen Victoria Hospital, more commonly known as the Guinea Pig Club, as well as an insight into the man himself. The musical is currently looking for investors and it is not yet known if it

will be staged in East Grinstead. The up and coming musical and Queen Victoria Hospital was also mentioned in [the Daily Mail](#) and [In Entertainment](#).

Lest we forget

Prior to Remembrance Day, local paper [The Gazette](#) featured an article about Jim Marshall, a Renfrewshire RAF veteran, who will never forget his brave colleagues from Bomber Command. Now aged 98, Jim recalled how he was the only member of his crew to survive but was badly burned and went on to become a member of the Guinea Pig Club, having received treatment from Sir Archibald McIndoe at Queen Victoria Hospital. He is the only remaining Scottish member of the Guinea Pig Club.

Ad hoc mentions

In an article in [The Sun](#), mum Nicola asked spectators to wear goggles while celebrating Bonfire Night after her son lost an eye after he was hit in the face with a firework. Her 15-year old son Tyler has been receiving treatment at Queen Victoria Hospital after he attended an organised display and had a stray rocket explode in his face.

A piece on the [Pennsylvania Injury Law News](#) website, written by a personal injury lawyer, mentioned the case of British woman Sheila Kitchener sustaining burns after her pressure cooker exploded. Citing the story that was originally run in The Sun back in 2018, it mentions “East Grinstead” as the hospital she travelled to for 12 weeks for treatment. A number of US lawsuits have been filed for similar pressure cooker explosions.

[The Guardian](#) ran an obituary for Annie Evans who sadly passed away aged 68. It cited how “her mother was a nurse who worked at the Victoria hospital in East Grinstead, West Sussex, at the burns unit that treated the RAF aircrew who came to be known as members of the Guinea Pig Club.”

Press releases

This month we published the following press releases:

- [GB Paralympian and Strictly star Will Bayley becomes QVH Charity ambassador](#)
- [Dr Anita Donley OBE appointed new chair of QVH](#)

This month we published the following information on our website

- [Roadworks on Holtze Road starting 8 November 2021](#) – information for staff, patients and visitors
- [Visiting patients on our wards during the COVID-19 pandemic](#) – update of standing item.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	06/01/2022	Agenda reference:		06-22	
Report title:	Green Plan				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Care without Carbon				
Executive summary					
Purpose of report:	QVH first ever Green Plan in response to Delivering a Net Zero NHS.				
Summary of key issues	<p>In October 2020, the Greener NHS National Programme published its strategy, Delivering a 'Net Zero' National Health Service, in which the NHS committed to the ambition of becoming a net zero-carbon health service by 2040 for emissions it controls directly and 2045 for emissions it can influence.</p> <p>In June 2021, the greener NHS team published guidance, How to produce a Green Plan: A three-year strategy towards net zero, setting out a requirement for all trusts and ICSs to develop a green plan, approved by the organisation or system's board or governors. It expects every trust to finalise and submit a green plan to their ICS in January 2022 and all ICSs to submit their plans by 31 March 2022. Trusts will be expected to feed into their ICS' system-wide green plan.</p> <p>The QVH Green Plan has been developed with the support of Care without Carbon and needs to be submitted to Sussex ICS by 14 January 2022.</p>				
Recommendation:	For the Board to APPROVE the report				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:					
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	Hospital Management Team (HMT)				
	Date:	20/12/21	Decision:	Recommended for approval	
Previously considered by:	Executive Management Team (EMT) (22/12/21)				
	Date:	22/12/21	Decision:	Recommended for approval	
Previously considered by:	Finance & Performance sub-committee				
	Date:	04/01/22	Decision:	TBA at meeting	
Next steps:					



Queen Victoria Hospital
NHS Foundation Trust

Our Green Plan 2022



Part 1: our commitment

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Welcome

Welcome to the Queen Victoria Hospital NHS Foundation Trust Green Plan 2022.

In October 2020, the NHS committed to deliver the world's first Net Zero Carbon health service, responding to climate change and improving health now and for future generations. We are striving to become a more sustainable healthcare provider. As such, through this Green Plan, we commit to meeting the ambitious Net Zero Carbon targets set by NHSEI.

At Queen Victoria Hospital NHS Foundation Trust (QVH), everything we do is informed by our passion for providing the highest quality care, the best clinical outcomes and a safe and positive patient experience. Reducing our impact on the environment is clearly aligned with this.

As such, we are committing to become a more sustainable healthcare provider and to meeting the ambitious Net Zero Carbon targets set out by NHSEI – to become a Net Zero Carbon provider by 2040.

We've set out our approach on the following page. We'll deliver against our Net Zero Carbon targets through Care Without Carbon (CWC), our framework for more sustainable healthcare. Originally developed at Sussex Community NHS Foundation Trust, CWC provides an integrated and holistic approach to sustainability within the NHS – ever more important as the challenge of climate change and health deepens day by day. By working in parallel with others across our local system through CWC, we aim to enhance our impact, learn from others, and in turn, share our learning with others.

Our Green Plan is split into two parts:

Part 1: our commitment.

This document forms the first part of our Green Plan. Here we set out our vision and clear commitments to deliver against our Net Zero targets through the Care Without Carbon framework.

Part 2: delivery in detail.

From January 2022, we'll work with stakeholders across the Trust to develop the second part of our Green Plan – a set of targeted interventions to enable us to deliver against our commitments set out in Part 1.

Our vision through Care Without Carbon is: together we lead the way in net zero carbon healthcare, protecting the environment on which our health depends.

As such, we are working towards three key aims:

1. Reducing environmental impact: delivering care that is Net Zero Carbon, minimising our impact on the environment and respecting natural resources.
2. Improving wellbeing: supporting the health and wellbeing of our patients, staff and communities.
3. Investing in the future: making best value from our financial and other resources through forward thinking, sustainable decision making.

Our key environmental targets are:

- Net Zero Carbon for our direct emissions (NHS Carbon Footprint) by 2040.
- Net Zero Carbon for our indirect emissions (NHS Carbon Footprint Plus) by 2045.

Our initial interim target is:

57% reduction in our NHS Carbon Footprint by 2025 against a 2016/17 baseline.



Chapter 1: why this is important

The case for sustainable healthcare

The links between climate and health are clear. According to The Lancet, climate change is the biggest global health threat of the 21st Century – but tackling it presents the greatest opportunity to improve health that we will see in our lifetimes.

Climate change and health

Climate change and health are inextricably linked. The most recent International Panel on Climate Change (IPCC) publication reported that human activity is changing the Earth's climate in unprecedented ways, with some of the changes now inevitable and irreversible. Limiting global warming requires reaching at least net zero CO₂ along with strong reductions in other greenhouse gas emissions.

In Sussex we're expected to see an increase in deaths and illness related to heat, air pollution and diet, damage to essential infrastructure and disruption to supply chains and services provision - all as a result of climate change.

At the same time, the way we are currently delivering healthcare is in itself contributing to ill health. Within the public sector, the NHS is the largest emitter of CO₂, making up over 5% of the UK's carbon footprint. With 9.5 billion miles of all road travel in England associated with NHS business, and a huge amount of waste produced, our environmental impacts go far and wide.

Delivering better care

Health and sustainability go hand in hand. By delivering care in a more sustainable way, and supporting our staff, patients, carers and communities to live more sustainable lifestyles, we are enabling better health outcomes in our community. According to NHSEI, limiting climate change in line with global goals could improve the health of our populations in a wide range of areas, for example:

- **Saving 5,700 lives per year from improved air quality.**
- **Saving 38,000 lives per year from a more physically active population.**
- **Saving over 100,000 lives per year from healthier diets.**
- **Avoiding 1/3 of new asthma cases.**

Meeting our resourcing challenges

Sustainability is shorthand for effective resource management. In the NHS we can identify three key resource challenges:

- 1. A social challenge – finding new ways of delivering care that reduces demand and empowers patients as well as looking after the health and wellbeing of our 1.5 million NHS and social care staff.**
- 2. An environmental challenge – the NHS is the largest public sector emitter of CO₂ in the UK.**
- 3. A financial challenge – with demand on our services and aging estate outpacing funding.**

These challenges are reflected directly in our three key aims, with the link between these interrelated and complex challenges illustrated in the Care Without Carbon virtuous circle (see Figure 1).



Delivering against our vision

Maintaining high quality, sustainable health services across the communities we serve in the South East requires us to make best use of the resources we have – by being efficient and innovative in everything we do.

This Green Plan is specifically central to achieving our vision and values, in particular Continuous Improvement of Care, and Pride, in building the QVH of the future. As an Internationally renowned NHS trust we have a proud heritage and are known throughout the world for pioneering new and innovative techniques and treatments. We will bring this pioneering spirit to our delivery of more sustainable healthcare.

Figure 1: Our three aims are reflected in the Care Without Carbon virtuous circle of sustainable healthcare.

Drivers for taking action on climate change

Climate emergency = health emergency

Former NHS England CEO Simon Stevens described the climate emergency as a 'health emergency' and reiterated the need for the NHS to be the change it wants to see. We firmly believe that tackling climate change ensures we are supporting the health of our staff, our patients and our community.

Delivering a Net Zero Carbon National Health Service (2020)

If health services around the world were a country, they would be the fifth largest emitter of CO₂. The NHS therefore has the potential to make a significant contribution to tackling climate change in the UK. Launched in Autumn 2020, the new NHSEI climate change strategy sets out clear targets for NHS trusts to become Net Zero Carbon, and identifies specific areas of work to achieve this (see Figure 2). More recent NHSEI communications have set a requirement for all Trusts to have a Board approved Green Plan in place by January 2022.

A Sustainable Development Strategy for the NHS, Public Health and Social Care Systems (2014)

Reinforces the urgent need for all NHS organisations to take action to reduce their environmental impact and embed sustainability into their strategies, cultures and communities.

The NHS Long Term Plan

The NHS Long Term Plan sets out a number of requirements for NHS Trusts focussing on carbon, air pollution and plastic reduction. Key to this is a commitment to the Climate Change Act 2008 to more than halve emissions by 2025 and committing to net zero emissions by 2050, or as soon as practicably possible.

Commissioning

A Green Plan may be asked for by Commissioners as evidence of approach to Social Value.

Social Value

There is a requirement for all NHS Trusts to include a 10% weighting dedicated to social value and sustainability within all tenders from 2021.

There is a strong financial business case for taking action to become more sustainable

By reducing consumption of resources such as energy, water, fuel and other materials, reusing and recycling more, NHS organisations can realise savings. These can then be reinvested into the frontline care, redeveloping our estate and improving working conditions.

The NHS must help to adapt to the negative impacts of climate change on health

We have been feeling the effects of climate change in the UK for some time now, with increasing temperatures, an increase in the magnitude and frequency of extreme weather events (i.e. heatwaves and flooding), as well as a deterioration in air quality. These changes in the climate impact the way in which we deliver care – from reducing access to our premises for both service users and staff, to altering the health needs of our communities.

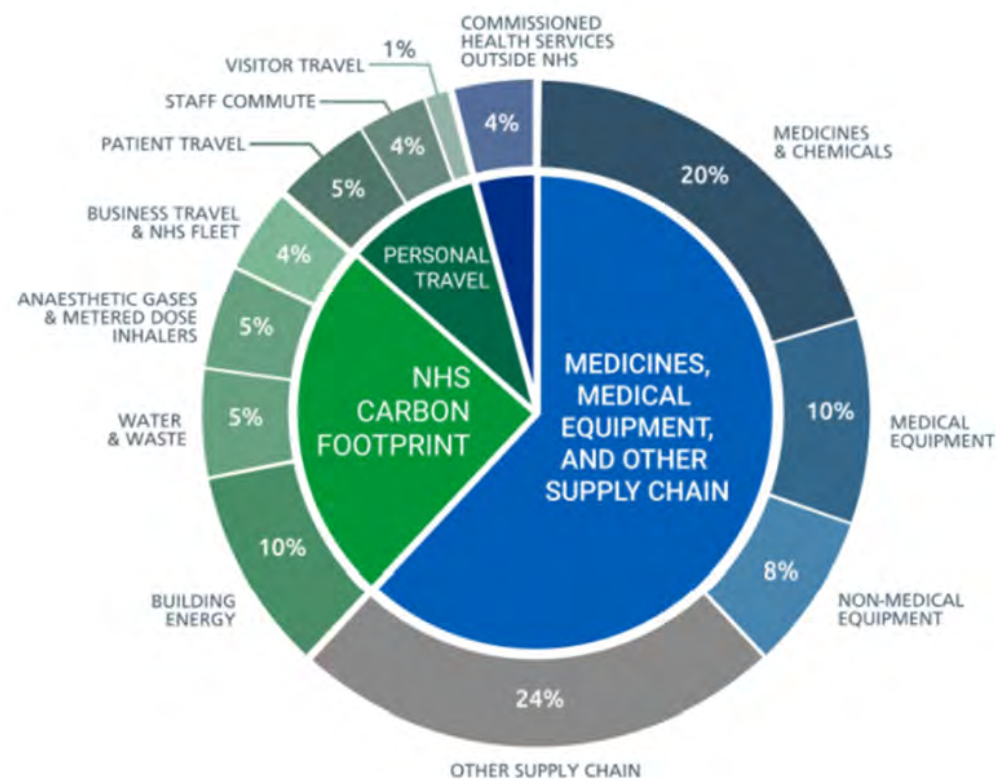
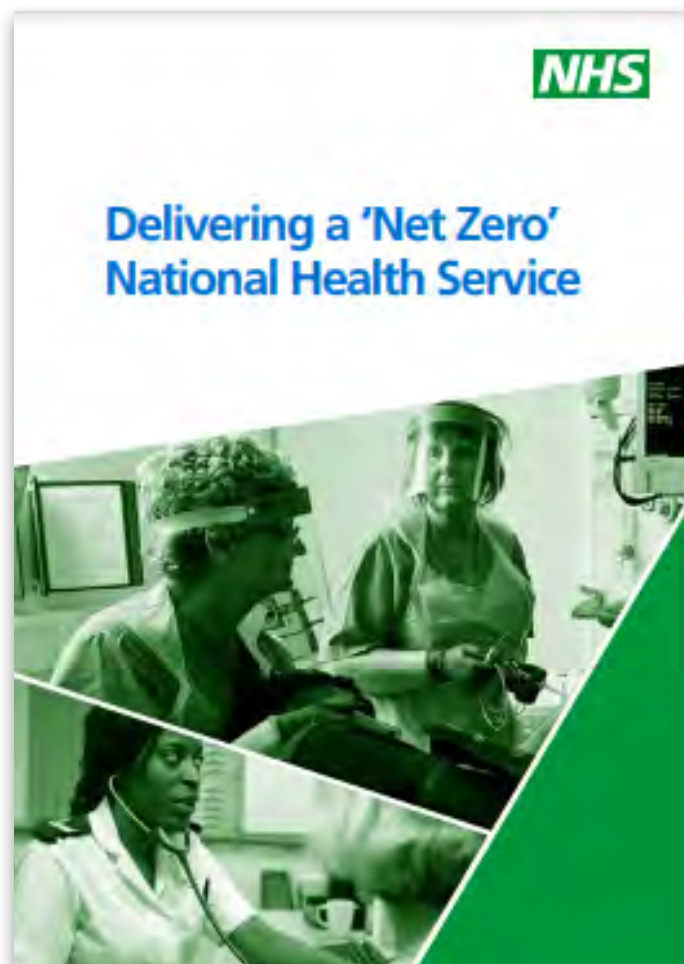


Figure 2: NHSEI climate change strategy, Delivering a 'Net Zero' National Health Service (2020); pie chart showing break down of NHS Carbon Footprint Plus.

Chapter 2: The Story So Far

Chapter 2: The Story So Far

Our environmental impact

Queen Victoria Hospital is a specialist NHS hospital providing life-changing reconstructive surgery, burns care and rehabilitation services for people who have been injured or disfigured through accidents or disease.

Our world-leading clinical teams provide specialist surgery and nonsurgical treatment for people across the south east of England and beyond. We specialise in conditions of the hands and eyes, head and neck cancer and skin cancer, reconstructive breast surgery, maxillofacial surgery and prosthetics, sleep disorder. In addition, the people of East Grinstead and the surrounding area benefit from our expert clinicians treating more common conditions in our areas of specialism. We also provide a minor injuries unit and therapies services.

Our carbon footprint

In delivering our services we consume a significant amount of energy and water and produce a large volume of waste.

As QVH is a provider of specialist care some patients travel considerable distances to come to the hospital, and some of our staff travel across a wide area to provide services at other sites across the south east. We also purchase a wide range of equipment and services.

All of these activities generate CO₂ (carbon dioxide) emissions, measured as CO₂e⁽¹⁾ and can be collectively summarised as the Trust's carbon footprint. The NHS measures carbon footprint in CO₂e, in line with national and international conventions. This allows all six greenhouse gases to be measured on a like-for-like basis, which is important as some gases have a greater warming effect than CO₂.

We have aligned our carbon footprint methodology with new NHSEI guidance. As such, in this section we provide information relating to our:

- **NHS Carbon Footprint:** this accounts for our direct emissions. This includes data for building energy, water, waste, anaesthetic gases & inhalers, and business travel & fleet.
- **NHS Carbon Footprint Plus:** this accounts for the much wider, indirect impact of our Trust, but which we have influence over. This includes the impact of medicines, medical equipment, supply chain and patient travel. We don't currently have Trust specific data covering these aspects of our impact, so have used NHSEI % to illustrate as a starting point.

(1) CO₂e refers to carbon dioxide equivalent which includes six greenhouse gases including carbon dioxide and methane.

The data reflects our carbon footprint using a base year of 2016/17.

Our carbon footprint is primarily dictated by consumption linked to delivery of our services. There are, however, various external factors that can influence the emissions produced by our Trust. These factors include:

- **National Emissions Factors issued by the government** vary from year to year. This will result in a variance on our carbon footprint, even if there are no changes to our estate operation. It is estimated that the grid itself will reach net carbon by 2035 and so hence the focus on switching to technologies that use electricity, rather than fossil fuels, for heating.
- **Weather changes influence the energy consumption profile** of our Trust. For example, a very cold year may increase the need for heating on site, resulting in higher energy consumption (either natural gas or electricity)
- **Changes to Our Estate.** The measurement of carbon footprints are an absolute value, so any changes in resource demand will affect our footprint although the Trust is not looking to expand its estate significantly in the foreseeable future.

Our NHS Carbon Footprint (direct emissions)

The Trust's carbon footprint set out in line with the guidance provided within the Delivering a 'Net Zero' National Health Service (2020) publication

This has reduced significantly since 2016/17 with an overall reduction of 1,197 tonnes CO₂e (30%). The primary reason for this is the reduction in carbon intensity of grid electricity. Although this reduction in the grid emissions factor for electricity will continue over the coming years, it will not be sufficient to meet our 2025 carbon targets, and does not carry any cost reductions. The impetus to reduce our carbon emissions and associated costs further is clear, and we recognise the urgency of taking action now in order to meet our 2025 commitments.

Building energy

The energy used to power our buildings – primarily electricity and gas – is the main contributor to our NHS Carbon Footprint. We have implemented a number of energy efficiency schemes over the years, but the key contributor to our emissions reductions to date has also been the year on year decarbonisation of the electricity grid.

Medical gases impacts

Medical gases include anaesthetic gases and Metered Dose Inhalers; they make up a significant proportion of our carbon footprint. In 2020/21 medical gases accounted for 155 tonnes of CO₂e, 6% of the emissions we control directly. We have significantly reduced the impact of our anaesthetic gases over the last few years, with a 53% reduction since our base year. This remains a key focus of our work.

Travel impacts

Travel is another component of our footprint, and with air pollution a key issue for our communities with significant health impacts, we will be focusing on reducing our impact in this area. There is limited staff travel within work, with the majority of our impact in travel attributable to staff commuting and patient/visitors to sites.

Waste impacts

We produced 178 tonnes of waste in 2020/21 including clinical waste, general waste and recycling. Waste disposal produces greenhouse gasses, which have been included in our carbon footprint on the next page.

Our absolute NHS Carbon Footprint is illustrated in Figures 3, 4 and 5.

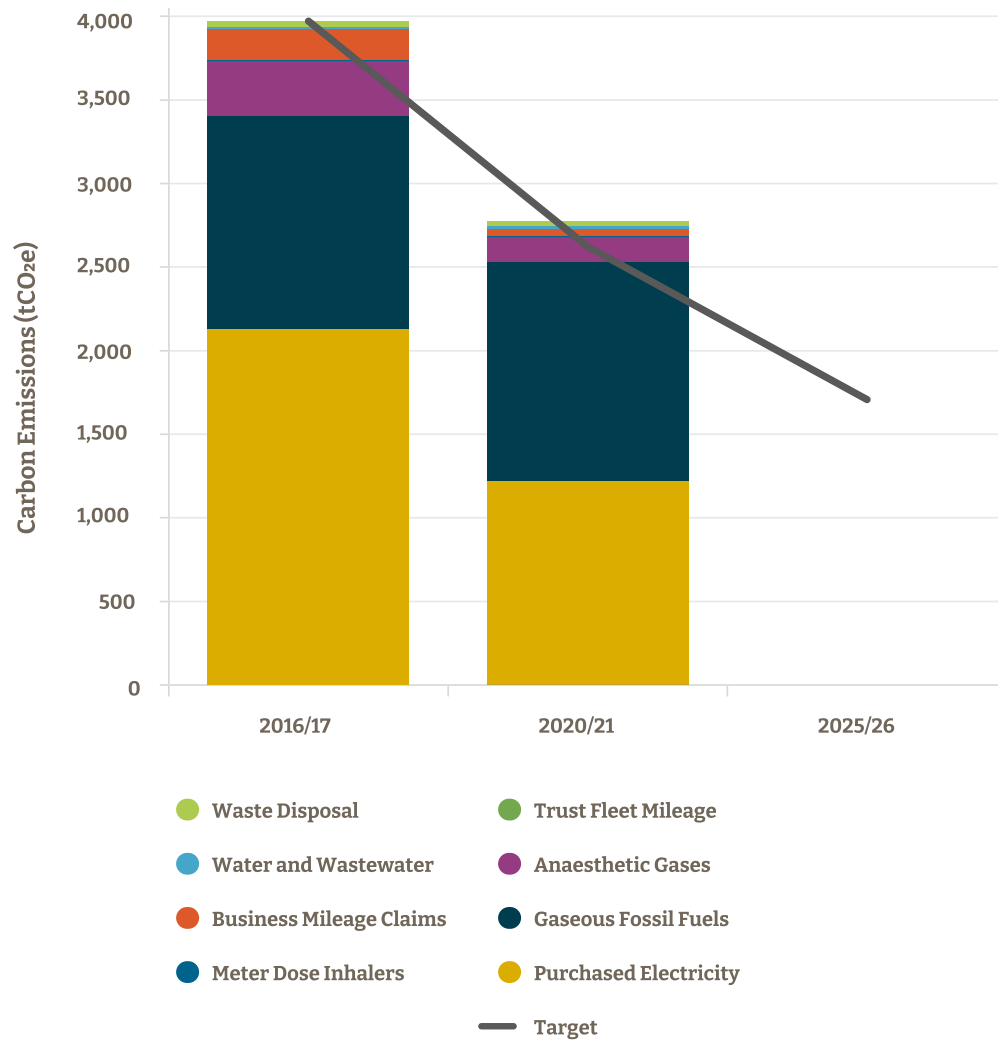


Figure 3: shows the Trust's actual carbon emissions (tCO₂e) vs. its 2025/26 target

ECarbon Emissions (tCO ₂ e)	2016/17	2020/21
Purchased Electricity	2,131	1,222
Gaseous Fossil Fuels	1,274	1,308
Business Mileage Claims	187	45
Anaesthetic Gases	330	154
Meter Dose Inhalers	2	1
Water and Wastewater	16	15
Waste Disposal	31	29
TOTAL	3,971	2,774

Figure 4: Comparison of carbon emission sources between base year (2016/17) and 2020/21

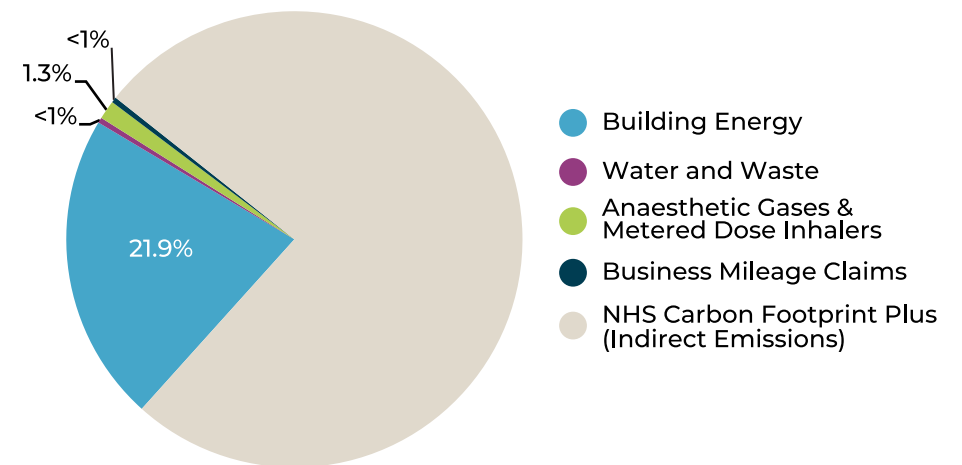


Figure 5: Percentage split of QVH NHS Carbon Footprint 2020-21 from different carbon emission sources

Our NHS Carbon Footprint Plus (including emissions we can influence)

In line with NHSEI methodology, we also illustrate here our NHS Carbon Footprint Plus (see Figure 6 below). This includes both our direct and our more indirect areas of impact, but which we have influence over as a trust. These areas are outlined below.

We don't have Trust specific data for these areas, so have used NHSEI data for an average NHS trust to illustrate the scale of the challenge. We will work to define a methodology for measurement over the coming years.

Supply chain (including medicines, medical equipment and other supply chain impacts)

The largest portion of our carbon footprint, 62%, is associated with the carbon footprint of our supply chain – the goods and services we purchase, use and dispose of. This includes medicines, medical equipment, non-medical equipment, commissioned health services outside of the NHS and other supply chain.

Personal travel impacts

Personal travel is made up of staff commuting to work, patient and visitor travel. According to NHSEI, this makes up approximately 10% of an average NHS trust carbon footprint. The reason these emissions are classified as indirect is that the Trust does not have direct control over how staff, patients and visitors travel to and from the hospital and which modes of travel they choose, but it is something we can influence.

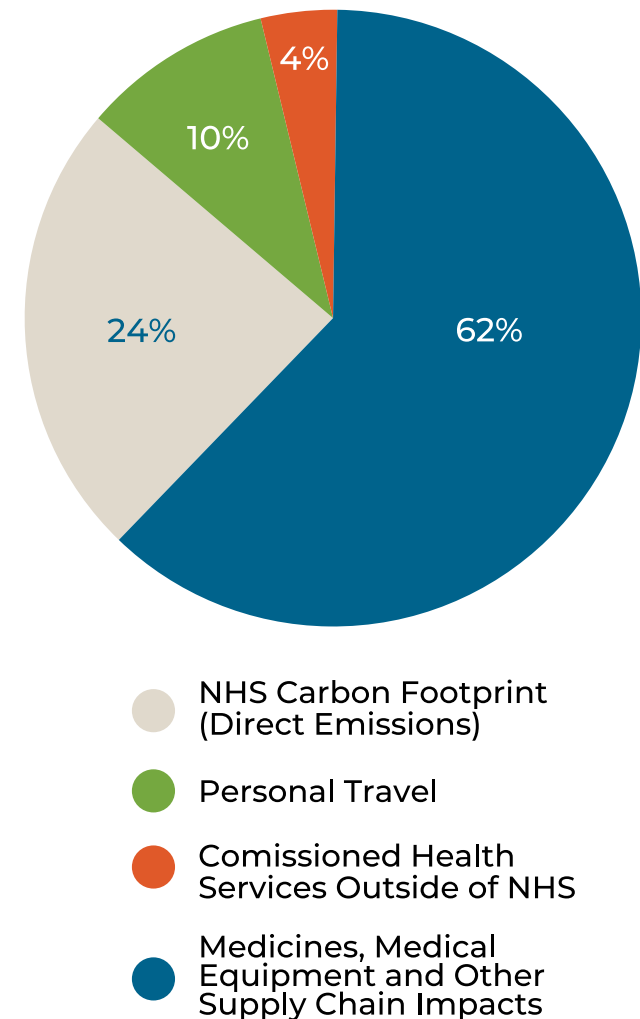


Figure 6: QVH NHS Carbon Footprint Plus 2020-21 (emissions we can influence)

Highlights of our progress to date

In our buildings:

- A review of the Building Management System, seeking opportunities for carbon reduction.
- Continued installation of variable speed drives to larger fan motors, connected to the BMS so efficiency gains can be calculated.
- Continuing the programme to replace existing lighting with low energy and low maintenance LEDs - phase 2 has been completed and now all key areas are lit with energy efficient lighting providing a 70% energy reduction to lighting energy demand.

Supporting greener travel:

- The installation across the hospital of cycle racks and safe storage boxes for those staff and visitors who wish to cycle to the hospital.
- Facilitation of video conferencing equipment and training to all staff enabling virtual meetings both internally between staff and externally with patients, enabling staff to reduce their emissions associated with travel.

Tackling waste & procurement:

- Recycling facilities are available across QVH and we now recycle around 30 tonnes each year.
- Since 2018/19 we have achieved zero non-healthcare waste to landfill.
- Switched to a carbon negative sandwich supplier, cutting the impact of a key area of our catering.
- Moving to biodegradable cups, with 33 tonnes single use plastic avoided each year from the 438,000 cups used.
- Since 2012 we've been procuring from a central depot, reducing travel required to 1 lorry, 3 times a week.

Our clinical services:

- Significant reduction in the impact of our anaesthetic gases. We are a majority TIVA giving anaesthetic department, using intravenous anaesthetic drugs rather than volatile/gas anaesthetics. In addition, we have removed desflurane vaporisers out of routine access across 10 theatres in 2021.
- Replaced single use anaesthetic trays saving around 2.2 tonnes of carbon dioxide equivalents (tCO₂e) and 187,975 litres of water per year.
- Successfully moving to remote care where clinically appropriate, with 25% of our outpatient appointments now conducted remotely. In 2021/22 the Burns Outreach team conducted 54% outpatient appointments remotely, equivalent to saving 16,000km of driving and 2 tonnes CO₂.

Wellbeing:

- Created a green outdoor wellbeing space for all hospital staff to take breaks utilising upcycled office furniture (see case study).

Working in partnership:

- Participated in the Sussex ICS Energy Performance Contract project.

Case study: theatre wellbeing area

The Need: The Committee on Climate Change found that the total proportion of urban greenspace in England declined by 8 percentage points between 2001 and 2018, from 63% to 55% Committee on Climate Change (2019).

Nearby greenspace, and green features such as pocket parks, street trees, green walls and roof gardens, also mediate potential harms posed by the local environment – it can help to reduce exposure to air pollution, reduce the urban heat island effect, and mitigate excessive noise and reduce flood risk, all of which can impair both physical and mental health.

At Queen Victoria Hospital the theatre nurses did not have a suitable relaxing break space. The wellbeing area was much needed with increased stress and workloads of staff.



Figure 7: Ways in which greenspace may be linked to positive health outcomes (1)

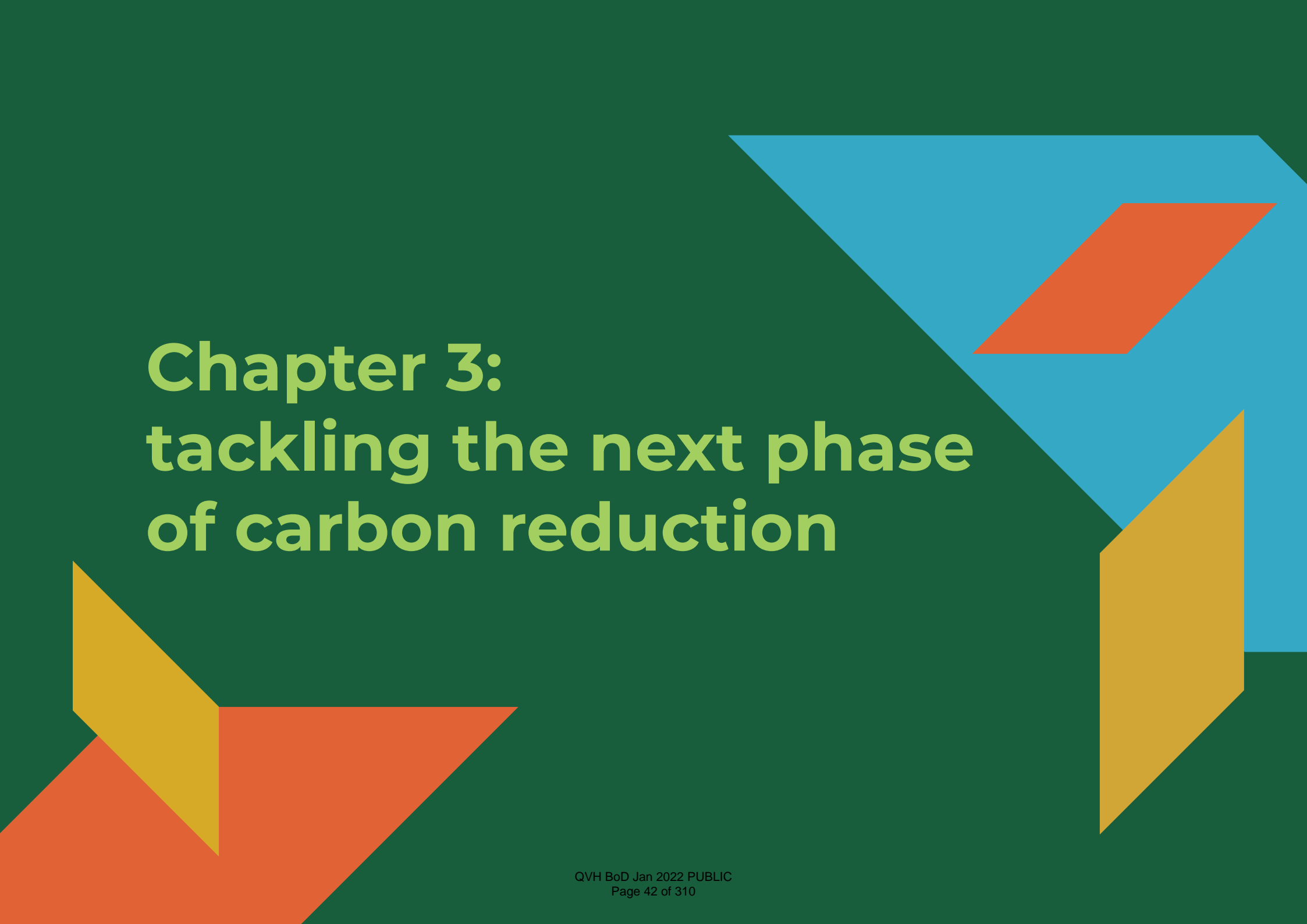
The Solution: Greening our theatre coffee and rest area.

Previously an area with no greenery, one of our theatre nurses used her ingenuity and personal funds to help green the rest area whilst recycling disused office equipment, providing a greatly improved outdoor space for more than 200 theatre staff.

The upcycled old filing cabinet drawers were brought back to life with staff helping out with a fresh lick of paint, with new container plants and window boxes bringing the space to life with greenery. This is the sort of project we are keen to support through this Green Plan going forward, and as part of our programme will look at how best to resource these sorts of projects as and when they come forward from staff.

(1) Improving access to greenspace, Public Health England (2020)





Chapter 3: tackling the next phase of carbon reduction

Our Green Plan: structured for success

In line with NHSEI requirements, every NHS Trust must have a Green Plan in place by January 2022. In many ways we are early into our journey towards more sustainable healthcare and wanted to ensure that our plan was truly reflective of what we are able to achieve, taking a considered route to reaching Net Zero Carbon by 2040. In order to achieve this, we've split our Green Plan into two distinct phases.

Part 1: our commitment

This document forms the first part of our Green Plan. Here we set out clear commitments to deliver against our vision and Net Zero target through the Care Without Carbon framework. Specifically we set out:

- The context in which we are working – climate change as a health emergency.
- Our environmental impact as a Trust (including our current carbon footprint) and our progress so far in reducing this.
- The commitment we are making to reach Net Zero by 2040 with an interim target of 57% by 2025, and our high level strategy to achieve this.
- The eight key areas of work we need to focus on to reach our targets using the Care Without Carbon framework.
- An overview of our intended approach in delivering this work towards Net Zero Carbon.

Part 2: delivery in detail

We'll then work with stakeholders across the Trust to develop the second part of our Green Plan – a set of targeted interventions to enable us to deliver against our commitments set out in Part 1. This document will set out:

- Detailed action plans for each area of focus using the Care Without Carbon framework.
- A key success measure for each area of work.
- Our delivery plan and governance to ensure we hold ourselves accountable.

Bringing others with us: our Engagement Roadmap

We know that in order to deliver against our Net Zero goals, we will need support from across all areas of the Trust and from clinical to non-clinical staff. Alongside our Green Plan work, we will develop an Engagement Roadmap. This will look at how we can best engage with our staff, patients and wider community around sustainability. The Engagement Roadmap will include:

- Research into where staff are at in terms of their thinking on sustainable healthcare.
- Establishing a hub for sustainability within our communications channels.
- Developing a campaign/programme of engagement to inform, empower and motivate staff to change behaviours to those that support a more sustainable healthcare service.
- Setting out a process for measurement and review over time.

How we will deliver: our Care Without Carbon framework

Through this Green Plan we aim to maximise the impact of our efforts through our Care Without Carbon framework. Our vision through Care Without Carbon is: together we lead the way in net zero carbon healthcare, protecting the environment on which our health depends.

Our three aims are:

- 1. Reducing environmental impact: delivering care that is Net Zero Carbon, minimising our impact on the environment and respecting natural resources.**
- 2. Improving wellbeing: supporting the health and wellbeing of our patients, staff and communities.**
- 3. Investing in the future: maintaining long term financial stability through sustainable decision making.**

We achieve these through our sustainable healthcare principles:



Healthier lives: Making use of every opportunity to help people to be well, to minimise preventable ill-health, health inequalities and unnecessary treatment, and to support independence and wellbeing. Prehabilitation will be essential to achieving this.



Streamlined processes & pathways: Minimising waste and duplication within the Trust and wider health system to ensure delivery of safe and effective care.



Respecting resources: Where resources are required, prioritising use of treatments, products, technologies, processes and pathways with lower carbon, environmental and health impacts

These principles are based on those developed by the Centre for Sustainable Healthcare, and are working to: optimise our level of activity through reducing the need for care and making our processes as efficient as possible; and reduce the carbon intensity of the care we do need to provide.

Our Care Without Carbon framework provides a comprehensive, integrated plan to demonstrate commitment to sustainability, meet our Net Zero Carbon targets and reduce our wider impact on the environment to 2025 and beyond.

Where to Next: achieving Net Zero Carbon

At QVH we are committed to meeting the ambitious NHSEI targets for all NHS Trusts to achieve Net Zero Carbon by 2040, and our indirect emissions (NHS Carbon Footprint Plus) to Net Zero Carbon by 2045. Our first interim target is a 57% reduction in our NHS Carbon Footprint by 2025. This interim target keeps us on track for Net Zero Carbon by 2040.

The graph below shows the Trust's emissions target against projected emissions under a Do Nothing scenario. The Do Nothing scenario assumes that current consumption remains constant, with carbon savings achieved solely due to changing emissions factors, with the Trust benefiting in particular from the decarbonisation of the electricity grid.



Figure 8: Carbon emissions scenario comparison to 2040/41

Our approach to delivering Net Zero Carbon

Overall to meet our targets we need to look at four specific areas:

- 1. Minimising resource use:** ensure that we use only what we need, this applies to all areas of our organisation, from clinical supplies through to paper and water use.
- 2. Reusing wherever possible:** moving away from single use items to choose items which can be sterilised, laundered or reprocessed, reusing heat to pre heat hot water and reusing and redistributing furniture and other items instead of purchasing new.
- 3. Switching to greener alternatives:** if we do need to purchase a new item, looking at lower carbon options wherever feasible, this would include lower carbon pharmaceuticals or moving to electric vehicles.
- 4. Offsetting:** this is our last resort and should only be used for emissions which cannot be reduced using strategies 1-3. We will only offset our emissions through a national scheme or, local schemes which benefit our communities.

Over the course of the next 12 months, we will work with relevant stakeholders to develop our Net Zero Carbon targets and programme. Specifically:

- For each area of our carbon footprint we will gain a full understanding of the scale of challenge, identify target options & implications.
- Agree scale of ambition within the Trust and key targets.
- Develop action plans to deliver against agreed targets.

Our eight elements

In the next section of this document, we set out our eight areas of work (or 'elements') through which we will deliver against our vision, key aims – and our Net Zero Carbon targets. These eight elements (see Figure 9) form our work streams.

As this stage – Part One of our Green Plan – we focus on setting out the following within each area of work: our approach, our key commitments and any relevant national targets in that area.

Part Two of our Green Plan will then set out the detail against these eight areas, with key targets and detailed action plans.

The elements ensure we continue to have an integrated and holistic approach to our sustainable healthcare programme.

They are:



Evolving care: developing and enabling lower carbon, more sustainable models of care



Places: ensuring our workplaces are low carbon and protect local biodiversity whilst supporting wellbeing for staff, patients and visitors.



Culture: empowering and engaging people to create change towards our path to net zero.



Circular Economy: respecting our health and natural resources by creating an ethical and circular supply chain.



Journeys: ensuring the transport and travel needed between our care and our communities is low cost, low carbon and conducive to good health and wellbeing.



Wellbeing: supporting people to make sustainable choices that enhance their wellbeing.



Climate Adaptation: building resilience to our changing climate in Sussex.



Partnership & Collaboration: enhancing our impact by working with others.



Fig 9: the eight elements of Care Without Carbon

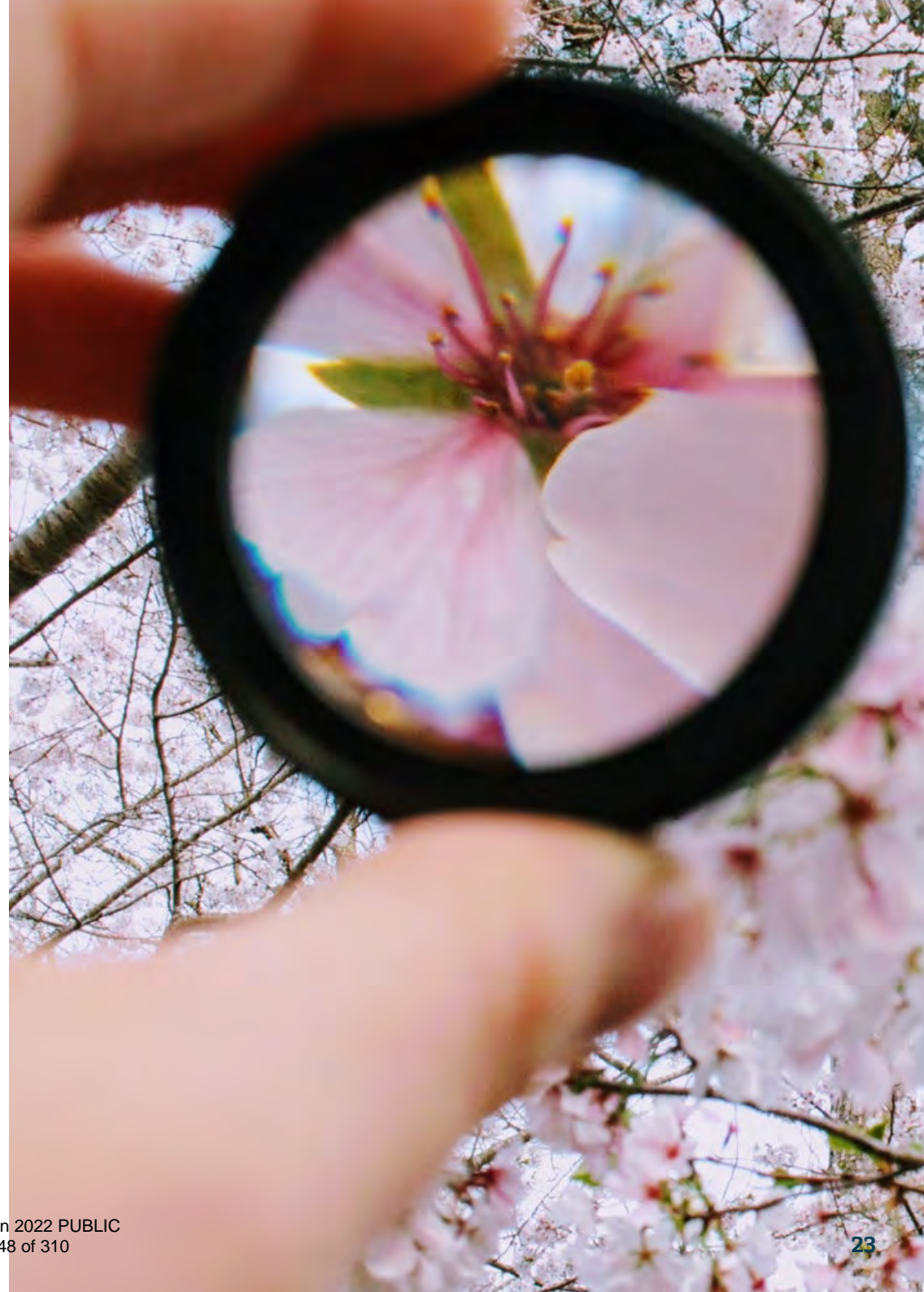
Four key areas of focus

As a starting point, we've identified four key areas of focus that are vital to moving us towards delivery of more sustainable, net zero carbon healthcare.

These will influence our detailed action plans as part of the second phase of our Green Plan:

- 1. Refocussing through the pandemic:** responding to the vastly altered context we're now working in, we consider how the pandemic has impacted the NHS in terms of sustainability – embracing the positives and tackling the negatives.
- 2. Deeper integration of sustainability into clinical settings across the NHS:** with 80% of NHS carbon footprint driven by clinical decisions, reaching Net Zero Carbon by 2040 will require a big shift in how we deliver care.
- 3. Delivering against the NHS Net Zero Carbon Commitment:** this challenging target will require full focus between now and 2040 with a clear path for delivery.
- 4. Escalating our impact through partnership working:** tackling carbon emissions together maximises the gains we can make and ensures adaptations benefit everyone. We're committed to working with our NHS partners within our ICS and beyond to reach Net Zero Carbon.

Our Green Plan Part 2 will set out a clear plan of action to deliver in these four key areas, and including actions we can take within our own operations, within our ICS and within our wider patient community across the South East region.





Chapter 4: our eight areas for action

Here we set out our approach and key commitments within each of our eight elements.



Taking Action: **Evolving Care**

Developing and enabling lower carbon, more sustainable models of care.



Our approach

The majority of our carbon footprint is driven by clinical decisions. Reaching Net Zero Carbon by 2040 will require a big shift in how we deliver care which cannot be achieved without input from clinicians. Enabling clinical teams to develop and enable lower carbon, more sustainable models of care is therefore essential.

Our commitments

- To integrate our sustainability principles at a strategic level across all our clinically focused programmes.
- We will support our clinicians to deliver against these principles by making lower carbon, more sustainable choices when delivering care day-to-day.

National Targets

There are a number of nationally set targets that are relevant to this area of work and which will be considered within the detailed actions in Part 2 of this Green Plan. They are:

- Where outpatient attendances are clinically necessary, at least 25% of outpatient activity should be delivered remotely, resulting in direct and tangible carbon reductions by 1st April 2022. (NHS Planning Guidance)
- Every trust to reduce use of desflurane in surgery to less than 10% of its total volatile anaesthetic gas use, by volume by 1st April 2022 (How to produce a Green Plan)
- Every ICS to develop plans for clinically appropriate prescribing of lower carbon inhalers by 1st April 2022 (How to produce a Green Plan)



Taking Action: **Places**

Ensuring our places are low carbon and protect local biodiversity whilst supporting wellbeing for staff, visitors and our local community.



Our approach

Our healthcare buildings are the largest contributor to our direct carbon emissions as a Trust. Through this work stream, we aim to minimise our impact on the environment and ensure our places support the wellbeing of our patients and staff as well as increasing local biodiversity.

The challenge is to drastically reduce the carbon impact of our estate and reach Net Zero Carbon by 2040.

To achieve this we will follow the well-established hierarchy of lean-clean-green:

- Lean: using the estate we occupy well and prioritising the reduction in energy and water consumption of our buildings.
- Clean: installing low-carbon heating technologies to reduce reliance on fossil-fuels.
- Green: installing renewable energy generation on site to reduce our carbon footprint.

[If necessary and appropriate following national guidelines we will offset any residual emissions through accredited schemes and with projects bringing benefit directly to our patients.]

Within this work stream, we will also consider the 'indirect' emissions associated with our estate, in particular the embodied carbon in new builds.



Taking Action: **Places**

Our commitments

- We will reduce energy and water consumption and decarbonise our estate in line with our Net Zero Carbon targets and wider sustainability goals.
- We will ensure our places provide comfortable and sustainable environments that promote excellent patient care, are good places to work and support community wellbeing.
- We will ensure our green spaces are biodiverse, optimised to support patient and staff wellbeing and support our low carbon care delivery ambitions.

National Targets

There are a number of nationally set targets that are relevant to this area of work and which will be considered within the detailed actions in Part 2 of this Green Plan. They are:

- Every trust to purchase 100% renewable energy from April 2021, with supply contracts changing by 1st April 2022 (NHS Standard Contract 21/22).
- New requirements for a net gain in biodiversity for new developments. (Environment Bill).





Taking Action: **Culture**

Empowering and engaging people to create change towards our path to Net Zero Carbon.



Our approach

In order to delivering against our Net Zero Carbon commitments, we need to make sustainability part of every-day thinking and decision making. How we engage with our staff – and our wider partners – is core to becoming a more sustainable trust.

The Culture work stream will support this by taking the following approach:

- Demonstrating to our staff the links between health and climate, as well as celebrating our successes to date and setting out our commitment as a Trust to sustainability and Net Zero.
- Using insight from our Engagement Roadmap, developing an engagement programme to help weave sustainability into the fabric of QVH culture and operations.
- Working towards actively promoting our work to be more sustainable so our patients, visitors and wider community can see what we are doing and why it matters.

Our commitments

- Establish a strong narrative that runs across all aspects of the Trust in support of sustainable behaviours and actions both in work and in personal lives.
- Partnering with others to seek opportunities to develop the narrative on sustainable healthcare, enhance our impact as a Trust and create opportunities for people to share ideas.



National Targets

There are a number of nationally set targets that are relevant to this area of work and which will be considered within the detailed actions in Part 2 of this Green Plan. They are:

- Designate a board-level lead to oversee the development of their own Green Plan by 1st April 2022. (How to produce a Green Plan).
- Encouraging Service Users to return their inhalers to pharmacies for appropriate disposal (NHS Standard Contract 21/22).





Taking Action: Circular Economy

Respecting our health and natural resources by creating an ethical and circular supply chain.



Our approach

70% of our emissions are associated with the goods and services we use. So it's critically important that we take a different approach to how we treat our resources and the people that produce and distribute our products. Adopting a circular economy is the best way to make this happen.

At a Trust level this means we need to:

- Enable our procurement, clinical and waste services to work together and consider whole the lifecycle of a product when choosing the most sustainable options.
- Integrate sustainability criteria into our procurement decisions.
- Redistribute products and materials at their end of use.

Our commitments

- We will continuously reduce our total waste production, optimise the segregation of materials for recycling and increase the reuse of products.
- We will measurably reduce the carbon footprint and environmental impact of our supply chain.
- We will work with our suppliers to measurably improve the health and wellbeing of the people and communities supporting our supply chains.

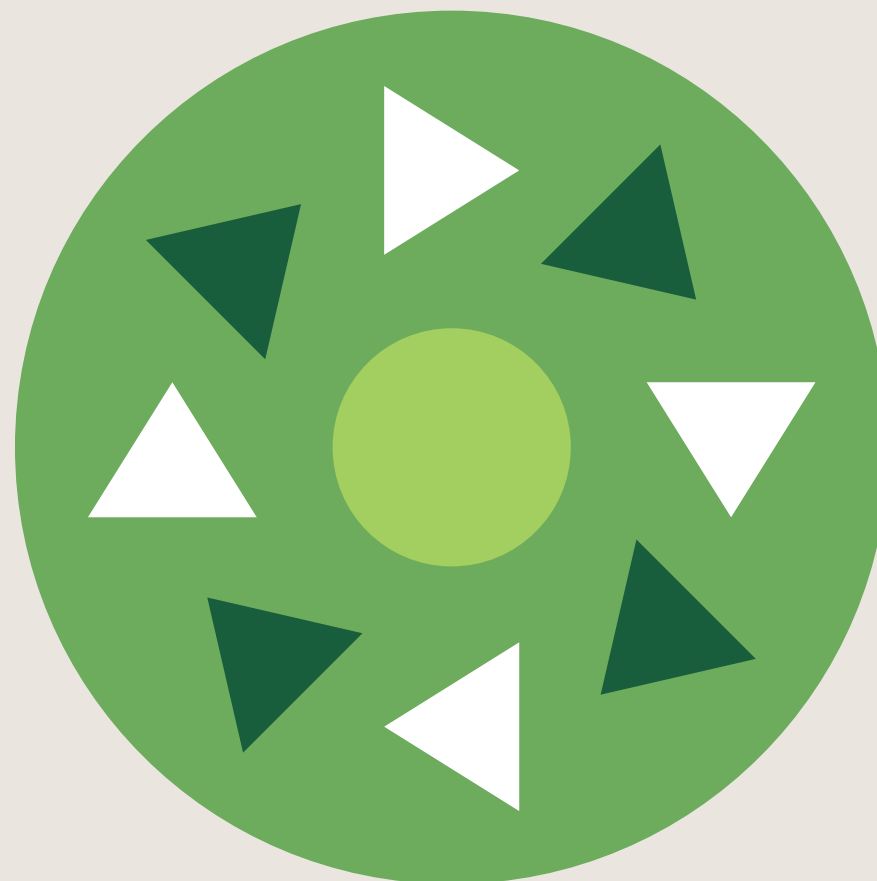


Taking Action: Circular Economy

National Targets

There are a number of nationally set targets that are relevant to this area of work and which will be considered within the detailed actions in Part 2 of this Green Plan. They are:

- Expanding existing walking aid refurbishment schemes, with 40% of all walking aids refurbished in the next five years (Delivering a 'Net Zero' National Health Service).
- To reduce avoidable use of single use plastic products, including by signing up to and observing the Plastics Pledge (NHS Standard Contract 21/22).
- A 10% reduction in clinical single-use plastics in the short term, eventually saving a total of 224 ktCO₂ (Delivering a 'Net Zero' National Health Service).
- To reduce waste and water usage through best practice efficiency standards and adoption of new innovations (NHS Standard Contract 21/22).
- Reducing reliance on office paper by 50% across secondary care through:
 - Increased digitisation, with a switch to 100% recycled content paper for all.
 - Office-based functions. (Delivering a 'Net Zero' National Health Service).





Taking Action: Journeys

Ensuring the transport and travel that links our care and our communities is low cost, low carbon and conducive to good health and wellbeing.



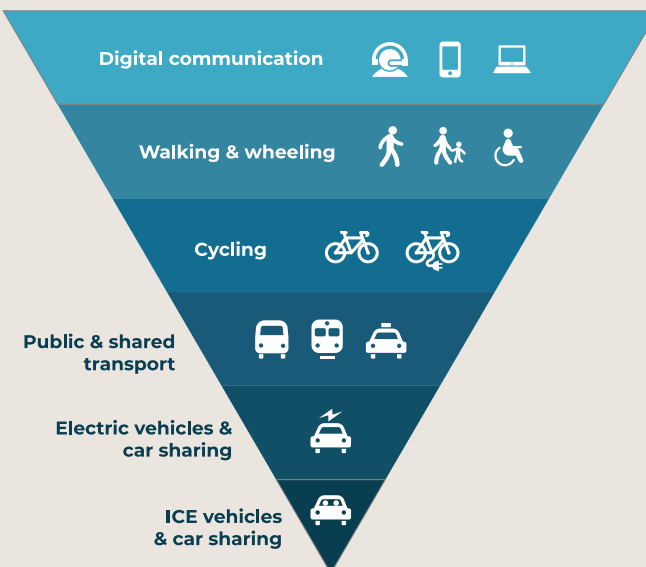
Our approach

Travel is a significant part of the environmental impact of the NHS, with around 3.5% (9.5 billion miles) of all road travel in England related to patients, visitors, staff and suppliers to the NHS. This contributes to the Trust's carbon footprint, creates air pollution locally and contributes to traffic congestion – all of which in turn impact directly on the wellbeing of our staff and our patient community.

Through our Journeys work stream we will aim to:

- Eliminate non-essential travel.
- Increase the uptake of healthier active travel choices.
- Ensure that all remaining travel uses the most resource-effective methods and follows the travel mode hierarchy (see below).

Collaboration with partners across the Trust – digital and clinical in particular – as well as local partners outside of the Trust will be key to this.





Taking Action: Journeys

Our commitments

- We will work with our clinical and digital teams to minimise and decarbonise staff, patient and visitor travel associated with our delivery of care, while maximising the health benefits of travel.
- We will fully electrify our owned or third party vehicle fleet responsible for our transport or delivery services as soon as possible to reduce air pollution locally and minimise our negative impact on health.

National Targets

There are a number of nationally set targets that are relevant to this area of work and which will be considered within the detailed actions in Part 2 of this Green Plan. They are:

- Ensure all vehicles purchased or leased are low and ultra-low emission (ULEV), in line with the existing NHS operating planning and contracting guidance deliverable for 2020/21 (Delivering a 'Net Zero' National Health Service).
- Meet the NHS Long Term Plan commitment for 90% of the NHS fleet to use low, ultra-low and zero-emission vehicles by 2028, and go beyond this with the entire owned fleet of the NHS eventually reaching net zero emissions (Delivering a 'Net Zero' National Health Service).
- Undertake green fleet reviews to identify immediate areas of action at the individual trust level. (Delivering a 'Net Zero' National Health Service).

- Incentivise staff to use electric vehicles, with increased access to these (Delivering a 'Net Zero' National Health Service).
- Every trust to develop a green travel plan to support active travel and public transport for staff, patients and visitors (Delivering a 'Net Zero' National Health Service).
- Business mileages and fleet air pollutant emissions to be reduced by 20% by 2023 to 2024 (NHS Long Term Plan).





Taking Action: Climate Adaptation

Building resilience to our changing climate in Sussex.

Our approach

70% of our emissions are associated with the goods and services. As the NHS works to mitigate climate change by drastically reducing emissions to Net Zero Carbon, there is also a need to adapt to the consequences it brings – now and in the future.

Impacts already being felt in Sussex include an increase in the prevalence of heatwaves and extreme weather events such as flooding. These impacts will increase over time and broaden to other areas including changing patterns of vector, food and water-borne diseases.

We must build resilience to our changing climate in Sussex – within our estate, our services and our supply chain – to ensure we adapt those impacts, as well as working to mitigate them.

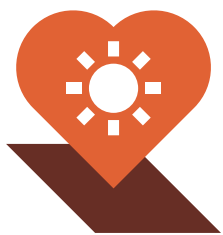
Our commitments

- We will work together with NHS partners to identify and map climate change risks over time for our communities, our services and our estate.
- We will develop an action plan to address climate adaptation at QVH.

National Targets

There are a number of nationally set targets that are relevant to this area of work and which will be considered within the detailed actions in Part 2 of this Green Plan. They are:

- To adapt the Provider's Premises and the manner in which Services are delivered to mitigate risks associated with climate change and severe weather (NHS Standard Contract 21/22)



Taking Action: **Wellbeing**

Supporting people to make sustainable choices that enhance their wellbeing.



Our approach

A healthy workforce is key to our ability to deliver high quality care to our patients; and providing a workplace that supports wellbeing is integral to attracting and retaining the rich mix of skills and talent that we require.

We recognise that healthy behaviours are sustainable behaviours, and seek to encourage both. Aligning the wellbeing and sustainability agendas will add value and impact to the benefit of staff, patients and our wider community.

Through our Green Plan we will seek to educate, inform and empower people to make different choices that will both reduce their impact on the environment while also improving health (for example; active travel instead of driving).

Our commitments

- We will support staff in trying and adopting new behaviours that improve physical and mental wellbeing.
- We will support the health and wellbeing of our patient community and the reduction of health inequality with a focus on fuel poverty, air quality and access to green spaces.



Taking Action: Partnership & Collaboration

Enhancing our impact by working with others.



Our approach

Delivering sustainable healthcare at QVH will only be possible by integrating sustainability thinking into day-to-day decision making. Working with others across the Trust will provide synergy and ensure our plans are comprehensive and their implementation effective.

Collaborating with partners outside of the Trust is also key. By working together to deliver Net Zero Carbon across our ICS and neighbouring ICSs we can share learning and best practice, reduce duplication, make the best use of our resources and collectively deliver against net zero carbon.

This action plan will set out the following aims:

- Integrate our sustainability aims and objectives across the Trust.
- Maximise our impact through partnering and collaborating with others outside of the Trust.

Our commitments

- We will work to ensure our sustainable healthcare aims and principles are integrated in decision-making processes across all areas of the Trust and at all levels.
- We will work in partnership with our ICS and the wider SE Region to decarbonise our local health economy through collaborative projects and approaches.
- We will develop and seek out opportunities to collaborate with others nationally to maximise our opportunity to learn and share from one another.




Taking Action: Partnership & Collaboration

National Targets

There are a number of nationally set targets that are relevant to this area of work and which will be considered within the detailed actions in Part 2 of this Green Plan. They are:

- Provide an annual summary of progress on delivery of the Green Plan to the Coordinating Commissioner (NHS Standard Contract 21/22).
- Publish in its annual report quantitative progress data, covering as a minimum greenhouse gas emission in tonnes, emissions reduction projections and an overview of the provider's strategy to deliver those reductions. (NHS Standard Contract 21/22).
- Nominate a Net Zero Lead and ensure that the Co-ordinating Commissioner is kept informed at all times of the person holding this position. (NHS Standard Contract 21/22).





Chapter 5: Holding ourselves to account: governance

Holding ourselves to account: governance

It is fundamental to being a sustainable organisation that we operate with integrity and responsibility. Effective governance is critical to ensuring that we live up to our vision, and deliver on this strategy.

As we set out earlier (Our Green Plan: structured for success), we are taking a phased approach to this Green Plan.

Part 1: our commitment. This document forms the first part of our Green Plan. Here we set out clear commitments to deliver against our vision and Net Zero target through the Care Without Carbon framework.

Part 2: delivery in detail. We'll then work with stakeholders across the Trust to develop the second part of our Green Plan – a set of targeted interventions to enable us to deliver against our commitments set out in Part 1.

As such, here we set out our key governance mechanisms, which will then be refined and further detail added within Part 2 of our Green Plan document.

Responsibilities

Our Board lead for Sustainability and Net Zero is our Chief Executive.

Delivery of this strategy will be overseen by the Trust's Green Plan Group, led by our Chief Executive, and reporting into Board.

Delivery of Part 2 of our Green Plan is being led by our Associate Director for Estates and Facilities and the Care Without Carbon team. While much of the green improvements will be driven by willing volunteers, we will make sure that there is adequate funding for the Green Plan where needed, in terms of time and/or money for staff engagement.

Our eight action plans will be developed as part of our second phase of work on this Green Plan. Once we are clear on the key success measures associated with each key area of work, we will develop our internal reporting structure in more detail, including monthly or quarterly KPIs etc.

As a minimum, and with the aim of achieving excellence in reporting for sustainability, we will:

- Deliver regular update reports to Board and gain Board approval for a 12 month sustainability programme action plan each year.
- Publish a summary of our progress in our Trust Annual Report.
- Meet the national and regional reporting requirements from NHSEI and For a Greener NHS as they develop.



KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality
Committee: Quality & Governance
Date last reviewed 6th December 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 and patient safety. 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 have been updated to reflect these challenges

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

- 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 paed 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 covered via "2022 Public Notice"

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: 1st December 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

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

Rationale for current score

- Adult burns ITU and paediatric burn derogation
- Paediatric inpatient standards and co-location
- Compliance with 7 day services standards
- Spoke site clinical governance.
- Consultant medical staffing of Sleep Disorder Centre & Histopathology
- 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

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

Current Risk Rating 4(C)x4(L)=16, moderate

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

Future Risks

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

Future Opportunities

- Sussex Acute Care Network Collaboration
- ICS networks and collaboration
- Efficient team job planning
- Research collaboration with BSMS
- New services – glaucoma, virtual clinics & sentinel node expansion, transgender facial surgery
- Multi-disciplinary education, human factors training and simulation
- QVH-led specialised commissioning
- E-Obs and easier access to systems data
- Possible merger with Western/BSUH

Controls and assurances:

- Clinical governance leads and reporting structure
- Clinical indicators, NICE reviews and implementation
- Relevant staff engaged in risks OOH and management
- Networks for QVH cover-e.g. burns, surgery, imaging, lower limb and trauma
- Training and supervision of all trainees with deanery model
- Local Academic Board, Local Faculty Groups and Educational Supervisors
- Electronic job planning
- Harm reviews of 52+ week waits
- Diversion of inpatient paediatric burns patients to alternative network providers
- ~~Antibiotic task & finish group~~

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• Senior clinicians meetings to review Microguide and appoint specialty antimicrobials champions

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
- Antimicrobial prescribing (CRR 1221)
- Repeat prescriptions in Sleep (CRR 1164)

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	06/01/2021	Agenda reference:		08-22	
Report title:	Quality and Governance Assurance				
Sponsor:	Karen Norman, Committee chair				
Author:	Karen Norman				
Appendices:	none				
Executive summary					
Purpose of report:	To update the QVH board on assurance matters discussed at the Quality and Governance Committee (Q&GC) seminar on 3/11/2021, and Committee meeting on 20/12/ 2021				
Summary of key issues	<ul style="list-style-type: none">• The Q&GC seminar identified i) serious incident investigations, ii) clinical harm reviews, iii) corporate risk management, iv) a systematic quality improvement methodology, v) corporate strategy, vi) corporate capacity and vii) health inequalities as priorities for further attention by the executive in 2022.• Workforce availability, capacity, capability and resilience remain a significant corporate risk, as do service pressures arising from the Covid pandemic and clinical fragilities as set out in the board 'Case for change' document.• Significant assurance can be taken from the CQC Children and Young People's survey, comparing trust performance with national benchmarks.				
Recommendation:	The Board is asked to NOTE the contents of this report, the ASSURANCE (where given) and the uncertainty and challenges identified.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	<ul style="list-style-type: none">• KSO 1 Indicators of successful management specifically with regard to care and patient experience.• KSO2 Indicators of successful management, Awareness of critical dependencies, with risks to long term sustainability of fragile services identified				
Corporate risk register:	Committee has identified need for further work on corporate risks in 2022.				
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:	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:	Quality and governance committee (seminar report)				
	Date:	20/12/21	Decision:	Noted	
Next steps:					

Report to: Board of Directors
Agenda item: 08-22
Date of meeting: 06 January 2022
Report from: Karen Norman, Committee chair
Report author: Karen Norman, Committee chair
Date of report: 29 December 2021
Appendices: none

Quality and governance committee assurance

The Q&GC wish to bring the following matters from those considered at our annual Q&GC seminar on 3/11/21 and our meeting on 20 December to the attention of the Board.

Summary of issues and proposed actions arising from Q&GC annual seminar 03/11/2021

The annual Q&GC seminar is an opportunity for members to reflect on the work of the committee in a more informal setting and consider their outputs against the Q&GC terms of reference and workplan over the previous year. Members were invited to consider what they perceived had gone well, what might be improved, and what might be done differently future. Q&GC were provided with board reports from other NHS Trusts, the adult inpatient survey results and reminded of the committee's terms of reference to inform discussion. Progress against recommendations from 2020/21, informed by the last Q&GC committee audit were also considered.

Feedback and themes arising from discussion groups on **what had gone well** included:

- Resuming Compliance In Practice (CIP) visits following their suspension due to pandemic
- Stronger assurance links between board sub-committees for triangulation and wider assurance
- Splitting the review of relevant risks between F&P and Q&GC for more focused attention
- Quality of (most) Q&GC papers and that they are circulated in good time
- Meetings and associated papers were maintained through the whole of covid / pandemic, enabling continuity of governance and assurance processes
- Submitting questions in advance had helped to focus discussion and enabled authors to prepare timely and detailed responses
- A perception of a shift to more of a 'helicopter view' of governance and assurance
- Allocating the review of specific annual reports to named committee members to lead on questions was felt to be helpful. It promoted insightful questions and greater rigor of scrutiny

Issues of concern

Issues of concern to members are as follows:

- **Serious Incident investigations**
The following issues were identified: Timeliness of completion of report; optimal level of detail for provision of assurance; clear allocation of responsibility and of oversight for each investigation; availability of specialist expertise needed to consider complex cases; balance between the level of detail in individual reports to Q&GC and the need to identify cross-cutting themes.
- **Clinical harm reviews**
The following issues were identified: appropriate consideration of low harm reviews; relevance of the clinical harm tool in use, given the significant rise in length of waiting lists (an issue recognised at Integrated Care System (ICS) and at national level but not yet supported by ICS or national guidance) necessitating improvement in methodology at Trust level. It was noted the clinical harm tool in use does not assess psychological harm, and resources would be required to upgrade this.

- **Corporate Risk Management and Corporate Risk Register (CRR)**
It was felt that the CRR worked well from a 'bottom up' approach with respect to risk scoring and management of individual areas of risk but that strategic corporate risk management was less well-defined. It was noted that further work would be done on this area and the Trust's 'risk appetite' would be explored at a forthcoming board seminar.
- **No systemic quality improvement methodology at QVH.**
Further discussion is needed at board and Q&G on the 'Patient First' quality improvement methodology; this will need significant clinical leadership for effective implementation. It was agreed a paper would be prepared by the Executive for presentation to the board.
- **Need to revisit our corporate strategy post 'QVH 2020'**
It was agreed that further work to incorporate our BAF/ CRR to reflect strategic work done in support of a sustainable future for QVH against our three tests¹. It would be useful to complete a gap analysis and a plan to demonstrate how these corporate risks might be mitigated; this should also take account of those risks and mitigations within our Strategic Outline Case (SOC) for proposed merger.
- **Capacity**
Larger organisations often have teams of people who can build in systemic organisational resilience via programmes such as improvement frameworks, audit, risk, and data analysis. Smaller Trusts are challenged in terms of capacity and capability for quality, safety, and governance support functions. Further work on mitigation may be required for all our 'fragile services' and this should be noted on our risk register.
- **Building in work on addressing health inequalities across committee and programmes**
The national focus on this crucial issue must be reflected in the work of the Board and its committees and programmes of work, taking account of any national targets and benchmarks.

It was agreed that EMT would bring back proposals for tackling these issues for further discussion to the board seminar in February 2022.

Q&GC Meeting 6/02/2021

Patient safety summary exception report

Further clarification and assurance was sought with respect to the management of serious incident investigations, structured judgement reviews, implementation of the 'learning from deaths' policy and management of cases referred to the coroner. Updates will be given at our next meeting.

Clinical Harm Reviews

Progress has been made on validating the data which confirms that these have been completed. Concerns remain with respect to the number of reviews due for completion and level of assurance given. The CEO agreed to seek further assurance on this matter.

Corporate Risk Register

Workforce remains one of the highest 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 measures outlined to ensure safe

¹ Following the Board seminar in December 2020, three overarching risks to delivering the Trust's corporate objectives, and the ongoing safe delivery of clinical services were identified, namely:

1. Keeping our staff engaged, motivated, supported through a time of great change
2. Maintaining patient and staff safety through pandemic
3. Securing sustainable future for QVH

staffing, although concerns were noted on the impact this has on staff in areas affected, who are feeling tired and stressed.

Infection Prevention Control (IPC) Quarter 2 report

Q&GC took assurance from the report that a Covid-19 cluster was well handled to date. Progress has been made on staff booster vaccinations, although further confirmation was needed in some areas of proof of vaccination. The uptake of the 'flu vaccine by medical staff remains a challenge. Further assurance was given with respect to plans to improve the uptake of mandatory training by medical staff.

The management of antimicrobial prescribing practices has progressed, with the guidelines now out for consultation and some early indications that practice is starting to change. Concerns were expressed regarding engagement of medical staff, noting that the antimicrobial steering group had struggled to secure the consistency of representation required to effectively progress the work.

Pressure damage and in-patient falls reviews

Two reports were received for further assurance. Analysis of the incidents of pressure damage confirmed that the most common cause was associated with medical device use and positioning. The proposed recommendations were noted and referred back to the Executive for action. Common themes across both reports included the need for a Trust-wide quality improvement model and the use of improved data collection and analysis via statistical process control techniques to target investigation in a more timely way.

Policy Status Update Report was referred back to the Executive for further assurance at the next meeting.

Children and Young People's Survey result and outlier report

Q&GC took significant assurance from this report by the Care Quality Commission (CQC) on the quality of the paediatric patient experience at QVH. This compared Trust performance with national benchmarks via the biannual report last carried out in 2018. Q&GC commended those involved in securing such excellent results.

Recommendation

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

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	06 January 2022		Agenda reference:	09-22	
Report title:	Corporate Risk Register: to December 24 th 2021				
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 brought to board for review and discussion Key changes to the CRR this period: <ul style="list-style-type: none">• Five new corporate risks added• Six corporate risks closed• 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:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	The entire BAF has been reviewed by EMT alongside the CRR, The corresponding KSOs have been linked to the corporate risks.				
Corporate risk register:	This document				
Regulation:	All NHS trust are required to have a corporate risk register and systems in HMT place to identify & manage risk effectively.				
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
Resources:	Actions required are currently being delivered within existing trust resources				
Assurance route					
Previously considered by:	Quality and governance committee				
	Date:	20/12/22	Decision:	All patient safety risks noted	
Previously considered by:	Finance and performance committee;				
	Date:	04/01/22	Decision:	All risks to be noted, (with exception of new Cyber security risk)	
Next steps:	NA				

Corporate Risk Register Report November and December 2021 Data

Key updates

Corporate Risks added between 01/11/2021 and 24/12/2021: five

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
3x5=15	1239	Canadian Wing Staffing	DoN
3x5=15	1238	Peanut Ward Staffing	HoN
3x4=12	1240	Unregulated use of data sharing apps	IG Lead and DoF (SIRO)
3x4=12	1241	SG named Nurse and MCA lead Post vacancy	DoN & Adult SG Lead
5x4=20	1242	Cyber Security Vulnerability - Apache Foundation Log4j 2	DoF and Head of IT

Corporate Risks closed this period: six

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
3x4=12	1136	Evolve: risk analysis has identified current risk within system processes and deployment	Split into two separate risks: 'Project' – ID1233 'Operational' – ID1232 (Director of Operations & Director of Finance)
3x5=15	1164	Repeat prescriptions in Sleep Services	Principal Pharmacist post holder now in role (R/V Director of Operations)
4x3=12	1218	Covid-19 Impact on Operational Delivery	Covid-19 impact is now core to business as usual (R/V Director of Operations)
4x3=12	1215	Theatre Surgical Air Systems	Replacement unit installed, unit checked and assured to be delivering the required values (R/V AD E&F and DoF)
4x3=12	1214	Theatre Boilers - reduced capacity	Boiler installation completed and observed over 4 weeks to assure delivery (R/V AD E&F and DoF)
3x4=12	1148	Clinical coding backlog	Exceptional progress and improvement (R/V with DoF, HoR, Dep MD Gov lead and Head of BI)

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 61 risks on the Trust Risk Register as at 24th December 2021, of which 23 are corporate, with the following modifications occurring during this reporting period (November and December 2021 incl):

- Five new corporate risks added
- Six corporate risks 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 below shows the 23 corporate risks open on the trust risk register as at the 24th December 2021.

Two corporate risks are within the higher grading category: ID877 – Finance risk and ID1242 – Cyber Security

	No harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2			4	2	4
Possible 3		4	23	5 ID: 834, 968, 1192, 1210, 1226	0
Likely 4		1	7 ID: 1040, 1077, 1217, 1235, 1236, 1240, 1241	0	1 ID:1242
Certain 5		0	9 ID1140, 1189, 1198, 1199, 1221, 1225, 1231, 1238, 1239	1 ID: 877,	0

Implications of results reported

1. The register demonstrates that the trust is aware of key risks that affect the organisation and that these are reviewed and updated accordingly.
2. No specific group/individual with protected characteristics is identified within the risk register.
3. Failure to address risks or to recognise the action required to mitigate them would be key concerns to our commissioners, the Care Quality Commission and NHSI.

Action required

4. Continuous review of existing risks and identification of new or altering risks through improving existing processes.

Link to Key Strategic Objectives

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

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

Implications for BAF or Corporate Risk Register

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

Regulatory impacts

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

Recommendation: Board is asked to **note** the contents of the report.

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO	
1242	24/12/2021	Cyber Security Vulnerability - Apache Foundation Log4j 2	A security vulnerability has been found within "Log4j". This vulnerability is already being exploited by some cyber attackers internationally, though not yet here in the UK. Cyber criminals are actively scanning for this vulnerability on systems worldwide and in the UK. Scanning has been detected on some NHS systems.	Communication Plan (cyber security reminders to staff, system downtime) Initial Mitigation/ Prevention Plan (Anti Virus Software, Firewall, IPS, Windows updates, on going cyber security scanning for vulnerabilities) Detailed Remediation Action Plan Identify all vulnerable systems Engagement with Information Asset Administrators (IAA) and Suppliers Control Centre Provide regular and timely updates on progress via the NHS Digital 'Respond to' and NHS Cyber Alert portal	Michelle Miles	Nasir Rafiq	Information Management and Technology	20	4		KSO1 KSO2 KSO3 KSO4 KSO5	
1241	29/11/2021	SG named Nurse and MCA lead Post vacancy	Essential support service for staff and patients to ensure most vulnerable patients are kept safe	Retired post holder to work on nursing bank during December and January whilst A4C process completed and replacement recruited	Nicola Reeves	Liz Blackburn	Patient Safety	12	6	December - ECF for recruitment with Finance and workforce awaiting sign off - bank support in place whilst process continues	KSO1 KSO3 KSO5	
1240	19/11/2021	Unregulated use of data sharing apps	IG and IT are aware that there is use of data sharing apps at the Trust which could pose significant data security risks if unregulated or used for business purposes on personal devices	Trust owned devices have a strict AD and policy security group profile installed. This does not allow any unapproved data sharing apps unless agreed at local level.	Michelle Miles	Dominic Bailey	Information Governance	12	6		KSO3	
1239	02/11/2021	Canadian Wing Staffing	Unable to fulfil the rota requirement	management of activity	Nicola Reeves	Liz Blackburn	Patient Safety	15	6	November - EMT have approved a paper to address staffing challenges using a range of incentives to encourage applicants	KSO1 KSO2 KSO3 KSO4 KSO5	
1238	02/11/2021	Peanut Ward Staffing	Lack of staff to fulfil the rota requirements	Control of activity at night to maintain safety TDS review of staffing	Nicola Reeves	Liz Blackburn	Patient Safety	15	6	November - New Matron appointed, pending start date. EMT have approved a range of measures to encourage recruitment	KSO1 KSO2 KSO3 KSO4 KSO5	
1236	26/10/2021	Inappropriate generic Inbox Info@qvh.nhs.net	Historically and possibly inappropriately, the Patient experience manager was responsible for this inbox. The volume of emails is significant and many are including	Inbox being managed by Risk team currently	Nicola Reeves	Karen Carter-Woods	Patient Safety	12	6	November - QVH website has been updated with a list of email contacts to support patients emailing the appropriate department. Temporary solution to cover the workload being explored.	KSO1	
1235	22/10/2021	Head & Neck Unit Roof	Roof in H&N leaks when there is heavy rainfall. The leaks occur in patient rooms and the nurses station area. This poses a potential safety risk to staff and patients. It also poses a risk to reputational damage if patients post videos to social media or share	Estates have made some minor fixes but this hasn't stopped the leaking. Estates are attempting to source contractors to repair/replace the roof. There are discussions about having to relocate the H&N ward until it is repaired/replaced.	Michelle Miles	Phil Montague	Estates Infrastructure & Environment	12	3		KSO1 KSO2 KSO3 KSO4	
1231	04/10/2021	Late tertiary cancer referrals	The trust is receiving up to 26 late cancer referrals a month and around 45-50% are past 62 days. The trust is treating around 90% of patients within 24 days however these patients are on our PTL and in our weekly PTL reported numbers.	unable to control external late referrals, however: Weekly national/regional reporting. Twice weekly cancer PTL meetings which goes through each individual patient ensuring they have a next step booked within time. Escalations are sent out after each meeting. PTL is widely distributed across the trust, including admin and clinical staff. The responsible Committee should be the Cancer Board who meet monthly.	Abigail Jago	Victoria Worrell	Compliance (Targets / Assessments / Standards)	15	9	November : ongoing challenge' level of mitigation via weekly escalation calls with key referring providers	KSO3	
1226	13/07/2021	Adult Burns - Delivery of commissioned services whilst not meeting all national standards/criteria	-Lack of key services and support functions onsite (renal replacement facilities, and other acute medical specialties when needed urgently) -Potential increase in the risk to patient safety -Potential loss of income if burns derogation lost	-Operating at Unit+ level -Adult Burns inpatient review taking place -Strict admission criteria in place, any patient not meeting criteria will be referred on to a Burns Centre -Low threshold for transferring out inpatients who deteriorate and require treatment not available at QVH -SLA in place with UHS for ITU verbal support	Keith Altman	David Johnson	Compliance (Targets / Assessments / Standards)	12	8	15/12/21 : NHSE Specialised Commissioning leading work on Case for Change and Options Appraisal	KSO1 KSO2 KSO3 KSO5	
1225	28/06/2021	Head & Neck Staffing	There is a vacancy of 5.2 WTE on the newly created Head & Neck unit whilst recruitment is taking place. The unit is now open due to demand and is being staffed by 6.82 WTE staff as well as being heavily reliant on bank and agency staff. This poses a risk that the unit is frequently left short staffed which can impact upon patient safety.	- Use of bank staff, an enhanced rate would lead to greater uptake of shifts. - Ongoing recruitment, however there have been no suitable applicants in the three adverts that have run so far.	Nicola Reeves	David Johnson	Patient Safety	15	6	November - EMT have approved plans to increase recruitment Update 26.10.21 Re-templated the establishment to incorporate a Band 7 Matron (0.60WTE) and staffing of 2+1 on day shifts. Currently a clinical vacancy rate of 44% August - Update 17/08/2021 Establishment remains at 6.82 WTE. However some staff are leaving. Full details below: B6 = 4.75 WTE in post B5 = 1.0 WTE in post. 1 WTE is applying from C-Wing to join but the current B5 is interested in applying for CCU. B 4 = 1.07 in post – both will be leaving as above for CCU as a split role between HNU and CCU. It is anticipated that establishment will reduce to 5.75. HNU jobs are now being advertised after a delay from finance sign off, also going out for 2.0 WTE Nurse associates. July - still awaiting formal upload of budget to allow further recruitment to be undertaken. Flexible workforce being used as available. Activity continues to fluctuate	October -	KSO1 KSO2
1221	07/06/2021	Antimicrobial prescribing	Audit has shown that there are low levels of compliance with antimicrobial prescribing guidance. Antibiotics are being prescribed inappropriately by being prescribed when there is no indication, they are being prescribed for too long, no indication is being given, no duration is being documented, samples are not being sent for	Clear antimicrobial prescribing policy Micro guide available for all staff to download onto their smart devices 24 hours on call Microbiology service Audits of antibiotic prescribing. Infection control guidance and messaging and education of doctors. Indications for antibiotic prescribing mandated on drug charts.	Keith Altman	Tania Cubison	Patient Safety	15	9	July: anti-microbial stewardship group formed, to meet fortnightly - MD to chair	KSO1 KSO2	
1217	30/04/2021	Possible merger	Misinformation from outside the Trust or misinterpretation of information made available by the Trust impacts on confidence in sustainable future of hospital. Recruitment and retention issues and	Frequent and ongoing staff briefings and engagement. Programme of work with governors.	Steve Jenkin	Clare Pirie	Compliance (Targets / Assessments / Standards)	12	6	15/12/21 : Independent review jointly commissioned by NHSEI & QVH looking at engagement of stakeholders during the past twelve months. Will report to Chair and NHSEI in January 2022	KSO3 KSO5	

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1210	09/02/2021	Pandemic Flu Covid-19 Clinical Challenges	Staff required to work in different ways National guidance being updated on regular basis Adverse impact on patient experience - particularly linked to restricted visiting and infection control recommendations Potential Covid-19 outbreaks in either workforce or patient cohorts	R&R governance meetings weekly Open door IPACT policy Generic email address for queries or concerns Case by case management regarding visiting restrictions Asymptomatic staff testing both via Lateral Flow and Optigene Patient screening pre admission Optigene screening for trauma patients Management of "accompanying" carers with patients coming to OPD Remote check in to avoid numbers in waiting rooms Virtual clinics when possible	Nicola Reeves	Karen Carter-Woods	Patient Safety	12	8	November - QVH continues to apply rigorous IPACT precautions and use Optigene and lateral flow to manage the staff risk. PPE and social distancing are maintained July - Following "freedom day" QVH continues to reinforce mask wearing and social distancing as the rest of the NHS, staff are supported to challenge. Visiting restrictions remain in place at this time. Review of isolation guidance and creation of risk assessment process to support staff returning to work when appropriate June 2021: delay to proposed date for lifting of restrictions; now likely July and not June as was planned May 2021: awaiting Government Guidance re last stage of lifting restrictions March 2021 R&R Governance meeting fortnightly. CCG support for recent nosocomial issue with C Diff. Updated visitor guidance in place	KSO1 KSO2
1199	09/12/2020	Inability to deploy a flexible CCU workforce across the green and amber pathways which are split across two areas in QVH.	* Potential for there being insufficient trained staff to care for a critical care patient * potential for cases to be cancelled * Possible reputational damage due to being unable to cover amber pathway and patients being refused. * Stress to workforce endeavoring to cover at very short notice. * Staff reluctance to cover	Refusal of admissions when staffing unsafe	Nicola Reeves	David Johnson	Patient Safety	15	9	November - EMT have approved a range of measures to encourage increase in bank uptake and to support recruitment October - Update 26.10.21 Current clinical vacancy of 23%. Three new Band 5's due to start (2.53 WTE) however they have limited/no ITU experience. There is also 4 Band 6's (3.67WTE) due to leave in the next few months after achieving promotion. It is important to note that we will be losing 4 experienced ITU nurses who are able to look after ventilated patients and take charge of the unit. This has the potential to impact on our ability to accept patients if we are unable to safely staff the unit. Recruitment is ongoing but remains a challenge. Attracting temporary workforce is also proving a challenge and work has been started to ensure we are offering the same hourly rates as our surrounding trusts. August - B2 = 1.81 WTE vacancy with another 1.0 WTE leaving for TNA role. B4 = 0.11 WTE vacancy, with both in post leaving to do nurse training (one finishes 22nd August, another 27th September leaving a 1.03 WTE vacancy. B5 = 3.58 WTE vacancy. Currently have 1.0 WTE band 5 seconded to HNU. Now on a rolling advert, last advert had 50 applicants all of which were internationals without an NMC pin. B6 = -0.36 WTE vacancy with 1.0 WTE on maternity leave. Currently advertising for secondment to cover maternity leave from current B5s. This will equate to a total amongst B4, B5 and B6 vacancy of 4.15 WTE bedside nursing staff which represents a 18% vacancy. July - vacancy reviewed and remains a challenge particularly with band 5 posts May 2021: Band 6: 0.14 vacancy Band 5: 3.58 WTE vacancy Also vacancies on HNU - CCU backfilling Unsuccessful recruiting apart from one post CCU March 2021: Band 5: 1.08 WTE vacancy Band 6: 0.75 WTE vacancy When HNU opens vacancy will increase for band 5 to 3.58 WTE	KSO1
1198	09/03/2021	Medical Workforce Sleep Unit	Risk to long-term stability of diagnosis and prescribing for patients in Sleep Unit due to age profile >60 years and retired status of majority of existing substantive medical workforce. Requires succession planning.	Current Workforce <60 years old/not retired: 1 PA - respiratory and sleep disordered breathing - locum/bank 8 PA - Associate Specialist Registrar sleep disordered breathing and sleep - bank/locum >2 years. Succession/strategy planning underway.	Keith Altman	Tania Cubison	Patient Safety	15	9	July: Lead consultant for Sleep actively making appointments to recruit June: improving situation with proposed new appointments at both consultant and middle grade level May 2021: interim CD oversight in place. Action Plan developed and being implemented	KSO3
1192	09/10/2020	Inability to provide full pharmacy services due to vacancies, sickness and covid vulnerable pharmacist	Delays to indirect clinical services (e.g. updating policies / guidelines / audit/ training) Unable to move forward with non-clinical initiatives e.g compliance with falsified medicines directive, EPMA introduction Delays in projects e.g. EPMA and supporting new services Pharmacist vacancy rate increasing and inability to recruit Loss of long established staff Unable to support any new work elsewhere in Trust	1. All technical staff in post apart from 0.2WTE band 2 assistant. Vacancy money used for bank staff. 2. Pharmacy clerk new to post but is progressing well. 3. Pharmacist assistants have completed apprenticeship and could dispense if needed to help reduce pharmacist to cover technicians. 4. Long term locum in post along with part-time bank pharmacists 5. Chief Pharmacist working additional bank hours. 6. Retired bank technician helping cover some vacancies and leave. Medicines management technician working on wards supporting pharmacist when possible. 7. Recruited new bank pharmacist who can work 1 day a week 8. Direct clinical work a priority. 9 Second locum pharmacist in place and working well covering wards and dispensary	Abigail Jago	Judy Busby	Patient Safety	12	8	20/12/21 Antimicrobial Pharmacist 8a now in post, Clinical Pharmacy lead 8a out to internal advert. Part-time bank pharmacist assistant out to advert. Struggling with increased sickness of all staff and covid household isolation 26/11/21 1wte band 7 pharmacist post offered and accepted, cannot start before 1 Feb. 22 y 12/11/21 Locum started working 4 days a week, but now only wants to work 3 days. 2 day a week bank pharmacist unavailable end Nov. Interviewing for potential band 7. Oct MMOGG cancelled due to staffing / resources 12/10/21 Sleep pharmacist started. Still unable to get any locums. Still not able to recruit into B7 advertised posts. One bank pharmacist due to have operation, other currently unable to work. Staff struggling with holidays. Pharmacists limited to working clinically. Some days below minimum level. 1/9/21 8b sleep pharmacist starting 13 Sep. 8a Antimicrobial pharmacist starting 29 Nov. B7 pharmacist offered post but declined - advert to go out again. Ongoing pressure to maintain services. Discussed plan for technical staff with HR. Need to finalise B5 technician post and get other jobs onto Trac 2/8/21 8b sleep pharmacist and 8a antimicrobial pharmacists posts offered and accepted. One is interval candidate so need to start recruitment for their post. Band 7 closing today with one applicant. Still unable to get locum. Struggling to provide clinical services on some days. Plan for technical staff vacancies to be discussed with HR 14/7/21 8b sleep pharmacist interviewing 30 July, antimicrobial pharmacist interviewing 15 July. 0.4wte band 7 did not accept and 1wte that accepted has now declined. Locum left without notice looking for 2 locum pharmacists now without success. Only 60% pharmacist cover with bank and substantive excluding sleep post. 2/7/21 8b sleep pharmacist out to advert. 8a antimicrobial pharmacist left, no applicants first time out but 1 on 2nd advert - interview being set up. B7 pharmacists offered 1wte and accepted hope to start Sep. Looking to offer remaining 0.4wte but days may not suit candidate. Only able to get 0.6wte locum B7 pharmacist not full time. Lacking B8a pharmacists. Staff member on long term sick due back on phased return 12th July. 4/6/21 0.6wte band 7 started. new locum has left and no offers of new ones from agencies. Band 8a antimicrobial pharmacist leaves end July. Adverts out for this post and remaining band 7 posts. New sleep band 8b JD awaiting job evaluation. 30/4/21 Appointed 0.6wte band 7 for 2wte vacancy from current locum. New WTE locum starting 5-5-21 to cover remaining vacancy and support sleep work 30/3/2021 2wte band 7 pharmacist posts out to advert. 0.8wte band 7 covering band 8a mat leave started but 0.4wte band 7 now left. Bank part time band 2 started to help in office with contracts. MSO post to be readvertised after easter. Band 2 and band 5 JDs to be completed. Looking for new band 7 locum to cover remaining pharmacist vacancies and additional work to support sleep prescribing.	KSO1 KSO2 KSO3 KSO4 KSO5

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1189	08/12/2020	Workforce succession planning: radiology	- 50% of the workforce at / approaching retirement age - difficulties recruiting: Lack of ultrasound / radiographer/Radiologist workforce nationally - multiple failed recruitment drives previously and currently	-Bank staff/ agency	Abigail Jago	Sarah Solanki	Compliance (Targets / Assessments / Standards)	15	9	23-12-2021 - have 1 person approved for apprenticeship and will factor this into business planning moving forward. Bank CDC sonographer interview complete yesterday and paperwork sent to HR. Developing a return to practice post for a radiographer who has fallen off the HCPC register but previously was experienced CT radiographer. New staff members starting on 16th Jan and 1st Feb. 19-11-2021 - interviews for remaining band 6 on 24th. Proposed start date for other band 6 role is 17 January 2022. Bank CDC sonographer role on TRAC awaiting authorisation. Apprenticeship POAP submitted for approval - to EMT 29th Nov. Apprentice JD- signed off. HEE confirmed additional funding and Candidate suitable and ready. 18-10-2021 - Band 5 ready for start date. Hoping for 1st November. Band 6 - 1 individual pulled out so the person who accepted the PT role actually wanted full time so have offered it to them. Part time role still available. Have completed an EOI for funding for apprenticeship training. Writing the JD and have engaged education and learning team for procuring the course and getting learning agreement. 22-09-2021 band 5 interviews today - 2 appointable applicants - Band 6 interviews next week. Band 7 interviews held and successful appointment. Funding for apprenticeships for this financial year. Seeing if we have a local candidate to put forward. Local AHP faculty meetings ongoing. 24-08-2021 - band 5 recruit withdrew. Job back out to advert. Band 6 - 1 successful applicant. remaining 0.6 WTE band 6 vacancy due to go back to advert. Band 7 vacancy - interviews 3rd Sept. Ongoing meetings with AHP faculty. Hoping to get trust traction for apprenticeships. 29-07-2021 - No progress re the new band 5 recruit. Asked for an update - none received yet. Band 6 roles - interviews on 4th August - 4 candidates all UK. 20-07-2021 - Band 5 recruit - hoping to onboard prior to HCPC registration and pay top of band 4 - similar approach to nursing. HR supportive. Band 6 job out to advert with amended JD - already more interest than previously. Job advert closes 26th July. Band 7 job advert out at beginning of August. Ongoing work with the AHP faculty to try and increase student intake. Apprenticeships need exec support. 30-06-2021 - Previous band 5 interviewee not suitable. job resubmitted to trac. Band 5 interviews today - 1 good interviewee - graduate student. Offered job - verbally accepted. Band 6 JD - tweaked to training post. JD being consistency checked. Interested party coming to visit on the 8th July. Keen to get apprenticeships etc. approved given the predicted national shortage by 2024.	KSO1 KSO2 KSO3 KSO5
1140	19/03/2019	Current PACS contract ending in June 2020	QVH is in a consortium for PACS/RIS/VNA with 5 other trusts from Surrey & Sussex. Philips provide a managed PACS/RIS/VNA (Vendor neutral archive) service to QVH and the other 5 trusts. The current contract was extended in 2016 to allow the contract to run until June 2020 under the 5+2 terms of the original contract. All 6 trusts have stated they want to remain in this consortium and potentially expand it to include another Surrey trust. There is now limited time available to re-procure PACS/RIS/VNA before the current contract runs out; without which there will be no PACS system. There is currently no project board or business case aligned to this procurement process. ESHT has said they are happy to lead on the project, with input from all trusts as and when requested. The data in the VNA is known to be incorrect across all sites, and if the S&S PACS consortium approve a plan to move PACS providers then the migration of data may need to occur from PACS to PACS - this will add a delay for migration.	ESHT have said they will lead on a re-procurement process for the consortium. Philips have said they will extend the current contract - costs will need to be agreed as hardware will need replacing.	Michelle Miles	Sarah Solanki	Information Management and Technology	15	4	04-06-2021 - Workforce difficulties. Rescore considered (DoO & HoR). Band 5 shortlisting complete - interviews on 9th. 23-12-2021 - PACS project team being worked out with dept and working through support required. RIS Test environment changes still not fully working at QVH. Issues being worked on with a planned change over in the live environment for 12th Feb 2022. VNA - Hyland, legal advice with SROs approving letter of termination with Hyland. This needs to be worked through. have copied status update into documents re this. 19-11-2021 - VNA - hyland sent dispute letters re non-payment of invoices and said all support would stop from 17th. Legal advice sought from Shoe lane solicitor. Reply letters devised and sent on the 17th. PACS and RIS all fine - finalizing PID for PACS for contract and RIS - minor changes to test environment next week - both moving forward. Trust project teams being devised for PACS go live. 18-10-2021 - Capsticks completed legal review and several meetings to go over findings. Trusts being asked to raise POs for Sectra contract. VNA - still problematic in terms of final solution and costs not being set completely. Ongoing high level meetings in regard this. RIS - issues with Go live date keep moving. Updated RFC sent to trusts to complete tests to test environment prior to doing the data replication from LIVE. 22-09-2021 - Nearly at the end of the contract negotiations with Sectra. Meeting with Phillips on Monday about exit strategy and their costs. VNA - proposed solution which comes under CCN - costs to be worked through. New RIS projected go live November. 24-08-2021 VNA go live - some trust have migrated. Archive only solution. Hyland and Sectra need to devise migration process. RIS start date still not confirmed. PACS BC still needs approval at UHS. 20-07-2021 - PACS BC discussed at EMT/HMT - supported. Awaiting Trust Board approval 5th August. Risk update paper submitted for F&P on the 20th July. 30-06-2021 - RIS timeline likely to slip a little. VNA - now have come up with an archive only solution which is the best least risk option for the consortium given the delete API issue cannot be sorted. PACS BC being finalized and need approval at august board. rationale/scope/general risks presented to diagnostic elective care board 30-06-21. Only queries around downtime - not possible to answer currently. 04-06-2021- RIS BC approved. Timelines aggressive for migration so could impact wider project. PACS BC - BAFO completed by 2 final vendors. Clinical consensus over preferred vendor has been reached and formal BC being written. Approval board within Trust has identified. VNA - no update. ongoing issues with delete API. Other trusts have started migration.	KSO1 KSO2 KSO3 KSO4
1077	22/08/2017	Recruitment and retention in theatres	* Theatres vacancy rate is increasing * Pre-assessment vacancy rate is increasing * Age demographic of QVH nursing workforce: 20% of staff are at retirement age * Impact on waiting lists as staff are covering gaps in normal week & therefore not available to cover additional activity at weekends June 2018: * loss of theatre lists due to staff vacancies	1. HR Team review difficult to fill vacancies with operational managers 2. Targeted recruitment continues: Business Case progressing via EMT to utilise recruitment & retention via social media 3. Specialist Agency used to supply cover: approval over cap to sustain safe provision of service / capacity 4. Trust is signed up to the NHSI nursing retention initiative 5. Trust incorporated best practice examples from other providers into QVH initiatives 6. Assessment of agency nurse skills to improve safe transition for working in QVH theatres 7. Management of activity in the event that staffing falls below safe levels. 8. SA: Action to improve recruitment time frame to reduce avoidable delays	Abigail Jago	Claire Ziegler	Patient Safety	12	4	21.12.2021 Update for December 2021. current vacancy being reviewed in periop PR. out to advert for B5 theatre practitioner/anesthetic practitioners, on a rolling advert due to lack of suitable applicants, recruited into B6 and out to advert for Mat Leave cover B7 recovery. POAP for 2022 ODP Apprenticeship 04.10.2021 - update for September 2021. 3 X RN's for Recovery are in the onboarding process and have been given start dates for the end of October 2021. 1 X RN for Day Surgery in the onboarding process and given a start date for the end of October 2021. 3 X HCA in the onboarding process and aiming to start end of October 2021. Adverts out for theatre practitioners Band 5 and Band 6. Day Surgery Band 6 and periop receptionists band 2. 2 ODP Apprenticeship students have commenced their year one training. 25.08.2021: International recruits still being supported in theatres due to specialties not previously worked in. Weekend bank shifts still hard to fill due to holidays, isolation and skill mix. Staffing reviewed daily as unable to staff all theatres every day with full compliment of staff. B5 X 3 still in TRAC process for Recovery and Day Surgery. B2 X 3 still in TRAC process. Unit supported by ODP X 3 agency weekly to fill the skill gap and RN X 1 Recruitment ongoing 16.07.2021: International recruits all being supported in theatres completing their competencies. Higher than normal numbers of staff requiring support. Vacancy rate of 7.86 B5 WTE, 1 B6 WTE, 4 B2 WTE recruitment on going. Poor uptake on weekend bank shifts for trauma - staff note enhanced bank rate paid in surrounding trusts and preference to work outside of the trust. Unable to staff all theatres - reviewed on a daily basis. International recruits not in a position to take on additional shift. Reduction in availability of agency ODP's. Currently block booking X 3 for full time hours. One moving out of area and will not continue to work for the Trust. Unable to staff DTC1 for blocks first session - reviewed daily. Combining paed and adult trauma weekly due to lack of ODP. Recruitment on going. 28.06.2021: Overseas nurses X 2 have now joined. One has received her PIN, one awaiting. Currently working in Admissions due to 6 supernumerary already being supported in theatre. Aim to transfer to theatres within 4 weeks. Interview set for beginning of July for Recovery practitioners with 5 suitable applicants. Band 6 admissions advert had 2 applicants but will readvised for band 5 theatre practitioner. ODP apprenticeship process awaiting final support. 25.05.2021: International recruits X 6 now received their PIN's, completed their supernumerary/orientation within admissions/discharge unit and now have embarked on their theatre orientation (6-8 weeks) Recovery have 2 x band 2 HCA leavers due to career development opportunities (will remain on bank). 2 further overseas nurses to join the peri-op department w/c 31.05.2021. Staffing pressures due to sickness and maternity leave. Adverts currently out for existing vacancies. 23/04/21:	KSO1 KSO2

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1040	13/02/2017	Age of X-ray equipment in radiology	Significant numbers of Radiology equipment are reaching end of life with multiple breakdowns throughout the last 2 year period. No Capital Replacement Plan in place at QVH for radiology equipment	All equipment is under a maintenance contract, and is subject to QA checks by the maintenance company and by Medical Physics. Plain Film-Radiology has now 1 CR x-ray room and 1 Fluoroscopy /CR room therefore patients capacity can be flexed should 1 room breakdown, but there will be an operational impact to the end user as not all patients are suitable to be imaged in the CR/Flouro room. These patients would have to be out-sourced to another imaging provider. Mobile - QVH has 2 machines on site. Plan to replace 1 mobile machine for 2019-2020 Fluoroscopy- was leased by the trust in 2006 and is included in 1 of these general rooms. Control would be to outsource all Fluoroscopy work to suitable hospitals during periods of extended downtime. Plan to replace Fluoro/CR room in 2019-2020 Ultrasound- 2 US units are over the Royal College of Radiologists (RCR)7 year's recommended life cycle for clinical use. Plan to replace 1 US machine for 2019-2020	Abigail Jago	Sarah Solanki	Patient Safety	12	2	23-12-2021 - Phase 1 - evaluators scoring phase 1 documents and creating questions for vendors. Presentations provisionally booked for January 2022. Financial evaluation is needed to demonstrate to DOF differences from initial BC from 2019 to now. 19-11-2021 - Vendor clarification questions sent back via supply chain framework. Awaiting bids to come back to trust. 18-10-2021 - Now in Phase 1 of the procurement process to work up spec and full costings with the framework. 3 Suppliers want to complete site visits this week. Some dates in November in diary for going through bids from Vendors. 22-09-2021 - Ground survey received which identified parts of the proposed location for the MRI overlies an uncharted Quarry - which would mean Piling needed. We have moved to phase 1 of the project with the framework as this will provide likely costs. We can then revisit possible location of MRI. Some initial thoughts have been suggested as an alternative but not scoped back up location until more information and costings seen. Government have partially funded a new US machine. We took delivery on the 10th, commissioned last week and now in use. Old machine traded in. 24-08-2021 - Awaiting reports for ground surveys. Expected next week. Once the reports back, we can move forward with the MES procurement. It is apparent, a likely extension will be needed for the current MRI provider - not sure how long the extension will be currently - by Nov/Dec - should be more apparent. 20-07-2021 - ground work surveys begin over the next week for proposed MRI location. Engineering company visiting site 3 times. Report expected to take 25 days due to soil samples needing lab analysis. ITT draft submitted but project progress needs to wait until surveyor report back. 30-06-2021 - 5 expressions of interest. 15 year contract term agreed. equipment specifications completed. ITT document for framework almost completed. Ground survey needs to occur ASAP. Estates to ask for capital code from capital accounts team. Req to be raised for framework costs and survey ASAP. 16-06-2021 - MES project has started. Working with framework about formal contractual parts. Early contact has shown 3 expressions of interest so far. Estates need to hire surveyor to perform ground surveys/ power surveys etc for the proposed MRI location. 22-04-2021 - RSM has been working on the specifications with PM. Dental specs still need compiling. Estates team engaging with companies about completion of a QS report to establish if proposed site suitable for MRI modular build. Provisional plans completed show the unit would work in that location and deviation of link corridor would benefit those patients walking to eye dept. and hurricane café. Framework still not formally approved - planned for 23rd April after delays. Timeline for MRI potentially difficult to fulfil by April 2022 therefore extension with current provider may be required. Need to agree contract term eg. 10/15/20 years. Suggested we scope all then decide. 22-03-2021 - template specification documents shared with RSM today. RSM to arrange meeting with PM to go through.	KSO1 KSO2 KSO3
968	20/06/2016	Paediatrics: Delivery of commissioned services whilst not meeting all national standards/criteria for Burns	-Potential increase in the risk to patient safety -on-call paediatrician is 1 hour away in Brighton -Potential loss of income if burns derogation lost -no dedicated paediatric anaesthetic lists	*Paeds review group in place *Mitigation protocol in place surrounding transfer in and off site of Paeds patients *Established safeguarding processes in place to ensure children are triaged appropriately, managed safely *Robust clinical support for Paeds by specialist consultants within the Trust *All registered nursing staff working within paediatrics hold an appropriate NMC registration *Robust incident reporting in place *Named Paeds safeguarding consultant in post *Strict admittance criteria based on pre-existing and presenting medical problems, including extent of burn scaled to age. *Surgery only offered at selected times based on age group (no under 3 years OOH) *Paediatric anaesthetic oversight of all children having general anaesthesia under 3 years of age. *SLA with BSUH for paediatrician cover: 24/7 telephone advice & 3 sessions per week on site at QVH	Nicola Reeves	Liz Blackburn	Compliance (Targets / Assessments / Standards)	12	4	November 2021 - nil to report February 2021: reviewed at Paeds Governance meeting - nil to update May 2020: as a risk reduction inpatient paediatric services suspended due to Covid-19 pandemic, in agreement with BSUH / QVH lead paediatrician Dec: update from commissioners still awaited; re-requested at CQRPM Dec 4th Nov: interim inpatient paed burns divert continues - no reported issues. Update on number of divers requested from commissioners. Working group QVH / BSUH to consider options; adult burns service aligned to provision of major trauma centre at BSUH Sept 30th: Review of Paeds SLA & service provision DoN met with BSUH W&C CD to discuss impact of inpatient paed burns move with regards to BSUH paediatrician appetite to continue providing paediatric service at QVH. Further discussions planned once respective Directors briefed. July update: KSS HOSC Chairs meeting (10/7) to share interim divert plans - QVH patient pathway continuing to follow established larger burns protocol with patients being treated at C&W or Chelmsford; HOSC supportive of safety rationale & aware that further engagement & review of commissioned pathway required - to be led by NHSE Specialist commissioning. June update: Inpatient paed BC for transfer of services to BSUH not approved. Interim arrangements with Burns Centres commenced. Plan for QVH inpatient paed burns to go to other providers from 1st August. LSEBN aware & involved in discussions.	KSO2 KSO3 KSO5
877	21/10/2015	Financial sustainability	1) Failure to achieve key financial targets would adversely impact the NHSI "Financial Sustainability Risk rating and breach the Trust's continuity of service licence. 2) Failure to generate surpluses to fund future operational and strategic investment	1) Annual financial and activity plan 2) Standing financial Instructions 3) Contract Management framework 4) Monthly monitoring of financial performance to Board and Finance and Performance committee 5) Performance Management framework including monthly service Performance review meetings 6) Audit Committee reports on internal controls 7) Internal audit plan	Michelle Miles	JMCI	Finance	20	16	October 2021: H2 Financial regime has now been issued to the Trust (1st October) work is underway to review the financial envelop for the Trust and also the implications of the revised Elective Recovery Funding arrangements which have changed from H1. July 2021: Current financial regime has continued as block arrangements for H1 (Months 1-6) as yet guidance is awaited for H2 (months 7-12. Currently due to the increase in activity above activity thresholds the Trust is forecasting to achieve plan by Month 6. Further guidance is likely to show an increased need for efficiencies in H2. February 2021: Month 9 achieved plan and the Trust is forecasting to hit plan as a minimum. Work is still underway at the center to understand if the Covid Capital will be paid and also the loss of Non NHS Income. December 2020: Month 7 achieved plan, however the plan includes £5.2m of ICS topup to achieve break even plan. October: Due to current NHS financing arrangements the position for the organisation has improved - rescored to 20. However due to the underlying financial deficit that the Trust is facing this is still a significant risk to the Trust. August 2020 The current financial regime of block contract has remained in place. At present due to the significant reduction in spend on both pay and non pay the Trust is in a breakeven position in line with national guidance. Work is being undertaken in conjunction with the ICS on the phase 3 funding streams into the Trust. In addition, further work is underway to highlight vacant and non backfilled posts. June 2020 At present the Trust is operating under a block contract arrangement. Due to the national guidance the Trust is reporting a break even position. Further guidance is awaited with regards to the length of time for the block contract arrangements and any amendments to the current values. While the Trust would still be facing a deficit in the old financial regime, it is unclear at this present time as to the level of the current deficit.	KSO4

ID	Opened	Title (Policies)	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
834	09/09/2015	Non compliance with national guidelines for paediatric care.	Unavailability of a Paediatrician to review a sick child causing 1. Harm to child 2. Damage to reputation 3. Litigation	<p>1. Service Level Agreement with BSUH providing some Paediatrician cover and external advice.</p> <p>2. Consultant Anaesthetists, Site practitioners and selected Peanut Ward staff EPLS trained to recognise sick child and deal with immediate emergency resuscitation.</p> <p>3. Policy reviewed to lower threshold to transfer sick children out</p> <p>4. Readmission of infected burns criteria reviewed to raise threshold for admission</p> <p>5. Operating on under 3 year olds out of hours ceased unless under exceptional circumstances</p> <p>With regards to SLA for paediatrician cover,</p> <p>1. Continuous dialogue with consultants and business managers</p> <p>2. Annual review meeting - Sept/October 2015</p> <p>Forward plan: to address areas of highest risk of complications with improved collaboration with BSUH to deliver inpatient Burns care to children in the Royal Alex hospital in Brighton. Aiming for Sept 2016</p> <p>Audit of all transfers out carried out on monthly basis and reviewed during Paediatric meeting.</p> <p>Burns outcomes monitored during LSEBN M&M annual review. Data reviewed by all the local burns services.</p> <p>Current strict control of cases and comorbidity permitted on QVH site</p> <p>Use of PEWS to enable identification and early management and referral of unwell children.</p>	Keith Altman	Dr Edward Pickles	Patient Safety	12	4	<p>June 2021: SLA with Associate Director of Business Development. DoN and QVH Paediatric Lead reviewing 2015 standards with a view to updating or changing GAP analysis</p> <p>March 2021: r/v DoN and Head of Patient Safety - SLA under review</p> <p>February 2021: r/v DoN and Head of Patient Safety - rescored to CRR</p> <p>January 2021: due to C-19 there are currently no paediatricians onsite at QVH - 24/7 cover for advice by telephone is available.</p> <p>July 2020: meeting held with BSUH & they continue to support this service</p>	

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	06 January 2022	Agenda reference:		10-22	
Report title:	Quality & Safety Board Report				
Sponsor:	Nicky Reeves, Director of Nursing and Quality				
Author:	Kelly Stevens, Head of Quality and Compliance				
Appendices:					
Executive summary					
Purpose of report:	To provide updated quality information and assurance that the quality of care at QVH is safe, effective, responsive, caring and well led.				
Summary of key issues	<p>The Board's attention should be drawn to the following key areas detailed in the reports:</p> <ul style="list-style-type: none"> Seasonal Flu vaccination in progress, Covid booster campaign completed (updated report included) New Deputy Director of Nursing and Patient Experience Manager have come into post Following the GMC survey results, a report and action plan was been submitted to HEE to look at improving the position for Higher Plastics trainees 				
Recommendation:	The Committee is asked to be assured that the contents of the report reflect the quality and safety of care provided by QVH during this time				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	The Quality Report contributes directly to the delivery of KSO 1 and 2, elements of KSO 3 and 5 also impact on this.				
Corporate risk register:	CRR reviewed as part of the report compilation –and the workforce and RTT18 risk impact the most on quality, safety and patient experience.				
Regulation:	The Quality Report contributes and provides evidence of compliance with the regulated activities in Health and Social Care Act 2008 and the CQC's Essential Standards of Quality and Safety.				
Legal:	As above The Quality and Safety Report uphold the principles and values of The NHS Constitution for England and the communities and people it serves – patients and public – and staff.				
Resources:	The Quality and Safety Report was produced using existing resources.				
Assurance route					
Previously considered by:	Quality and Governance Committee				
	Date:	20/12/21	Decision:	Noted	
Next steps:					

Executive Summary - Quality and Safety Report, January 2022

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.
	Our new Patient experience manager has commenced with the Trust.
	The Covid update is included in appendix 1 and highlights both covid vaccination uptake and seasonal flu vaccinations.
Medical Director	Antimicrobial stewardship An antimicrobial stewardship task & finish group has been meeting fortnightly looking at this issue to ensure guidance around antimicrobial prescribing is followed. This group is no longer meeting as this issue does require clinical leadership from all colleagues to ensure that all staff adhere to the guidelines and prescribe appropriately. There is to be a meeting shortly of the CDs and clinical leads to look at how we can change and update the MicroGuide going forward. We will be asking for colleagues within the main specialties to champion this work.
	Clinical harm reviews During the months of September, October & November 2021, there were 18 patients with possible low harm and 1 corneo-plastics patient with possible moderate harm, which is yet to be confirmed.

Report by Exception - Key Messages

Domain	Issue raised	Action taken
Responsive: Quality and Safety	Seasonal Flu and Covid Booster uptake	Seasonal Flu vaccination in progress, Covid booster campaign completed (appendix 1 for detail).
Responsive: Safe Staffing	Staffing Challenges	Ongoing challenges with recruitment in a number of clinical areas. Recorded on the corporate risk register. A range of measures are being taken to address these challenges.
Well Led	Deputy Director of Nursing	A new Interim Deputy Director of Nursing, Liz Blackburn has been appointed.

Safe - Performance Indicators

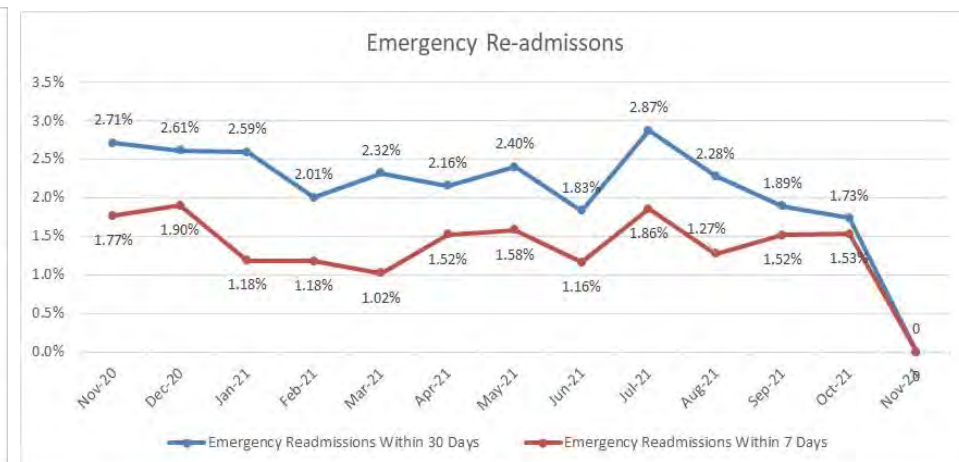
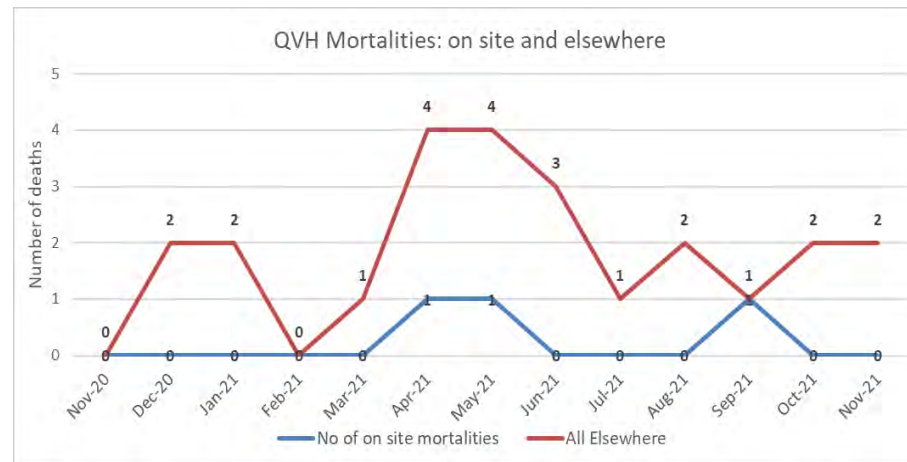
Metric Description	Target	Q1 2020/21	Q1 2020/22	Q2 2020/21			Q3 2020/21			Q4 2020/21			Q1 2021/22		12 month total/ rolling average
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	
Infection Control															
MRSA Bacteraemia acquired at QVH post 48 hrs 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	3	4	0	0	1	0	0	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%	99%	93%	99%	94%	95%	94%	95%	96%	86%	84%	96%	95%	96%	94%
MRSA screening - trauma	95%	100%	99%	95%	96%	94%	97%	96%	98%	97%	97%	97%	98%	99%	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	1	0	0	0	0	0	1
Theatre metrics															
All patients: Number of patients operated on out of hours 22:00 - 08:00	0	3	3	4	0	5	2	8	5	7	5	2	3	2	46
Paediatrics under 3 years: Induction of anaesthetic was between 18:00 and 08:00	0	0	0	0	0	0	0	0	1	0	0	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		7	8	0	0	2	5	3	8	5	9	10	8	23*	81
Needlestick injuries	0	0	3	4	3	3	2	1	3	2	2	1	2	3	29
Pressure ulcers (all grades)(Theatre metric)		0	0	0	0	1	0	0	0	1	1	0	2	0	5
Paediatric transfers out (<18 years)		0	1	1	0	1	0	0	1	0	0	0	0	0	4
Medication errors															
Total number of incidents involving drug / prescribing errors		7	6	6	9	10	3	9	8	10	9	3	11	5	89
No & Low harm incidents involving drug / prescribing errors		7	5	6	8	8	3	9	5	8	8	2	6	4	72
Moderate, Severe or Fatal incidents involving drug / prescribing errors		0	0	0	0	0	0	0	0	0	0	0	0	0	0
Medication administration errors per 1000 spells		0.0	0.6	0.0	0.7	1.1	0.0	0.0	1.7	1.1	0.6	0.6	3.0	0.6	0.8
Pressure Ulcers Hospital acquired - category 2 or above		1	2	0	1	0	2	0	0	0	2	0	2	1	10
VTE initial assessment (Safety Thermometer)	95%	100%	100%	100%	100%	100%	100%	97%	96%	96%	100%	100%	100%	100%	99%
Patient Falls															
Patient Falls assessment completed within 24 hrs of admission	95%	97%	97%	100%	100%	93%	100%	100%	93%	100%	95%	100%	100%	96%	98%
Patient Falls resulting in no or low harm (inpatients)		5	4	4	6	2	1	3	3	4	5	2	1	7	42
Patient Falls resulting in moderate or severe harm or death (inpatients)		0	0	0	0	0	0	0	1	0	0	0	0	0	1
Patient falls per 1000 bed days		0.8	4.6	3.6	2.8	1.9	1.8	3.6	4.7	0.0	5.3	8.4	4.0	3.7	3.7
*Nov 21 - non clinical cancellation on day. Variation due to cancellations for trauma and a member of the surgical team with a +PCR, excluding these exceptional circumstances would show cancellations at around 8-10 in the month.															
nc = not collected or not reported															

Safe - Performance Indicators

KPI	Target	Latest Month	Metric	Variation	Assurance	Average
MRSA - Elective	95%	Nov-21	96%			97%
MRSA - Trauma	95%	Nov-21	99%			96%
Serious Incidents	0	Nov-21	0			0.2
Total no of incidents involving drug/prescribing errors	0	Nov-21	4			13
Falls per 1000 bed days	0	Nov-21	6.9			3.1
Pressure ulcers per 1000 bed days	0	Nov-21	1			0.6
Complaints	0	Nov-21	5			5
Mortalities	0	Nov-21	3			1

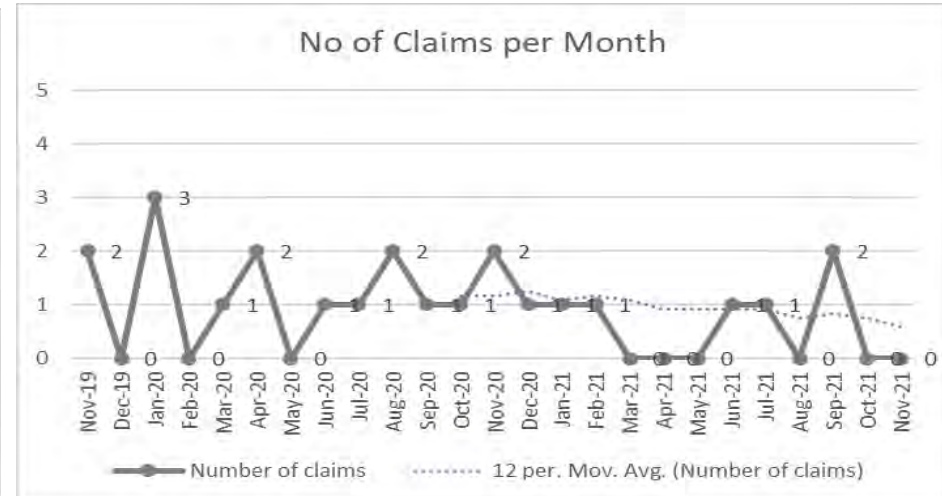
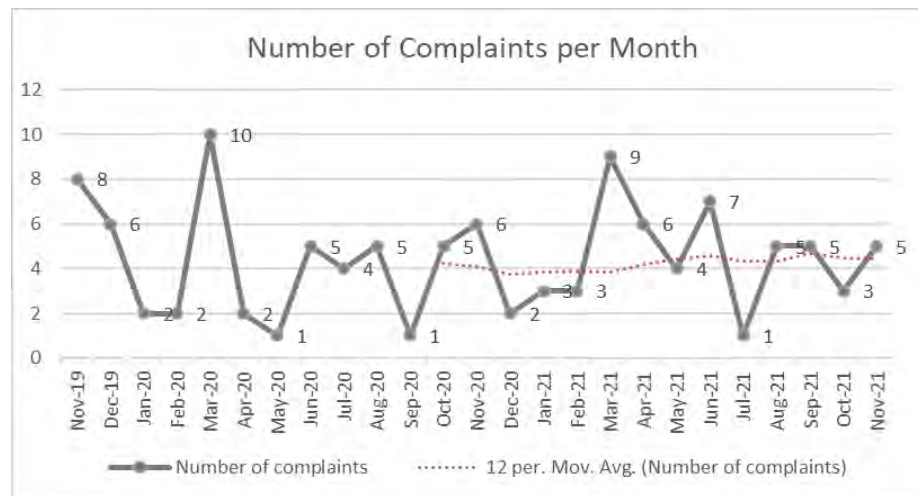
Variation			Assurance		
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H) higher or (L) lower values	Special cause of improving nature or lower pressure due to (H) higher or (L) lower values	Variation indicates inconsistently passing and falling short of the target	Variation indicates consistently (P) passing the target	Variation indicates consistently (F) falling short of the target

Effective - Performance Indicators



Mortalities Report			Q2 2020/21	Q3 2020/21			Q4 2020/21			Q1 2021/22			Q2 2021/22		
			Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Mortalities within 30 days of an inpatient episode or outpatient procedure	Inpatient	No of on site mortalities	0	0	0	0	0	1	1	0	0	0	1	0	0
		No of mortalities elsewhere	0	1	1	0	0	1	3	3	1	1	1	0	3
	Outpatient		0	1	1	0	1	3	1	0	0	1	0	2	0
	All Elsewhere		0	2	2	0	1	4	4	3	1	2	1	2	3
Reviews		Completed Preliminary Reviews	0	2	0	0	0	1	1	0	1	2	0	0	2
		No of deaths subject to SJR	0	0	0	0	0	1	3	3	3	0	1	0	0
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
	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21
Number of complaints	2	3	3	9	6	4	7	1	5	5	3	5
Complaints per 1000 spells	0.12	0.20	0.20	0.50	0.31	0.21	0.34	0.05	0.28	0.25	0.16	0.26
Number of claims	1	1	1	0	0	0	1	1	0	2	0	0
Claims per 1000 spells	0.06	0.07	0.07	0.00	0.00	0.00	0.05	0.05	0.00	0.10	0.00	0.00
Number of cases referred to PHSO	0	0	0	0	0	1	0	0	0	0	0	0

Nursing Workforce - Performance Indicators, Safe staffing data

Peanut ward - Staffing challenges continue. A new matron will join the team in January 2022. In October there were 11 overnight cases on 8 occasions, there were 10 nights when the ward was staffed but there were no inpatients and there were 13 occasions when the ward was unable to accept an inpatient overnight. In December there were 21 patients overnight on 17 occasions, there were 6 occasions when the ward was not able to accept an inpatient, there was 1 occasion when an appropriate patient was nursed in a side room on Ross Tilly Ward, there were 7 nights when the ward was staffed but there were no inpatients.

October 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			Oct-21	Planned staff			Actual staff		
	RN	NA	HCA	RN	NA	HCA		RN	NA	HCA	RN	NA	HCA
DAY	5371	218.5	1840	5290	218.5	1794	Total Hrs Planned and Actual	4083	172.5	897	4025	172.5	897
				98.5%	100.0%	98%	% Planned Hrs Met				98.6%	100.0%	100.0%
							Total Hrs Planned & Actual - Combined reg & support						
			7429			7303				5152			5095
						98.3%	% Planned Hrs Met - Combined reg & support						98.9%
NIGHT							Total Hrs Planned and Actual	4083	172.5	897	4025	172.5	897
											98.6%	100.0%	100.0%
							Total Hrs Planned & Actual - Combined reg & support						
										5152			5095
							% Planned Hrs Met - Combined reg & support						98.9%

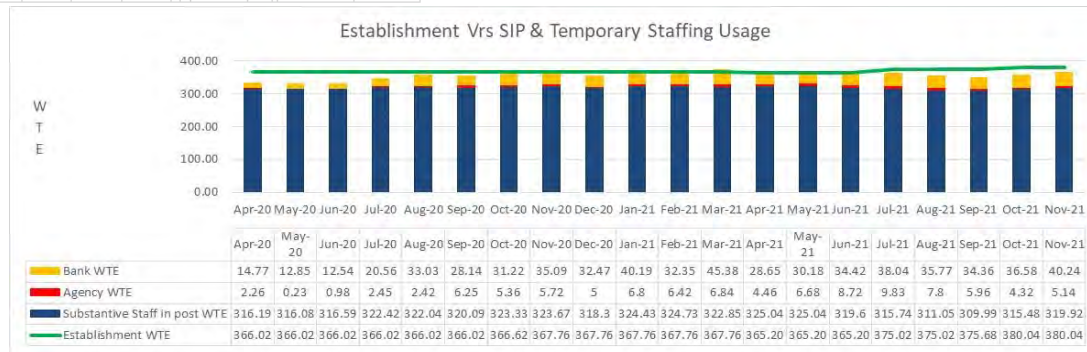
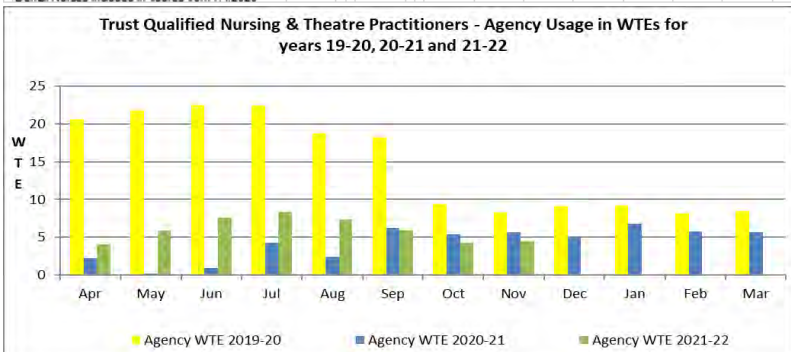
November safe staffing data demonstrates compliance across all the bands with staffing levels at or above 95% of the required template. Staffing levels are reviewed on a regular basis and as a minimum three times a day. Use of the Safe Care Live module is also supporting the team to make real time staffing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

Combined Staffing exc. Site							Target 95%						
	Planned staff			Actual staff			Nov-21						
	RN	NA	HCA	RN	NA	HCA							
DAY	5348	368	2312	5279	368	2243	Total Hrs Planned and Actual						
				98.7%	100.0%	97%	% Planned Hrs Met						
							Total Hrs Planned & Actual - Combined reg & support						
			8027			7889	% Planned Hrs Met - Combined reg & support						
						98.3%							
NIGHT	4497	195.5	977.5	4244	195.5	931.5							
				94.4%	100.0%	95.3%							
							Total Hrs Planned & Actual - Combined reg & support						
			5670			5371	% Planned Hrs Met - Combined reg & support						
						94.7%							

Nursing Workforce - Performance Indicators

ALL QUALIFIED & QUALIFIED NURSING																
Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2019-20 & 2020-21															
	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Compared to Previous Month		
Establishment WTE (Establishment includes 12% headroom from 01/09/2018)	367.76	367.76	367.76	367.47	367.47	365.20	365.20	365.20	375.02	375.02	375.68	380.04	380.04	◀▶		
Staff In Post WTE	323.79	318.30	324.43	324.73	322.85	325.04	325.04	319.60	315.74	311.05	309.99	315.48	319.92	▲		
Vacancies WTE	43.97	49.46	43.33	42.74	44.62	40.16	40.16	45.60	59.28	63.97	65.69	64.56	60.12	▼		
Vacancies %	11.96%	13.45%	11.78%	11.63%	12.14%	11.00%	11.00%	12.49%	15.81%	17.06%	17.49%	16.96%	15.82%	▼		
STARTERS WTE (Excluding rotational doctors)	3.00	0.00	11.56	1.00	1.00	6.15	2.00	3.43	0.00	1.41	3.93	4.68	9.97	▲		
LEAVERS WTE (Excluding rotational doctors)	4.61	4.36	4.18	0.00	2.88	3.80	0.87	7.62	3.21	6.76	1.12	1.00	3.61	▲		
Starters & Leavers balance	-1.61	-4.36	7.38	1.00	-1.88	2.35	1.13	-4.19	-3.21	-5.35	2.81	3.08	6.36			
Agency WTE (Data from Headboard)	5.72	5.00	6.80	6.42	6.84	4.46	6.68	8.72	9.83	7.80	5.96	4.32	5.14	▲		
Bank WTE (Data from Headboard)	35.09	32.47	40.19	32.35	45.38	28.65	30.18	34.42	38.04	35.77	34.36	36.58	40.24	▲		
Trusting Annual Turnover %	8.36%	9.21%	8.90%	8.93%	9.34%	9.33%	8.56%	10.91%	11.38%	12.52%	12.62%	13.32%	12.85%	▼		
Monthly Turnover	1.51%	1.10%	1.14%	0.00%	0.95%	1.26%	0.29%	2.56%	1.09%	2.14%	0.38%	0.53%	1.13%	▲		
Sickness Absence %	3.87%	4.60%	4.48%	3.13%	3.30%	2.30%	3.70%	3.81%	3.21%	3.61%	3.96%	4.69%	TBC			

Note 1. 2020/21 budget updated September 20 backdated to April 20 to show most current position. March 20 Establishment updated as queries resolved. Both taken from Finance Ledger
 Note 2. All data taken from ESR unless stated otherwise
 Note 3. Staff included are Qualified Nurses, Emergency Practitioners, Theatre Practitioners, HCAs, Student OPDs, Trainee Nurse Associates, Practitioners, Nurse Associates, Play Specialists, Overseas Nursing awaiting PIN.
 Dental Nurses included in figures from 1.4.2020



Medical Workforce - Performance Indicators

Metrics	Target	Q3 2020/21		Q4 2020/21			Q1 2021/22			Q2 2021/22			Q3 2021/22		12 month rolling
		Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	
Medical Workforce															
Turnover rate in month, excluding trainees		1%	1%	1%	0%	3%	30%	1%	1%	0%	1%	1%	4%	0%	0.2001
Turnover in month including trainees 9%		1%	2%	1%	3%	7%	8%	0%	2%	0%	18%	18%	5%	1%	0.4855
Management cases monthly		0	1	0	0	0	0	0	1	0	0	0	0	0	0
Sickness rate monthly on total medical/dental headcount		2%	2%	2%	1%	2%	1%	2%	2%	2%	1%	3%	3%	2%	0.0179
Appraisal rate monthly (including deanery trainees)		86%	76%	77%	78%	84%	62%	67%	67%	69%	70%	65%	52%	61%	N/A
Mandatory training monthly	95%	82%	85%	85%	82%	81%	83%	85%	84%	82%	82%	80%	79%	81%	0.82
Exception Reporting – Education and Training		1	0	0	0	1	0	2	1	1	10	5	1	1	22
Exception Reporting – Hours		1	0	2	3	1	2	2	1	5	10	2	3	3	34

In October QVH hosted the final doctors' induction of the year, welcoming new trainees and trust doctors in Corneo Plastics, Plastic Surgery and **Medical & Dental OMFS**. Medical Education have now finished arranging Doctors' inductions for the year, and are very grateful for the efforts of the other teams around QVH who contribute to ensuring that the inductions run smoothly. The trainee names for February induction have already come through so work has begun again on planning for 2022.

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.

Education

Following the GMC survey results, a report and action plan was been submitted to HEE to look at improving the position for Higher Plastics trainees, where a number of pink and red flags were received. Feedback from HEE has been received, who have confirmed that they are happy with the plan that was submitted.

The latest round of Local Faculty Group meetings has completed, and the final Local Academic Board meeting of the year, attended by representation from HEE, took place in November.

As covid-19 restrictions have reduced, we are receiving lots of interest in elective placements from medical students, which is an opportunity for medical students to see the interesting work that is delivered at QVH, and hopefully they will return as trainees in the future.

Appendix 1

COVID-19 AND SEASONAL FLU UPDATE DECEMBER 2021

With the Omicron variant in circulation we continue to screen all staff twice weekly utilising either Optigene or lateral flow tests. 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.

Social distancing and PPE requirement remain in situ for the workforce.

Staff have been given guidance regarding staying “covid safe” at any team Christmas parties.

Visiting restrictions remain in place and QVH continues to encourage patients and carers to wear masks whilst on site.

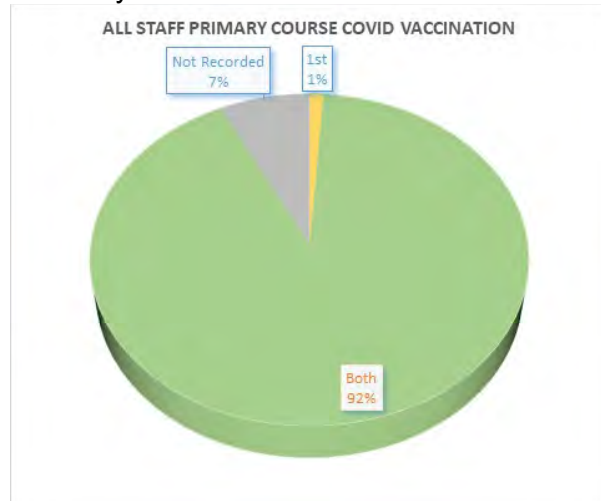
The guidance for mandatory covid vaccination roll out is being reviewed and plans for implementation and monitoring are being developed.

We are continuing to signpost staff to access covid vaccinations as required

The incident room remains open 7 days per week.

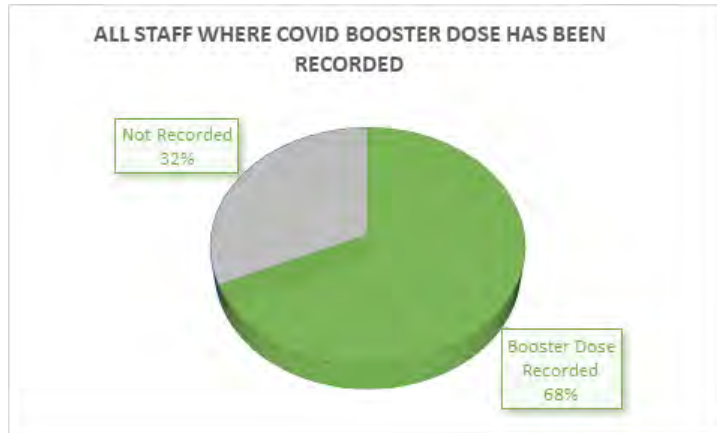
Covid vaccination update:

Currently 92% staff of all are double vaccinated



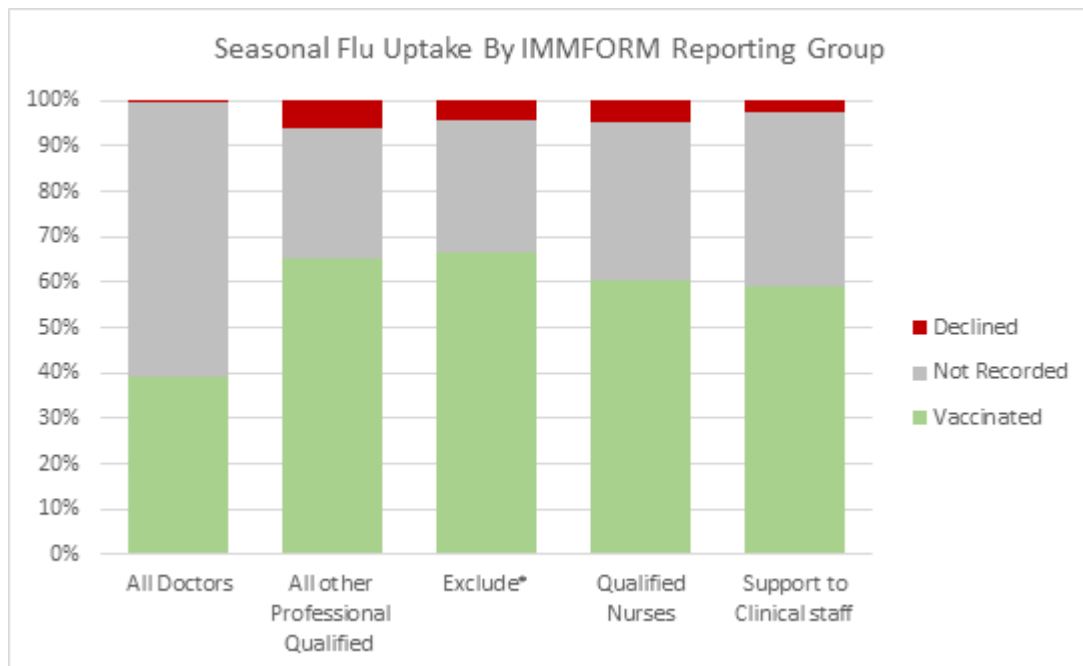
Booster data:

62% of all staff have a recorded booster dose



Seasonal Flu:

The seasonal flu campaign continues, the national trend is seeing less staff uptake for seasonal flu and this is mirrored at QVH. The reporting arrangements for this year do not allow for annual comparisons by staff group. As in previous years, the medical staff cohort appear to be below others in uptake.



**Exclude – these staff excluded from IMMFORM reporting as they are in roles that are not patient facing*

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	06 January 2022		Agenda reference:	11-22	
Report title:	6 monthly nursing workforce review				
Sponsor:	Nicky Reeves, Interim Director of Nursing				
Author:	Liz Blackburn, Interim Deputy Director of Nursing				
Appendices:	1. National Quality Board requirements and self-assessment				
Executive summary					
Purpose of report:	To inform the Board of the twice yearly nursing workforce review and for Board to note the challenges for recruitment and retention				
Summary of key issues	<p>The nursing workforce paper reviews the nurse staffing levels required in order to provide safe, high quality and cost efficient care.</p> <p>Safe provision of care is evidenced in this paper</p> <p>Vacancy rates in individual clinical areas are identified</p> <p>Care hours per patient day have been benchmarked against “Model Hospital” data</p> <p>Potential number of retirees are detailed per clinical area for context</p>				
Recommendation:	Q&GC is requested to approve the report to forward to the next Board meeting				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	Links to all 5 KSOs				
Corporate risk register:	Workforce risks are on CRR and there are currently two risks identifying insufficient nursing numbers				
Regulation:	Compliance with regulated activities in Health & Social Care Act 2008 and National Quality Board Guidance				
Legal:	As above				
Resources:	No additional resources required to produce this report				
Assurance route					
Previously considered by:	Quality and governance committee (Q&GC)				
	Date:	20/12/21	Decision:	Noted	
Next steps:					

Nursing Workforce Review – October 2021

1. Purpose

The purpose of this paper is to provide the six monthly overview of safe nurse staffing levels to comply with requirements set out by: NHS England/ Improvement (NHSE/I), the National Quality Board (NQB) and the Care Quality Commission (CQC). This paper covers staffing in theatres, inpatient and outpatient areas of the organisation and reviews the outcomes of a range of initiatives taken to improve the nursing and theatre practitioner workforce regarding recruitment and retention.

2. Background

All NHS Trusts are required to deploy sufficient, suitably qualified, competent, skilled and experienced staff to meet care and treatment needs safely and effectively, National Quality Board (NQB) *Safe and sustainable and productive staffing*.

The monthly safe staffing data is reported at Clinical Governance Group (CGG) and provides an overview of nursing safe staffing for inpatient areas and the site team. The data maps actual staffing against planned staffing.

3. National Overview

NHSE/I in conjunction with Health Education England (HEE) outlined key priorities for organisations to meet the workforce requirement for the Covid-19 response;

- Assess the clinical workforce required for services needed over winter
- Deliver additional workforce supply from sources identified (including Bringing Back Staff regional hubs and NHS professionals)
- Embed ongoing risk assessments as part of workforce planning and ongoing discussions with staff
- Maintain the health and wellbeing of the whole workforce

4. Covid-19 pandemic and Vaccination boosters

The staff have continued to work flexibly to support the ongoing service delivery. QVH has followed Nursing and Midwifery Council (NMC) regulatory guidance to support this and maintain safe staffing.

Deployment

Internal deployment – Staff were deployed to deliver Covid vaccinations boosters to the QVH workforce to meet the National Vaccination requirements.

External deployment – In response to system-wide mutual aid requests we provided CCU staff on three occasions to the Princess Royal Hospital in Haywards Heath. In addition, some of our staff have been working additional hours within the local vaccination hubs to support the community rollout of the vaccine

During this time safe staffing metrics were monitored to ensure safe staffing levels were maintained. In addition, daily site meetings allowed for further reallocation of staff as required. The health and well-being of staff has continued to be a priority in supporting both our staff working on site and those either working from home or shielding. Regular team meetings are held via MS Teams and well-being tips and advice are shared.

Training and education

Internal courses have recommenced and include a number of clinical courses such as Catheterisation and care, Cannulation and phlebotomy and IV administration. Speciality specific study days have run including Breast reconstruction and patient care, Head and Neck study days and Principles of plastic surgery, these have all encouraged inter-professional learning and development.

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

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

5. Recruitment and Retention

We have continued to recruit to our nursing workforce throughout this period in order to support the existing staff and meet our increased patient activity both elective and trauma. However this has been challenging, we have received high levels of applicants who do not have a current NMC registration. Work is being undertaken to improve this with Nursing and recruitment working closely together to address this issue.

The following have been recruited in the Trust over this reporting period:

- 6.32 WTE qualified nurses
- 10.6 WTE unqualified staff

Below is the leaver and starter information for the nursing workforce which demonstrates a decrease in the number of staff in post of 6.46 WTE over the reporting period.

1st April 2021 to 30th September 2021 leaver and starter data for information.

All Qualified and Unqualified Nursing										
Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2019-20 & 2020-21			Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21	Compared to previous month
Establishment WTE (Establishment includes 12% headroom)				365.20	365.20	365.20	375.02	375.02	375.68	↔
Staff in post WTE				325.04	325.04	319.60	315.74	311.05	309.99	↓
Vacancies WTE				40.16	40.16	45.60	59.28	63.97	65.69	↑
Vacancies %	>18%	12%↔18%	<12%	11.00%	11.00%	12.49%	15.81%	17.06%	17.49%	↑
Starters WTE (Excluding rotational Doctors)				6.15	2.00	3.43	0.00	1.41	3.93	↑
Leavers WTE (excluding rotational Doctors)				3.80	0.87	7.62	3.21	6.76	1.12	↓
Starters and Leavers balance				2.35	1.13	-4.19	-3.21	-5.35	2.81	↑

Sourced via ESR data

We continue to support development through the Trainee Nursing Associate (TNA) programme, with a new trainee starting in September 2021. Two TNA's passed their training and have been successfully recruited in to the Nurse Associate (NA) role on Canadian Wing. An NA working in CCU has started their top up course to become a Registered Nurse, this training takes two years and will be completed in September 2023. In Theatres, two staff members have started the Operating Department Practitioner (ODP) apprenticeship. Both the ODP and RN apprenticeship courses require the students to be supernumerary which creates a cost pressure and backfill challenge and each application is reviewed by Executive Management Team (EMT) to ensure this can be supported

6. Incident Reporting

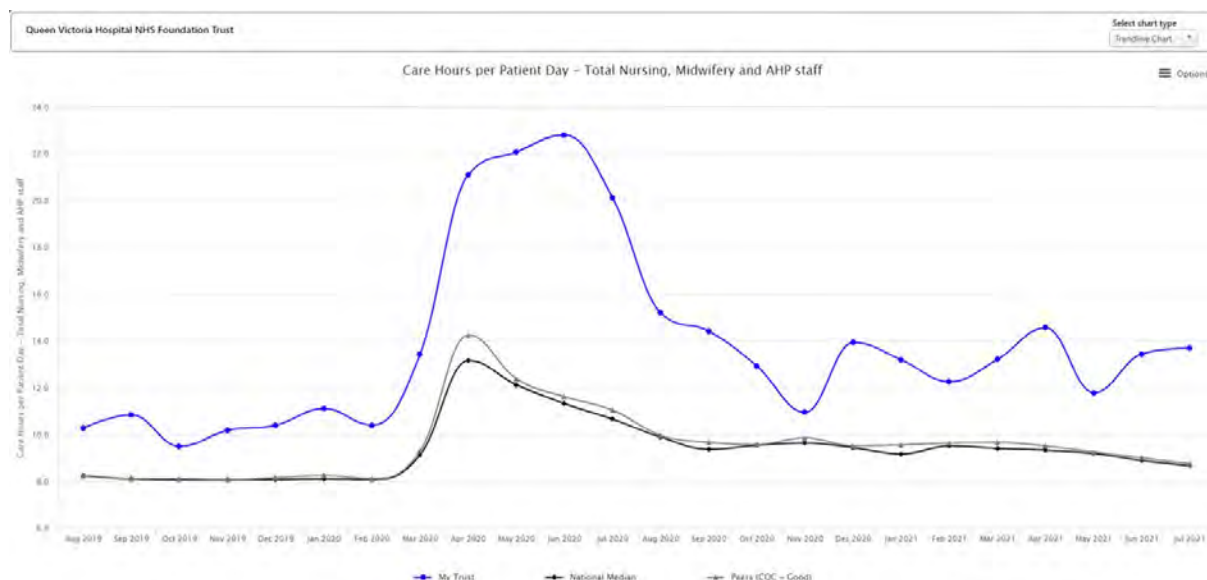
There were six incidents reported via datix during this period in relation to staffing. The most significant of these incidents is staffing the twilight shift on Peanut ward. Two staff members have recently left Peanut ward to pursue other careers in Nursing and a further staff member is on maternity leave. Despite having a

rolling advert out for both a band 4 and band 5 staff nurse, we have been unable to recruit to these posts. As a result we have had to prioritise staffing our twilight shifts to a Monday and Thursday (our dedicated paediatric trauma days). Elective admissions are planned in advance and staffing is arranged appropriately.

CCU, H&N, C-Wing and Peanut staffing have all been added to the Corporate Risk Register (CRR) due to the inability to recruit in to registered nursing posts. The Board Assurance Framework (BAF) for key strategic objective 1 Outstanding Patient Experience has been reviewed and the risk score increased due to recruitment and retention challenges Workforce updates continues to be discussed at every public board which includes details on nursing recruitment and retention triangulated with patient safety metrics and complaints information.

7. Care Hours Per Patient Day (CHPPD), Safe Care and safe staffing metrics

This is benchmarked nationally through the NHSE/I 'Model Hospital' against other Trusts who are rated 'Good' by the CQC. As the graph below shows, the Trust data is above the national median, and this continues to reflect the nature of our specialist services. The Head and Neck Unit is now open and staffed, it takes higher acuity patients and requires a nurse to patient ratio higher than an average ward. Similarly, the Burns Ward during the reporting period experienced high inpatient numbers needing complex dressing changes also which required additional staffing to manage the dependency.



Work continues in the roll out of Safe Care, and this is now in use on CCU, Burns and Head and Neck. Canadian Wing are in the training phase and it will be in full use by January 2022. This will be of particular value for the Site team to give them a live overview of the bed occupancy and staffing levels within the Trust. Our safe staffing metrics are captured daily and reported on a monthly basis, we are now capturing the data for when Peanut ward is not staffed on a twilight shift.

8. Establishment reviews and budget setting – H2

The Interim Director of Nursing undertook staffing reviews with the Heads of Nursing, Ward Matrons and Theatre manager, these were further reviewed and discussed with HR and the Finance department. The staffing establishments have been benchmarked as described in previous workforce papers against national standards, AFPP theatre guidance, RCN guidance, Intensive Care Society standards and surrounding burns services.

Ward and Outpatient areas as at 30th September 2021 (excl non clinical support roles)

The table below is a summary of staffing establishments including registered and non-registered workforce, excluding non-clinical, admin and clerical posts. The percentages of vacancy have been RAG rated as follows:

Department	Total Recruitable (Substantive WTE incl 12% uplift)	WTE Staff in post 31 st March 2021	WTE Staff in post 30 th Sept 2021	Change in staff in post Increase Decrease	Number of vacant posts 30 th Sept 2021	% Vacant posts 31 st Sept 2021
Burns Ward	20.99	19.55	16.95	↓2.6	4.04	19%
Canadian Wing	40.99	44.75	38.26	↓6.49	2.73	7%
Corneo OPD	18.53	16.16	17.13	↑0.97	1.40	8%
Critical Care	24.74	22.73	18.68	↓4.05	6.06	24%
Head & Neck	12.64	n/a	6.75	n/a	5.89	47%
MaxFax OPD	22.70	18.41	19.29	↑0.88	3.41	15%
MIU	7.55	6.75	5.27	↓1.48	2.28	30%
Peanut Ward	19.82	17.40	15.23	↓2.17	4.59	23%
Plastics OPD	15.66	13.59	13.28	↓0.31	2.38	15%
Peri-op (inc pre assessment)	151.06	124.78	124.61	↓0.17	26.45	17%
Site Practitioners	10.48	9.835	10.435	↑0.6	0	0%

These numbers exclude non clinical support roles for the purposes of comparison. Key:

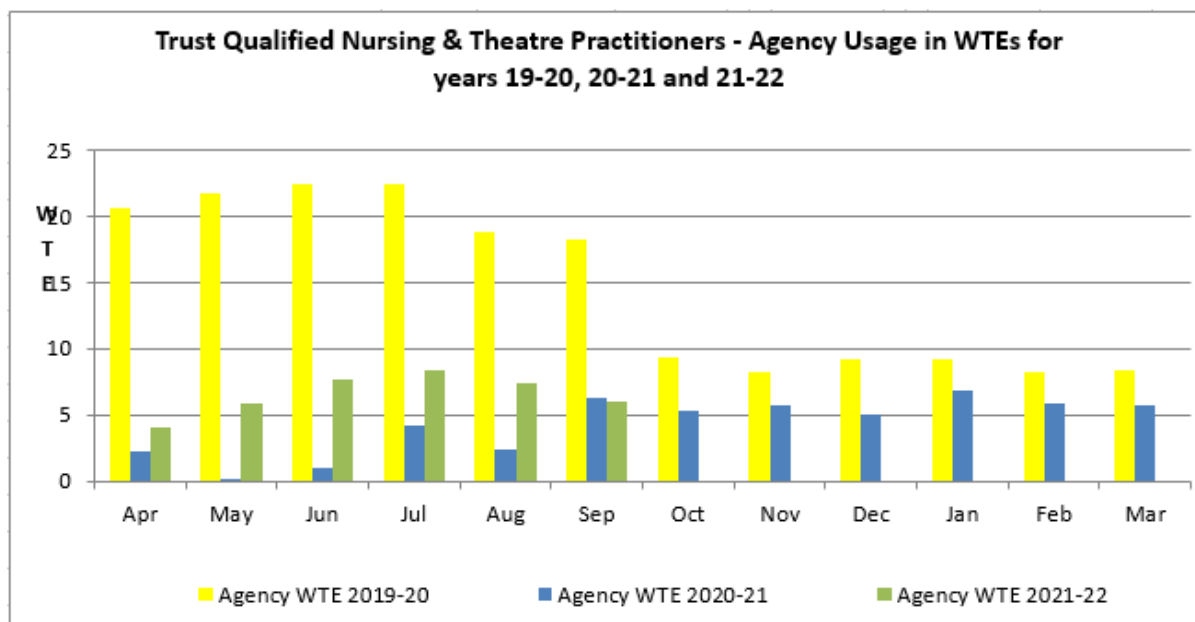
% Vacancy	RAG
Less than 12%	Green
12.1% to 18%	Amber
Above 18.1%	Red

The following gives additional information regarding recruitment and retention in the specific clinical areas. All vacant posts are being advertised and actively recruited to, each Matron is working clinically to support the workforce and provide safe patient care:

- Burns Ward - New Burns Matron to start in post in November 2021.
- Canadian Wing - New Matron in post, establishments reconfigured for H2. Two new Nursing Associates in post, and TNA commenced in September 2021.
- Corneo Outpatients Department - Corneo has some vacancy, actively advertising and recruiting to vacant posts.
- Critical Care – high vacancy due to staff relocating, career progression and maternity leave.
- Head and Neck – Newly established ward to meet the cancer standards for Head and Neck patients. Large vacancy in this area due to maternity leave and career progression. New Matron to start in post in November 2021.
- Max Fax Outpatients Department - Max Fax have a stable workforce.
- Peanut ward – Two staff nurses have left to pursue their careers in a different area of paediatric nursing. The paediatric ward establishment has been set using RCN guidance for staffing paediatric units. The ward continues to run an on call service at night and will only open in the event that a patient requires overnight care otherwise staff go off duty at 00.00. A new ward Matron starts in the New Year.
- Plastics Outpatients Department - Plastics Outpatients continues to work flexibly to provide staff for the Covid-19 Testing pod.
- Peri-op - Two ODP apprenticeships commenced which aids retention and career progression. Pre-assessment has a high vacancy rate and are actively recruiting.
- MIU – Have a new member of staff starting in early 2022, utilising a regular agency staff member to cover the vacancy.
- Site – Stable staffing establishment.

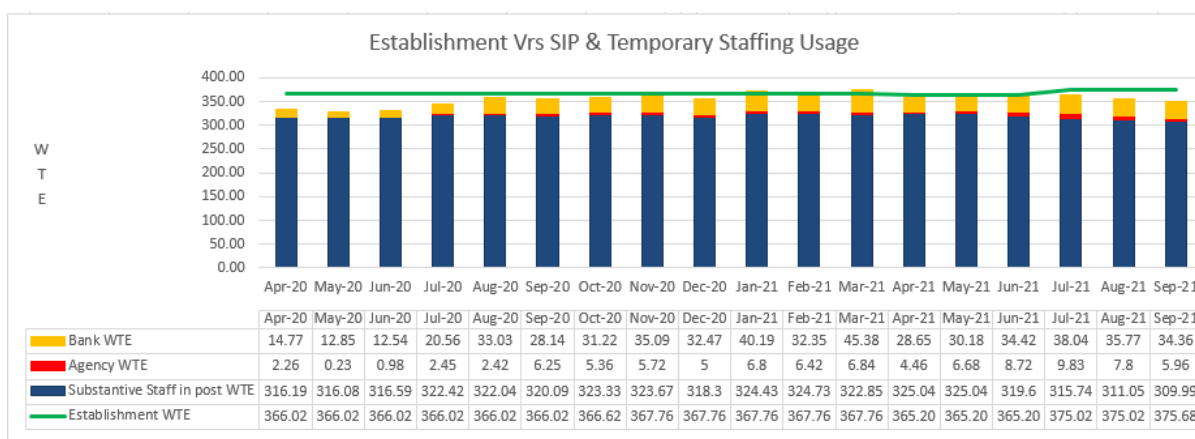
9. Temporary Staff usage

There has been a significant increase in agency usage as our services have returned to 'business as usual'. Over the past six months, there has been a significant increase in elective and trauma activity and the increased use of agency staff reflects this. Moreover, staff sickness levels and isolation has increased the need for agency staff to maintain safe staffing levels. Agency usage is continuously monitored and justified on a daily basis.



Sourced via ESR data

All temporary staff receive a local induction to their area. The chart below outlines our bank and agency usage in relation to our establishments.



Sourced via ESR data

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

The Heads of Nursing attend the 08.00 handover and the 15.30 bed meeting giving further assurance that safe staffing, appropriate deployment of staff and planned staffing for the next 24hrs is achieved. Monthly

review of actual staffing against planned is carried out and triangulated against incidents raised via DATIX and safer nursing metrics and complaints data.

The Trust has used the bank workforce to cover sickness, isolating staff, and vacancies. The Trust recognises their contribution in giving high quality care and as a result are reviewing enhanced pay rates for all inpatients areas across the Trust. It is anticipated that this may work as an incentive to some of our substantive staff to take up extra shifts.

10. Retirements

The table below indicates the numbers qualified Nurses/theatres practitioners who could retire in the next 2 years. Included is anyone aged 53 and over for any NMC registered staff and anyone 58 and over for any HCPC registered staff. This is currently 75 staff.

	Department											
	Burns	CCU	Corneo	C-Wing	H&N	MaxFax	MIU	OPD	Peanut	Site	Specialist	Theatres (inc pre-assess)
Band 5	1	1	2	4	0	0	0	5	4	0	0	12
Band 6	3	1	1	0	1	0	0	1	2	0	3	12
Band 7	0	0	2	1	0	1	2	1	0	5	6	1
Band 8a	0	0	0	0	0	0	0	0	0	0	1	0
Band 8b	0	0	0	0	0	0	0	0	0	0	0	1
Band 9	0	0	0	0	0	0	0	0	0	0	1	0
Totals	4	2	5	5	1	1	2	7	6	5	11	26

Sourced via ESR data

Each area monitors on a yearly basis their staff who are currently on a flexible retirement contract. HR provide up to date data on who is eligible for retirement and each area lead ensures that there is timely recruitment in these roles. This workforce is significant and we value those staff who have retired and returned to work within all of the areas.

11. Maternity Leave and Sickness

6.85 WTE registered nurses are currently on maternity leave as at 30th September 2021. This is an increase from April of 2.65 WTE.

Sickness continues to be managed within individual areas in conjunction with the Absence Policy and support from HR advice. The data below demonstrate the sickness rates in the registered and unregistered nursing workforce.

Registered										
Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2019-20 & 2020-21			Sept 20	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21
Sickness Absence %	>=4%	4%<=3%	<3%	2.28%	1.93%	3.36%	3.54%	2.48%	3.36%	3.09%
										↓
Unregistered										
Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2019-20 & 2020-21			Sept 20	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21
Sickness Absence %	>=4%	4%<=3%	<3%	4.62%	2.65%	3.12%	4.96%	5.44%	4.14%	5.93%
										↑

Sourced via ESR data

12. Assurance

The last 12 months has seen a number of changes to the workforce in response to the operational demands of the COVID-19 pandemic. A workforce review was undertaken in September 2021 to reflect the nursing establishments required in each of the inpatient, outpatient and Peri-op areas for budget setting for H2. Nursing workforce continues to be reviewed monthly using evidence based tools and there is a clear governance process for monitoring and escalation.

In addition, bank and agency requests are approved by the Head of Nursing. If additional cover is required above established capacity there is a clear escalation process to the Interim Director of Nursing.

The Executive team meet weekly via MS Teams to approve all vacancies prior to recruitment for both establishment control purposes and oversight of nursing workforce challenges

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

During this process the Interim Deputy Director of Nursing has benchmarked against the NQB recommendations (appendix 1) and is assured that QVH is meeting these recommendations.

Next steps

Interim DDoN to work with recruitment to improve processes behind nursing recruitment, from advert to on boarding.

Review of bank pay rates and recruitment enhancements being undertaken to ensure QVH is able to attract the levels of staff required.

13. Recommendations

The Board is asked to:

- note the flexibility and deployment of staff both internally and externally
- note that we meet the benchmarks recommend by RCN, ICS, NICE and AfPP
- note the staffing levels and skill mix are effectively reviewed
- note the vacancy rates and actions to recruit
- note that safe, high quality care is being delivered due to staff pride in their work and flexibility
- note the continued use of Safe Care Live

Appendix 1

National Quality Board requirements and self-assessment

Recommendation	Current Position March 2021
Boards take full responsibility for the quality of care to patients and as a key determinant of quality take full and collective responsibility for nursing care and care staffing capacity and capability	The Board has a process in place for setting and monitoring nursing levels, with the Quality and Governance Committee receiving detailed ward/ department report for all areas where we treat patients. This information is triangulated with risk team and DATIX each month to look for early warning triggers and emerging themes .The Board receives six monthly nursing workforce reports and an update on staffing levels and quality at every public board.
Processes are in place to enable staffing establishments to be met on a shift to shift basis	Nursing acuity and capacity is reviewed three times per day in the ward areas. This information is presented at the twice daily bed meeting where senior clinical and operational staff manages the patient flow for electives and trauma. Nursing and care staff can be reallocated at the start or during a shift and local escalation process is embedded. Heads of Nursing are visible in the clinical areas. Daily oversight of planned versus actual staffing levels by Director or deputy Director of Nursing.
Evidence based tools are used to inform nursing and care staffing capability and capacity	All ward areas use safer nursing care tool- acuity and dependency tool. Application of specialty specific national guidance to support establishments and professional judgement. NEWS2 safety assessment tool transferred to electronic e-Obs version in September 2020 and provides another layer of assurance about workforce deployment.
Clinical and managerial leaders foster a culture of professionalism and responsiveness where staff feel able to raise concerns	Datix reporting system is established and used. 'Tell Nicky' – confidential email to DoN. Trust policies eg Whistleblowing. Compliance in practice ward visits, weekly Matrons meetings. Freedom to Speak up Guardian in post with six monthly updates to Board.
Multi-professional approach is taken when setting nursing and care staffing establishments	Six monthly workforce review undertaken by the DoN in conjunction with the executive management team (EMT). Changes to establishments have been made only after consultation with EMT and trust staff.
Nurses and care staff have sufficient time to fulfil responsibilities that are additional to their direct caring duties	There is 22% uplift within the ward establishments to cover sickness, mandatory and statutory training and leave. Ward matrons are accountable for their budgets and have monthly meeting with the HoN and finance. All ward matrons have supervisory time to undertake management duties.
At each public board an update on workforce information, staffing	The DoN provides updates on workforce in the quality report at every public board and there is a 6 monthly review of nursing workforce.

capacity and capability is discussed six monthly with a nursing establishment review	
Information is clearly displayed about nurses and care staff on duty in each ward on each shift.	All ward areas have status boards in public areas stating expected number and actual number of nurses and care staff on duty. When there are variations on this, the ward matron will review and escalate via agreed processes to ensure safe staffing maintained. The DoN will review this escalation and triangulate with safer care metrics and complaints data to ensure staffing levels allow provision of quality care
Providers take an active role in securing staff in line with workforce requirements	Recruitment days for general and theatre staff have taken place in the last 12 months. Staff are supported to undertake specialist modules for development and enhanced care. Director of HR reviewing recruitment processes. Part of the theatre productivity work has a workforce subgroup. Different recruitments campaigns have been instigated in the last 4 months. This has results in increased interest in post however the trust is experiencing difficulty in recruiting to some posts mainly in Theatres and ITU (significant national shortages in these areas).
Commissioners actively seek assurance that the right people with the right skills are in the right place at the right time with the providers with who they contract.	DoN meets monthly with the CCG Chief Nurse. Staffing levels discussed at these meeting. The commissioners are aware of the nurse staffing levels and the actions the trust is taking to optimise recruitment and retention.

NB Recommendations: In compiling this 6 monthly workforce review paper all the following recommendations have been met/included

In determining nurse staffing requirements for adult inpatient settings:

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

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	06 January 2022		Agenda reference:	12-22	
Report title:	2020 - Children and Young People’s Survey				
Sponsor:	Nicky Reeves Interim Director of Nursing and Quality				
Authors:	Nicky Reeves Interim Director of Nursing and Quality; Care Quality Commission				
Appendices:	2020 - Children and Young People’s Survey report				
Executive summary					
Purpose of report:	To provide assurance on the quality of the paediatric patient experience at QVH, comparing trust performance with national benchmarks via the bi annual report last carried out in 2018.				
Summary of key issues	<p>The report is split over two age categories – 8 to 15 and 0 to 7 QVH is at the top in the 8 to 15 year old category delivering care that is significantly better than expected and has done well in the 0 to 7 category demonstrating care which is better than expected.</p> <p>There is comparison data from the 2018 report which demonstrates sustained performance in the 8 to 15 year old report and a slight decrease in the scores for 0 – 7 year olds</p> <p>Better</p> <ul style="list-style-type: none">Your trust’s results were much better than most trusts for 11 questions.Your trust’s results were better than most trusts for 17 questions.Your trust’s results were somewhat better than most trusts for 6 questions. <p>Same</p> <ul style="list-style-type: none">Your trust’s results were about the same as other trusts for 32 questions. <p>Worse</p> <ul style="list-style-type: none">Your trust’s results were much worse than most trusts for 0 questions.Your trust’s results were worse than most trusts for 0 questions.Your trust’s results were somewhat worse than most trusts for 0 questions.Further detailed analysis of the results and areas for improvement will be identified and monitored via the patient experience group chaired by the Director of Nursing				
Recommendation:	The Board is asked to NOTE the results of the 2020 - Children and Young People’s Survey				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	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 risks 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 bi annual CYP Survey				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	Q&G				
	Date:	20/12/21	Decision	Noted	
Next steps:					



NHS **Children and Young People's** Patient Experience Survey Benchmark Report 2020

Queen Victoria Hospital NHS Foundation Trust

Contents

1. Background & methodology	2. Headline results	3. Benchmarking	4. Change over time	5. Appendix
		Section 1. Going to hospital	Section 1. Going to hospital	
		Section 2. The hospital ward	Section 2. The hospital ward	
		Section 3. Hospital staff	Section 3. Hospital staff	
		Section 4. Facilities	Section 4. Facilities	
		Section 5. Pain	Section 5. Pain	
		Section 6. Operations and procedures	Section 6. Operations and procedures	
		Section 7. Leaving hospital	Section 7. Leaving hospital	
		Section 8. Overall	Section 8. Overall	

This work was carried out in accordance with the requirements of the international standard for organisations conducting social research (accreditation to ISO27001:2013; certificate number GB10/80275).

Background and methodology

This section includes:

- an explanation of the NHS Patient Survey Programme
- information on the Children and Young People's Patient Experience Survey
- a description of key terms used in this report
- navigating the report

Background and methodology

The NHS Patient Survey Programme

The NHS Patient Survey Programme (NPSP) collects feedback on adult inpatient care, maternity care, children and young people's inpatient and day services, urgent and emergency care, and community mental health services.

The NPSP is commissioned by the Care Quality Commission (CQC); the independent regulator of health and adult social care in England.

As part of the NPSP, the Children and Young People's Patient Experience Survey has been conducted every two years since 2014. The CQC use the results from the survey in the regulation, monitoring and inspection of NHS acute trusts in England.

To find out more about the survey programme and to see the results from previous surveys, please refer to the section on further information on this page.

Children and Young People's Patient Experience Survey

The survey was administered by the Survey Coordination Centre for Existing Methods (SCCEM)

at Picker Institute.

A total of 113,943 patients were invited to participate in the survey across 125 acute and specialist NHS trusts. Completed responses were received from 27,374 parents and children and young people, an adjusted response rate of 24.2%.

Patients were eligible to participate in the survey if they had been admitted to hospital, were aged between 15 days and 15 years old and had been discharged between 1st November 2020 and 31st January 2021. A full list of eligibility criteria can be found in the survey [sampling instructions](#).

Trusts drew a sample of up to 1250 patients. Some smaller trusts, which treat fewer patients, included patients who were discharged from hospital earlier than 1st November 2020 (as far back as 1st October 2020) to achieve a large enough sample.

Fieldwork took place between March and July 2021.

Trend data

The Children and Young People's Patient Experience Survey is comparable back to the 2016 and 2018 survey iterations. Whilst the survey was also

conducted in 2014, the methodological approach changed in 2016 meaning that the 2020 results are not comparable with 2014. Trend data is presented in this report for questions that have been asked in previous survey years.

Further information about the survey

- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the [NHS Surveys website](#).
- To learn more about the CQC's survey programme, please visit the [CQC website](#).

Key terms used in this report

The 'expected range' technique

This report shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part. It uses an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts. This is designed to help understand the performance of individual trusts and identify areas for improvement. More information can be found in the [Appendix](#).

Standardisation

Demographic characteristics, such as age and method of admission, can influence patients' experience of care and the way they report it. For example, research shows that older people report more positive experiences of care than younger people. Since trusts have differing profiles of patients, this could make fair trust comparisons difficult. To account for this, we 'standardise' the results, which means we apply a weight to individual patient responses to account for

differences in demographic profile between trusts. For each trust, results have been standardised by the method of admission (emergency or elective), whether they stayed overnight in hospital and the age of respondents to reflect the 'national' age-admission type distribution (based on all respondents to the survey).

This helps ensure that no trust will appear better or worse than another because of its profile, and enables a fairer and more useful comparison of results across trusts. In most cases this standardisation will not have a large impact on trust results.

Scoring

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

questionnaire are scored. Some questions are descriptive (for example X1) and others are 'routing questions', which are designed to filter out respondents to whom the following questions do not apply (for example X34). These questions are not scored.

National average

The 'national average' mentioned in this report is the arithmetic mean of all trusts' scores after weighting is applied.

Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question.

Further information about the methods

For further information about the statistical methods used in this report, please refer to the [survey technical document](#).

Using the survey results

Navigating this report

This report is split into five sections:

- **Background and methodology** – provides information about the survey programme, how the survey is run, and how to interpret the data.
- **Headline results** – includes key trust-level findings relating to the patients who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.
- **Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the ‘expected range’ analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to improve.

- **Change over time** – displays your trust score for each survey year. Where available, trend data will be shown from 2016 to 2020. Questions are displayed in a line chart with the trust mean plotted alongside the national average. Statistical significance testing is also shown between survey years 2020 and 2018. This section highlights areas your trust has improved on or declined in over time.
- **Appendix** – includes additional data for your trust; further information on the survey methodology; interpretation of graphs in this report.

How to interpret the graphs in this report

There are several types of graphs in this report which show how the score for your trust compares to the scores achieved by all trusts that took part in the survey.

The chart used in the section ‘benchmarking’ use the ‘expected range’ technique to show results. While the chart in the ‘change over time’ section uses line charts. For information on how to interpret these graphs, please refer to the [Appendix](#).

Other data sources

More information is available about the following topics at their respective websites, listed below:

- Full national results; A-Z list to view the results for each trust; technical document: <http://www.cqc.org.uk>
- National and trust-level data for all trusts who took part in the Children and Young People’s Patient Experience Survey 2020: <https://nhssurveys.org/surveys/survey/01-children-patient-experience/year/2020/>. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.
- Information on the NHS Patient Survey Programme, including results from other surveys: www.cqc.org.uk/content/surveys
- Information about how the CQC monitors hospitals: www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals

Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the best and worst scores for your trust

Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of patients who took part in the survey.



419 invited to take part



159 completed

44 urgent/emergency admission

115 planned admission



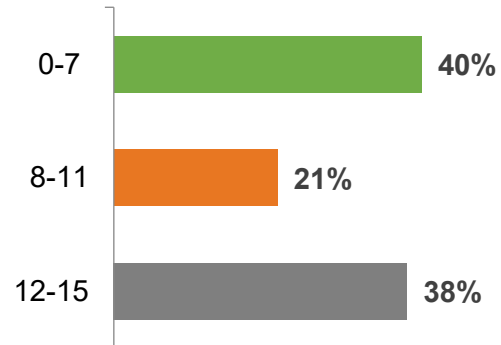
38% response rate

24% average response rate for all trusts

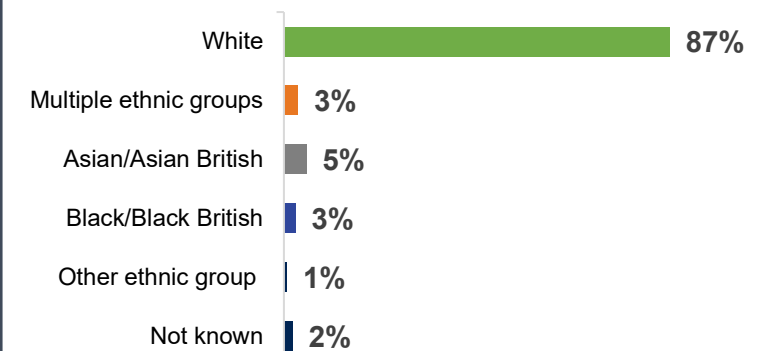
41% response rate for your trust last year



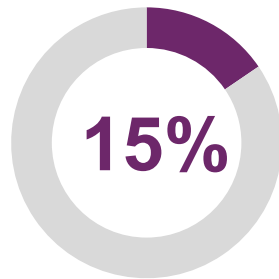
AGE OF PATIENTS



ETHNICITY



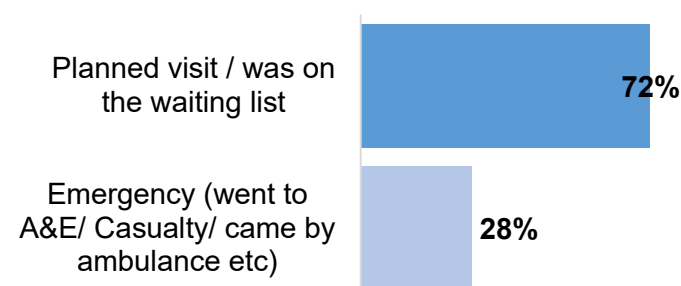
LONG-TERM CONDITIONS



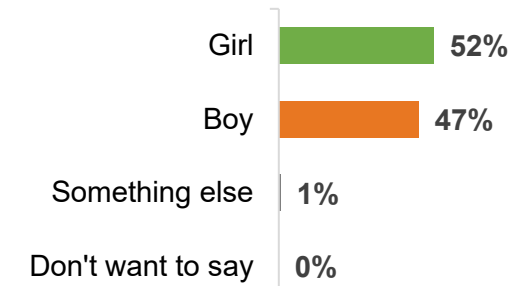
of participants have **physical or mental health conditions, disabilities or illnesses** that have lasted or are expected to last 12 months or more.



ROUTE OF ADMISSION



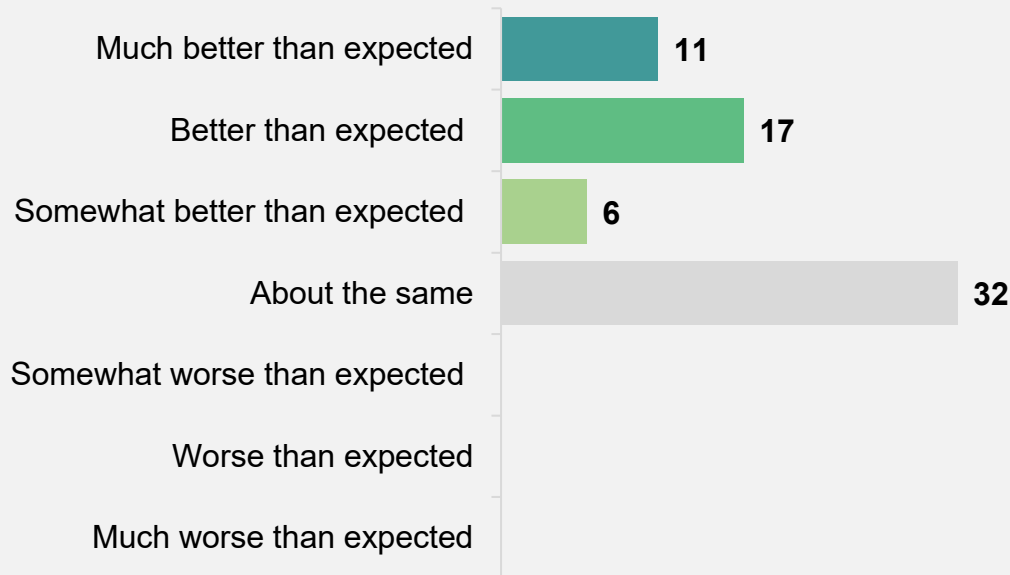
GENDER



Summary of findings for your trust

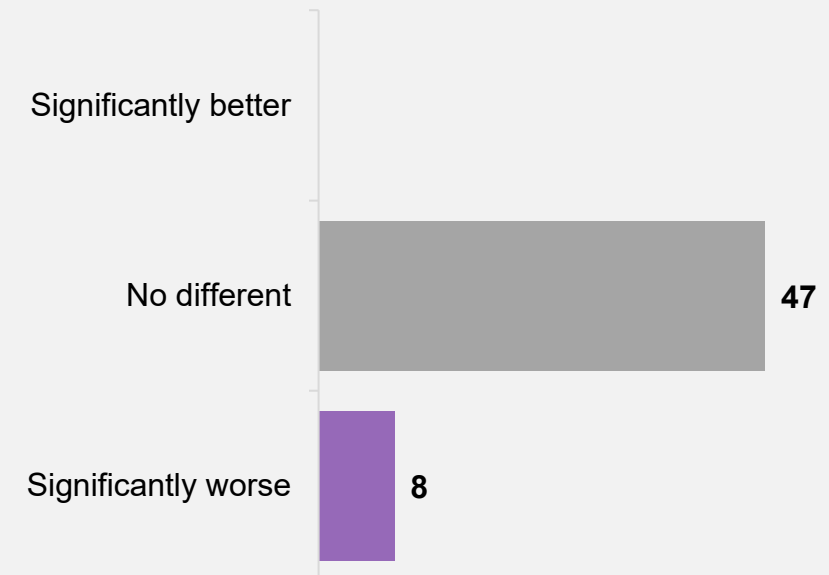
Comparison with other trusts

The **number of questions** at which your trust has performed better, worse, or about the same compared with all other trusts.



Comparison with last year's results

The **number of questions** at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2020 vs 2018.



For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section [“your trust has performed much worse”](#), [“your trust has performed worse”](#), [“your trust has performed somewhat worse”](#), [“your trust has performed somewhat better”](#), [“your trust has performed better”](#), [“your trust has performed much better”](#).

Best and worst performance relative to the national average

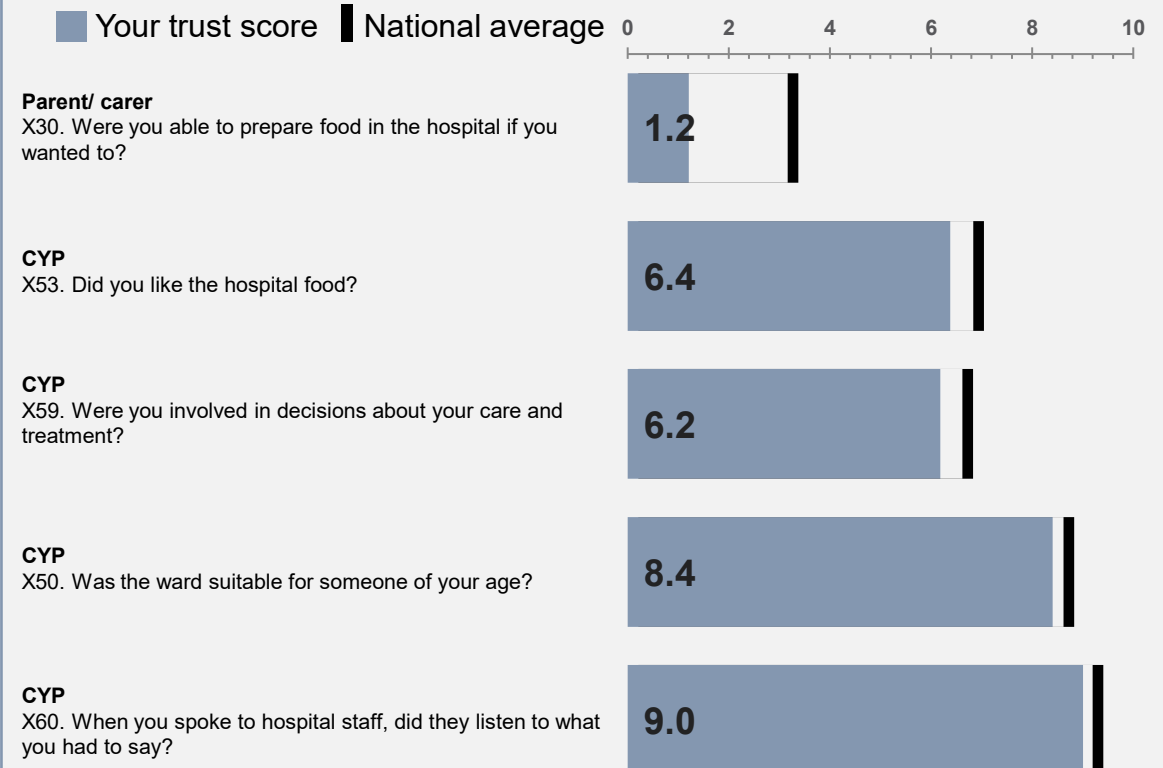
These five questions are calculated by comparing your trust's results to the national average.

- **Top five scores:** These are the five results for your trust that are highest compared with the national average. If none of the results for your trust are above the national average, then the results that are closest to the national average have been chosen, meaning a trust's best performance may be worse than the national average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the national average. If none of the results for your trust are below the national average, then the results that are closest to the national average have been chosen, meaning a trust's worst performance may be better than the national average.

Top five scores (compared with national average)



Bottom five scores (compared with national average)



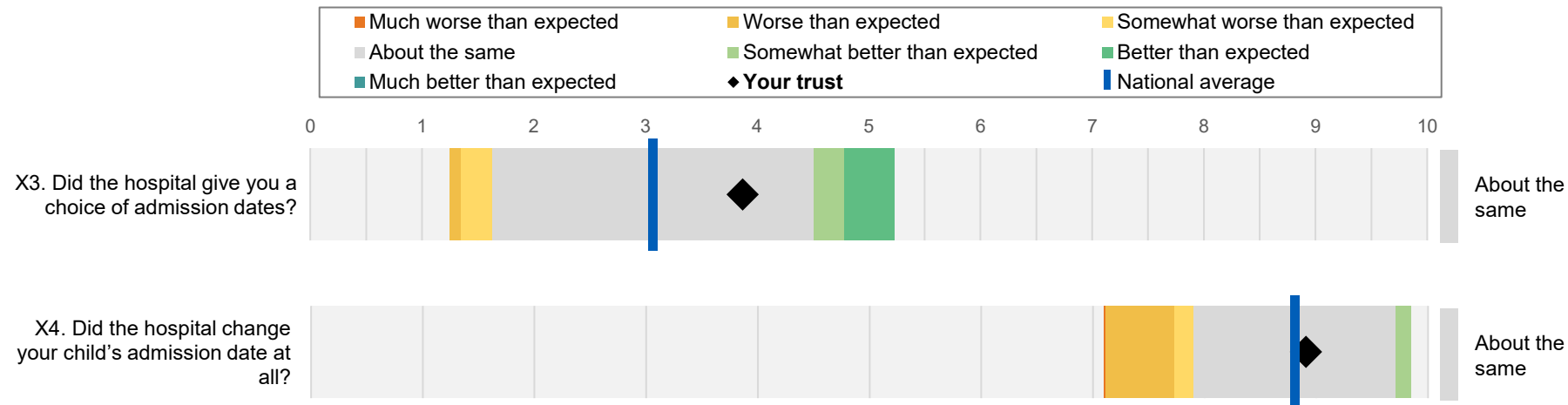
Benchmarking

This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part.
- an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts.

Section 1. Going to hospital

Question scores

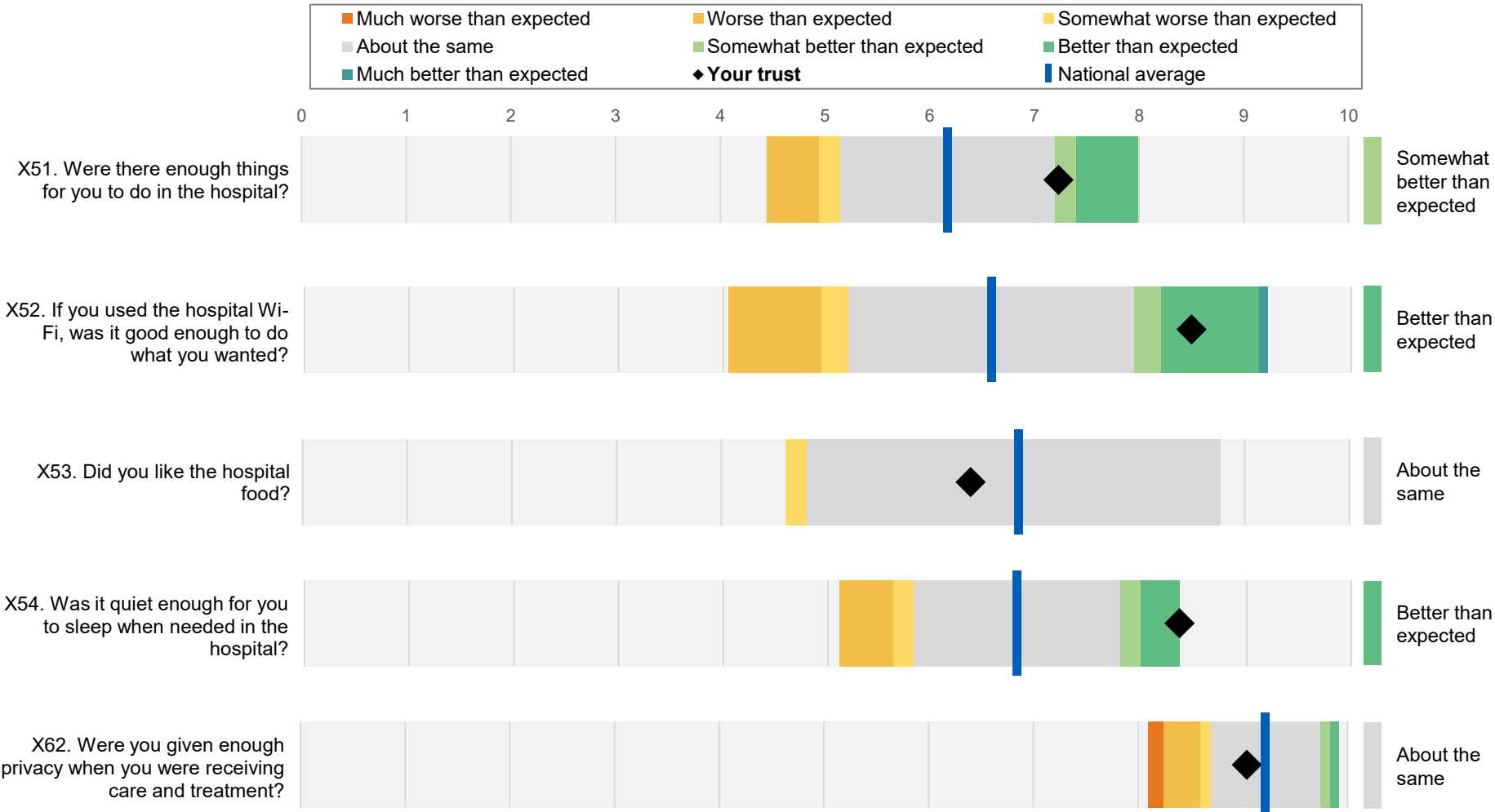


0-7 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
31	3.9	3.1	1.2	5.2
32	8.9	8.8	7.1	9.8

Section 2. The hospital ward

Question scores



8-15 children and young people

Number of respondents (your trust)	All trusts in England			
	Your trust	National average	Lowest score	Highest score
95	7.2	6.2	4.4	8.0

62	8.5	6.6	4.1	9.2
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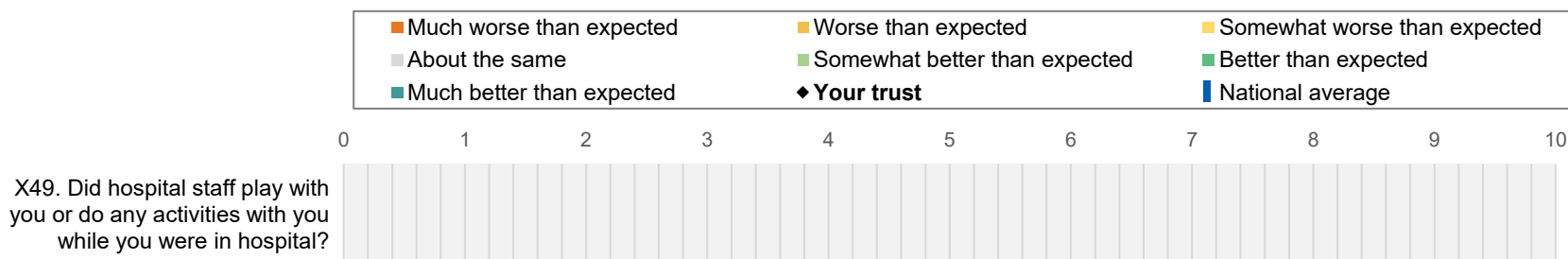
54	6.4	6.8	4.6	8.8
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51	8.4	6.8	5.1	8.4
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94	9.0	9.2	8.1	9.9
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Section 2. The hospital ward (continued)

Question scores

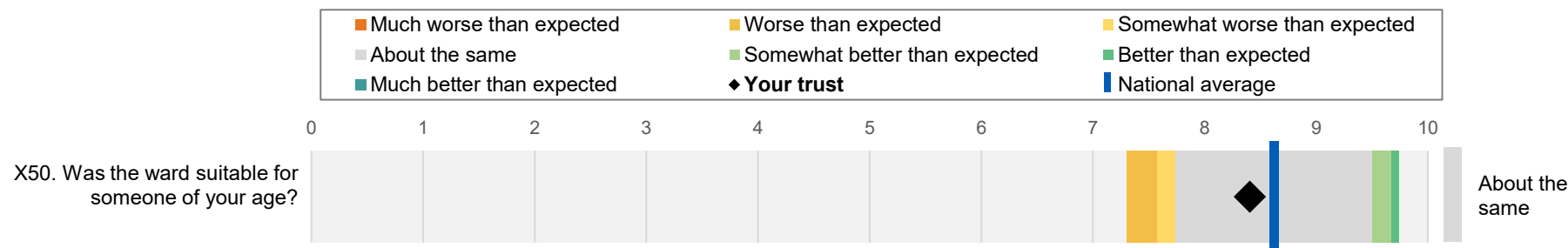


8-11 children and young people

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
-	-	4.4	1.8	7.4

Section 2. The hospital ward (continued)

Question scores

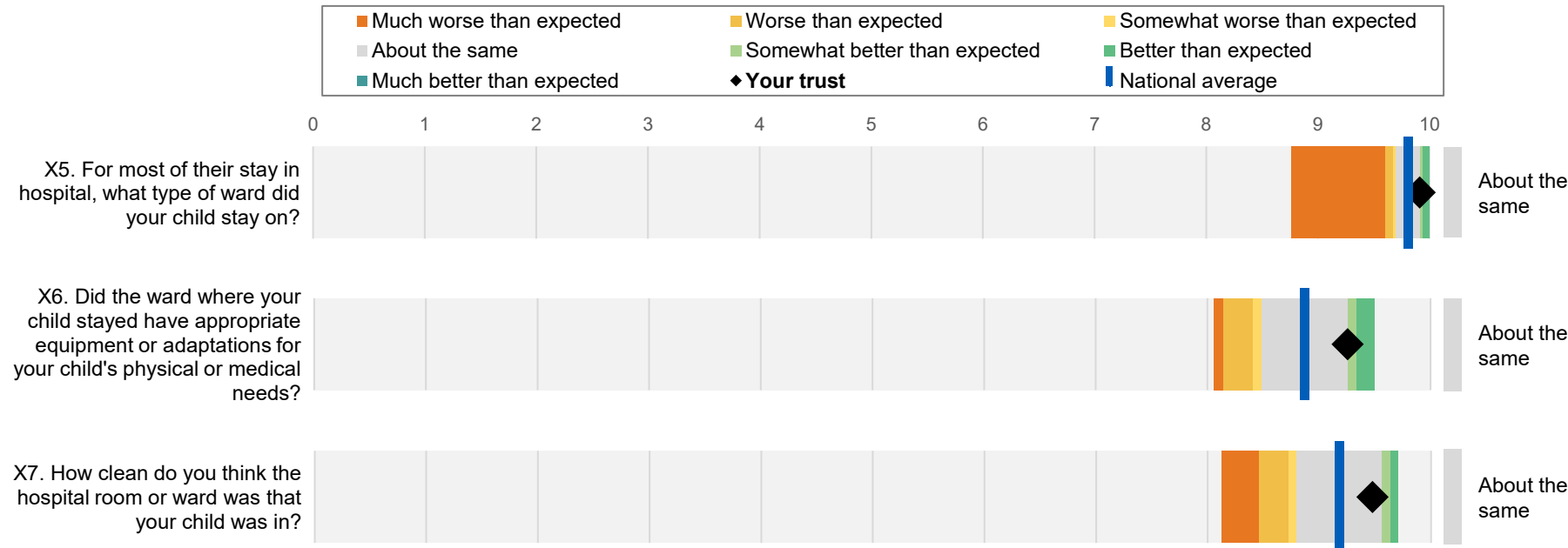


12-15 children and young people

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
61	8.4	8.6	7.3	9.7

Section 2. The hospital ward (continued)

Question scores



0-15 parents

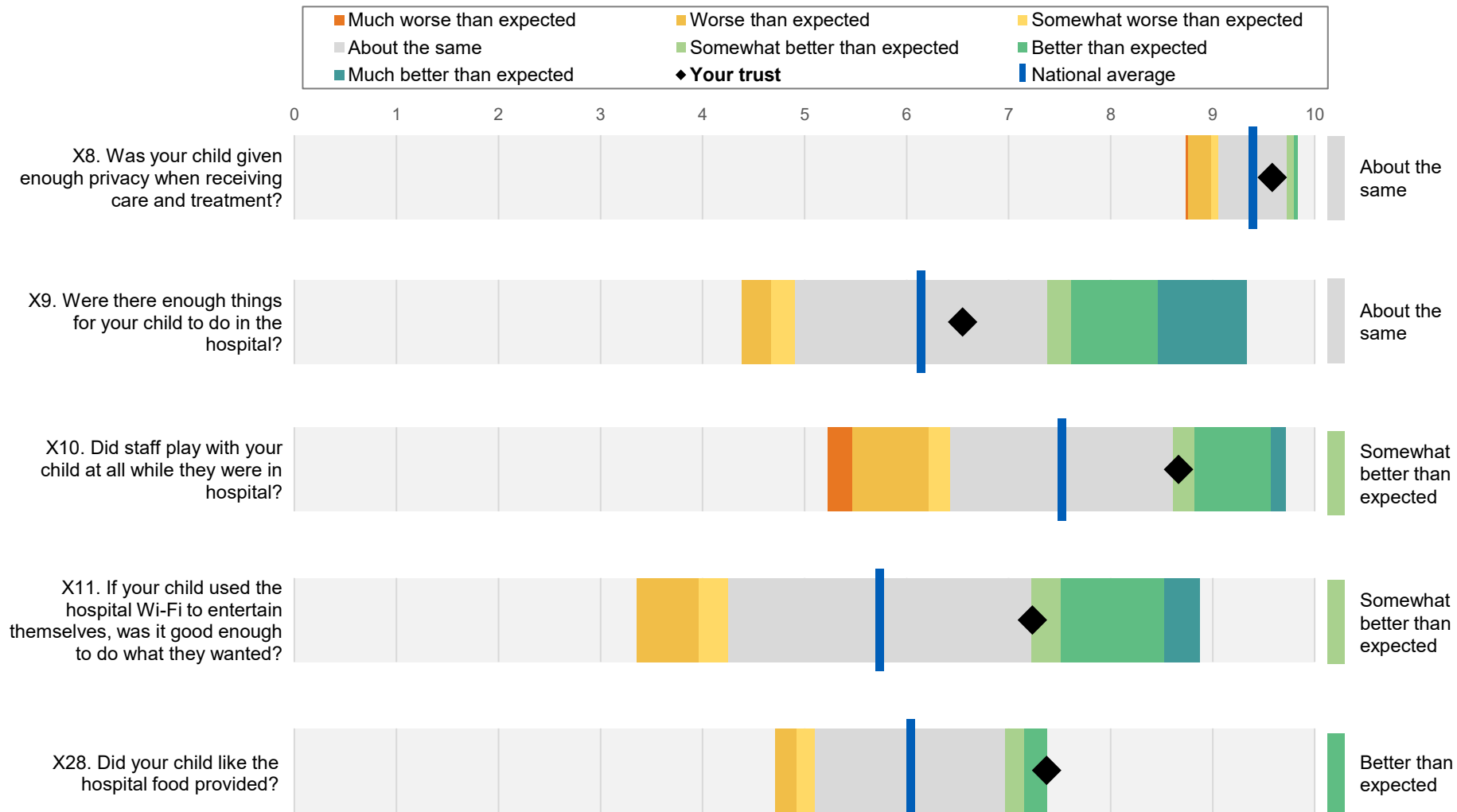
All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
154	9.9	9.8	8.8	10.0

112	9.3	8.9	8.1	9.5
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158	9.5	9.2	8.1	9.7
-----	-----	-----	-----	-----

Section 2. The hospital ward (continued)

Question scores



0-7 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
64	9.6	9.4	8.7	9.8

59	6.5	6.1	4.4	9.3
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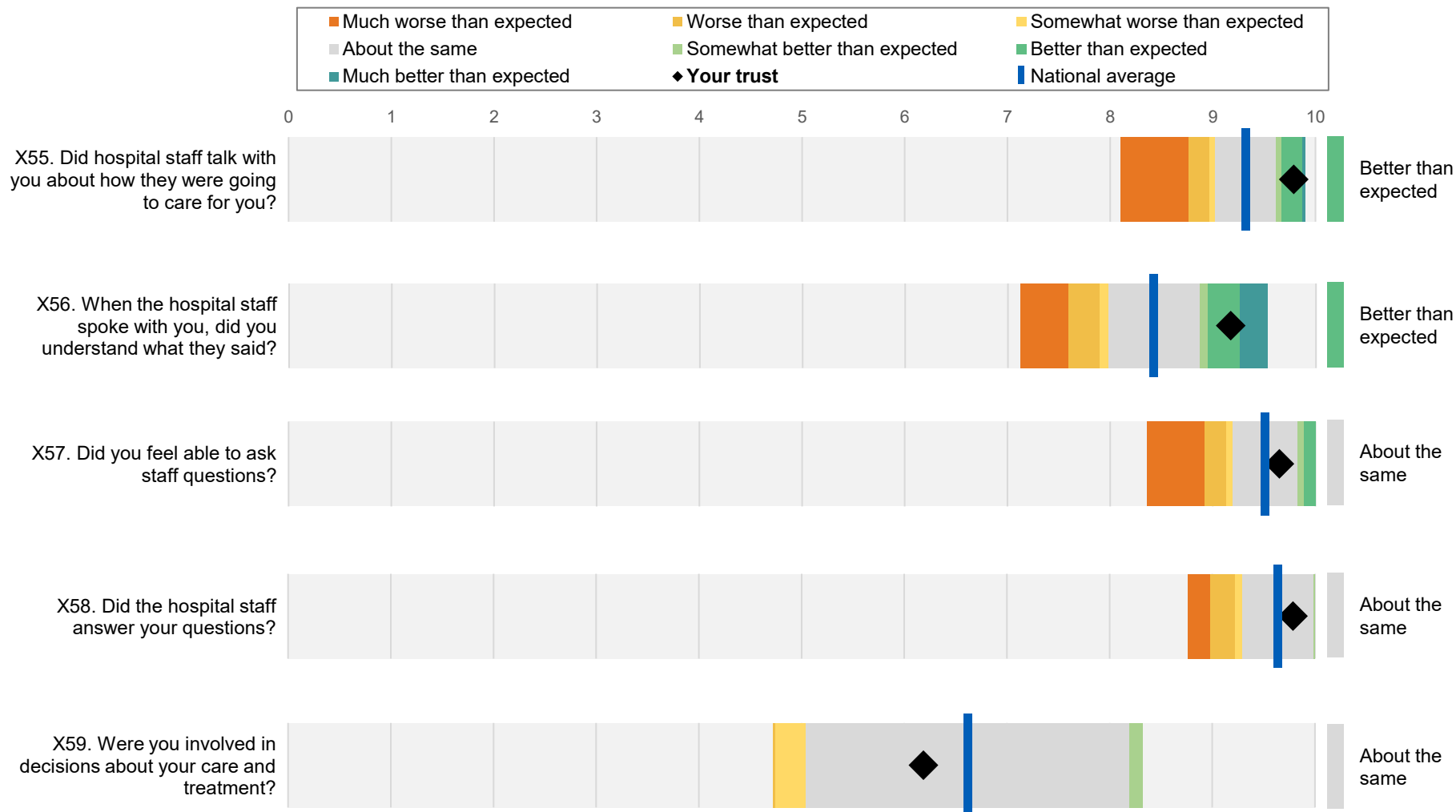
34	8.7	7.5	5.2	9.7
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30	7.2	5.7	3.4	8.9
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40	7.4	6.0	4.7	7.4
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Section 3. Hospital staff

Question scores



8-15 children and young people

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
93	9.8	9.3	8.1	9.9

94	9.2	8.4	7.1	9.5
----	-----	-----	-----	-----

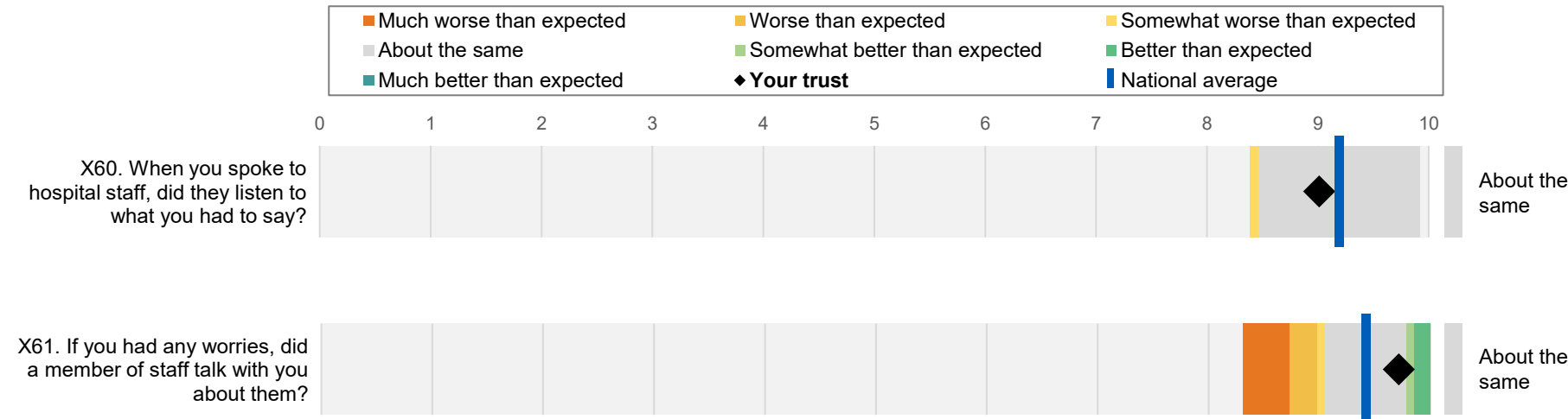
88	9.6	9.5	8.4	10.0
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83	9.8	9.6	8.8	10.0
----	-----	-----	-----	------

82	6.2	6.6	4.7	8.3
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Section 3. Hospital staff (continued)

Question scores



8-15 children and young people

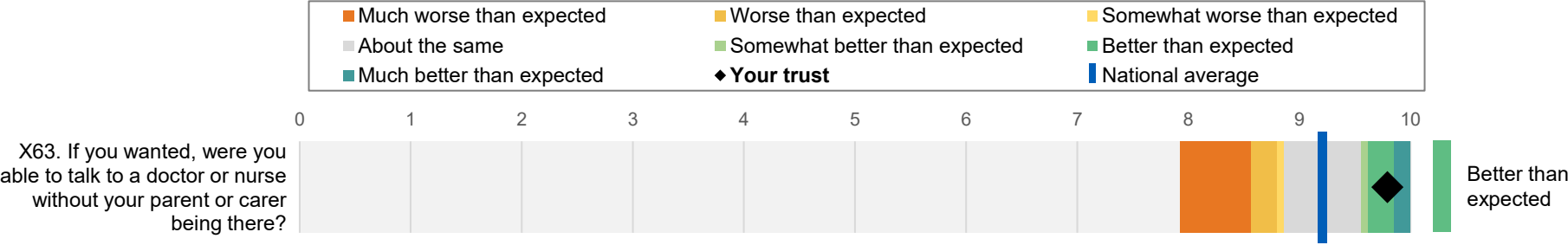
Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
90	9.0	9.2	8.4	9.9

59	9.7	9.4	8.3	10.0
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Section 3. Hospital staff (continued)

Question scores

12-15 young people



Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
35	9.8	9.2	7.9	10.0



-	-	-	-	-
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Section 3. Hospital staff (continued)

Question scores



0-15 parents

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
158	9.7	9.3	8.6	9.8

149	9.8	9.4	8.4	10.0
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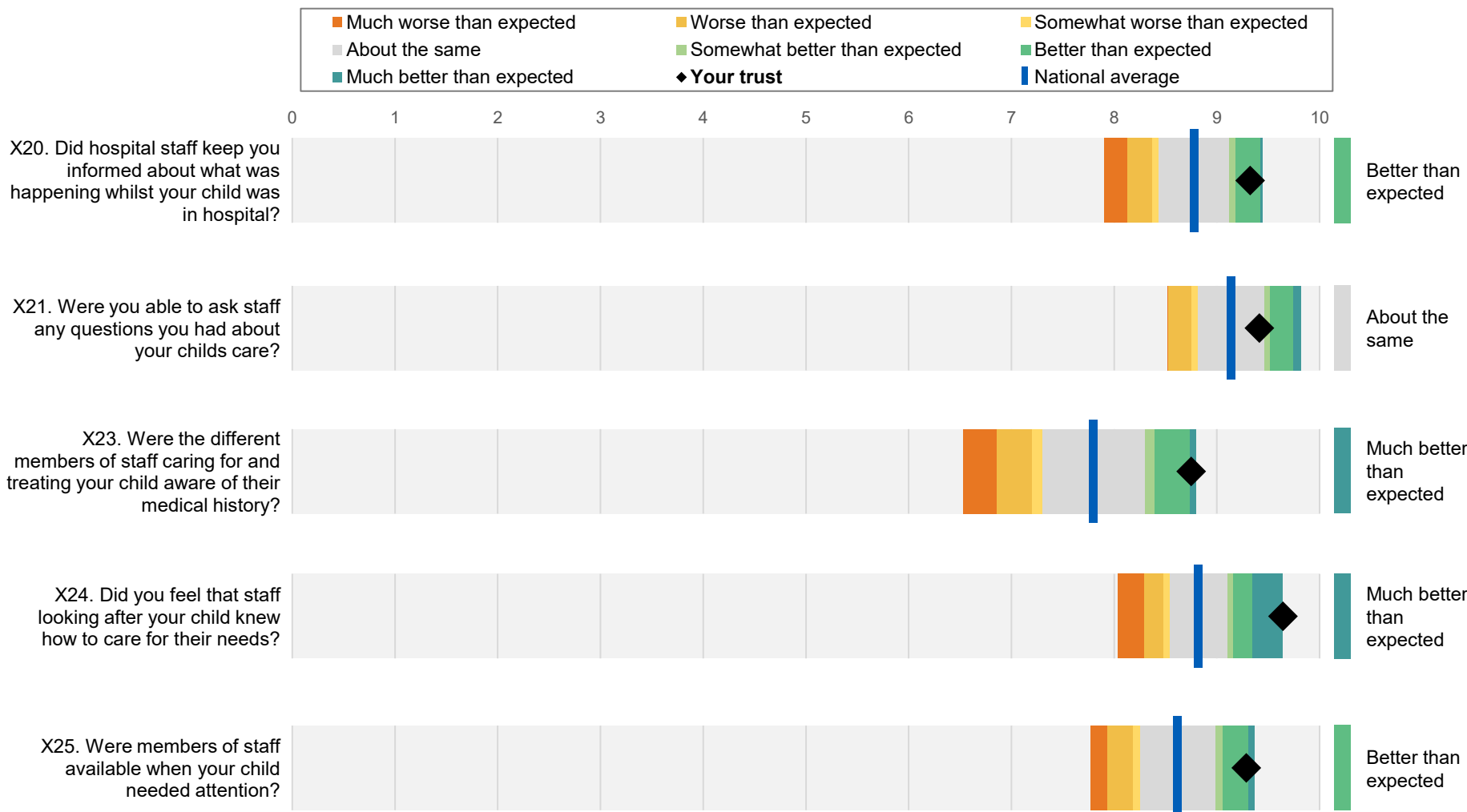
158	9.8	9.2	8.5	9.8
-----	-----	-----	-----	-----

158	9.2	8.6	7.7	9.4
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157	9.5	8.9	8.0	9.6
-----	-----	-----	-----	-----

Section 3. Hospital staff (continued)

Question scores



0-15 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
157	9.3	8.8	7.9	9.4

156	9.4	9.1	8.5	9.8
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132	8.8	7.8	6.5	8.8
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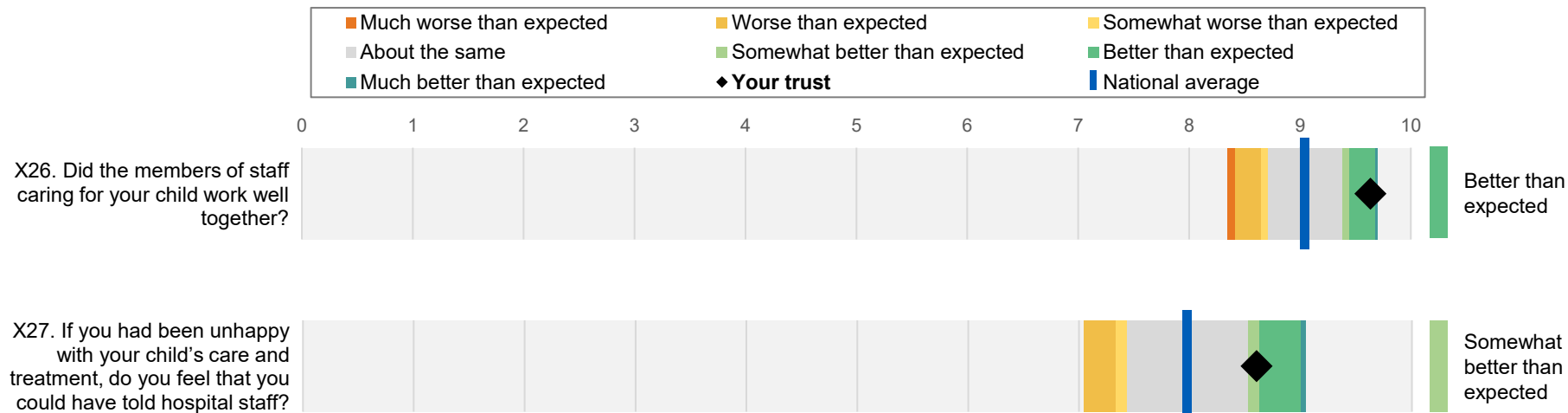
150	9.6	8.8	8.0	9.6
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146	9.3	8.6	7.8	9.4
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Section 3. Hospital staff (continued)

Question scores

0-15 parents

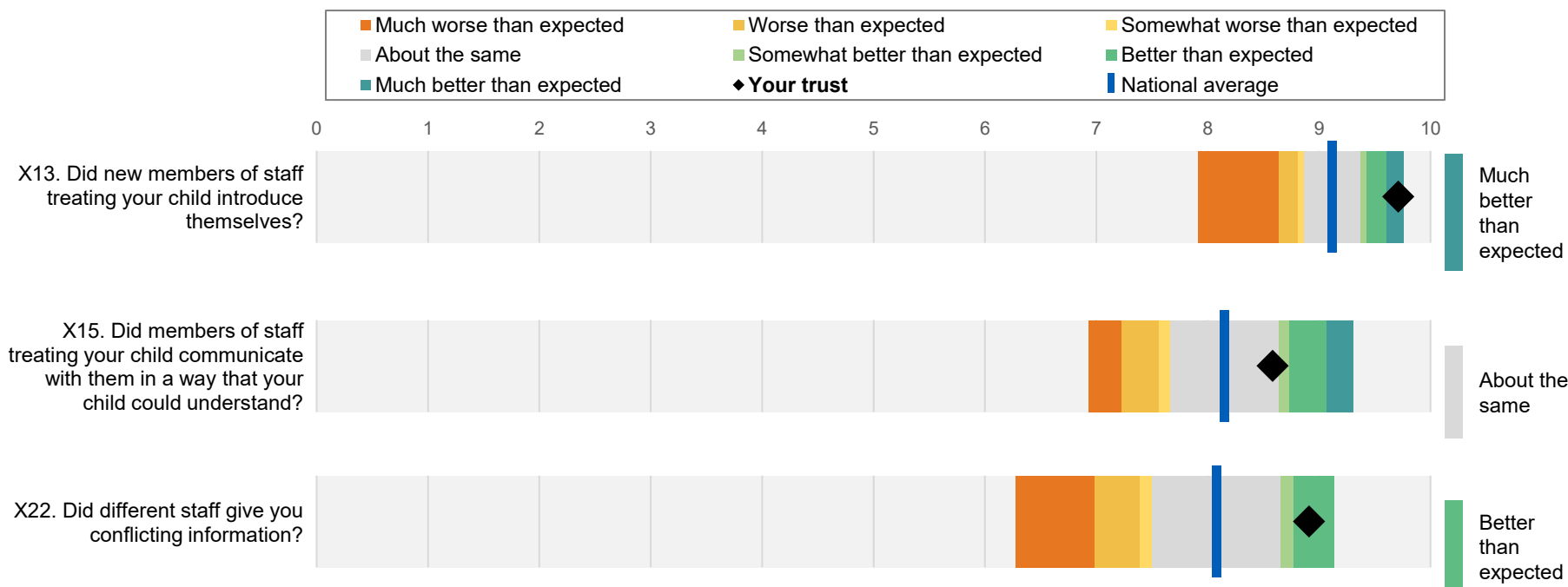


Number of respondents (your trust)	All trusts in England			
	Your trust	National average	Lowest score	Highest score
152	9.6	9.0	8.3	9.7

156	8.6	8.0	7.0	9.0
-----	-----	-----	-----	-----

Section 3. Hospital staff (continued)

Question scores



0-7 parents

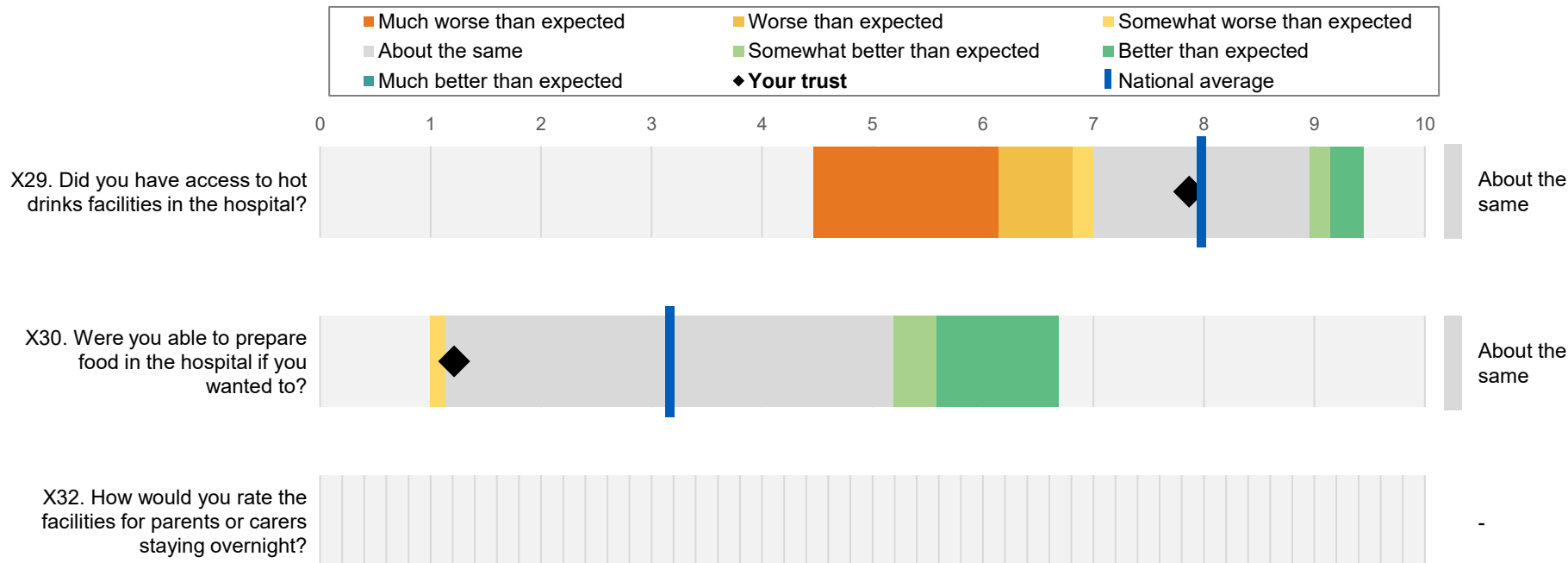
Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
64	9.7	9.1	7.9	9.8

64	8.6	8.2	6.9	9.3
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64	8.9	8.1	6.3	9.1
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Section 4. Facilities

Question scores



0-15 parents

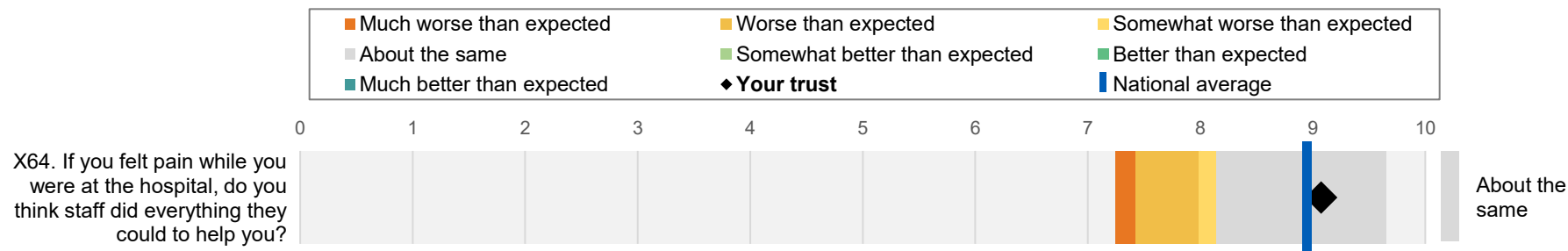
All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
153	7.9	8.0	4.5	9.4

44	1.2	3.2	1.0	6.7
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-	-	7.4	5.7	8.5
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Section 5. Pain

Question scores

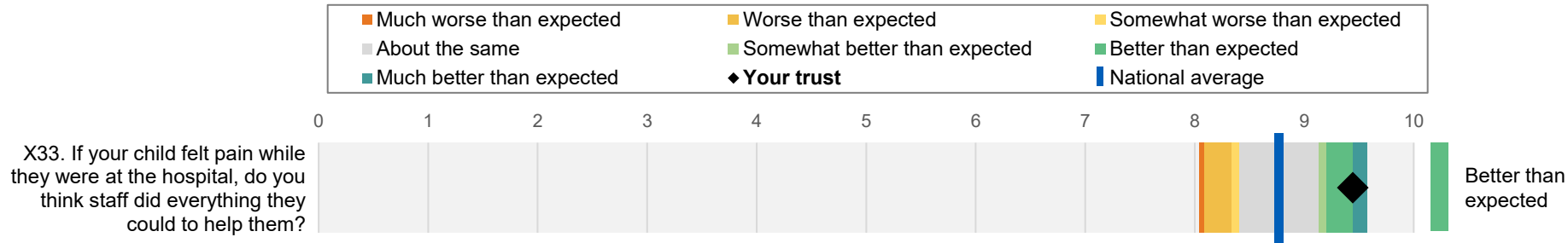


8-15 children and young people

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
72	9.1	8.9	7.2	9.6

Section 5. Pain (continued)

Question scores

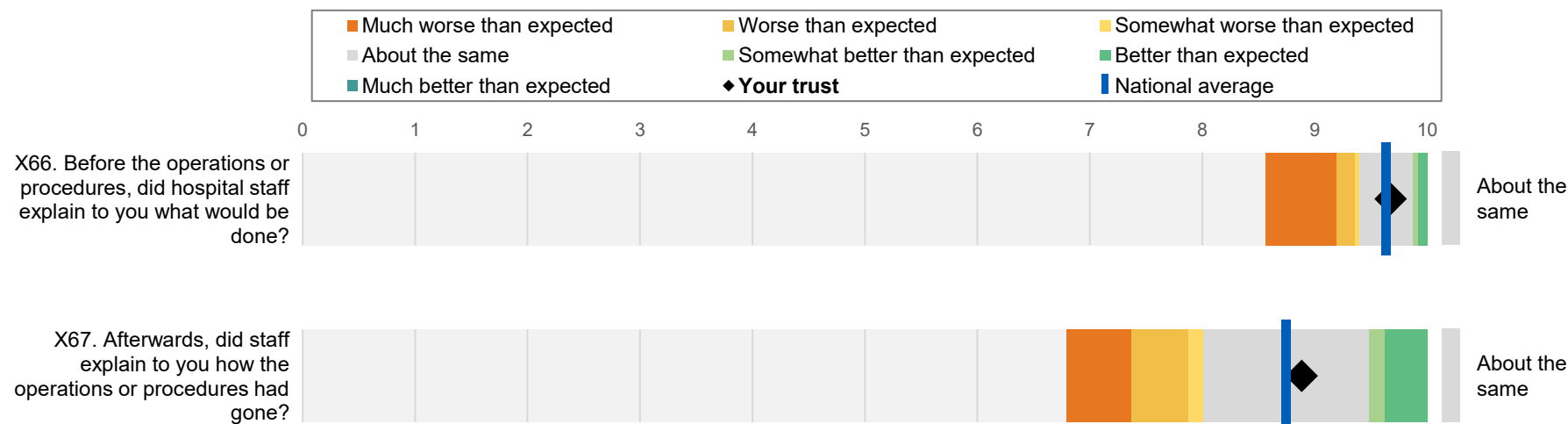


0-15 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
133	9.4	8.8	8.0	9.6

Section 6. Operations and procedures

Question scores



8-15 children and young people

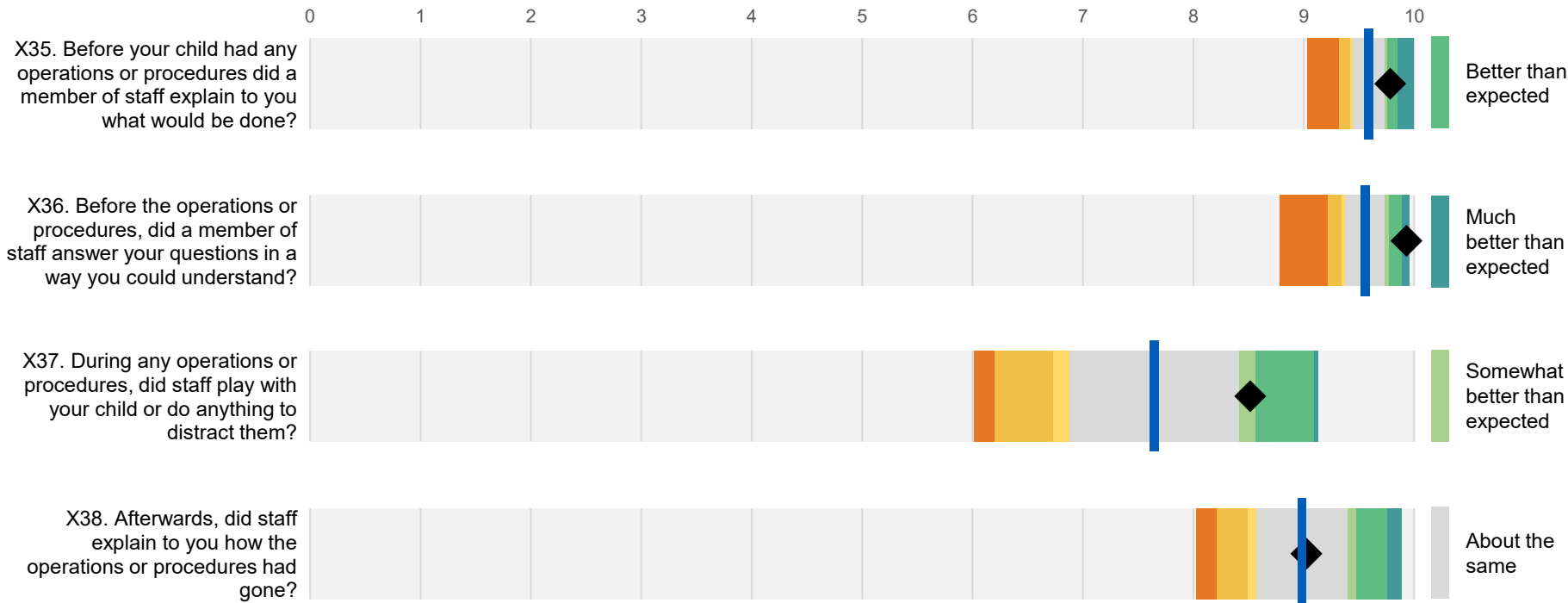
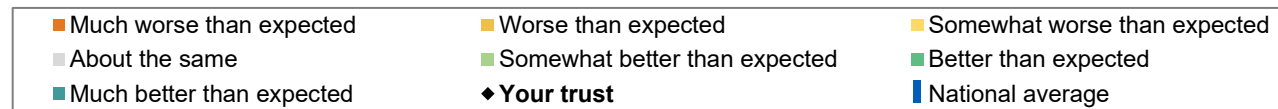
All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
89	9.7	9.6	8.6	10.0

89	8.9	8.7	6.8	10.0
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Section 6. Operations and procedures (continued)

0-15 parents

Question scores



Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
136	9.8	9.6	9.0	10.0

134	9.9	9.6	8.8	10.0
-----	-----	-----	-----	------

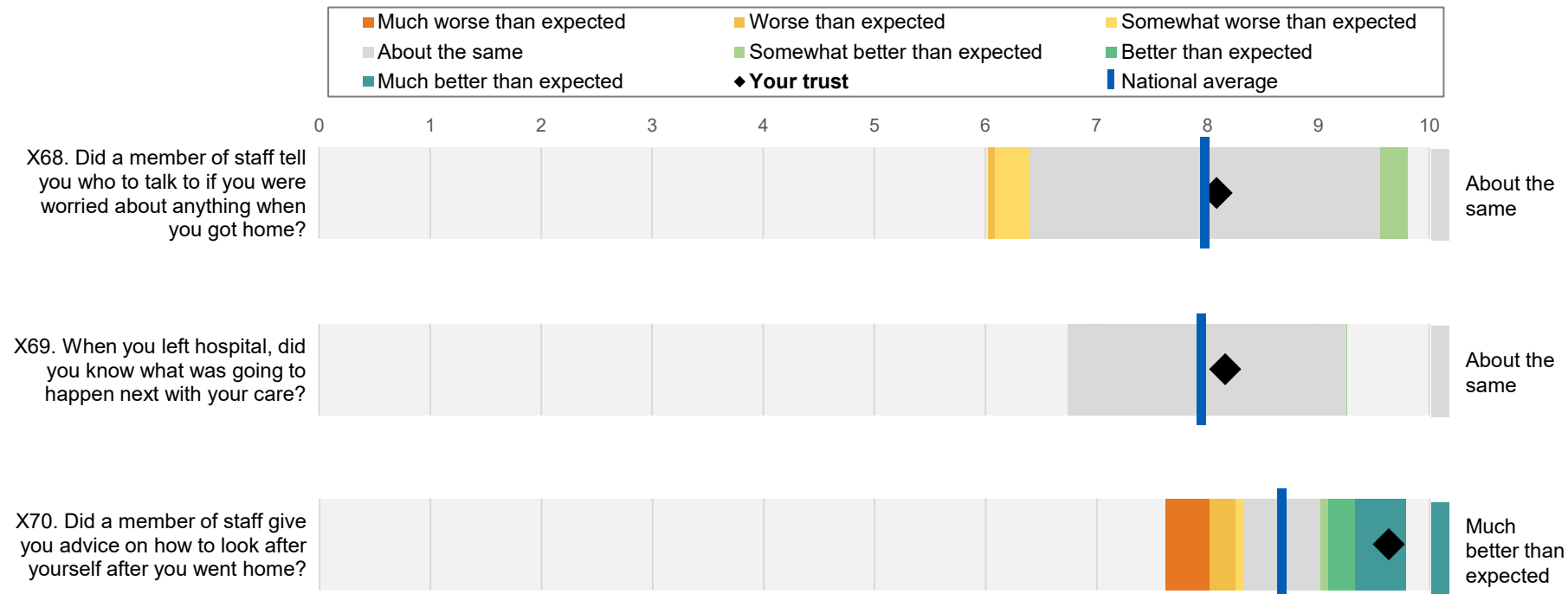
85	8.5	7.6	6.0	9.1
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135	9.0	9.0	8.0	9.9
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Section 7. Leaving hospital

Question scores

8-15 children and young people



All trusts in England

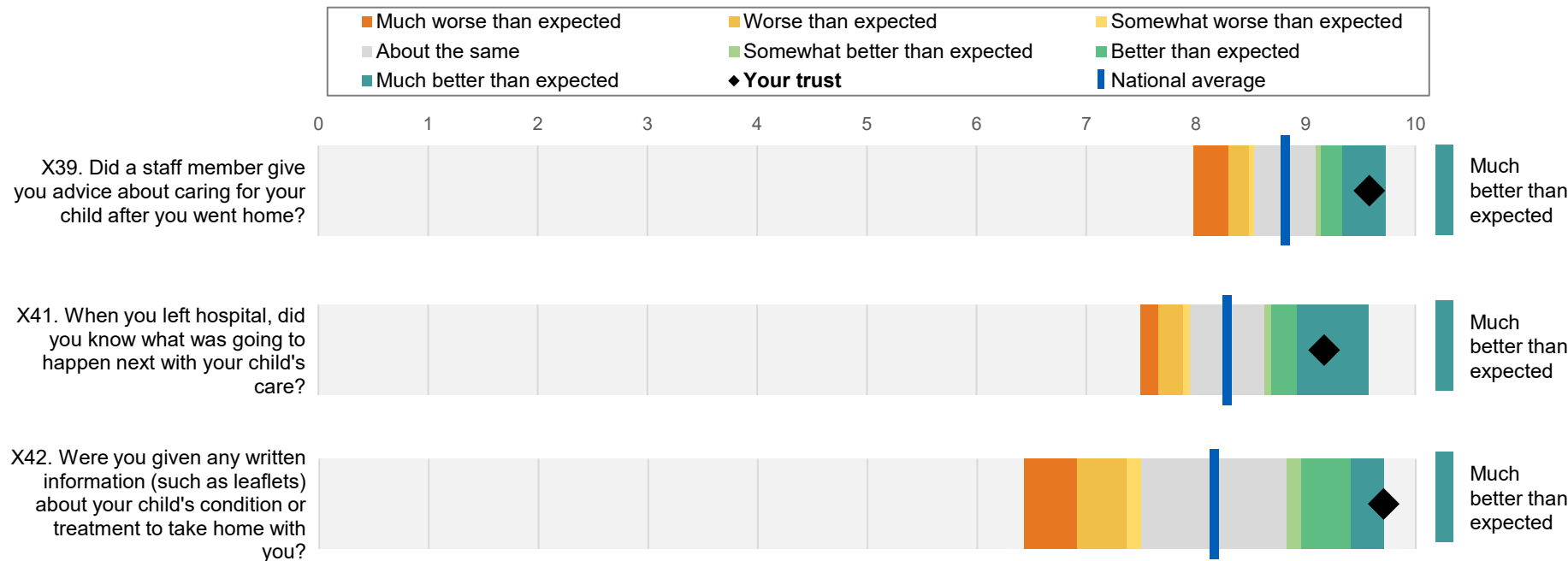
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
77	8.1	8.0	6.0	9.8

95	8.2	7.9	6.7	9.3
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93	9.6	8.7	7.6	9.8
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Section 7. Leaving hospital (continued)

Question scores



0-15 parents

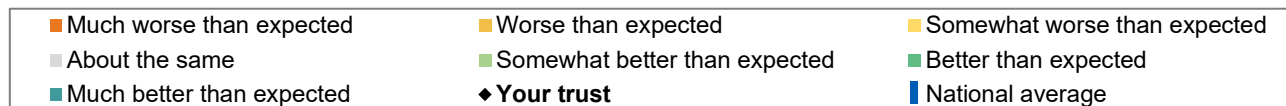
Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
156	9.6	8.8	8.0	9.7

152	9.2	8.3	7.5	9.6
-----	-----	-----	-----	-----

134	9.7	8.2	6.4	9.7
-----	-----	-----	-----	-----

Section 7. Leaving hospital (continued)

Question scores

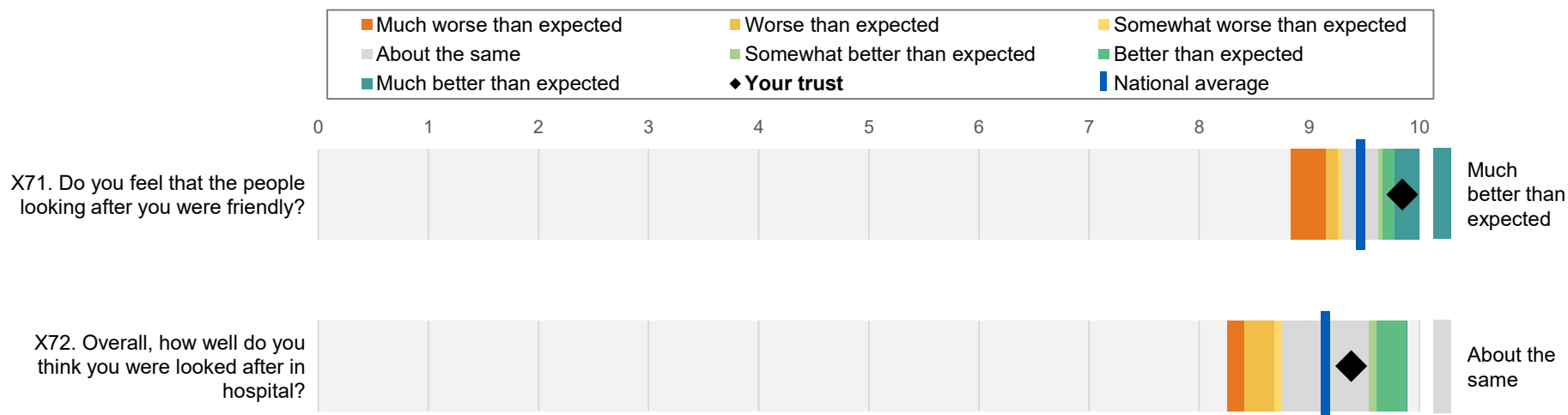


0-7 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
62	9.3	8.6	6.8	9.8

Section 8. Overall

Question scores



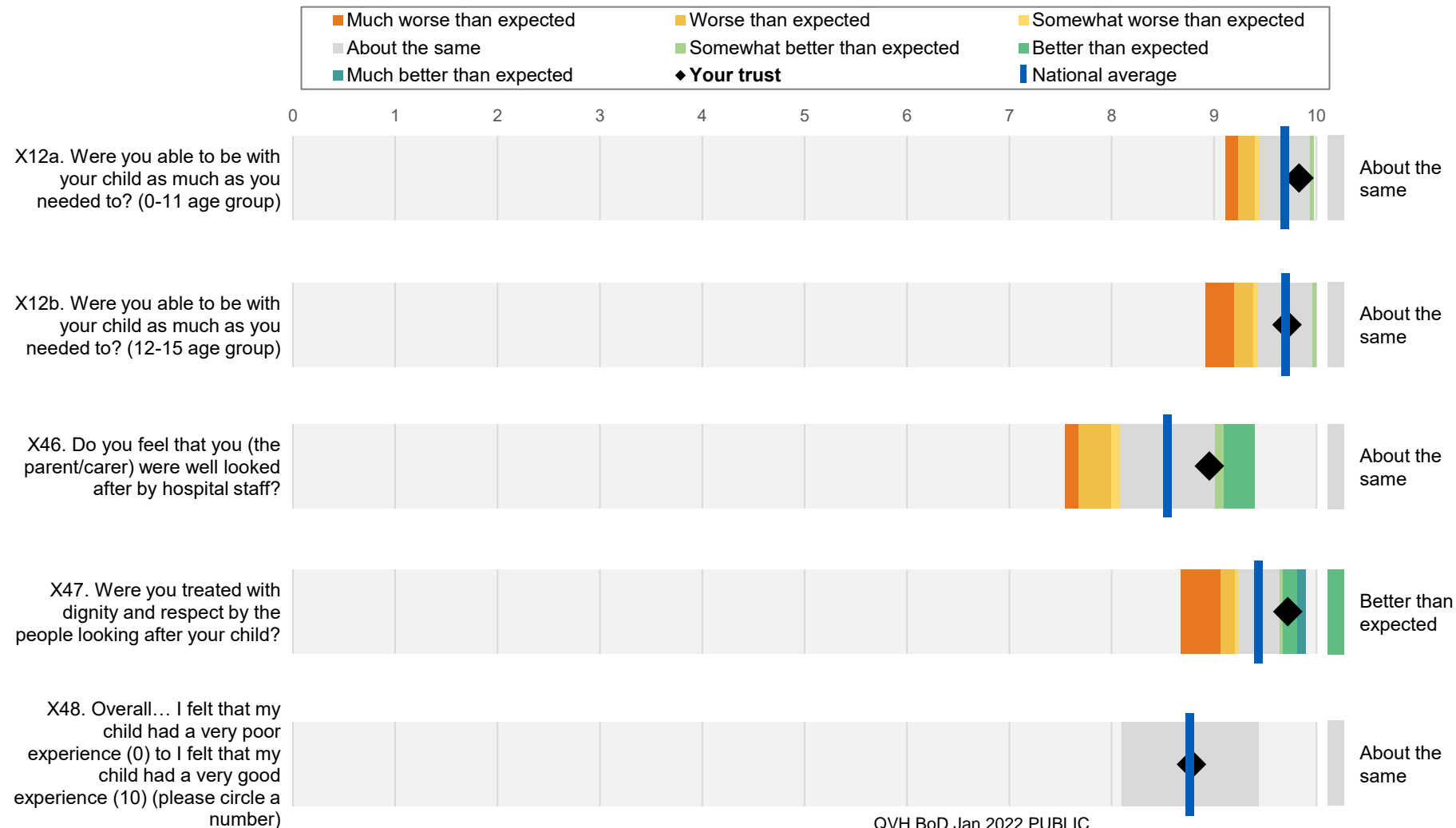
8-15 children and young people

All trusts in England				
Number of respondents (your trust)	Your trust	National average	Lowest score	Highest score
95	9.8	9.5	8.8	10.0

95	9.4	9.1	8.3	9.9
----	-----	-----	-----	-----

Section 8. Overall (continued)

Question scores



0-15 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
97	9.8	9.7	9.1	10.0

61	9.7	9.7	8.9	10.0
----	-----	-----	-----	------

157	9.0	8.5	7.5	9.4
-----	-----	-----	-----	-----

157	9.7	9.4	8.7	9.9
-----	-----	-----	-----	-----

150	8.8	8.8	8.1	9.4
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Section 8. Overall (continued)

Question scores



0-7 parents

Number of respondents (your trust)	Your trust	All trusts in England		
		National average	Lowest score	Highest score
64	9.6	8.8	7.4	9.6
64	9.5	9.3	8.3	9.9
64	9.6	9.3	8.3	9.9

Change over time

This section includes:

- a comparison to previous survey years scores for your trust for each question, including:
 - Your trust's 2020 score compared with its scores from 2018 and 2016

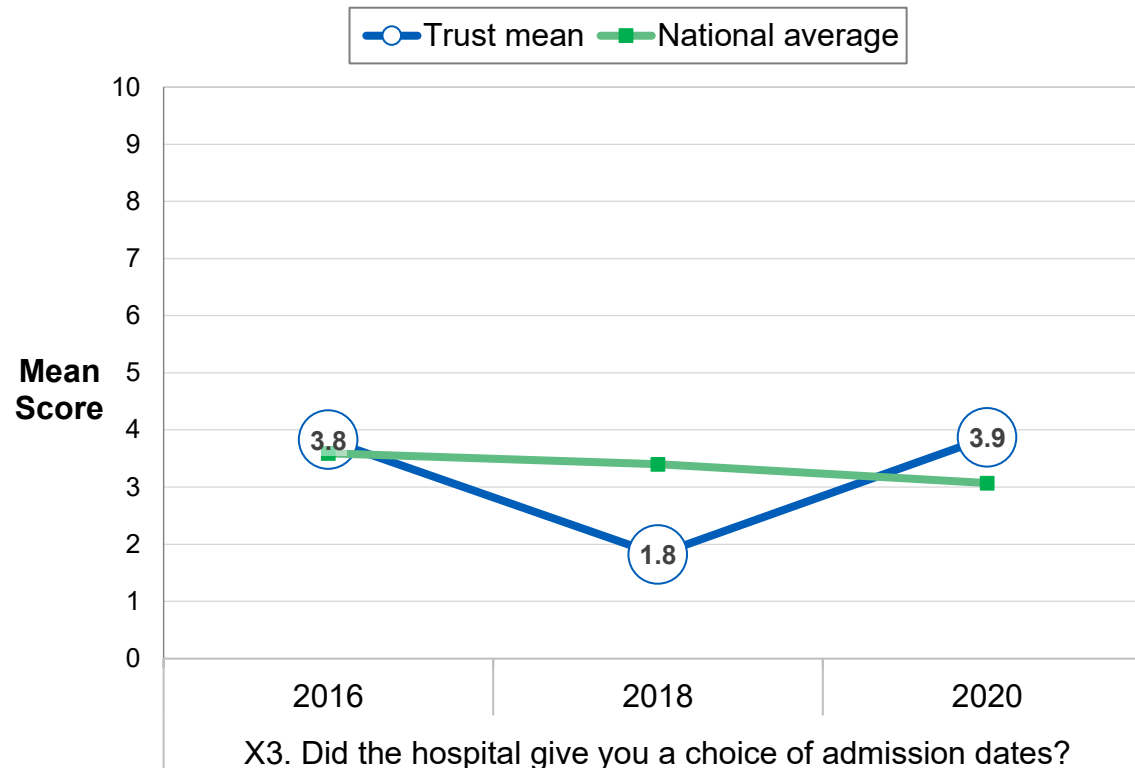
Please note, if data are missing for a survey year, this is due to a low number of responses, or because the trust data was not included in the survey that year, due to sampling errors, ineligibility or a trust merger. Historical data will also be missing for 2018 and/or 2016 if the survey questions are new for 2020 or 2018 (as applicable).

Change over time

Section 1: Going to hospital

Section 1. Going to hospital

Parent's questions



Answered by parents/carers of children aged 15 days to 7 years whose recent hospital visit was planned or were on a waiting list.

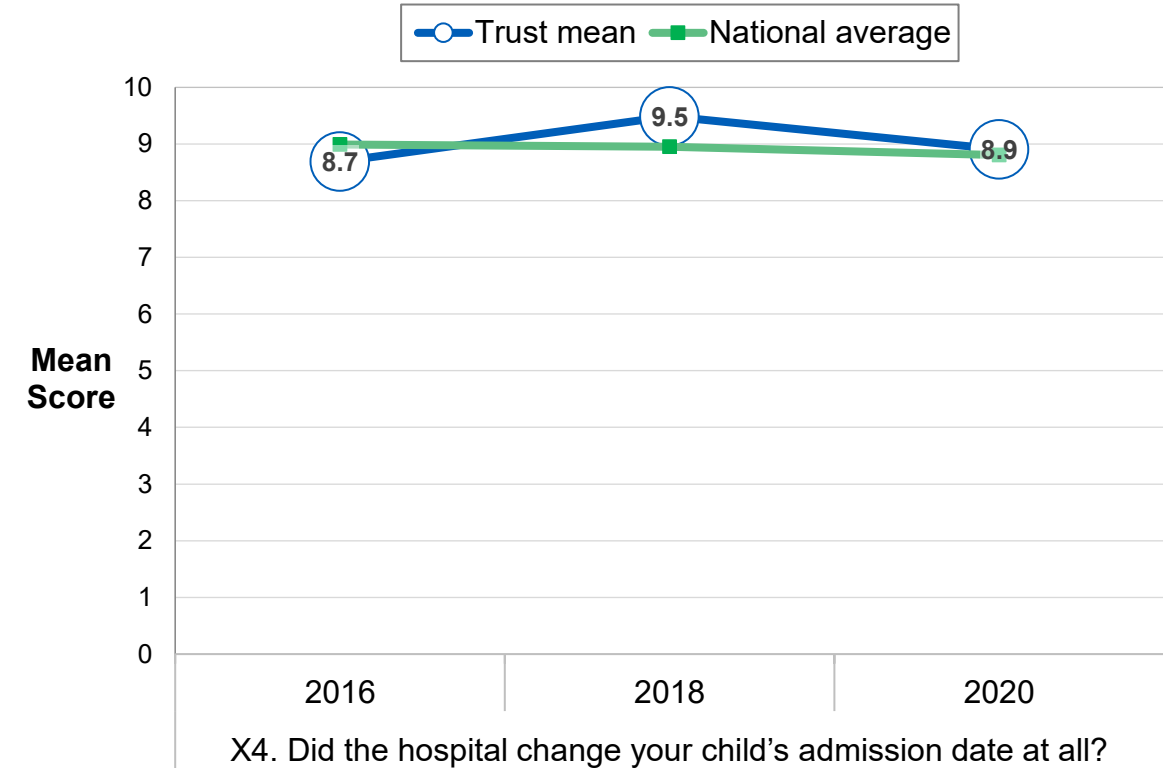
Note: Filtered question

Respondents who answered 'Don't know / can't remember' have been excluded.

Number of respondents: 2016: 38; 2018: 33; 2020: 31

Significant change 2020 vs 2018

No change



Answered by parents/carers of children aged 15 days to 7 years whose recent hospital visit was planned or were on a waiting list.

Note: Filtered question

Respondents who answered 'Don't know / can't remember' have been excluded.

Number of respondents: 2016: 41; 2018: 39; 2020: 32

Significant change 2020 vs 2018

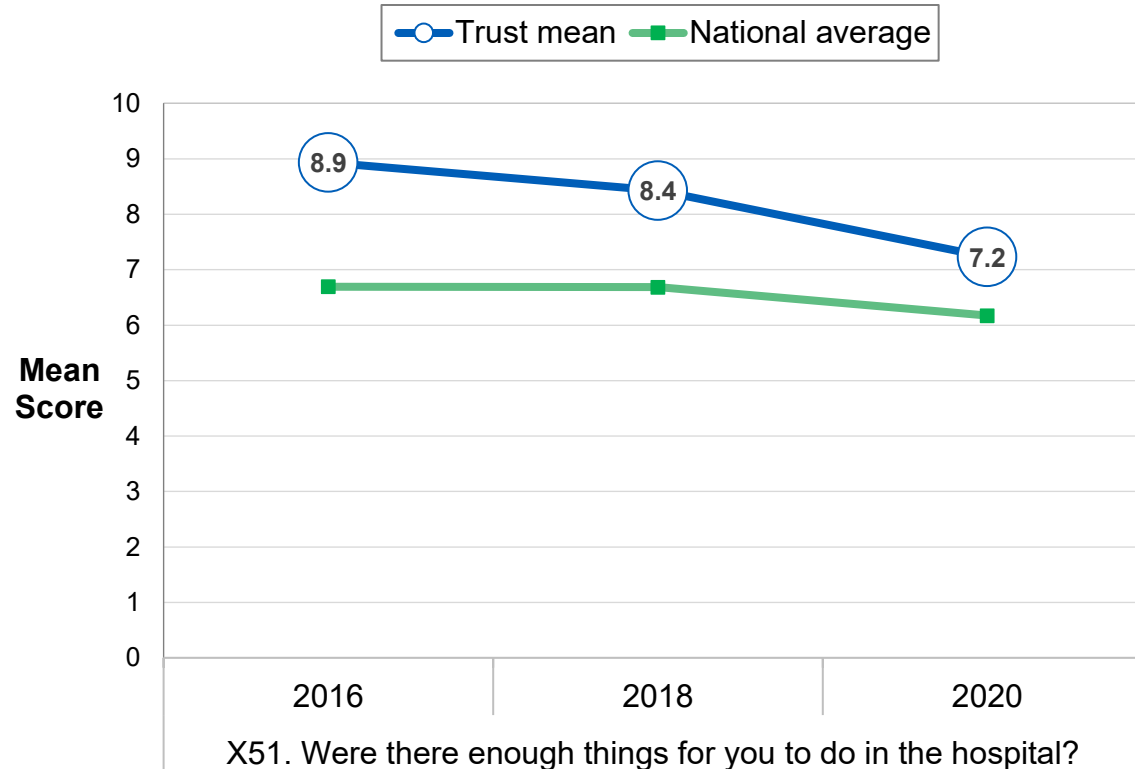
No change

Change over time

Section 2: The hospital ward

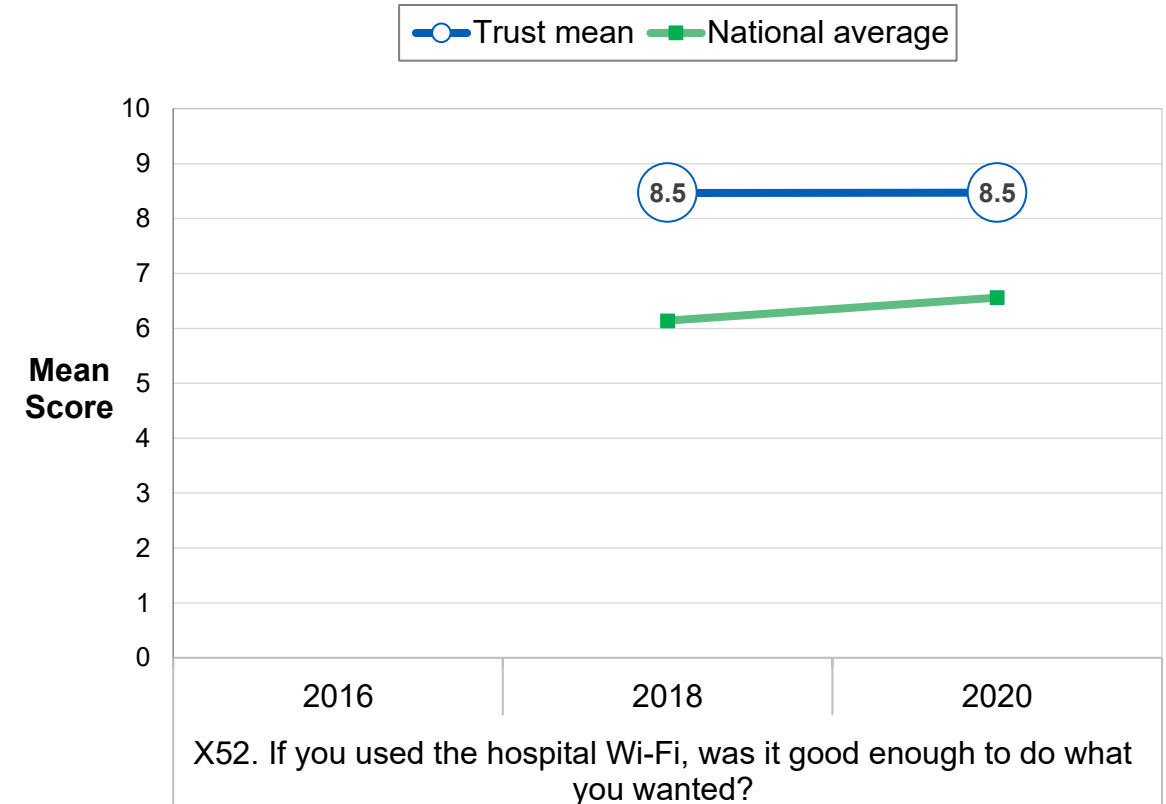
Section 2. The hospital ward

Children's questions



Answered by children and young people aged 8-15
Number of respondents: 2016: 114; 2018: 105; 2020: 95

Significant change 2020 vs 2018 No change

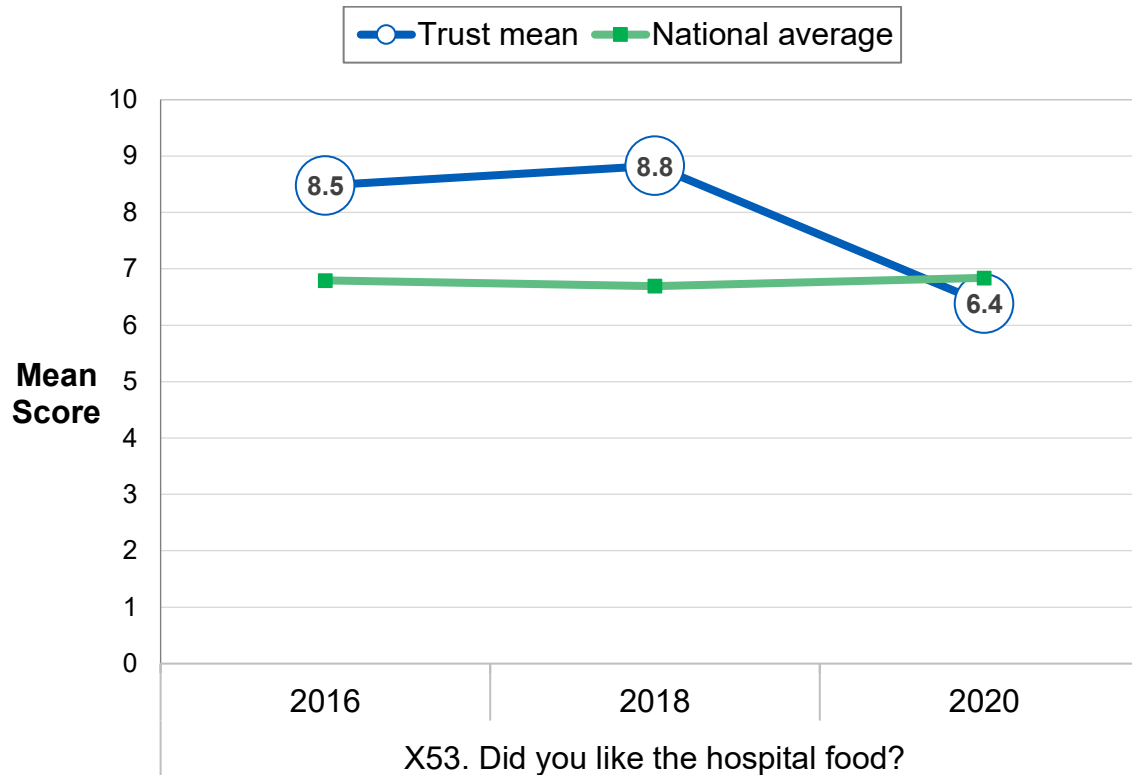


Answered by children and young people aged 8-15.
Respondents who answered 'I did not use Wi-Fi' have been excluded.
Number of respondents: 2016: - ; 2018: 64; 2020: 62

Significant change 2020 vs 2018 No change

Section 2. The hospital ward

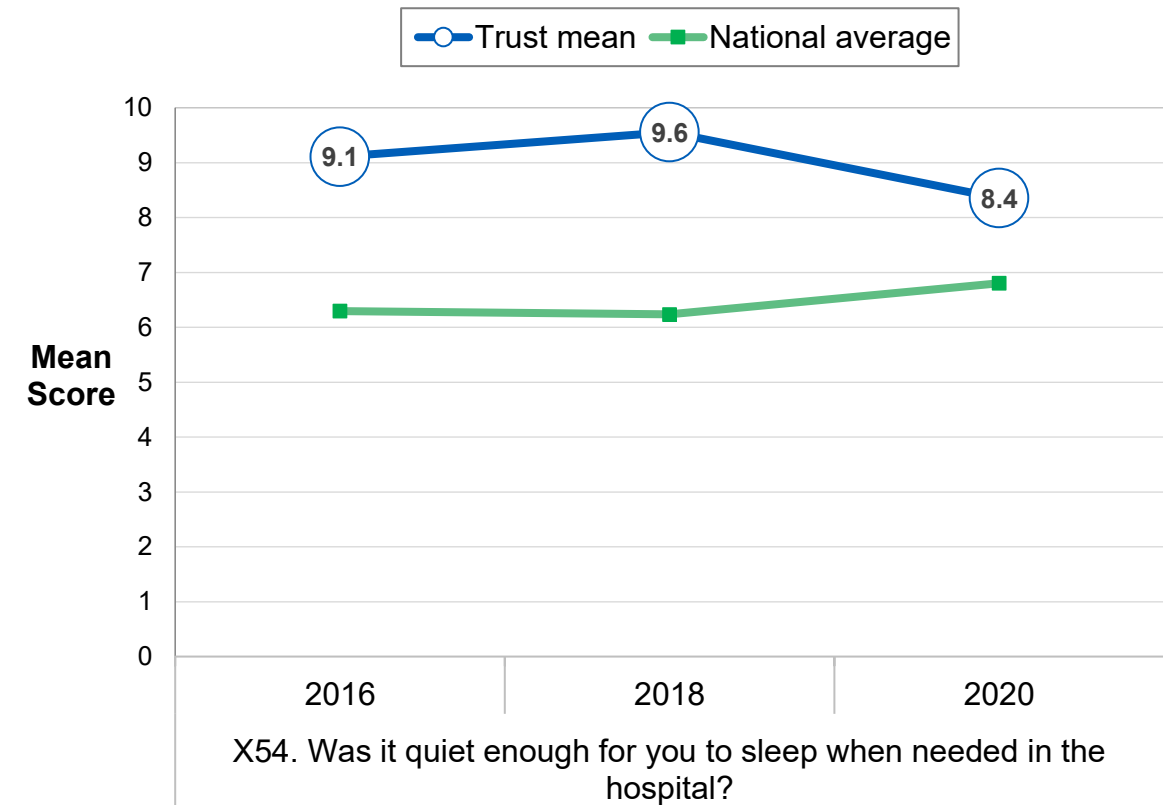
Children's questions



Answered by children and young people aged 8-15.
Respondents who answered 'I did not have hospital food' have been excluded.
Number of respondents: 2016: 72; 2018: 72; 2020: 54

Significant change 2020 vs 2018

Decrease



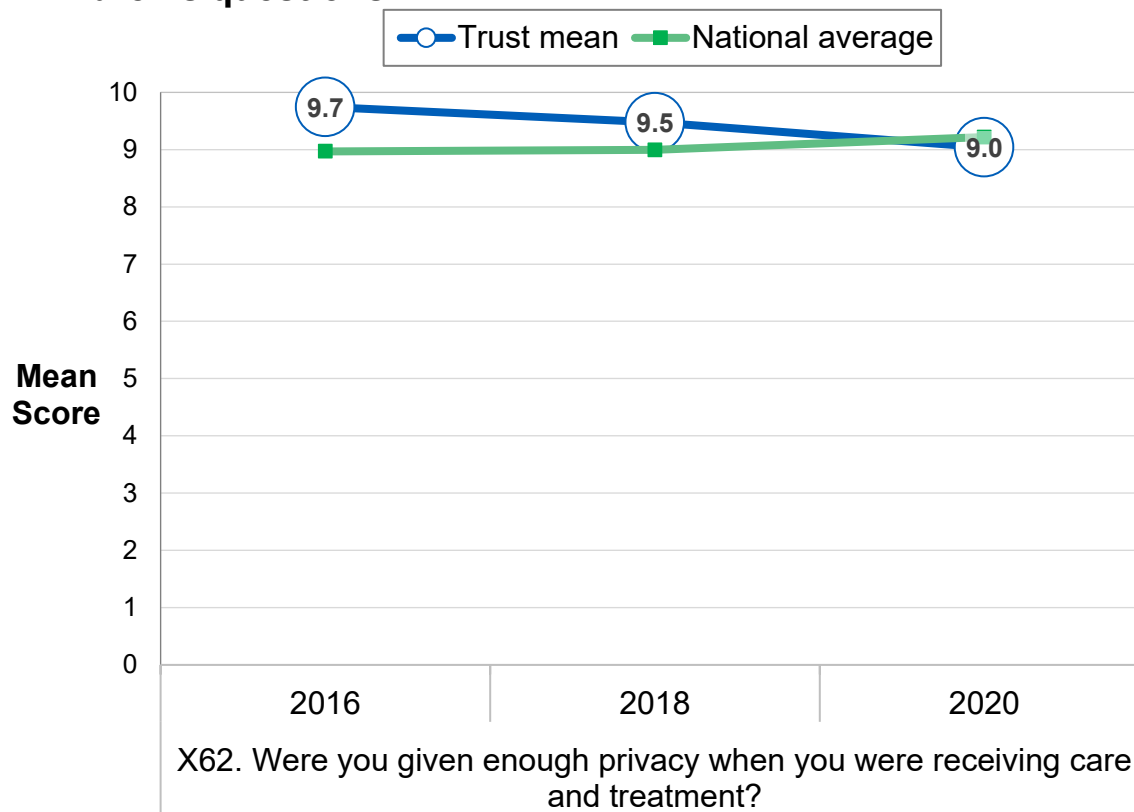
Answered by children and young people aged 8-15.
Respondents who answered 'I did not need to sleep in the hospital' have been excluded.
Number of respondents: 2016: 62; 2018: 52; 2020: 51

Significant change 2020 vs 2018

Decrease

Section 2. The hospital ward

Children's questions



Answered by children and young people aged 8-15.

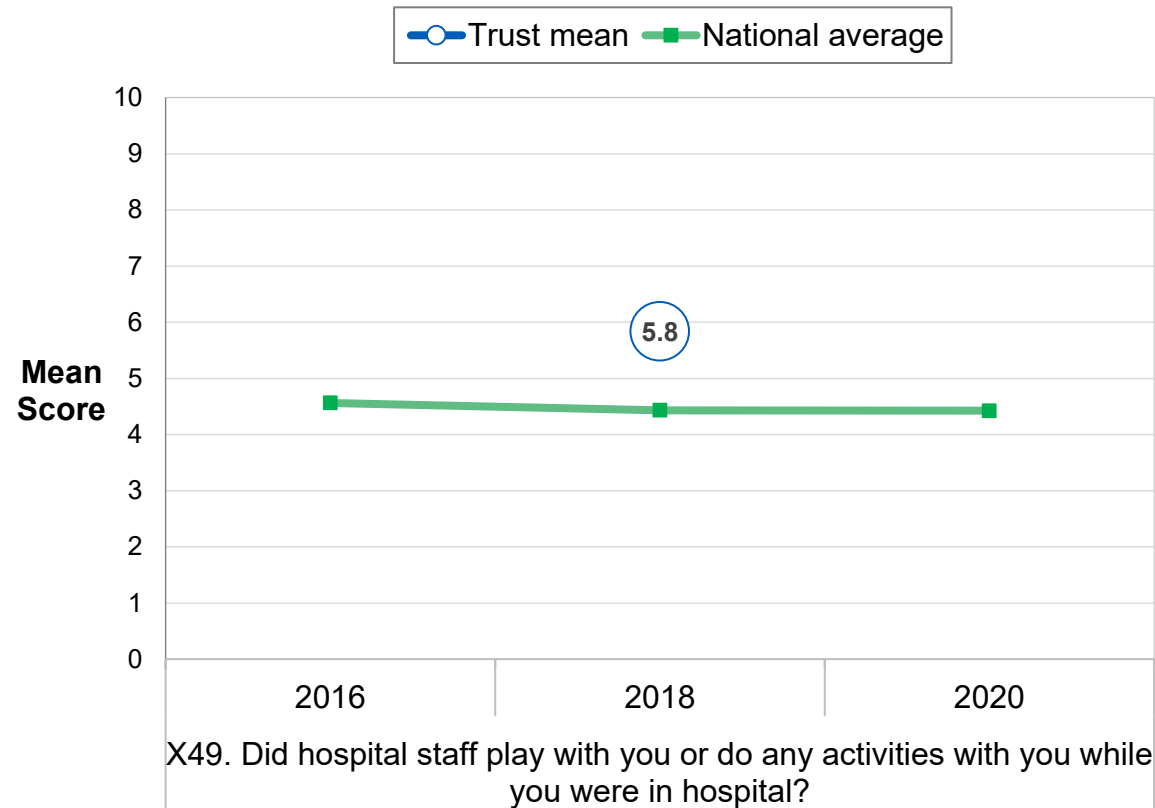
Number of respondents: 2016: 116; 2018: 110; 2020: 94

Significant change 2020 vs 2018

No change

Section 2. The hospital ward

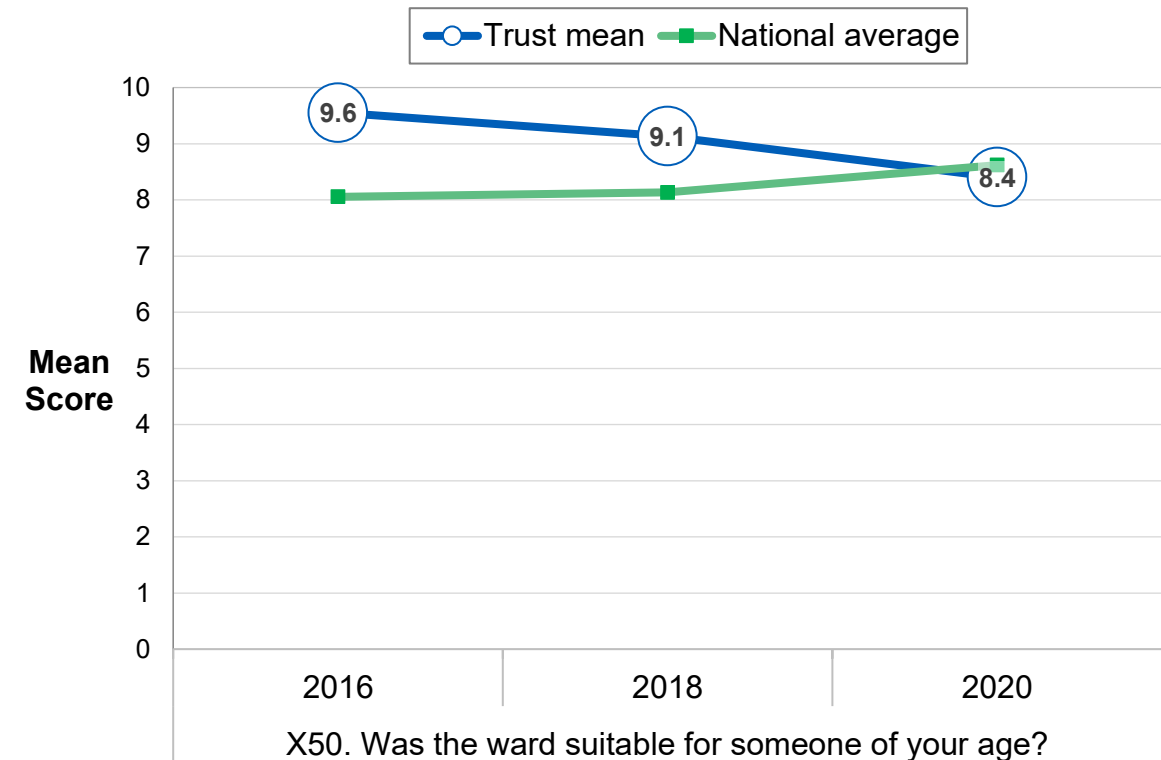
Children's questions



Answered by children aged between 8 and 11 years old.
 Respondents who answered 'I did not want or need them to' have been excluded.
 Number of respondents: 2016: - ; 2018: 32; 2020: -

Significant change 2020 vs 2018

-



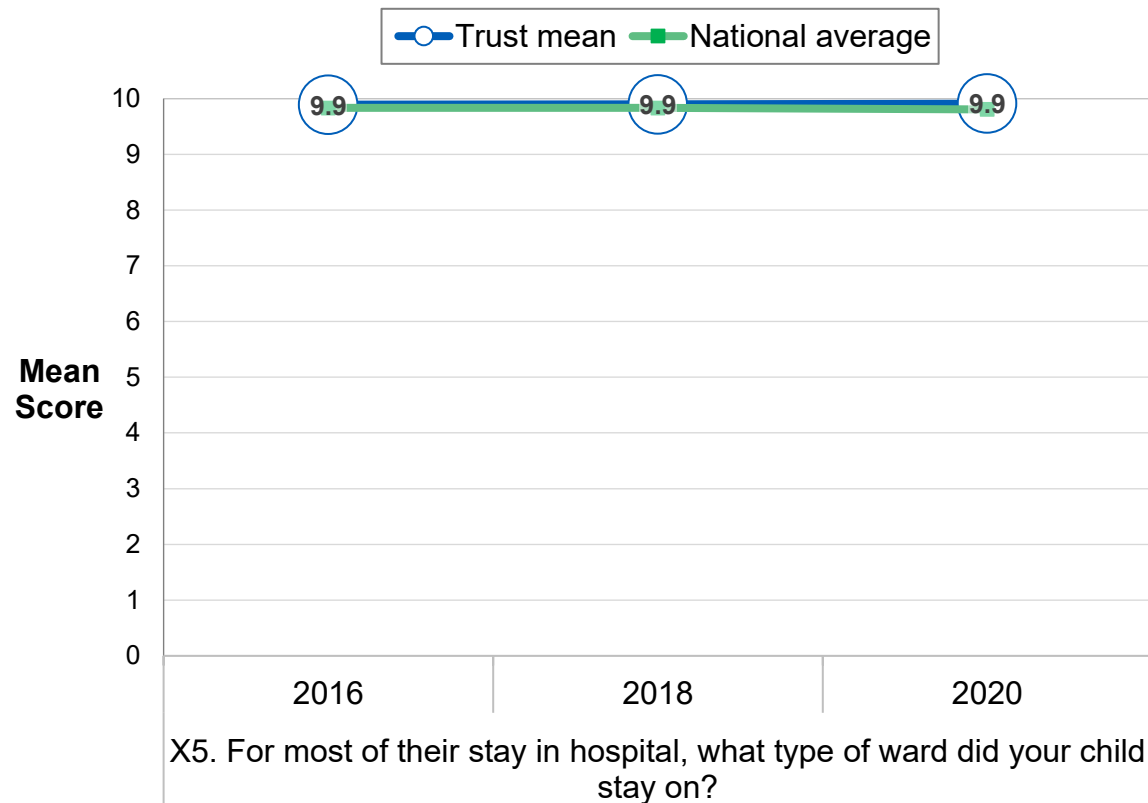
Answered by young people aged between 12 and 15 years.
 Number of respondents: 2016: 85; 2018: 59; 2020: 61

Significant change 2020 vs 2018

No change

Section 2. The hospital ward

Parent's questions

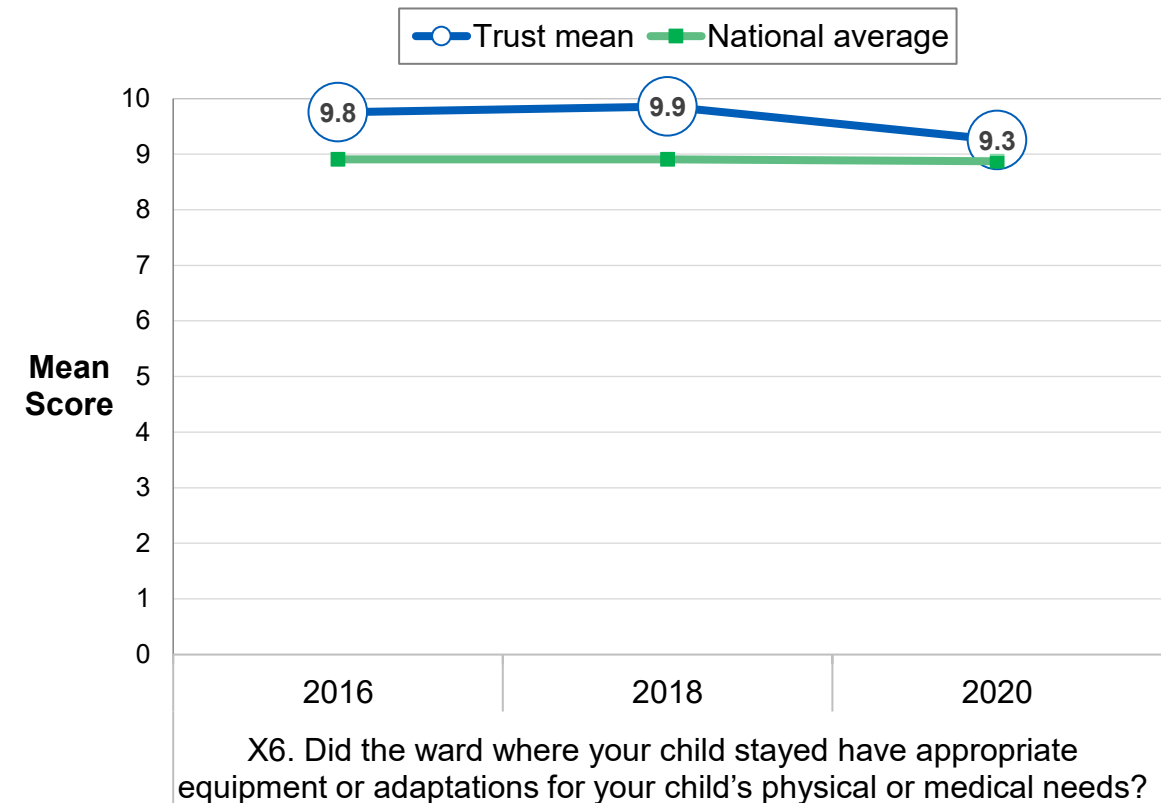


Answered by parents/carers of all age groups.

Number of respondents: 2016: 187; 2018: 195; 2020: 154

Significant change 2020 vs 2018

No change



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / can't remember' or 'They did not need equipment or adaptations' have been excluded.

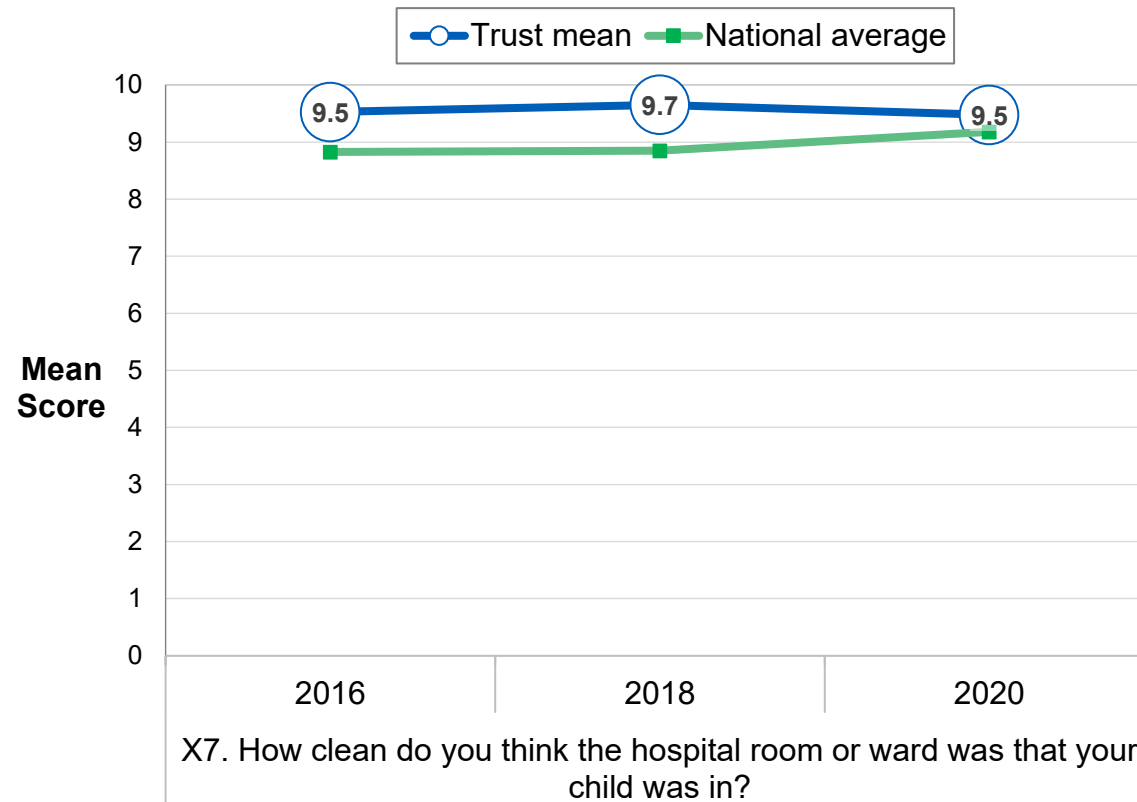
Number of respondents: 2016: 149; 2018: 151; 2020: 112

Significant change 2020 vs 2018

Decrease

Section 2. The hospital ward

Parent's questions

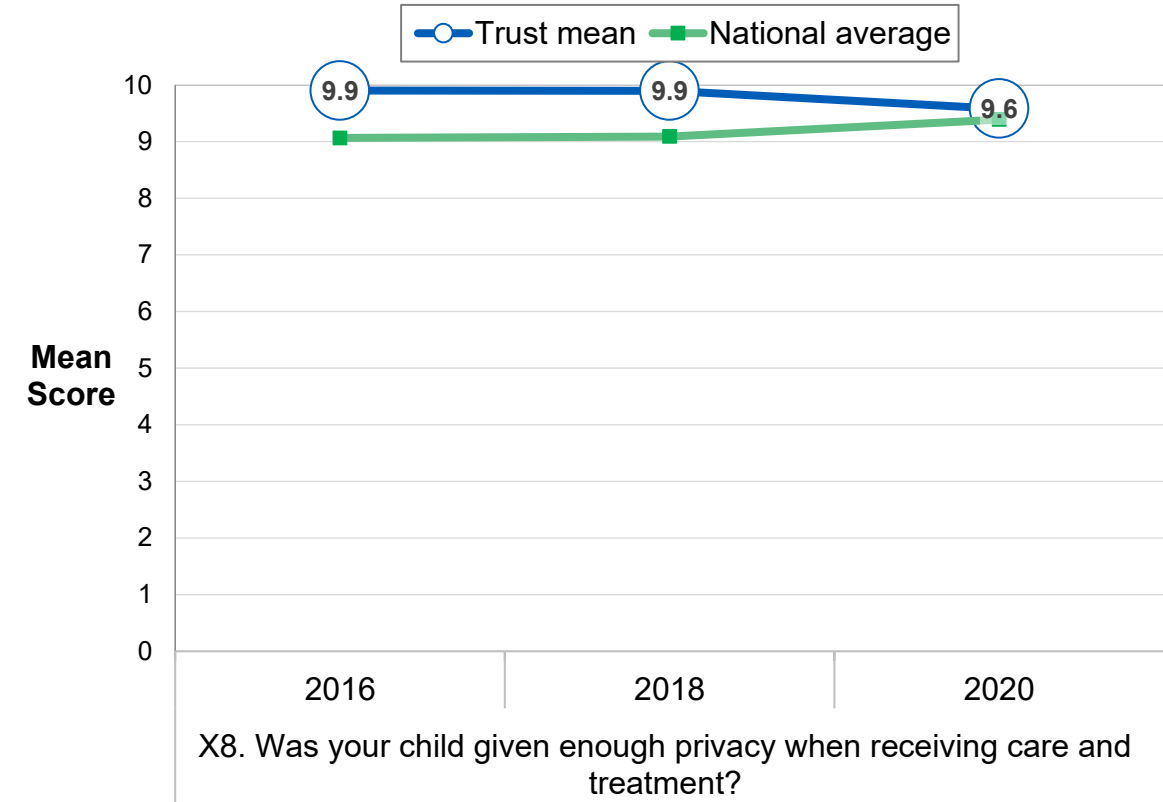


Answered by parents/carers of all age groups.

Number of respondents: 2016: 189; 2018: 198; 2020: 158

Significant change 2020 vs 2018

No change



Answered by parents/carers of children aged 15 days to 7 years.

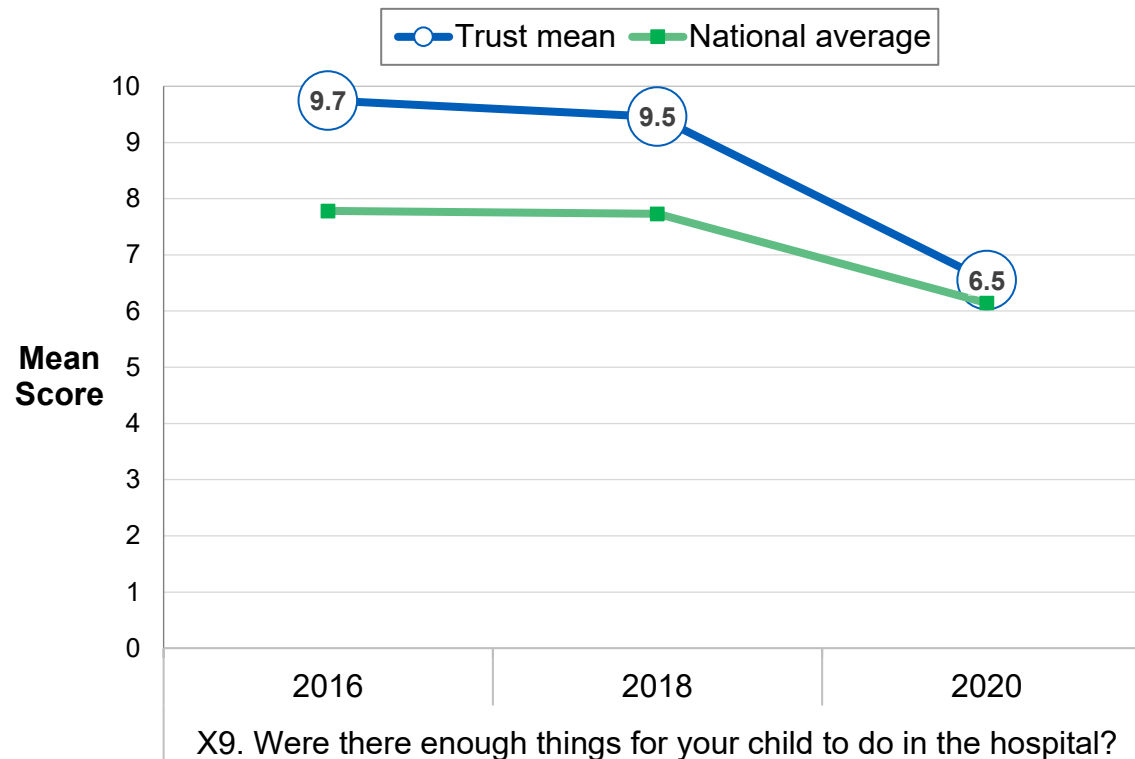
Number of respondents: 2016: 75; 2018: 90; 2020: 64

Significant change 2020 vs 2018

Decrease

Section 2. The hospital ward

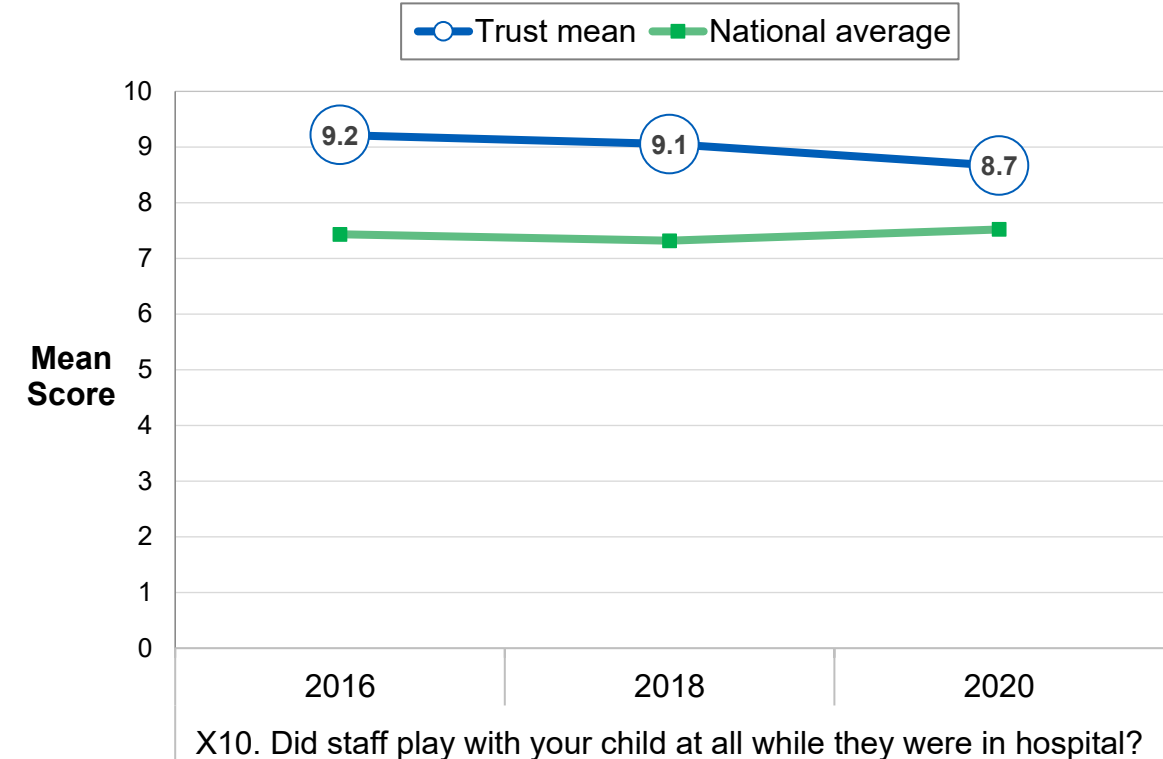
Parent's questions



Answered by parents/carers of children aged 15 days to 7 years.
 Respondents who answered 'Can't remember / I did not notice' have been excluded.
 Number of respondents: 2016: 73; 2018: 90; 2020: 59

Significant change 2020 vs 2018

Decrease



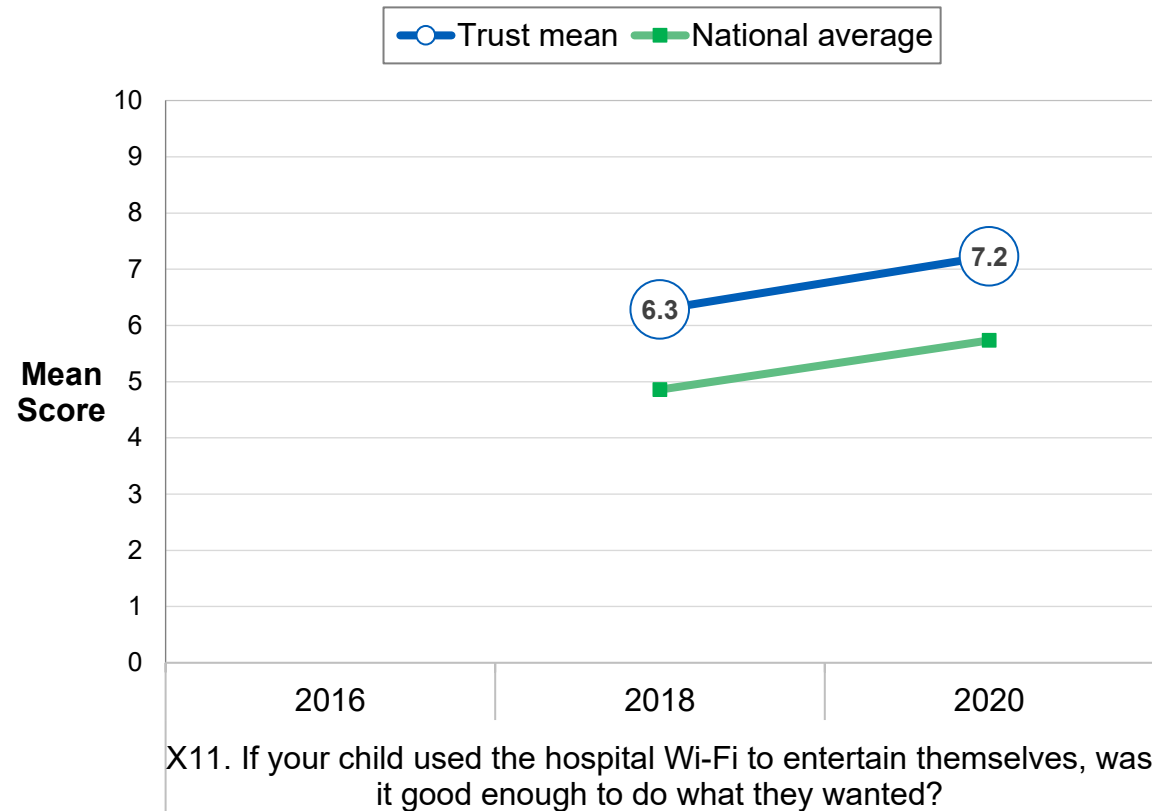
Answered by parents/carers of children aged 15 days to 7 years.
 Respondents who answered 'No, but I didn't want / need them to do this' or 'Don't know / can't remember' have been excluded.
 Number of respondents: 2016: 46; 2018: 47; 2020: 34

Significant change 2020 vs 2018

No change

Section 2. The hospital ward

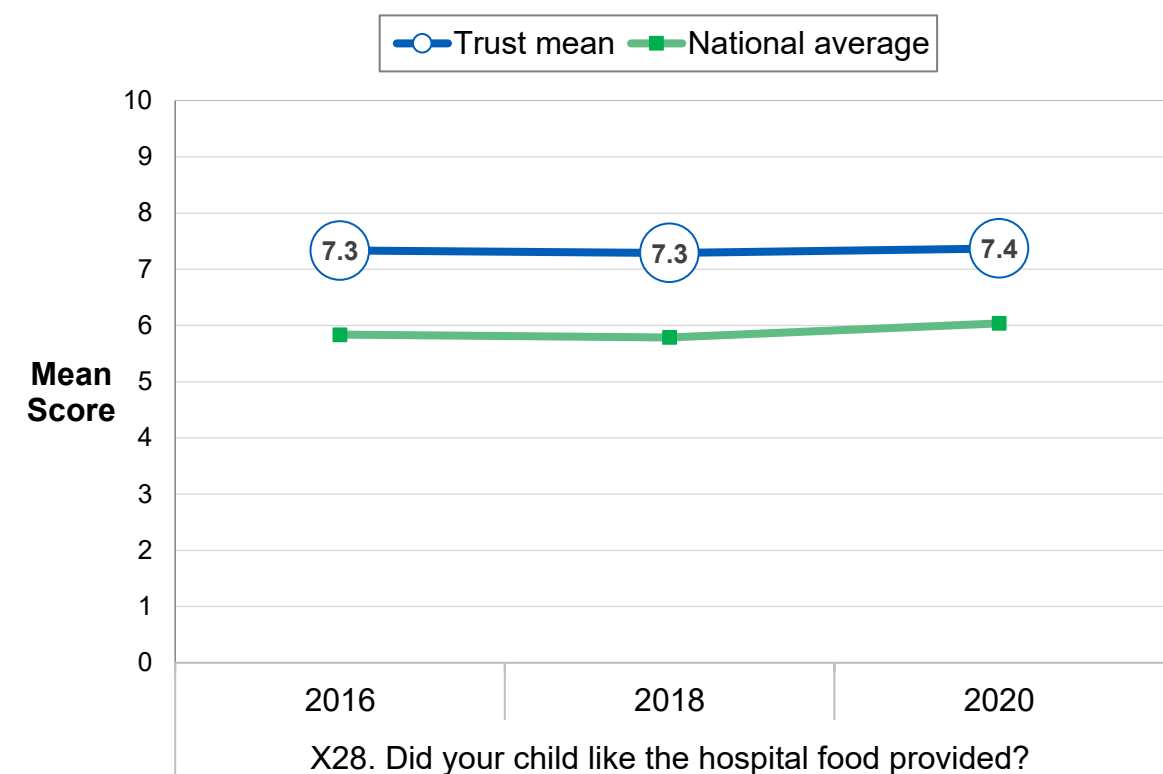
Parent's questions



Answered by parents/carers of children aged 15 days to 7 years.
 Respondents who answered 'Don't know / not applicable' have been excluded.
 Number of respondents: 2016: - ; 2018: 45; 2020: 30

Significant change 2020 vs 2018

No change



Answered by parents/carers of children aged 15 days to 7 years.
 Respondents who answered 'My child did not have hospital food' have been excluded.
 Number of respondents: 2016: 48; 2018: 63; 2020: 40

Significant change 2020 vs 2018

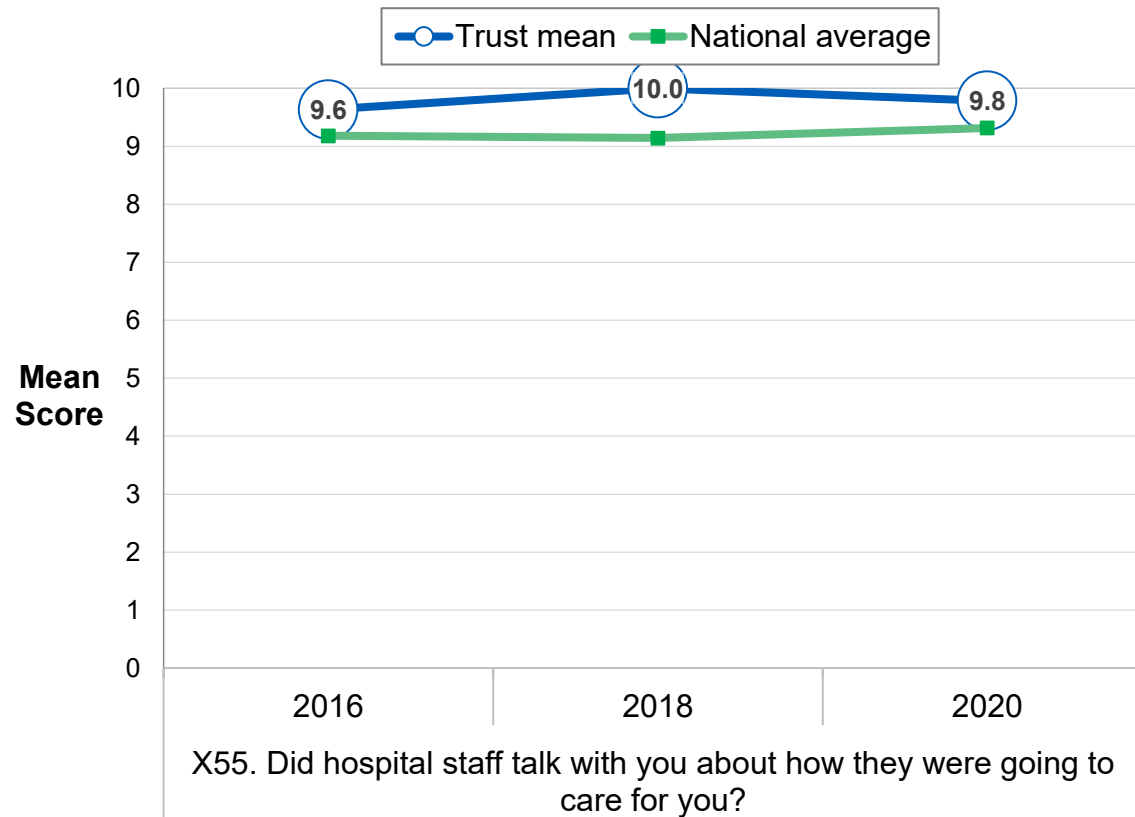
No change

Change over time

Section 3: Hospital staff

Section 3. Hospital staff

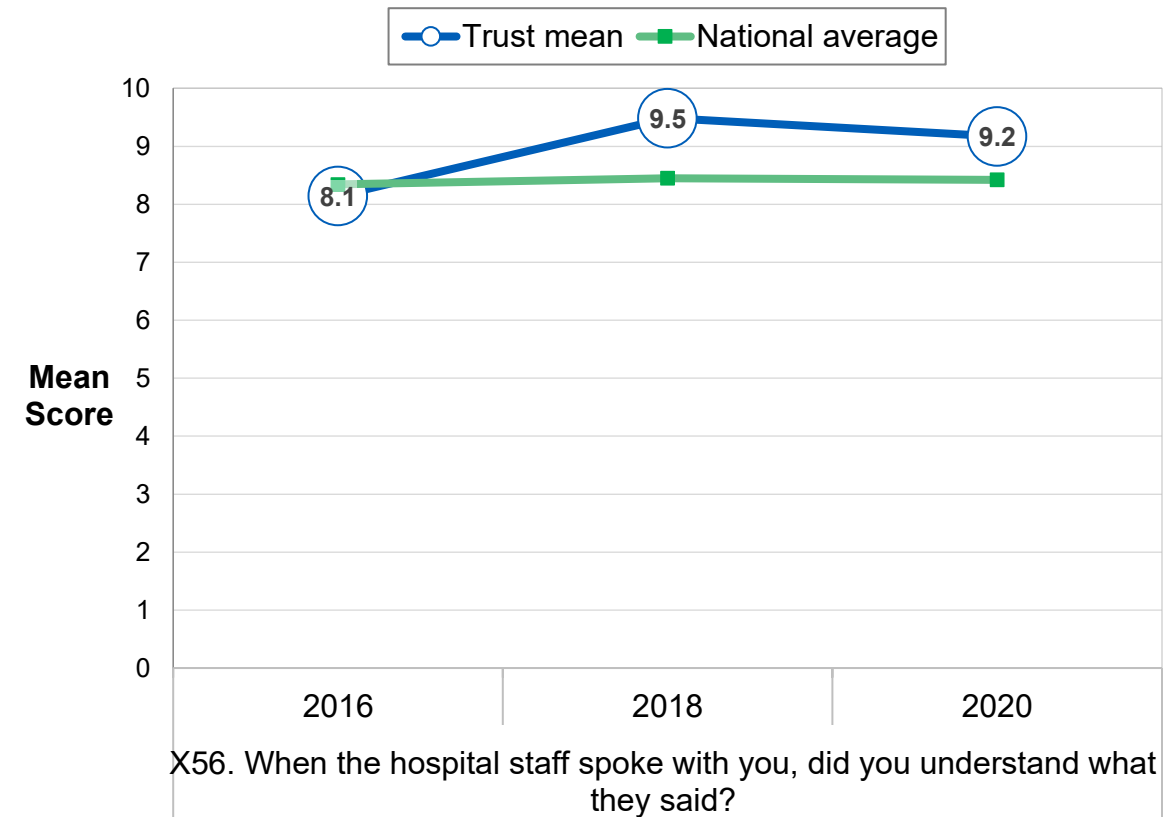
Children's questions



Answered by children and young people aged 8-15.
Respondents who answered 'Don't know / can't remember' have been excluded.
Number of respondents: 2016: 115; 2018: 106; 2020: 93

Significant change 2020 vs 2018

Decrease



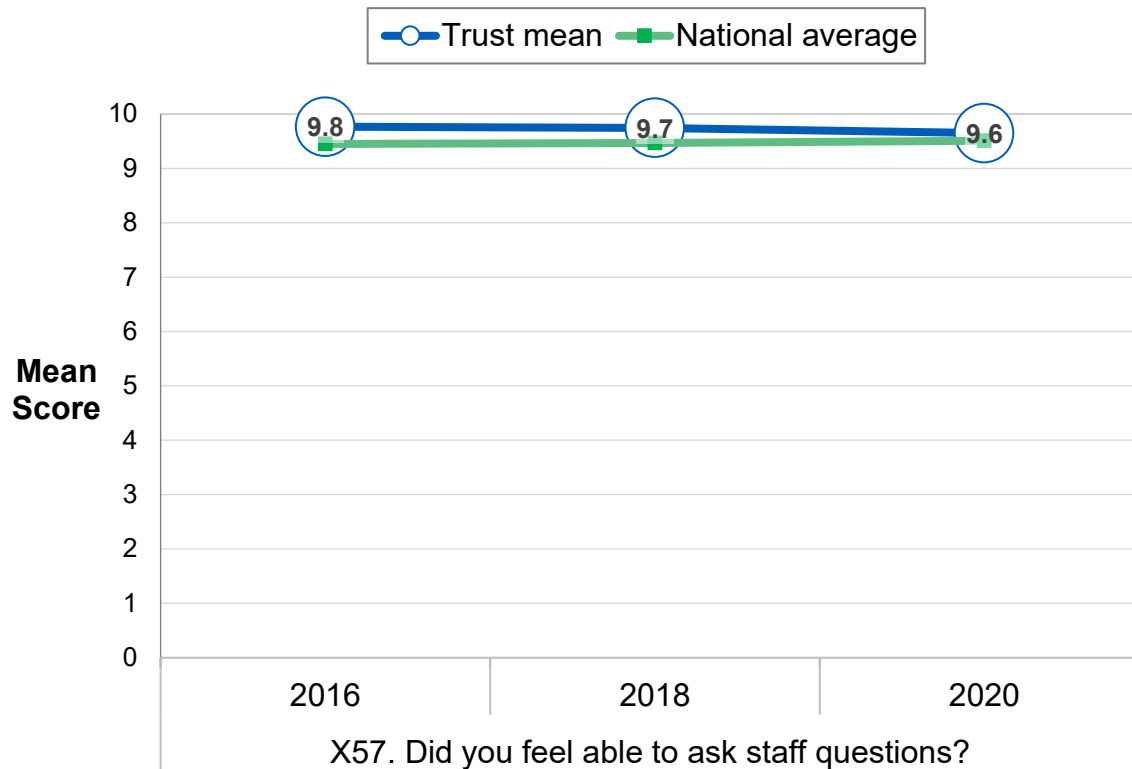
Answered by children and young people aged 8-15.
Respondents who answered 'Don't know / can't remember' have been excluded.
Number of respondents: 2016: 115; 2018: 108; 2020: 94

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

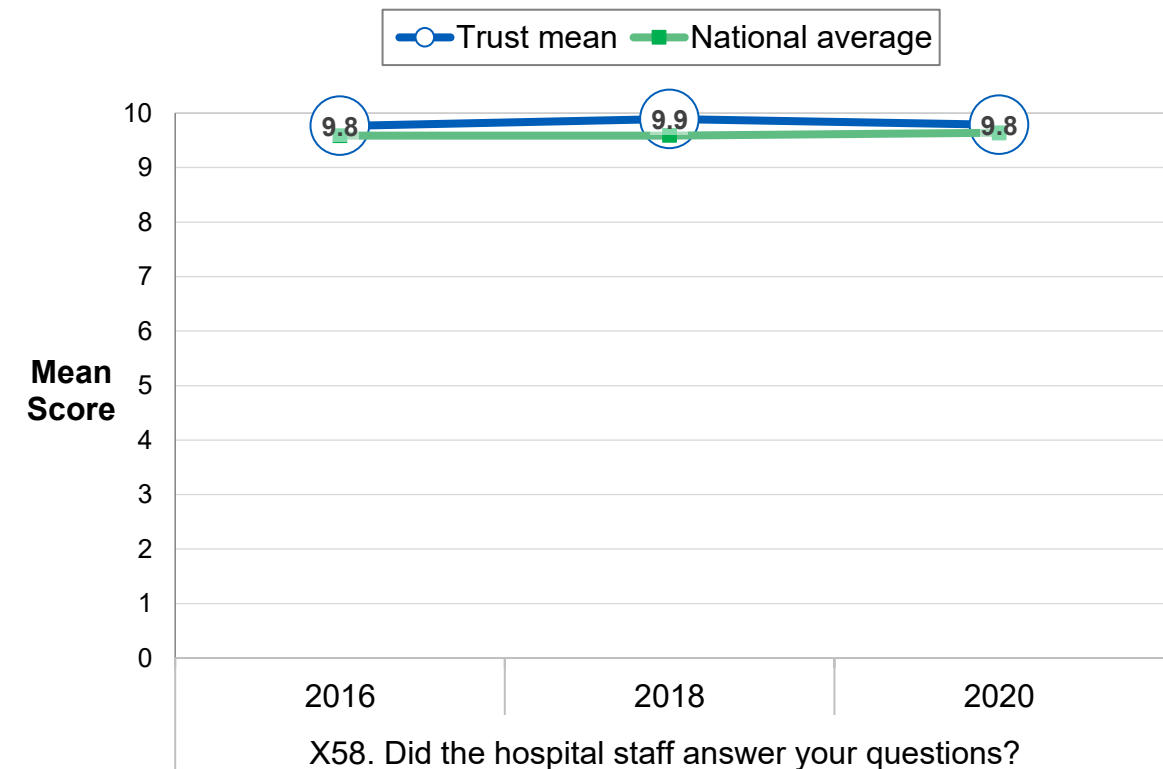
Children's questions



Answered by children and young people aged 8-15.
 Respondents who answered 'I did not have any questions' have been excluded.
 Note: Routing question
 Number of respondents: 2016: 102; 2018: 101; 2020: 88

Significant change 2020 vs 2018

No change



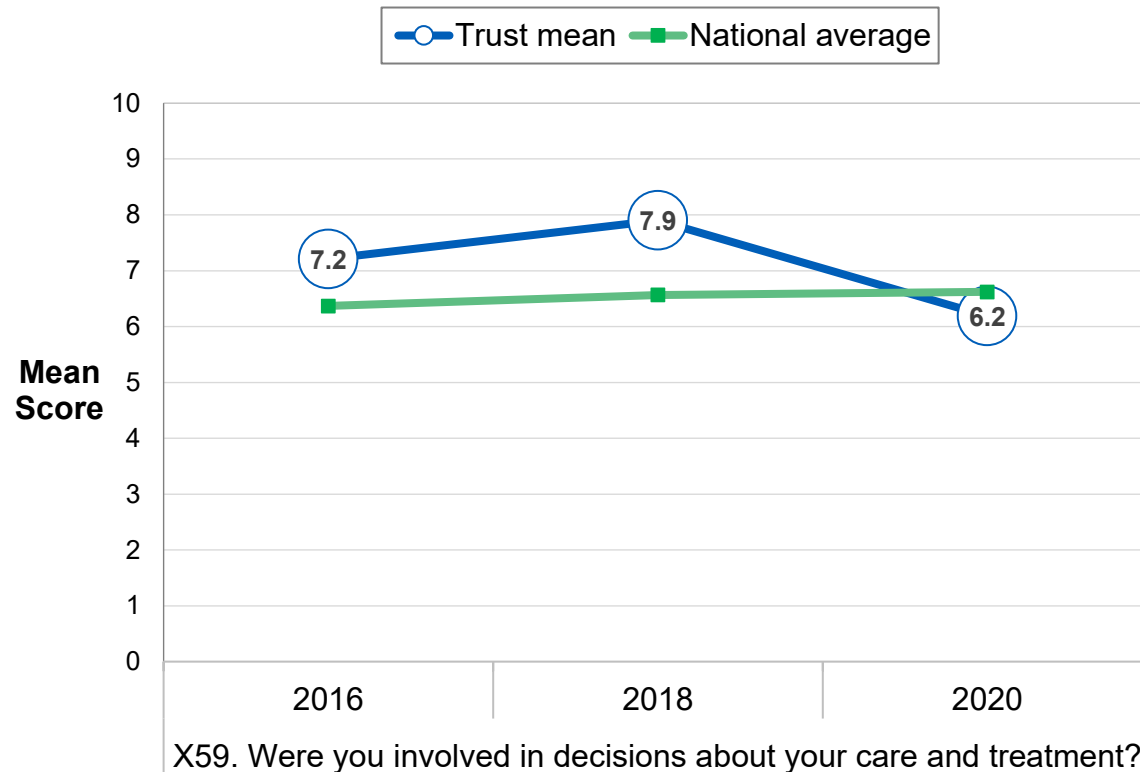
Answered by children and young people aged 8-15 who asked staff questions.
 Note: Filtered question
 Number of respondents: 2016: 99; 2018: 99; 2020: 83

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

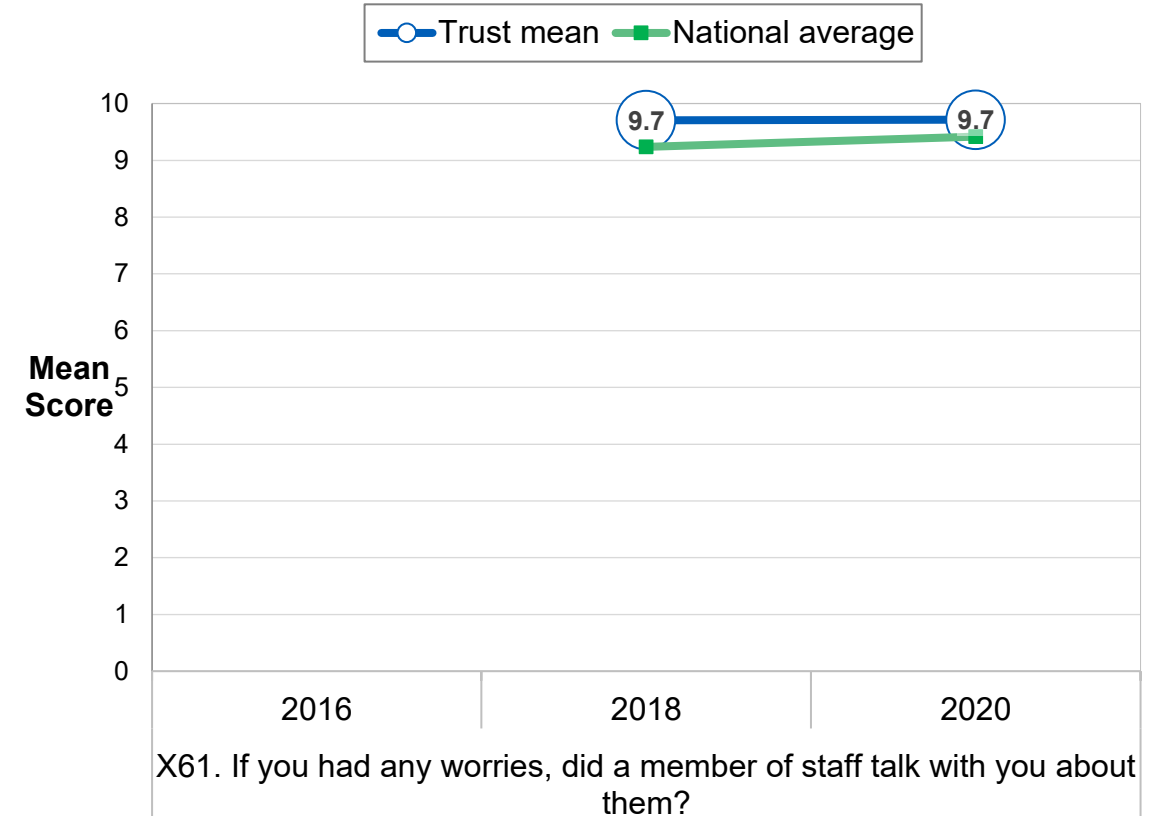
Children's questions



Answered by children and young people aged 8-15.
 Respondents who answered 'I did not want to be involved' have been excluded.
 Number of respondents: 2016: 105; 2018: 102; 2020: 82

Significant change 2020 vs 2018

No change



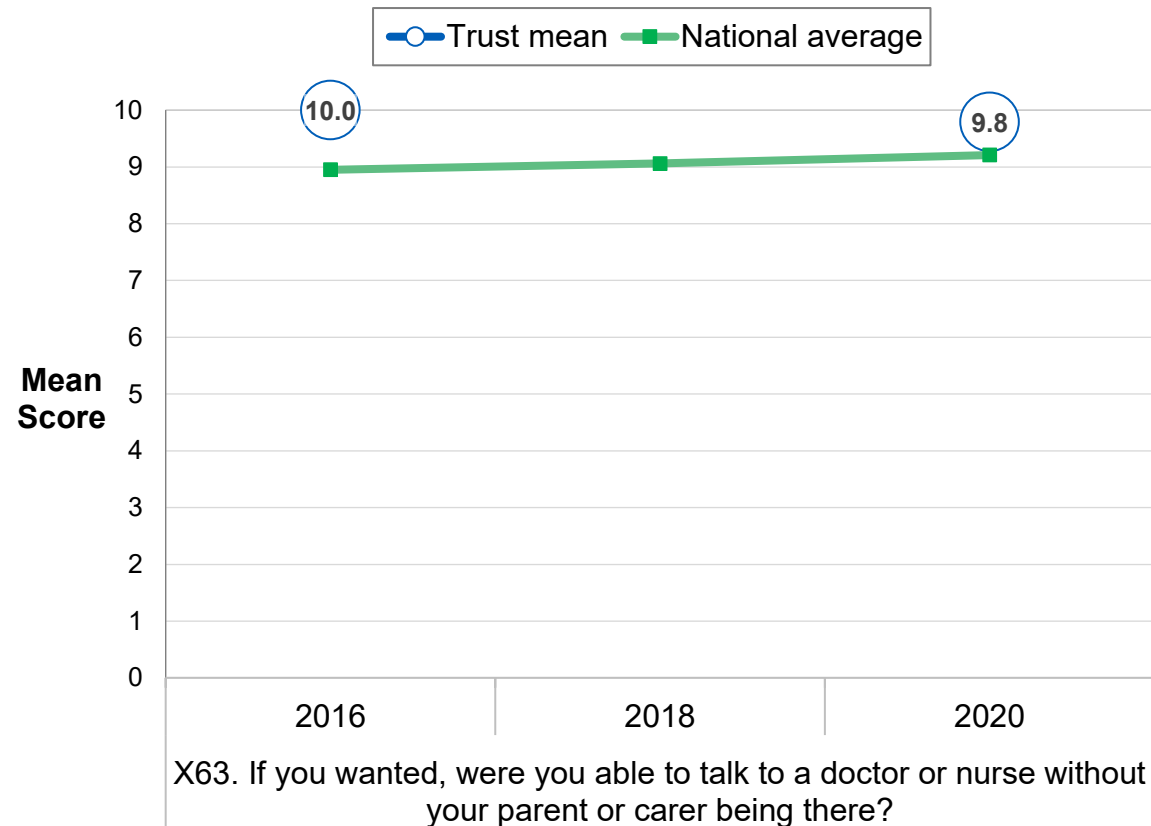
Answered by children and young people aged 8-15.
 Respondents who answered 'I did not have any worries' or 'I did not want to talk to staff' have been excluded.
 Number of respondents: 2016: - ; 2018: 78; 2020: 59

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

Children's questions



Answered by young people aged between 12 and 15 years.

Respondents who answered 'I did not want to talk to them alone' have been excluded.

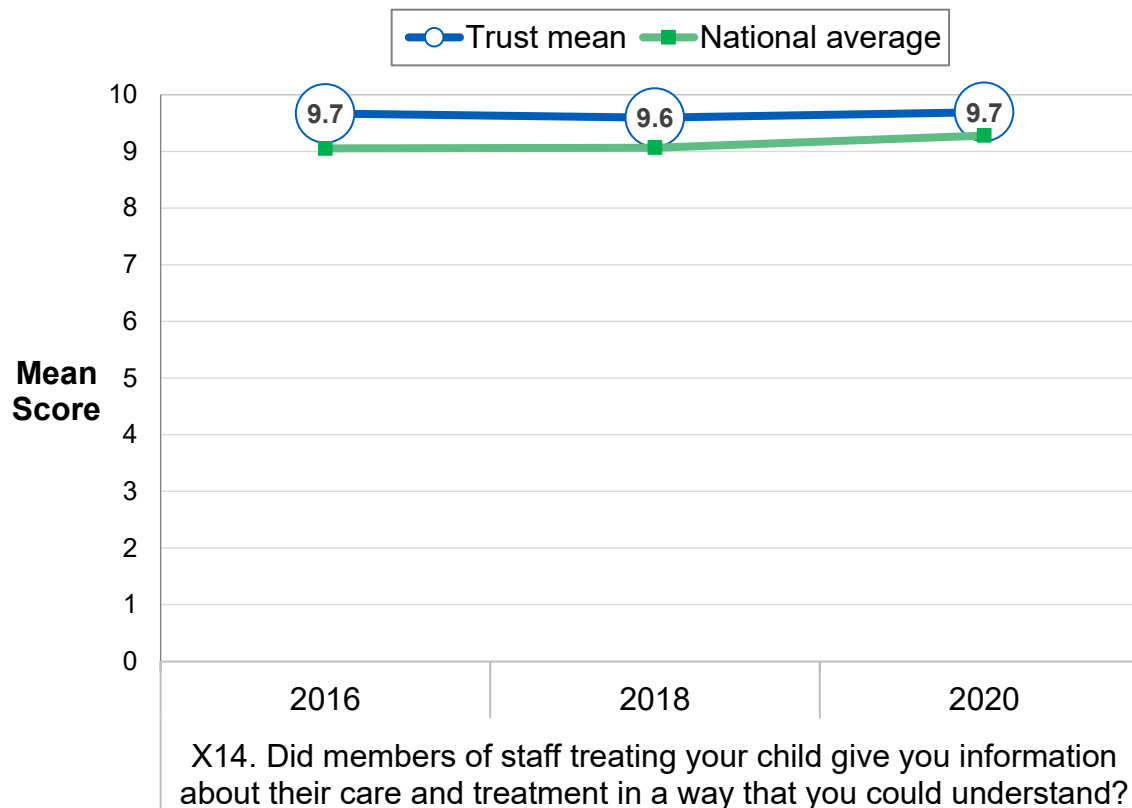
Number of respondents: 2016: 41; 2018: - ; 2020: 35

Significant change 2020 vs 2018

-

Section 3. Hospital staff

Parent's questions

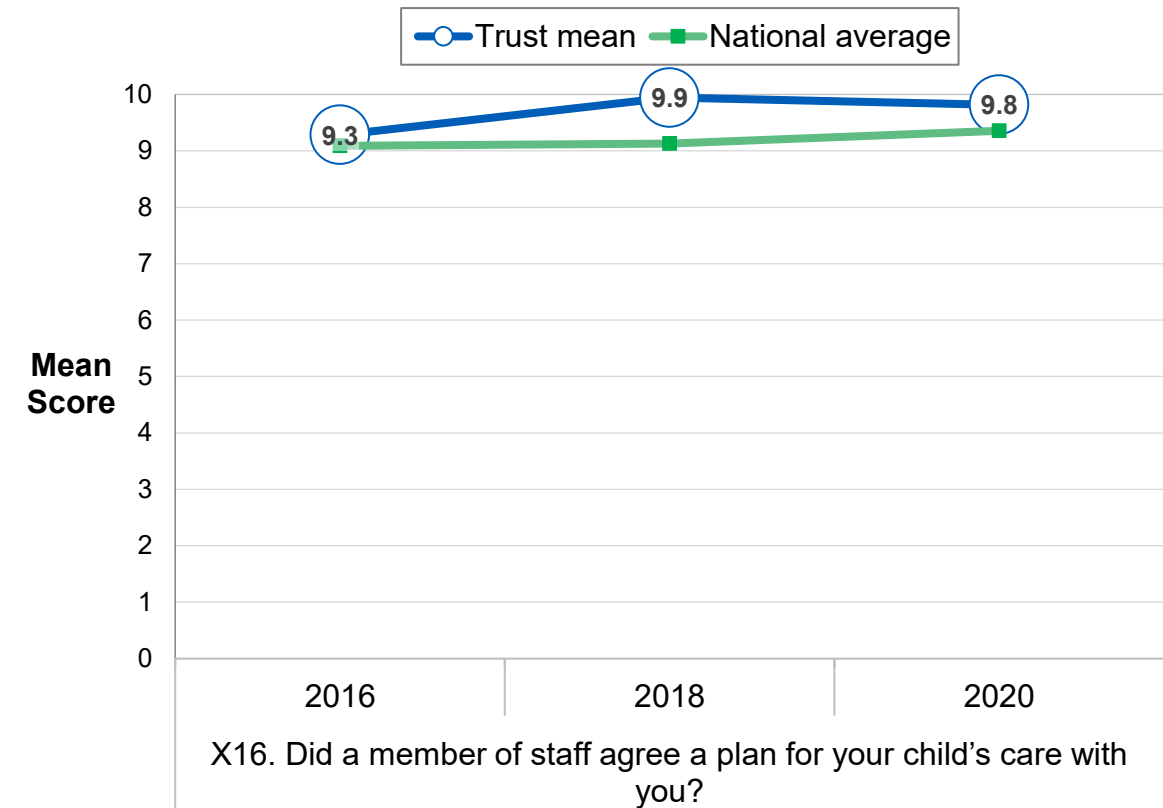


Answered by parents/carers of all age groups.

Number of respondents: 2016: 191; 2018: 201; 2020: 158

Significant change 2020 vs 2018

No change



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / can't remember' have been excluded.

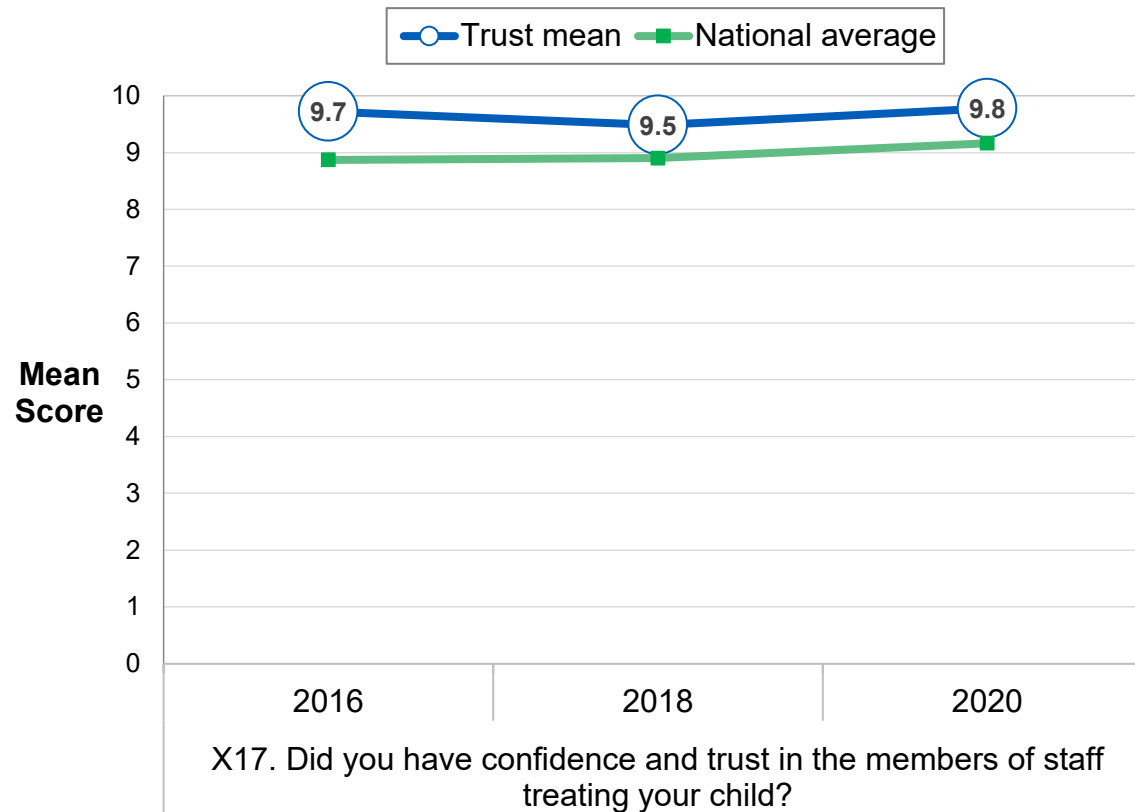
Number of respondents: 2016: 181; 2018: 183; 2020: 149

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

Parent's questions

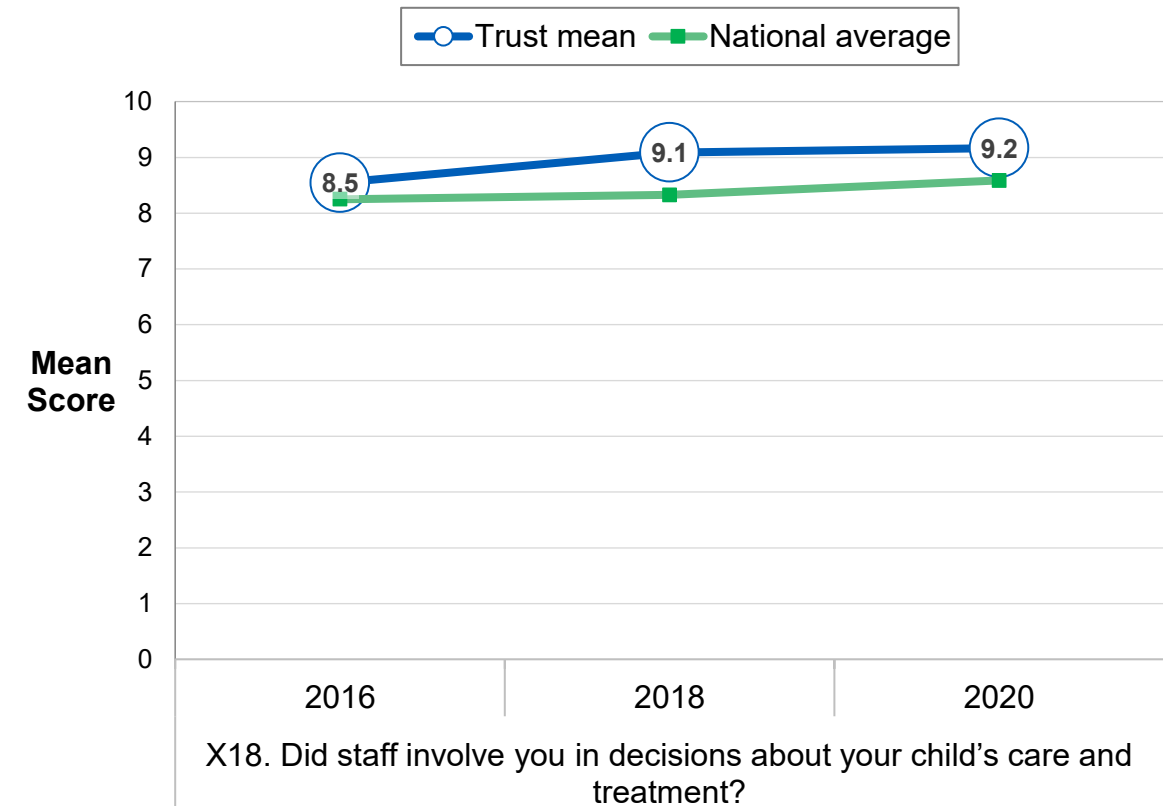


Answered by parents/carers of all age groups.

Number of respondents: 2016: 191; 2018: 200; 2020: 158

Significant change 2020 vs 2018

No change



Answered by parents/carers of all age groups.

Note: Routing question

Respondents who answered 'I did not want to be involved' have been excluded.

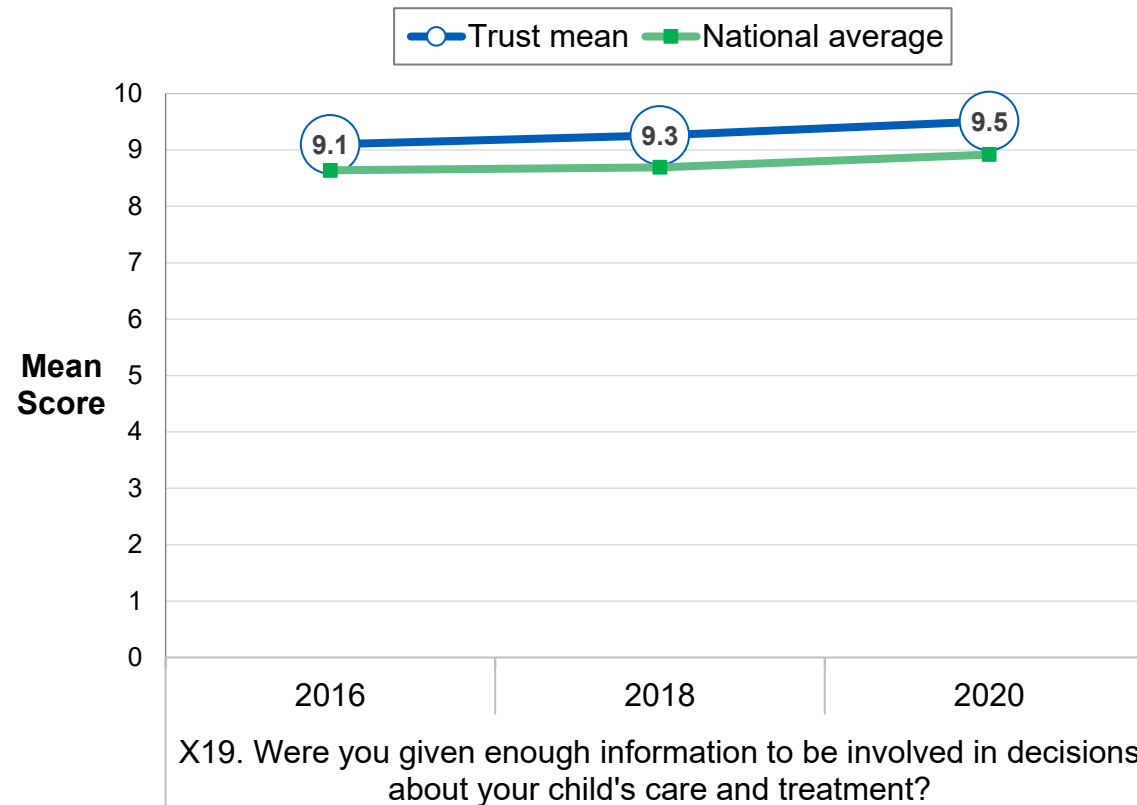
Number of respondents: 2016: 188; 2018: 200; 2020: 158

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

Parent's questions



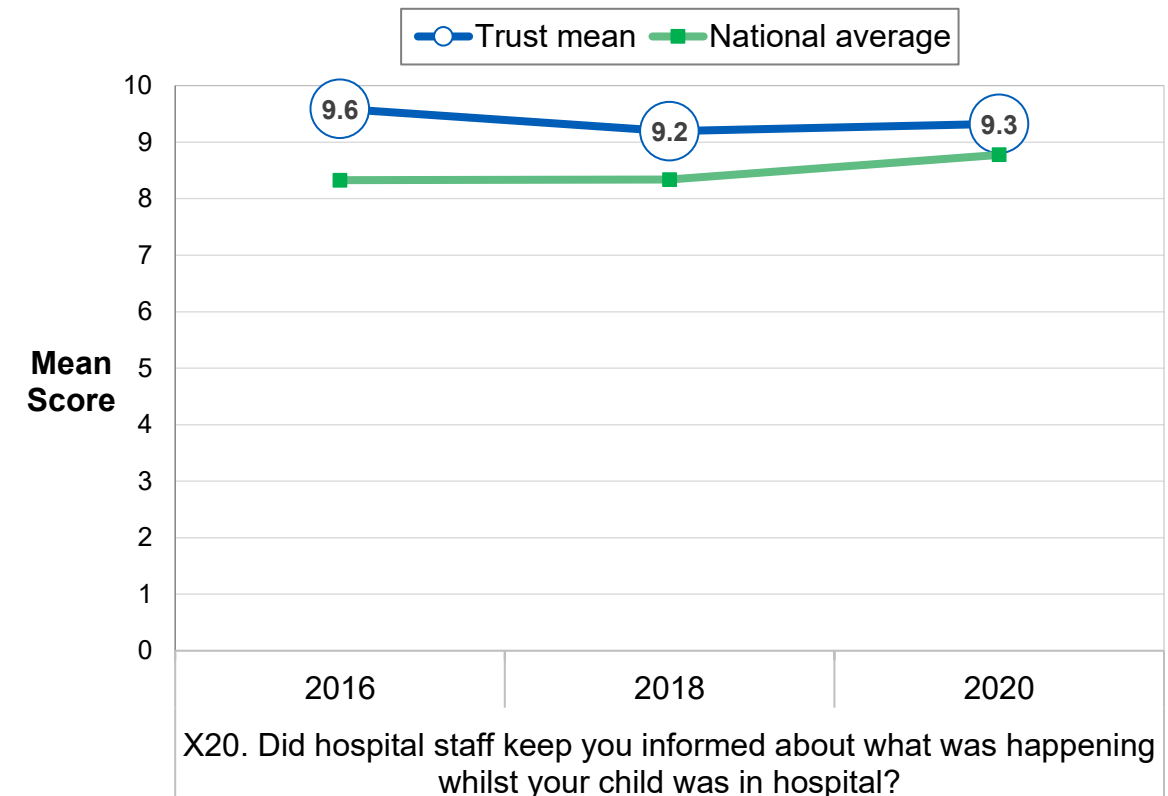
Answered by parents/carers of all age groups.

Note: Filtered question

Number of respondents: 2016: 191; 2018: 200; 2020: 157

Significant change 2020 vs 2018

No change



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / can't remember' have been excluded.

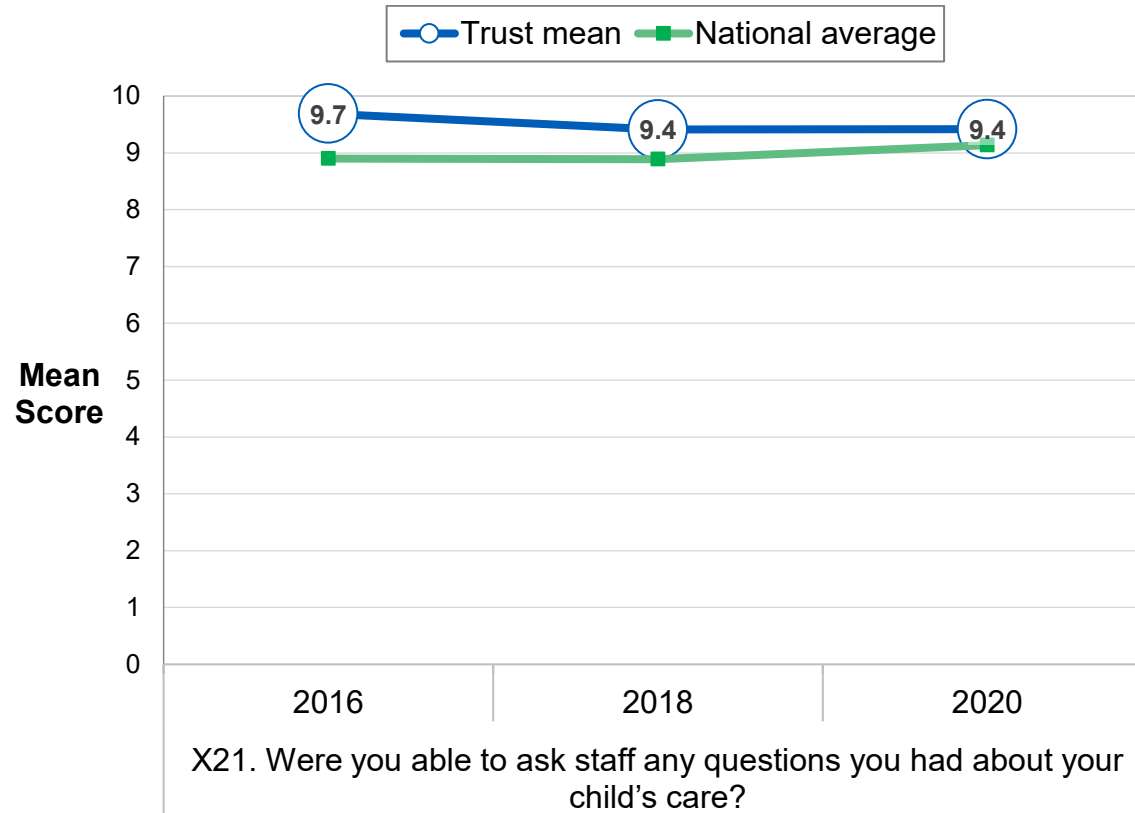
Number of respondents: 2016: 190; 2018: 197; 2020: 157

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

Parent's questions



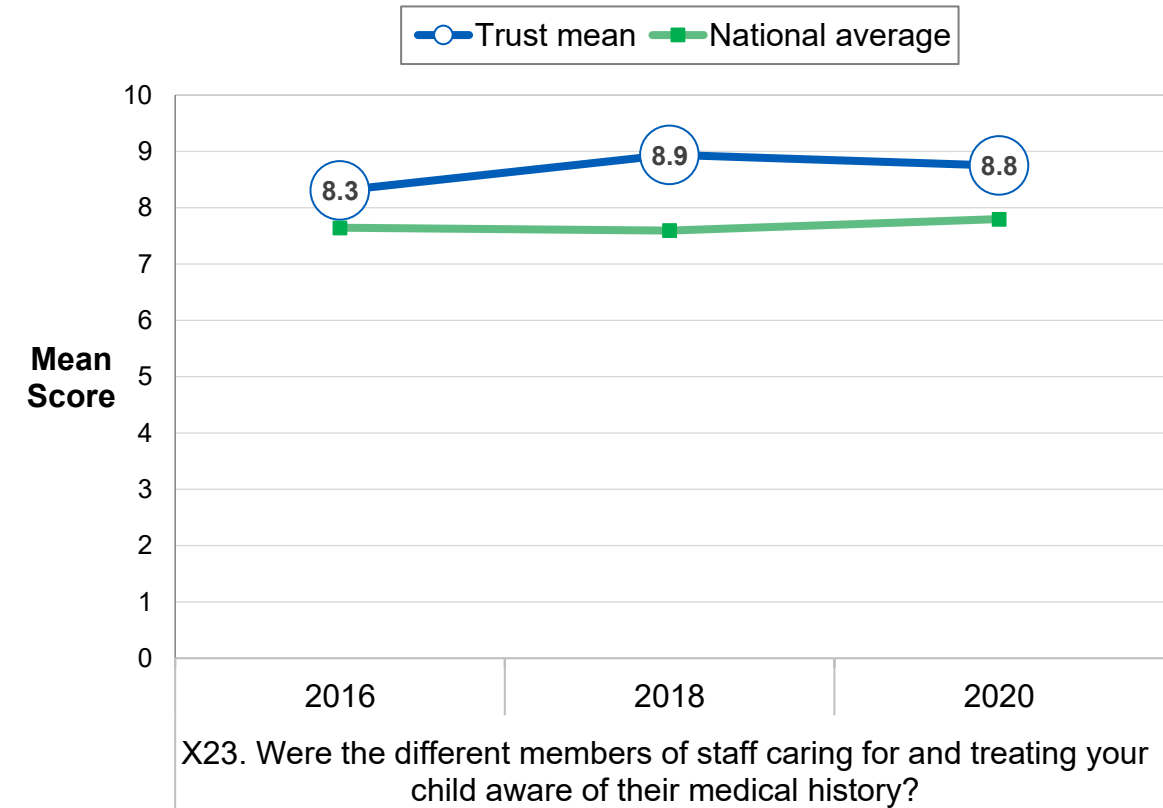
Answered by parents/carers of all age groups.

Respondents who answered 'I did not want / need to ask any questions' or 'Don't know / can't remember' have been excluded.

Number of respondents: 2016: 190; 2018: 202; 2020: 156

Significant change 2020 vs 2018

No change



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / not applicable' have been excluded.

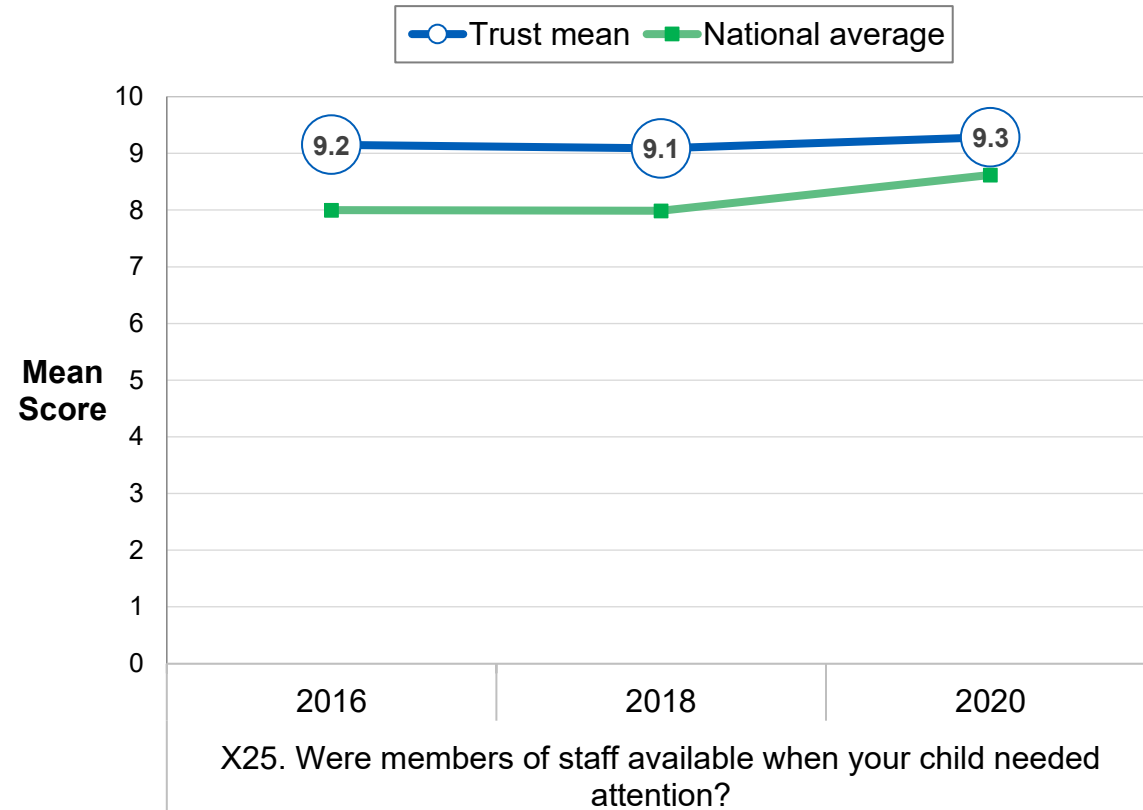
Number of respondents: 2016: 158; 2018: 171; 2020: 132

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

Parent's questions



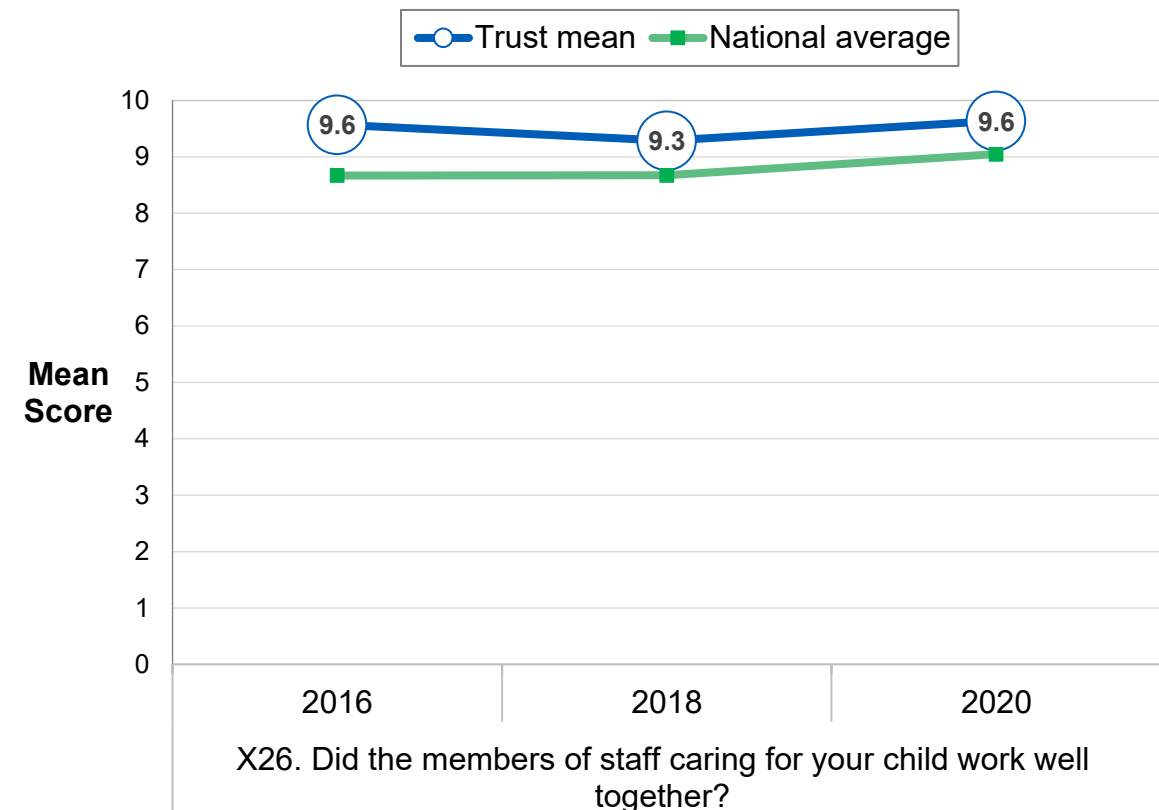
Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / not applicable' have been excluded.

Number of respondents: 2016: 182; 2018: 189; 2020: 146

Significant change 2020 vs 2018

No change



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / can't remember' have been excluded.

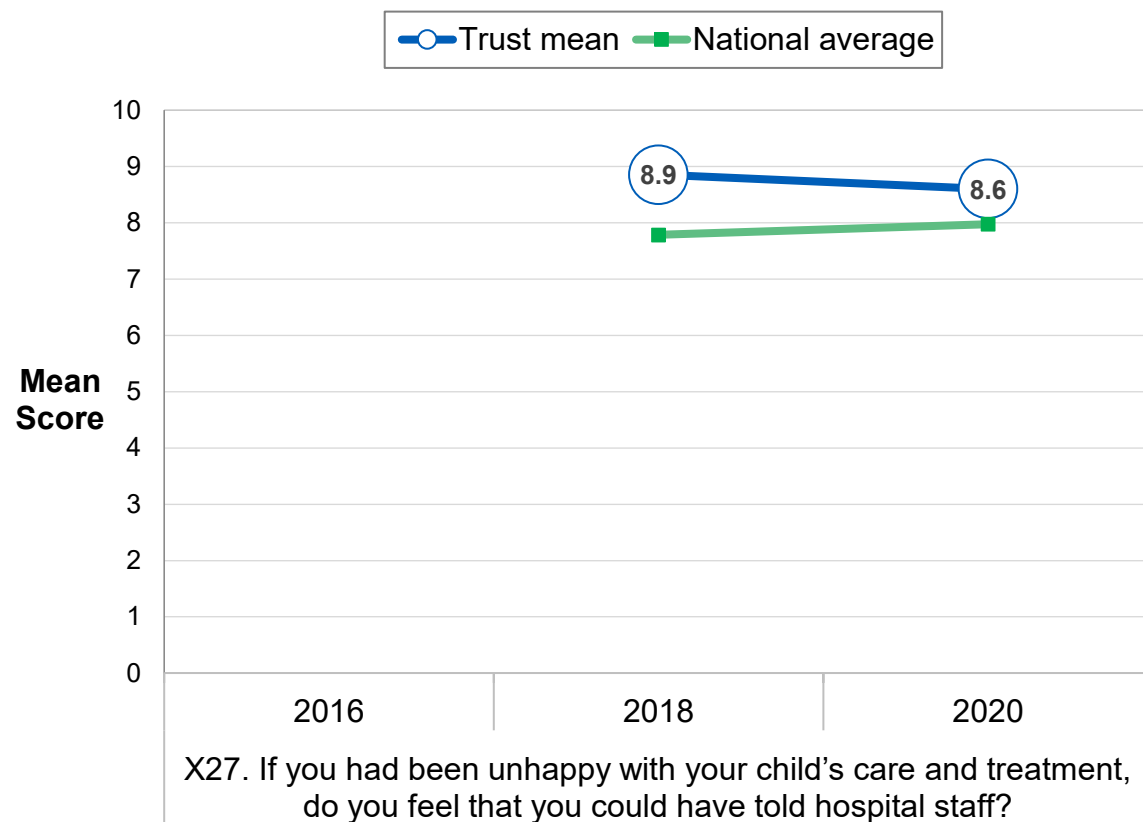
Number of respondents: 2016: 188; 2018: 194; 2020: 152

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

Parent's questions



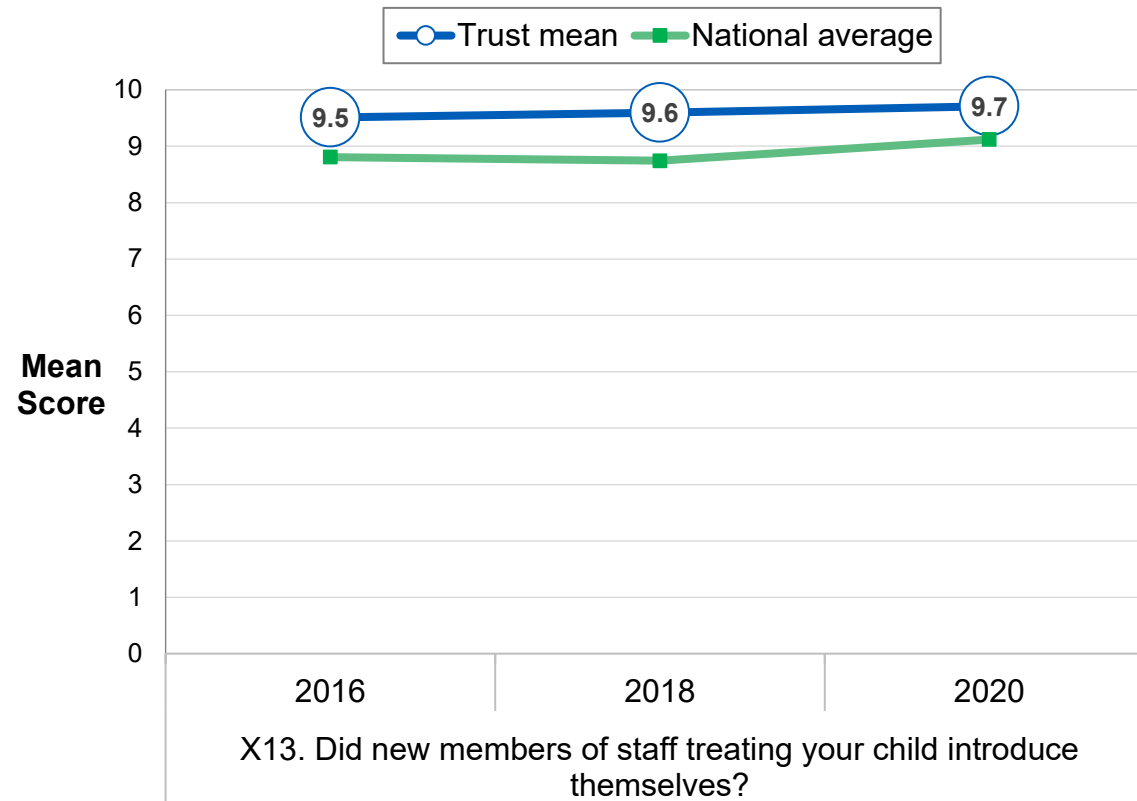
Answered by parents/carers of all age groups.
Number of respondents: 2016: - ; 2018: 198; 2020: 156

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

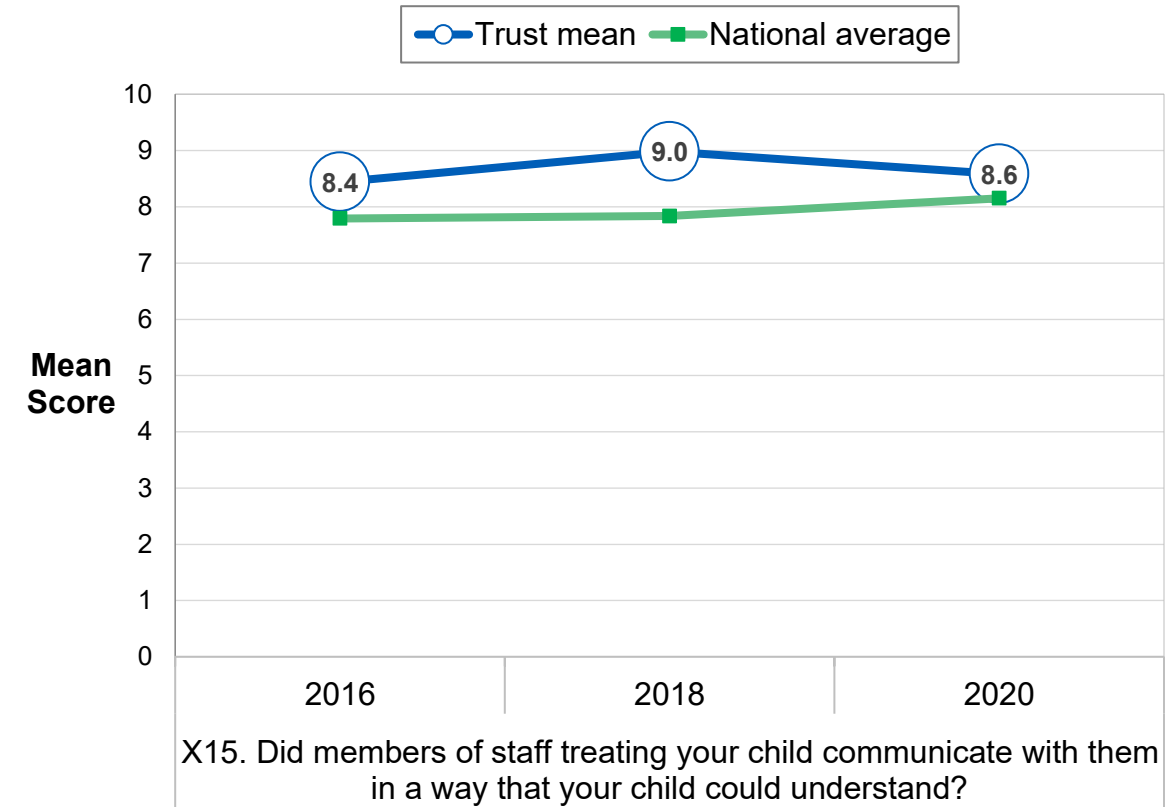
Parent's questions



Answered by parents/carers of children aged 15 days to 7 years.
Number of respondents: 2016: 76; 2018: 91; 2020: 64

Significant change 2020 vs 2018

No change



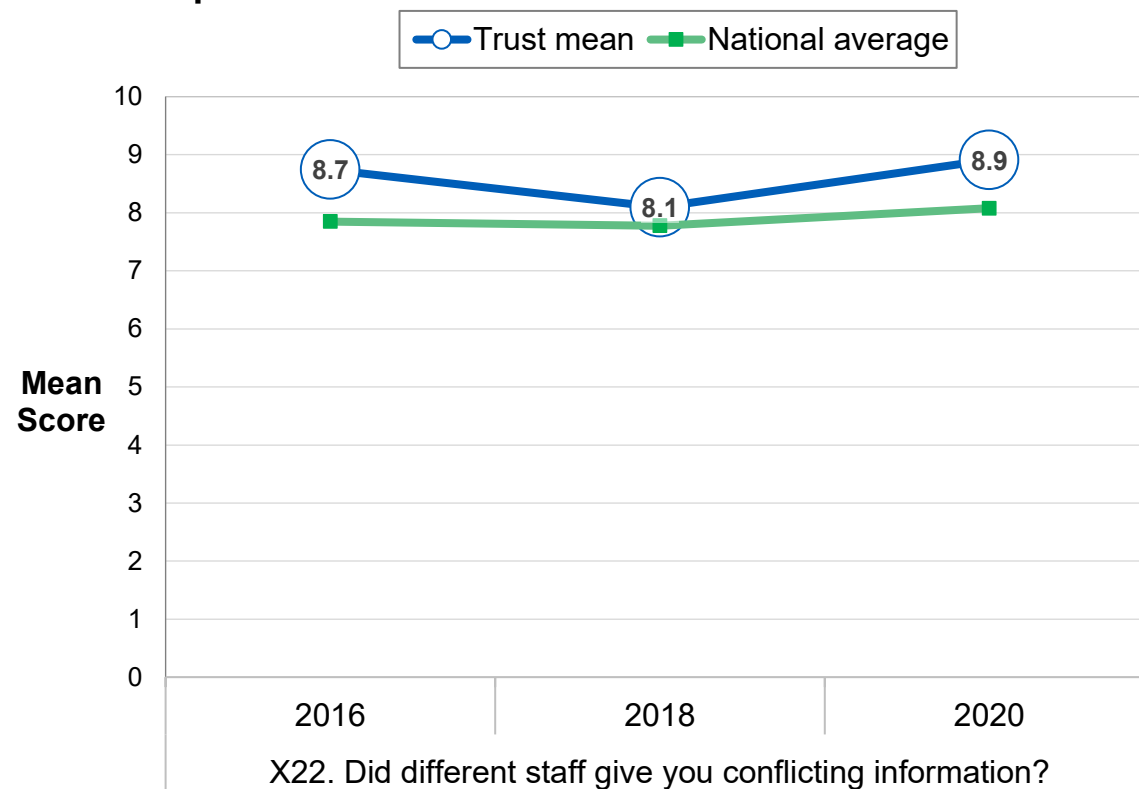
Answered by parents/carers of children aged 15 days to 7 years.
Number of respondents: 2016: 75; 2018: 89; 2020: 64

Significant change 2020 vs 2018

No change

Section 3. Hospital staff

Parent's questions



Answered by parents/carers of children aged 15 days to 7 years.
Number of respondents: 2016: 76; 2018: 91; 2020: 64

Significant change 2020 vs 2018

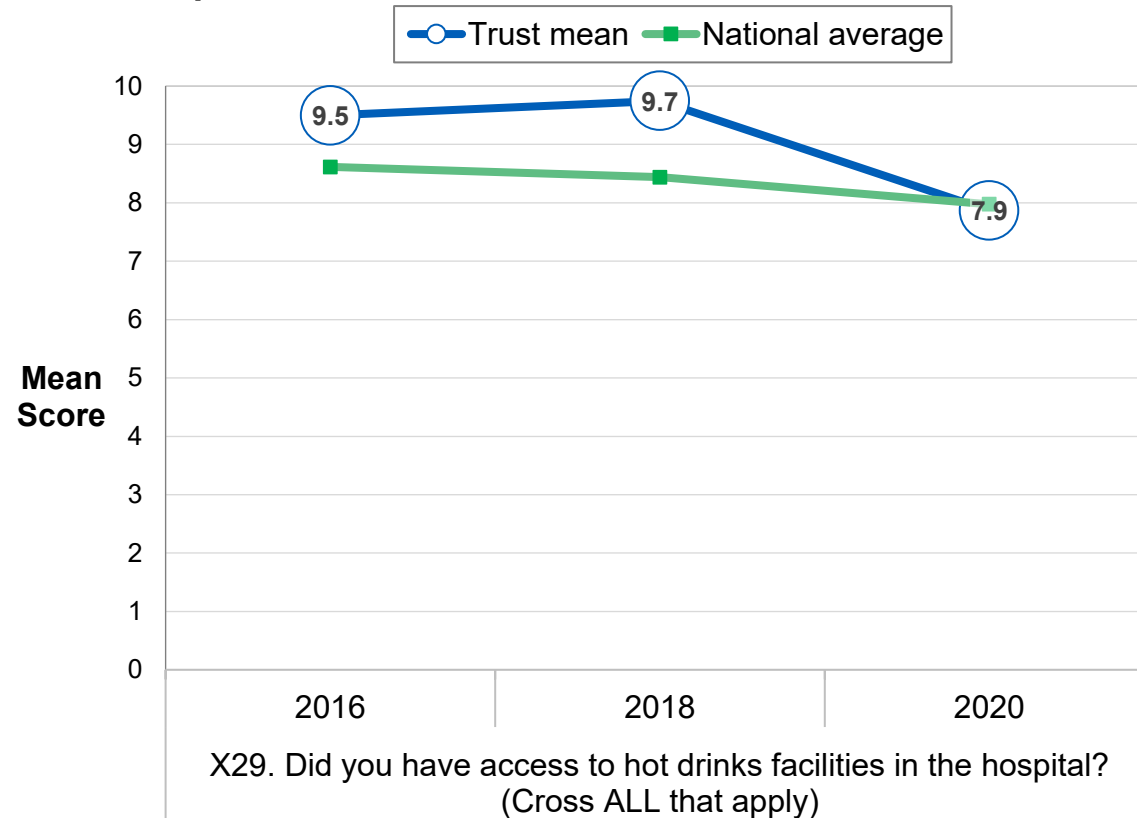
No change

Change over time

Section 4: Facilities

Section 4. Facilities

Parent's questions



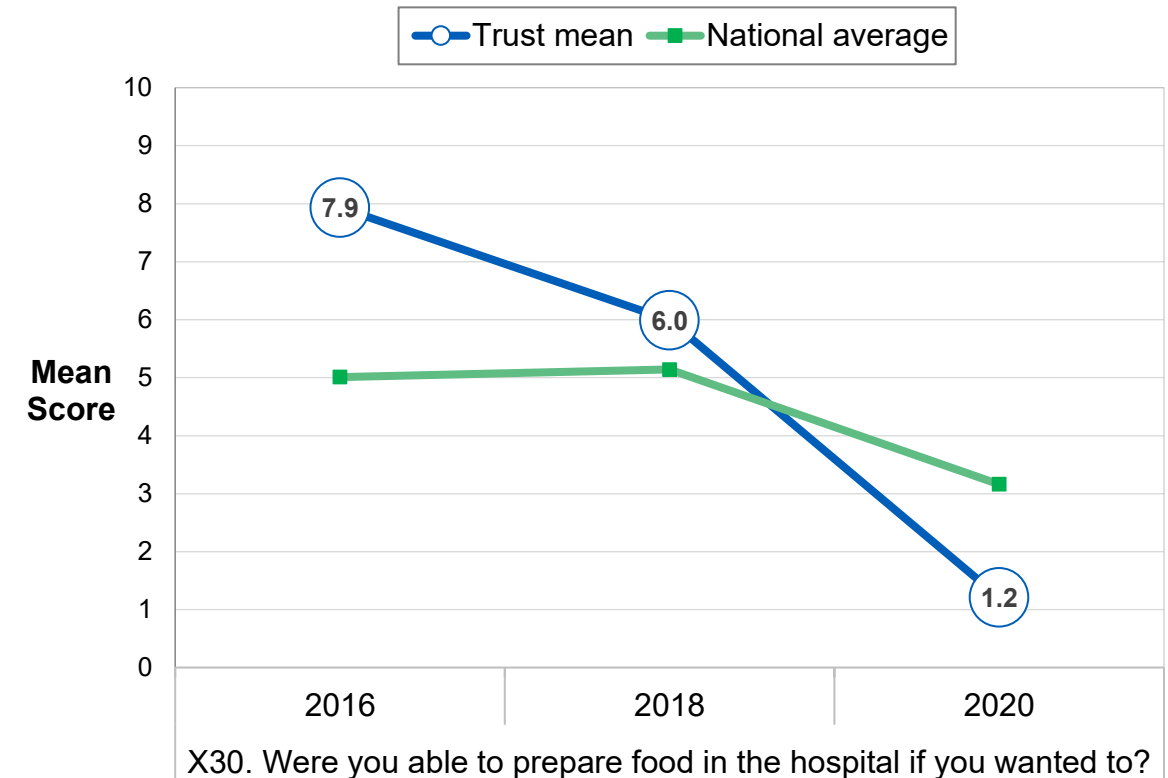
Answered by parents/carers of all age groups.

Note: Multiple response question.

Number of respondents: 2016: 177; 2018: 197; 2020: 153

Significant change 2020 vs 2018

Decrease



Answered by parents/carers of all age groups.

Respondents who answered 'I did not want to prepare food' have been excluded.

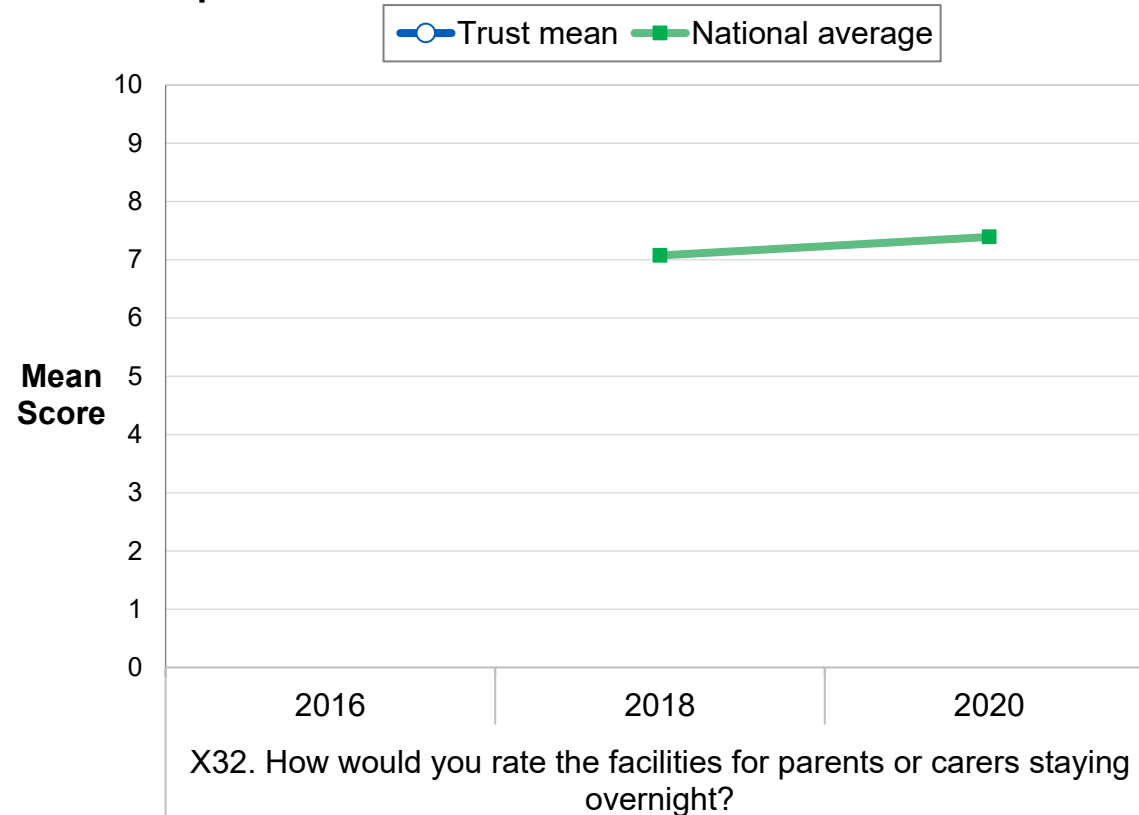
Number of respondents: 2016: 53; 2018: 81; 2020: 44

Significant change 2020 vs 2018

Decrease

Section 4. Facilities

Parent's questions



Answered by parents/carers of all age groups who stayed overnight.
 Note: Filtered question.
 Number of respondents: 2016: - ; 2018: - ; 2020: -

Significant change 2020 vs 2018

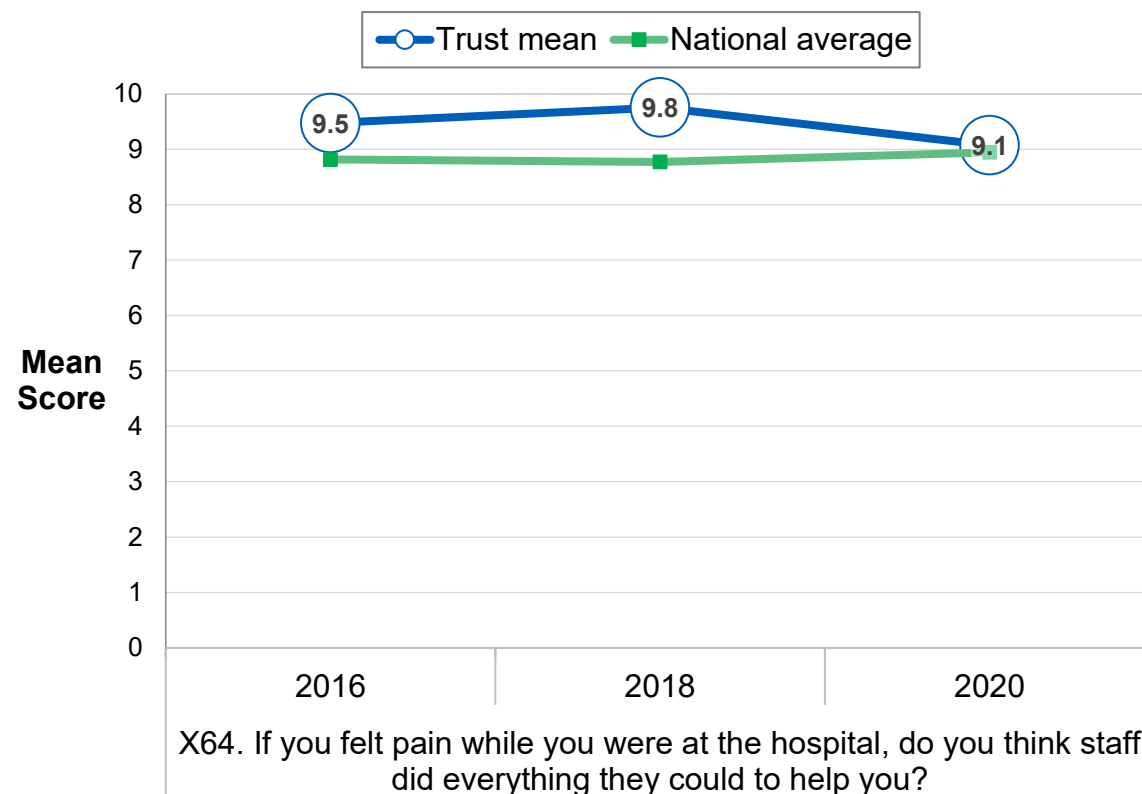
-

Change over time

Section 5: Pain

Section 5. Pain

Children's questions

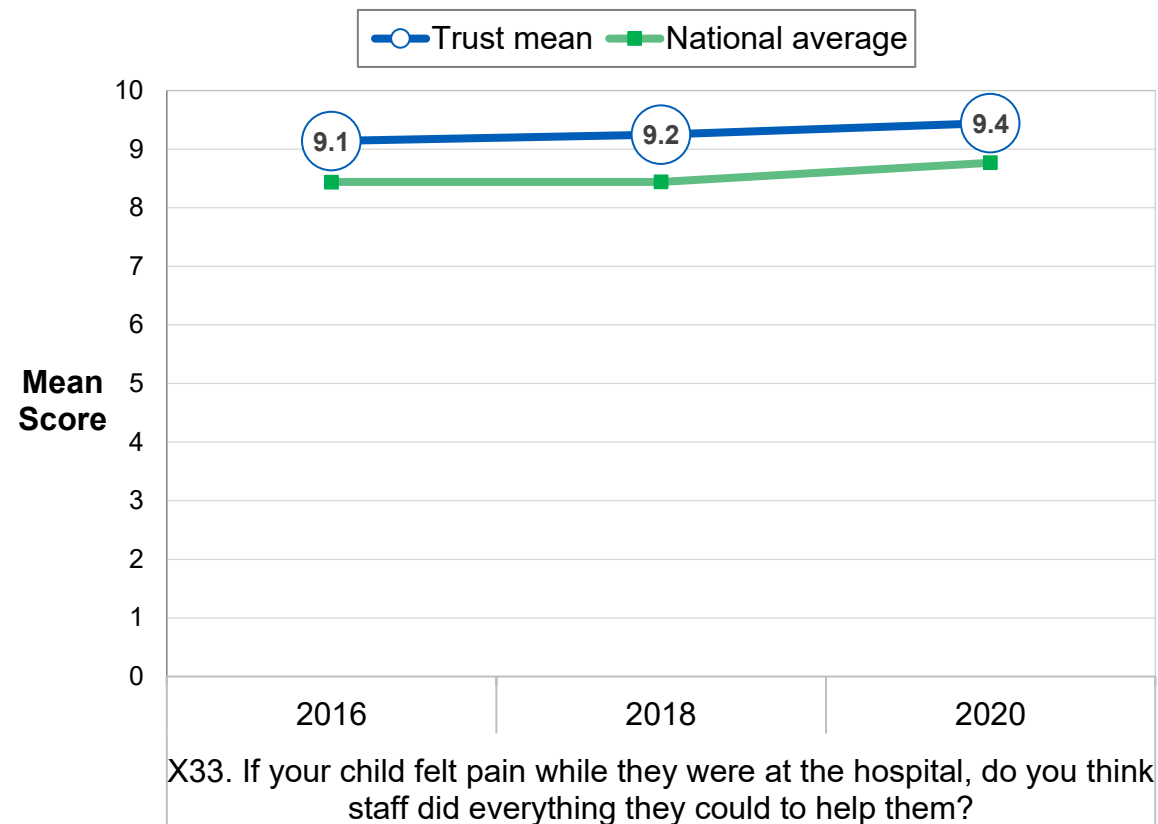


Answered by children and young people aged 8-15.
 Respondents who answered 'I did not feel any pain' have been excluded.
 Number of respondents: 2016: 87; 2018: 90; 2020: 72

Significant change 2020 vs 2018 No change

Section 5. Pain

Parent's questions



Answered by parents/carers of all age groups.

Respondents who answered 'Don't know / not applicable' have been excluded.

Number of respondents: 2016: 149; 2018: 169; 2020: 133

Significant change 2020 vs 2018

No change

Change over time

Section 6: Operations and Procedures

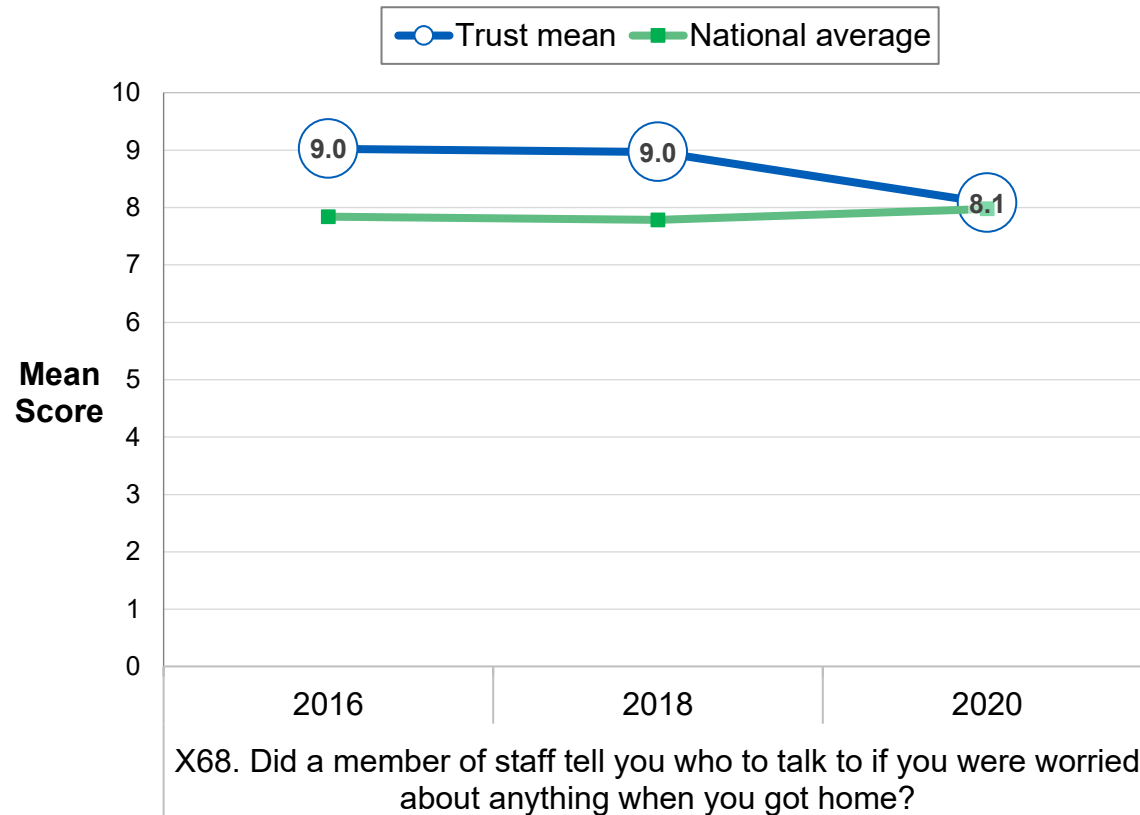
Please note, there are no change over time charts presented in this section as the question that leads into this section was amended this survey year, and so the data are not comparable with previous years'.

Change over time

Section 7: Leaving hospital

Section 7. Leaving hospital

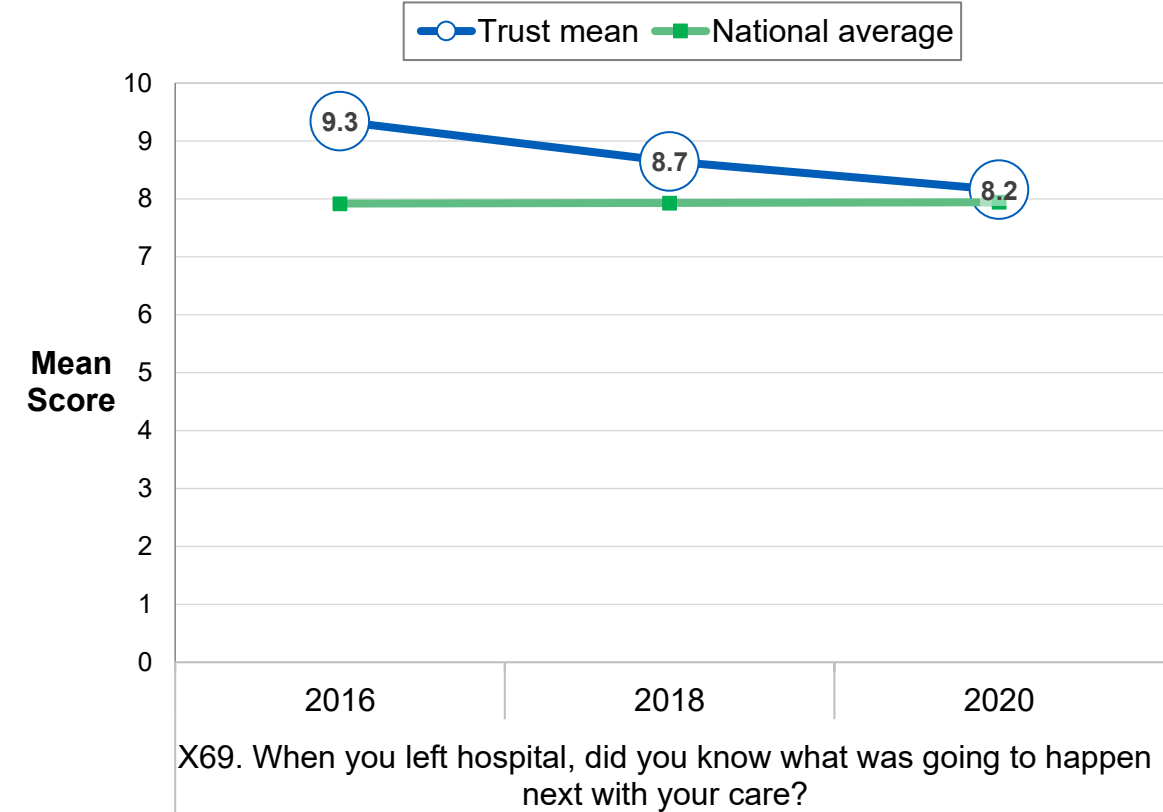
Children's questions



Answered by children and young people aged 8-15 years.
 Respondents who answered 'Don't know / can't remember' have been excluded.
 Number of respondents: 2016: 102; 2018: 93; 2020: 77

Significant change 2020 vs 2018

No change



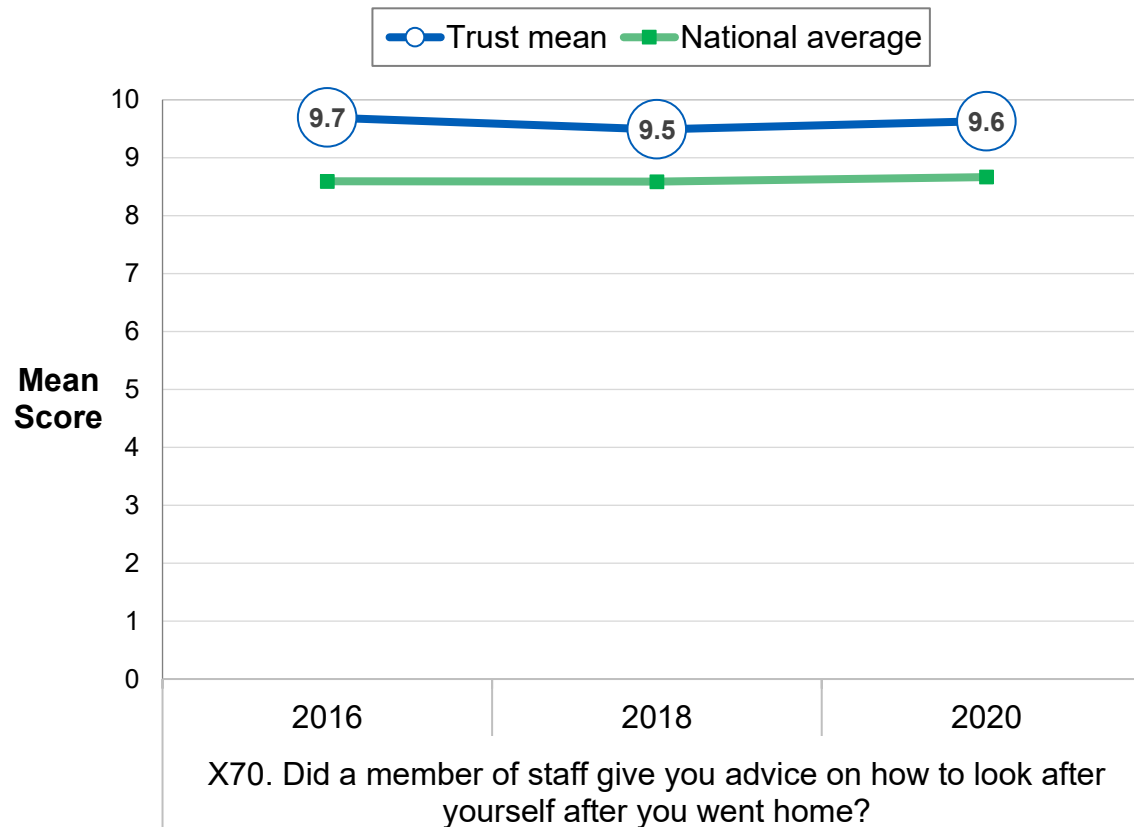
Answered by children and young people aged 8-15 years.
 Number of respondents: 2016: 116; 2018: 110; 2020: 95

Significant change 2020 vs 2018

No change

Section 7. Leaving hospital

Children's questions



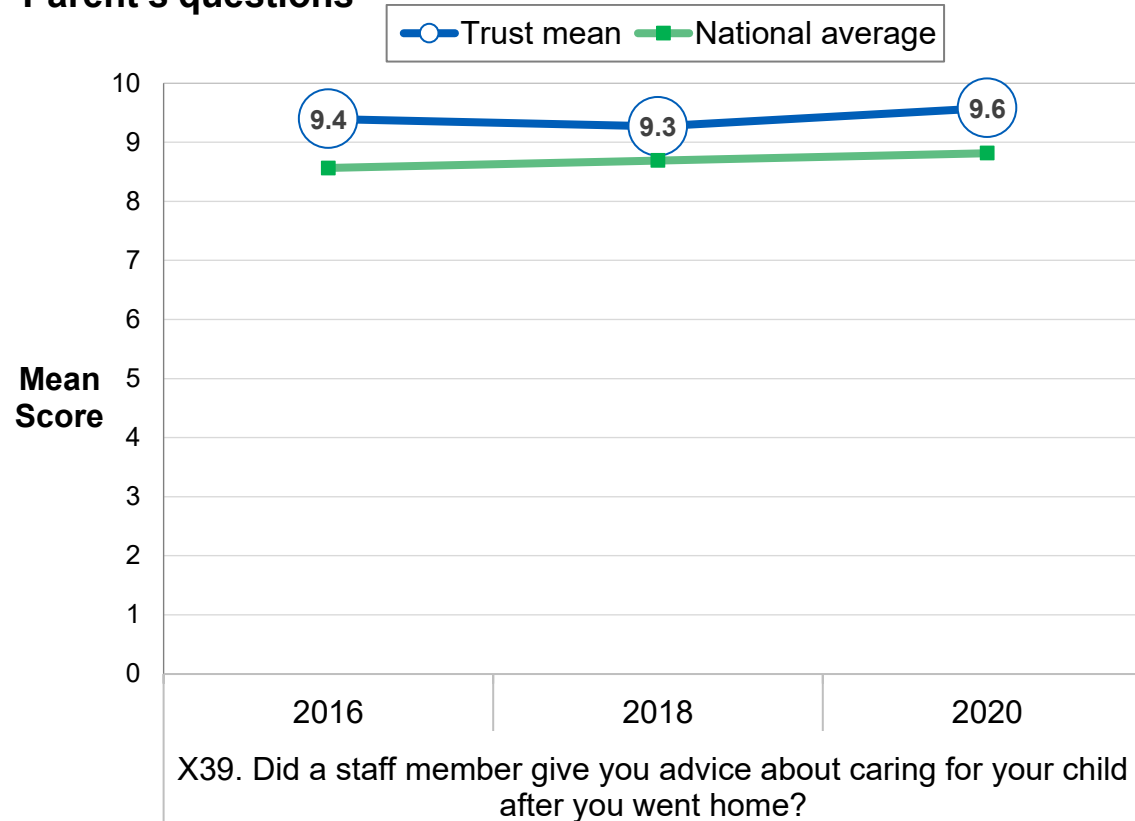
Answered by children and young people aged 8-15 years.
 Respondents who answered 'I did not need any advice' have been excluded.
 Number of respondents: 2016: 115; 2018: 109; 2020: 93

Significant change 2020 vs 2018

No change

Section 7. Leaving hospital

Parent's questions



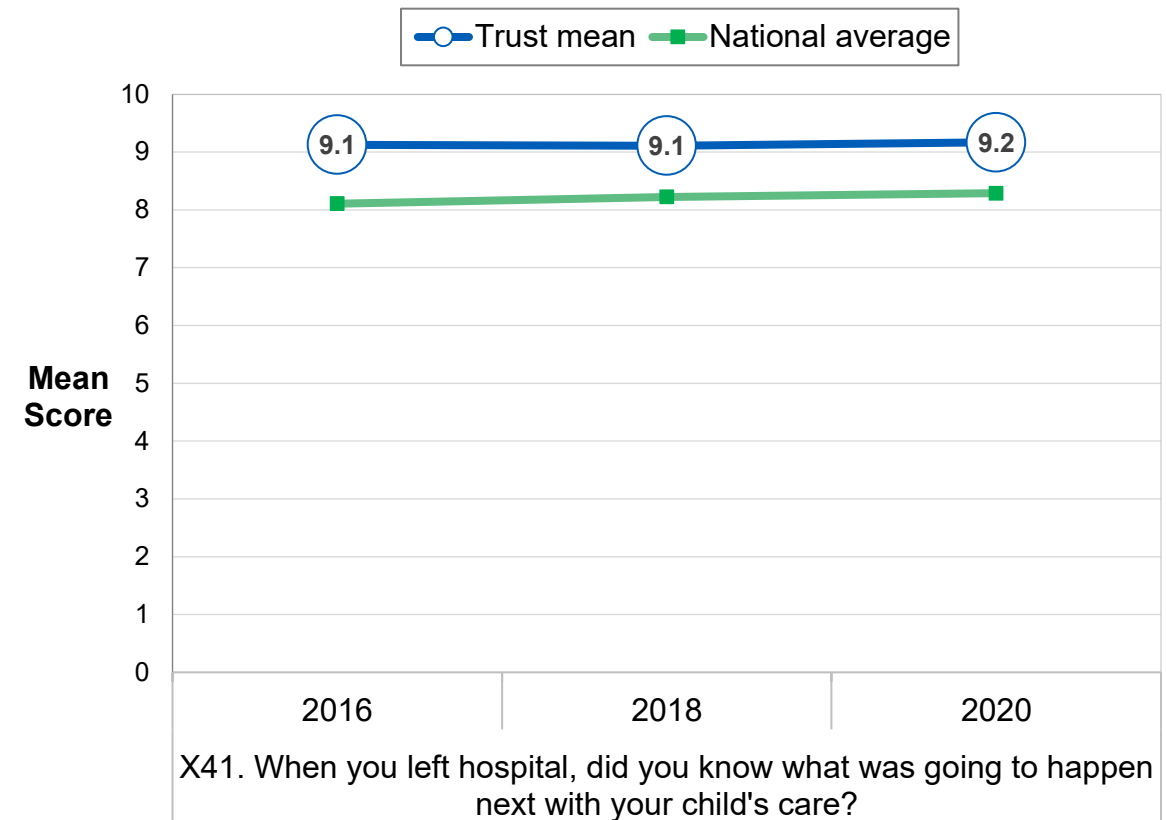
Answered by parents/carers of all age groups.

Respondents who answered 'It was not necessary' and 'Don't know / can't remember' have been excluded.

Number of respondents: 2016: 187; 2018: 199; 2020: 156

Significant change 2020 vs 2018

No change



Answered by parents/carers of all age groups.

Respondents who answered 'It was not necessary' have been excluded.

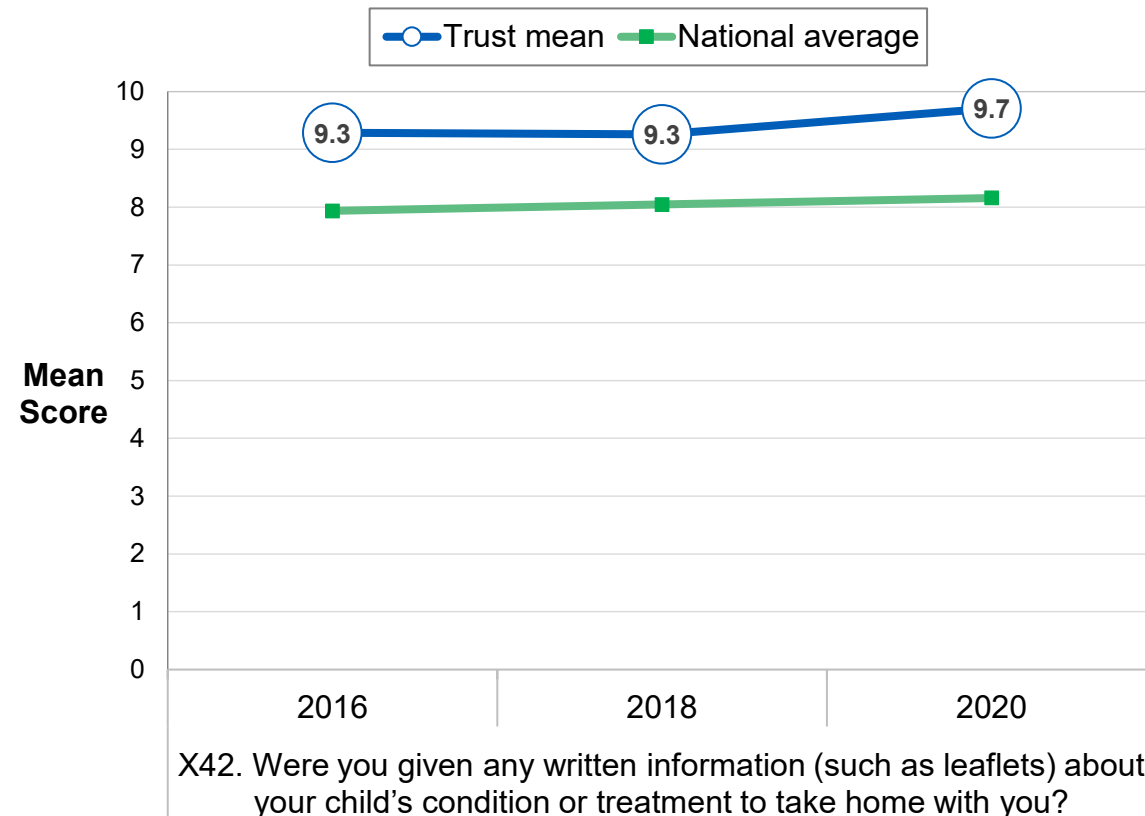
Number of respondents: 2016: 180; 2018: 191; 2020: 152

Significant change 2020 vs 2018

No change

Section 7. Leaving hospital

Parent's questions



Answered by parents/carers of all age groups.

Respondents who answered 'No, but I did not need it' have been excluded.

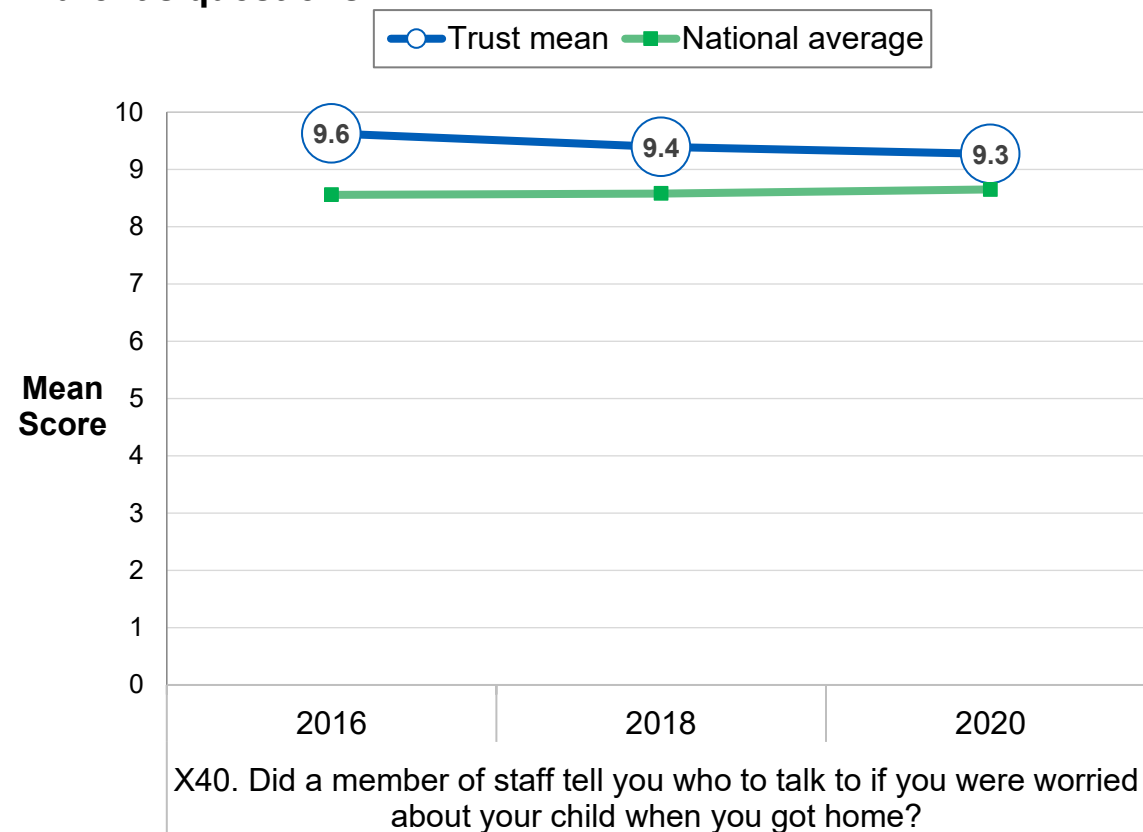
Number of respondents: 2016: 140; 2018: 167; 2020: 134

Significant change 2020 vs 2018

No change

Section 7. Leaving hospital

Parent's questions



Answered by parents/carers of children aged 15 days to 7 years.

Respondents who answered 'It was not necessary' and 'Don't know / can't remember' have been excluded.

Number of respondents: 2016: 72; 2018: 86; 2020: 62

Significant change 2020 vs 2018

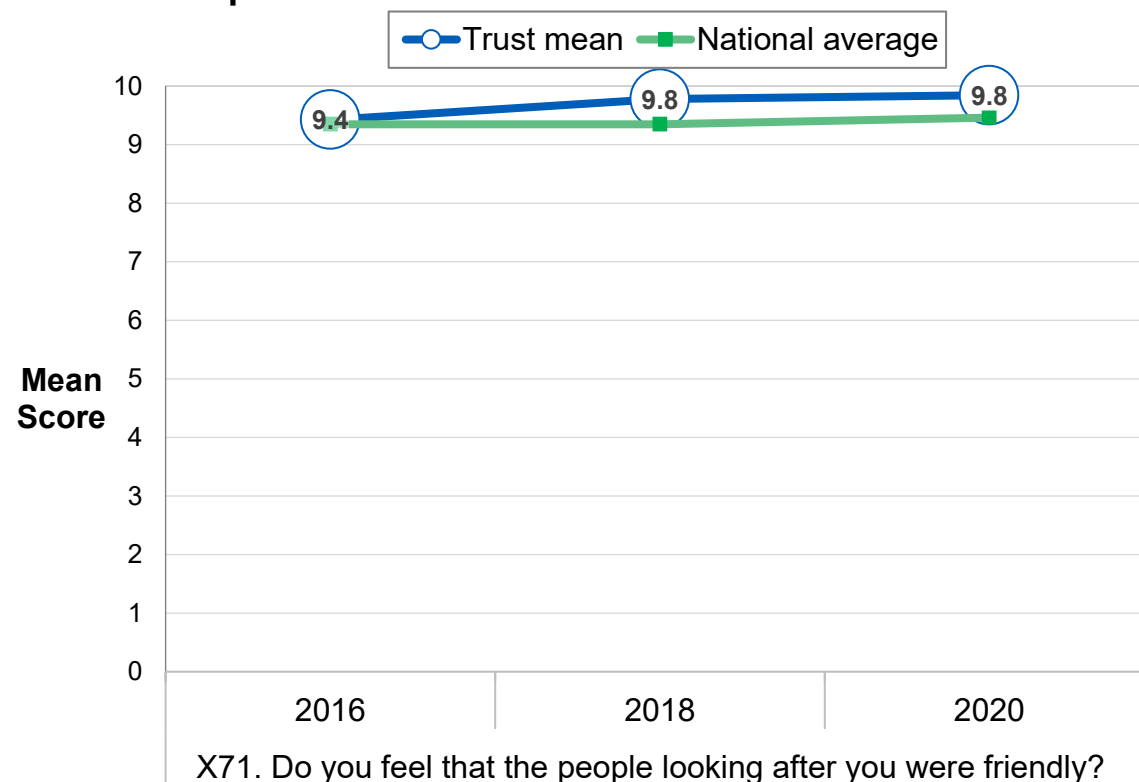
No change

Change over time

Section 8: Overall

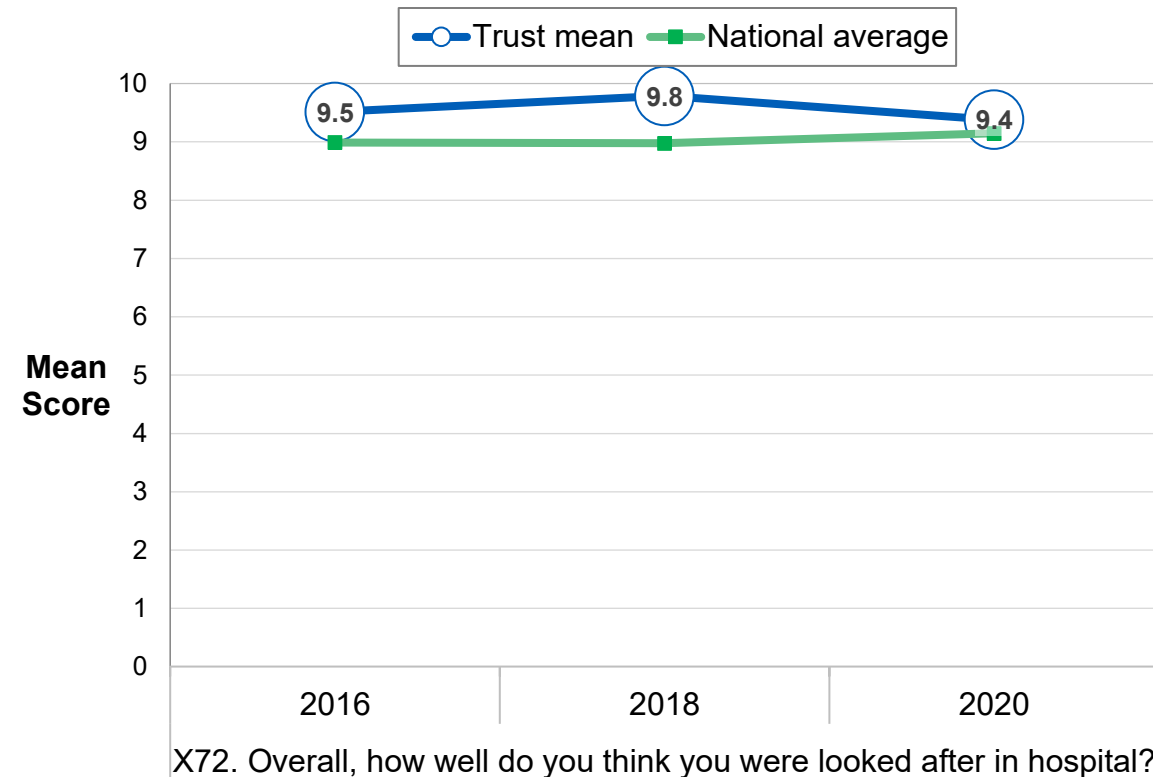
Section 8. Overall

Children's questions



Answered by children and young people aged 8-15 years.
Number of respondents: 2016: 116; 2018: 109; 2020: 95

Significant change 2020 vs 2018 No change

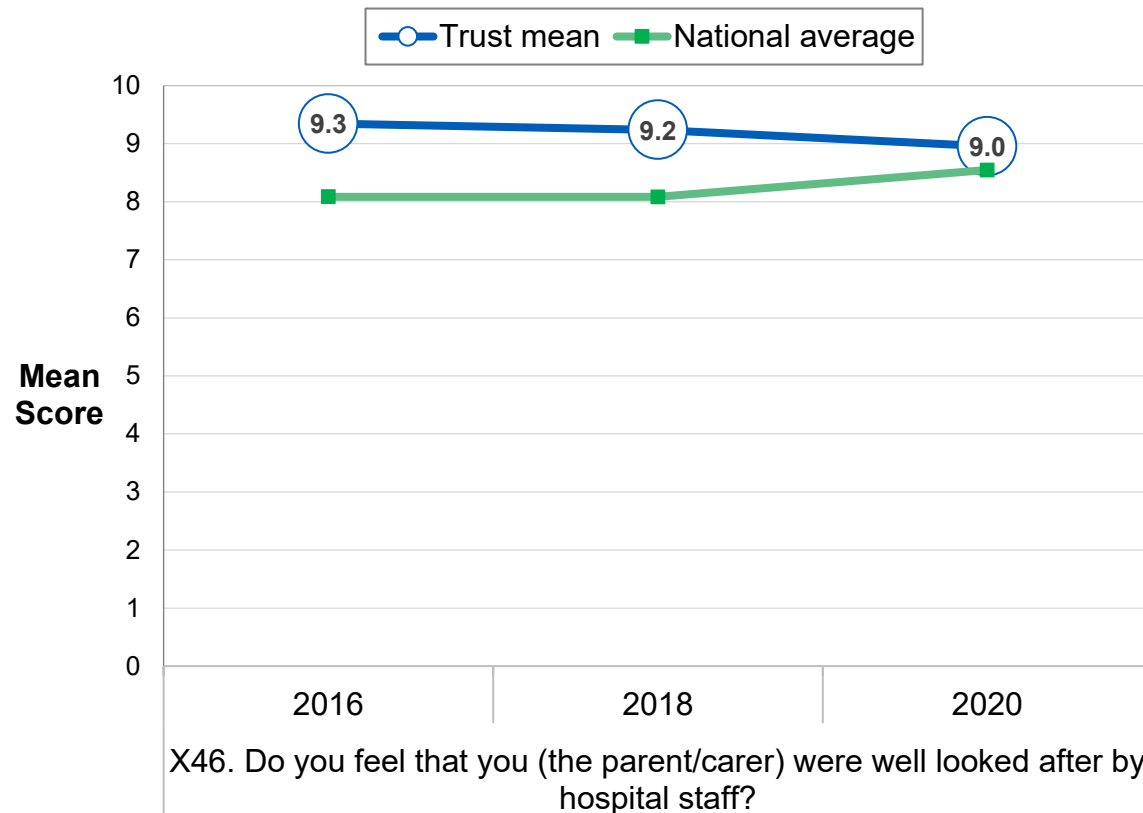


Answered by children and young people aged 8-15 years.
Number of respondents: 2016: 116; 2018: 109; 2020: 95

Significant change 2020 vs 2018 No change

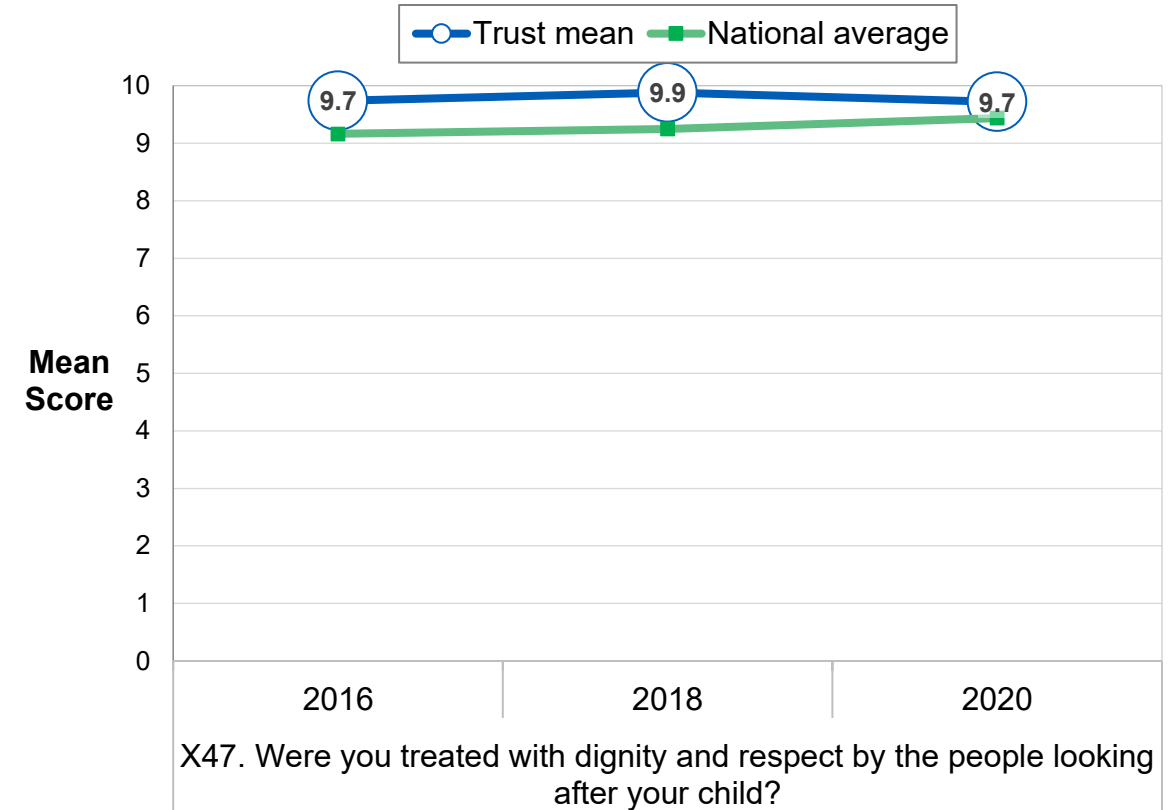
Section 8. Overall

Parent's questions



Answered by parents/carers of all age groups.
Number of respondents: 2016: 190; 2018: 200; 2020: 157

Significant change 2020 vs 2018 No change

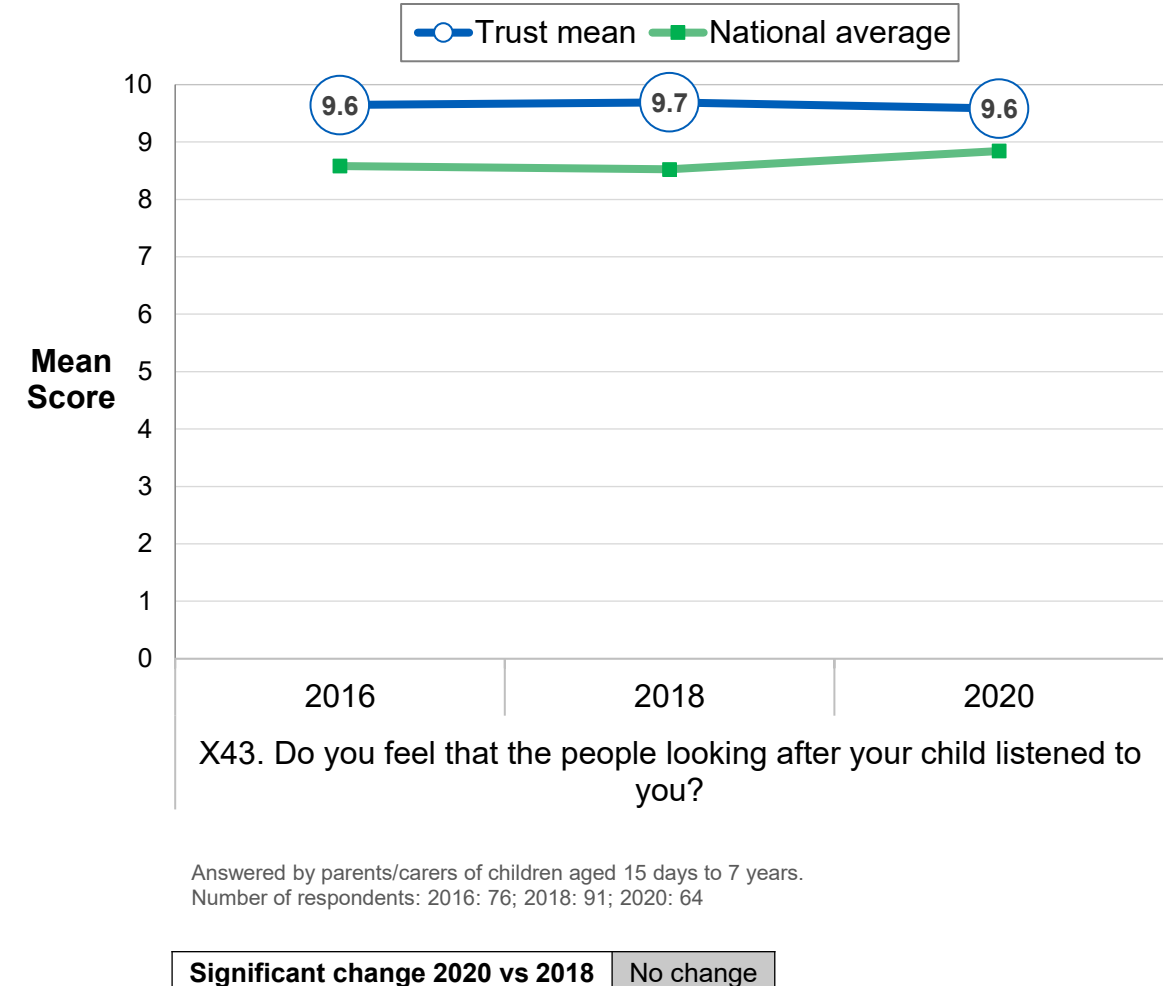
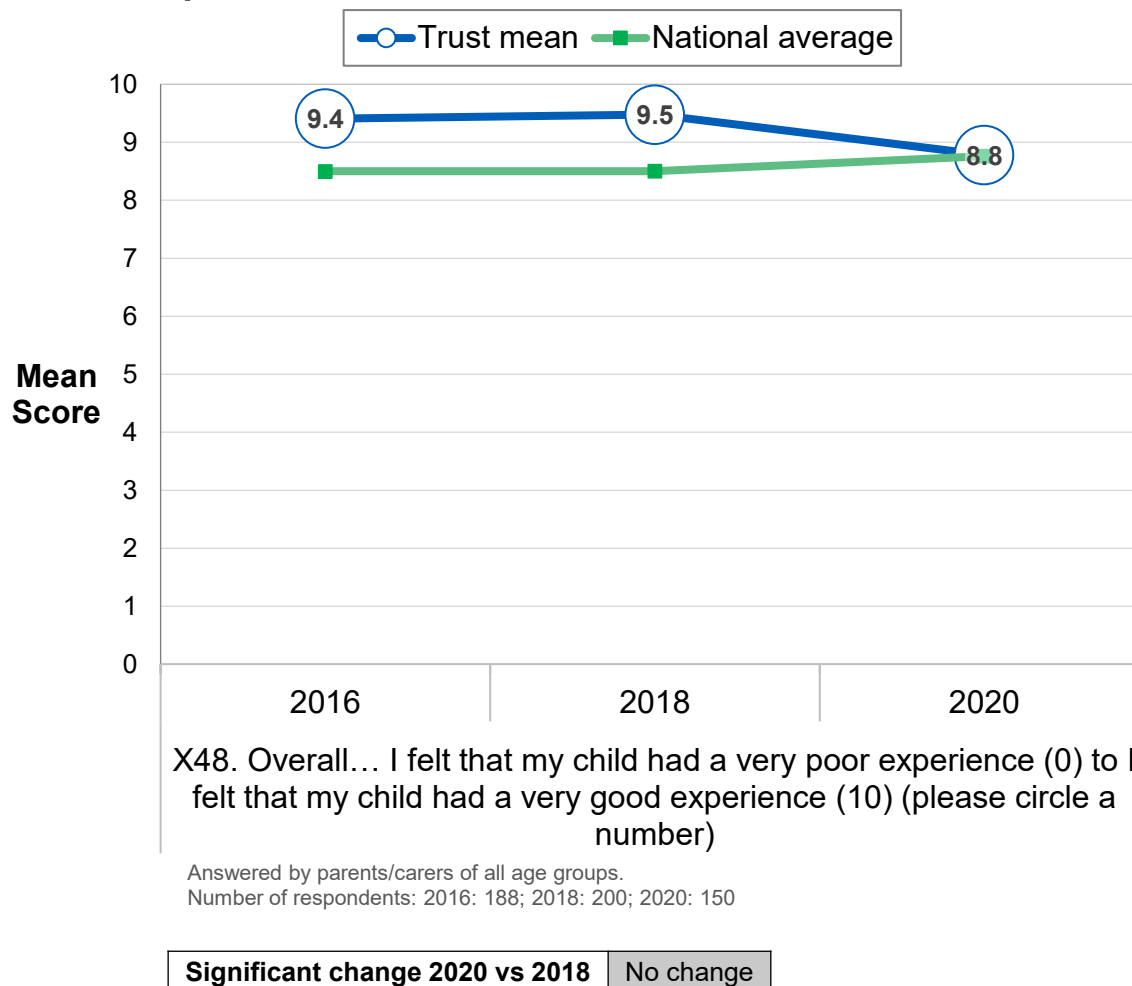


Answered by parents/carers of all age groups in 2018 and 2020. Answered by parents/carers of children aged 15 days to 7 years in 2016.
Number of respondents: 2016: 75; 2018: 201; 2020: 157

Significant change 2020 vs 2018 No change

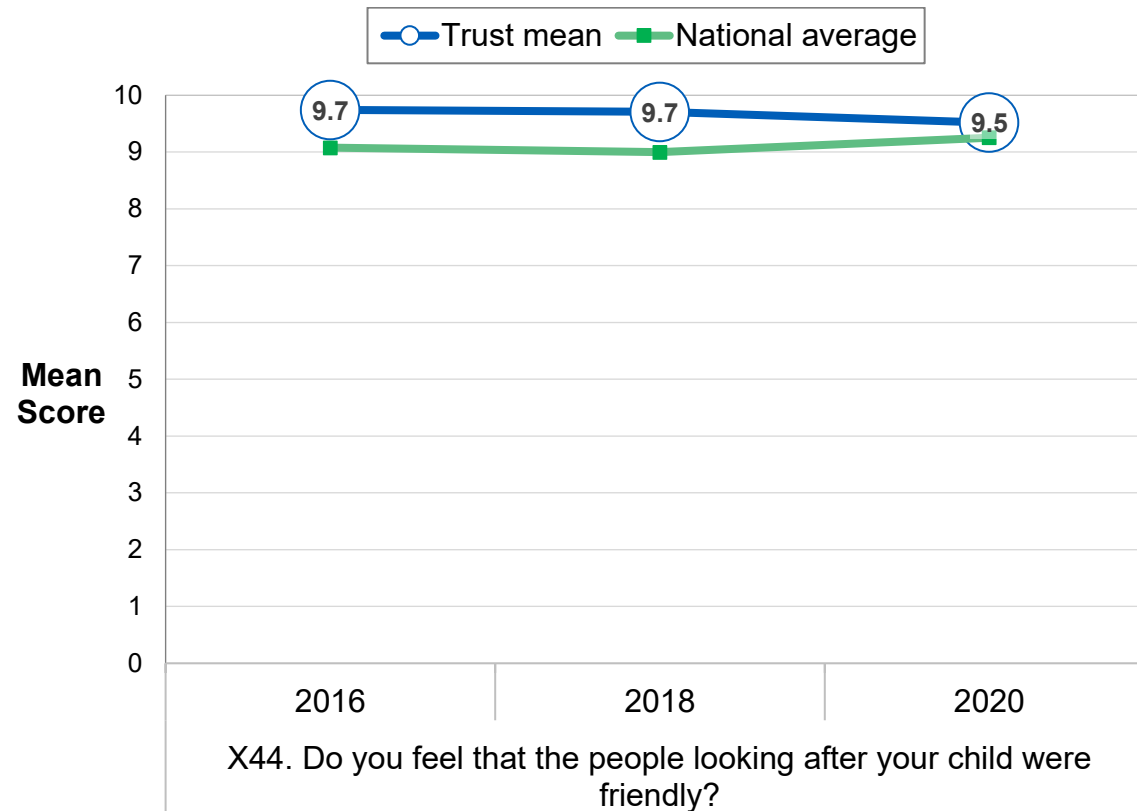
Section 8. Overall

Parent's questions



Section 8. Overall

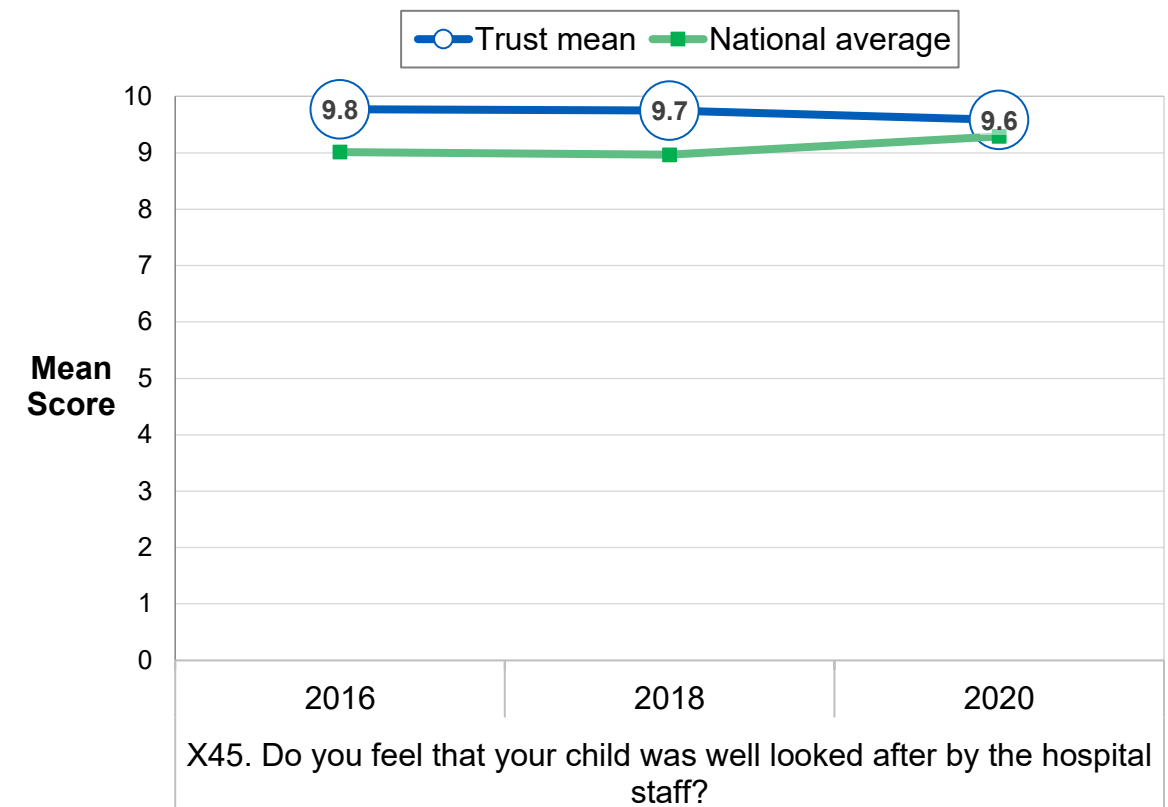
Parent's questions



Answered by parents/carers of children aged 15 days to 7 years.
Number of respondents: 2016: 76; 2018: 91; 2020: 64

Significant change 2020 vs 2018

No change



Answered by parents/carers of children aged 15 days to 7 years.
Number of respondents: 2016: 76; 2018: 91; 2020: 64

Significant change 2020 vs 2018

No change

Appendix

Comparison to other trusts: where your trust has performed much better

The questions at which your trust has performed much better compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much better than expected

- X13. Did new members of staff treating your child introduce themselves?
- X17. Did you have confidence and trust in the members of staff treating your child?
- X23. Were the different members of staff caring for and treating your child aware of their medical history?
- X24. Did you feel that staff looking after your child knew how to care for their needs?
- X36. Before the operations or procedures, did a member of staff answer your questions in a way you could understand?
- X39. Did a staff member give you advice about caring for your child after you went home?
- X41. When you left hospital, did you know what was going to happen next with your child's care?
- X42. Were you given any written information (such as leaflets) about your child's condition or treatment to take home with you?
- X43. Do you feel that the people looking after your child listened to you?
- X70. Did a member of staff give you advice on how to look after yourself after you went home?
- X71. Do you feel that the people looking after you were friendly?

Comparison to other trusts: where your trust has performed better

The questions at which your trust has performed better compared with all other trusts are listed below.

The questions where your trust has performed about the same compared with all other trusts have not been listed.

Better than expected

- X14. Did members of staff treating your child give you information about their care and treatment in a way that you could understand?
- X16. Did a member of staff agree a plan for your child's care with you?
- X18. Did staff involve you in decisions about your child's care and treatment?
- X19. Were you given enough information to be involved in decisions about your child's care and treatment?
- X20. Did hospital staff keep you informed about what was happening whilst your child was in hospital?
- X22. Did different staff give you conflicting information?
- X25. Were members of staff available when your child needed attention?
- X26. Did the members of staff caring for your child work well together?
- X28. Did your child like the hospital food provided?
- X33. If your child felt pain while they were at the hospital, do you think staff did everything they could to help them?
- X35. Before your child had any operations or procedures did a member of staff explain to you what would be done?
- X47. Were you treated with dignity and respect by the people looking after your child?
- X52. If you used the hospital Wi-Fi, was it good enough to do what you wanted?
- X54. Was it quiet enough for you to sleep when needed in the hospital?
- X55. Did hospital staff talk with you about how they were going to care for you?
- X56. When the hospital staff spoke with you, did you understand what they said?
- X63. If you wanted, were you able to talk to a doctor or nurse without your parent or carer being there?

Comparison to other trusts: where your trust has performed somewhat better

The questions at which your trust has performed somewhat better compared with all other trusts are listed below.

The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat better than expected

- X10. Did staff play with your child at all while they were in hospital?
- X11. If your child used the hospital Wi-Fi to entertain themselves, was it good enough to do what they wanted?
- X27. If you had been unhappy with your child's care and treatment, do you feel that you could have told hospital staff?
- X37. During any operations or procedures, did staff play with your child or do anything to distract them?
- X40. Did a member of staff tell you who to talk to if you were worried about your child when you got home?
- X51. Were there enough things for you to do in the hospital?

Comparison to other trusts: where your trust has performed somewhat worse

The questions at which your trust has performed somewhat worse compared with all other trusts are listed below.

The questions where your trust has performed about the same compared with all other trusts have not been listed.

Somewhat worse than expected

- No questions for your trust fall within this banding.

Comparison to other trusts: where your trust has performed worse

The questions at which your trust has performed worse compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Worse than expected

- No questions for your trust fall within this banding.

Comparison to other trusts: where your trust has performed much worse

The questions at which your trust has performed much worse compared with all other trusts are listed below.
The questions where your trust has performed about the same compared with all other trusts have not been listed.

Much worse than expected

- No questions for your trust fall within this banding.

NHS Children and Young People's Patient Experience Survey

Results for Queen Victoria Hospital NHS Foundation Trust

Where patient experience **is best**

- ✓ **Hospital Wi-Fi:** patients feeling the hospital Wi-Fi was good enough to do what they wanted
- ✓ **Quiet hospital wards:** patients feeling it was quiet enough to sleep on the ward
- ✓ **Information about care:** parents/carers being given written information about child's condition/treatment to take home
- ✓ **Hospital Wi-Fi:** parents/carers feeling that the hospital Wi-Fi was good enough for their child to entertain themselves
- ✓ **Hospital food:** parents or carers feeling that their child liked the hospital food provided

Where patient experience **could improve**

- **Access to facilities:** parents or carers feeling they were able to prepare food in the hospital if they wanted to
- **Hospital food:** patients liked the hospital food
- **Decisions about care:** patients feeling involved in decisions about their care and treatment
- **Ward suitability:** patients feeling that the ward was suitable for someone of their age
- **Listening to patients:** patients feeling that staff listened to what they had to say

These questions are calculated by comparing your trust's results to the national average. "Where patient experience is best": These are the five results for your trust that are highest compared with the national average.

"Where patient experience could improve": These are the five results for your trust that are lowest compared with the national average.

This survey looked at the experiences of people who were discharged from an NHS acute hospital between 1st November 2020 and 31st January 2021. Between March and July 2021 a questionnaire was sent to 419 recent patients. Responses were received from 159 patients at this trust. If you have any questions about the survey and our results, please contact [INSERT TRUST CONTACT DETAILS].

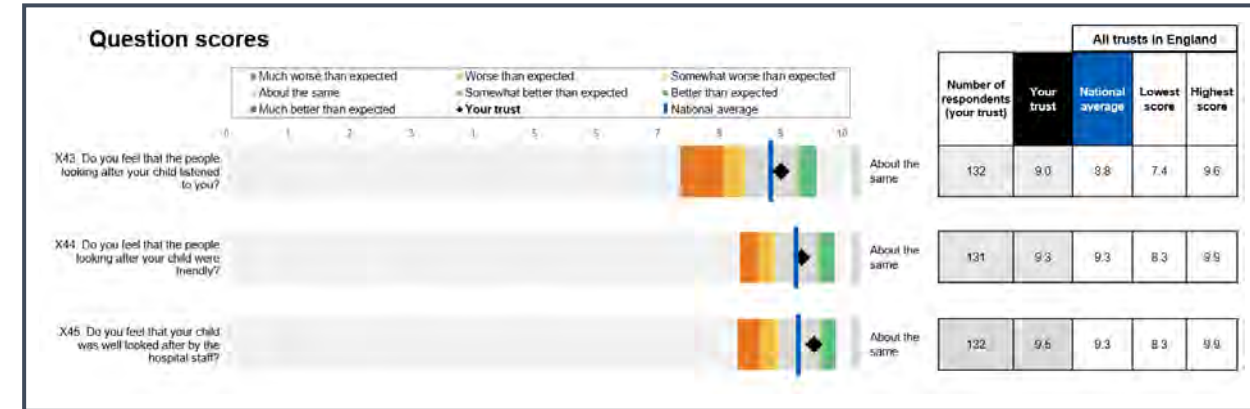


How to interpret benchmarking in this report

The charts in the 'benchmarking' section show how the score for your trust compares to the range of scores achieved by all trusts taking part in the survey. The black line shows the score for your trust. The graphs are divided into seven sections, comparing the score for your trust to most other trusts in the survey:

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.
- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.
- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.
- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.
- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.
- If your trust's score lies in the **light orange section** of the graph, its result is 'Worse than expected'.
- If your trust's score lies in the **dark orange section** of the graph, its result is 'Much worse than expected'.

These groupings are based on a rigorous statistical analysis of the data termed the 'expected range' technique.



How to interpret benchmarking in this report (continued)

The 'much better than expected,' 'better than expected', 'somewhat better than expected', 'about the same', 'somewhat worse than expected', 'worse than expected' and 'much worse than expected' categories are based on an analysis technique called the 'expected range'. Expected range determines the range within which a trust's score could fall without differing significantly from the average, taking into account the number of respondents for each trust, to indicate whether the trust has performed significantly above or below what would be expected.

If it is within this expected range, we say that the trust's performance is 'about the same' as other trusts. Where a trust is identified as performing 'better' or 'worse' than the majority of other trusts, the result is unlikely to have occurred by chance.

In some cases, there will be no shades of orange and/or green area in the graph. This happens when the expected range for your trust is so broad that it encompasses either the highest possible score for all trusts (no green section) or the lowest possible score for all trusts (no orange section). This could be because there were few respondents and/or a lot of variation in their answers.

In some cases, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

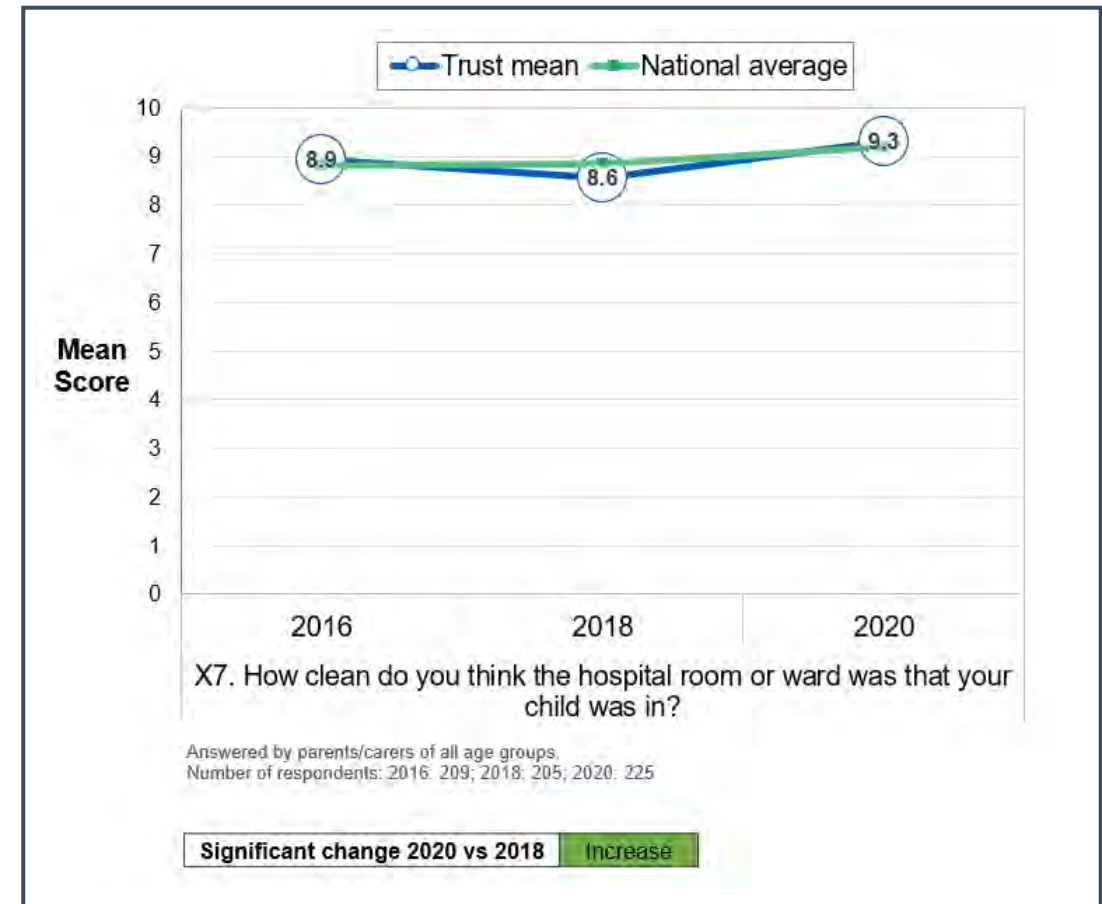
Additional information on the 'expected range' analysis technique can be found in the survey technical report on the [NHS Surveys website](#).

How to interpret change over time in this report

The charts in the 'change over time' section show how your trust scored in each survey iteration. Where available, trend data from 2016 to 2020 is shown. Questions that are not historically comparable, are not shown.

Each question is displayed in a line chart. These charts show your trust's mean score for each survey year (blue line). The national average is also shown across survey years, this is the average score for that question across all children and young person's trusts in England (green line). This enables you to see how your trust compares to the national average. If there are data missing for a survey year, this may be due to either a low number of responses, because the trust was not included in the survey that year, sampling errors or ineligibility.

Statistically significant changes are also displayed underneath the charts, showing significant differences between this year (2020) and the previous year (2018). Z-tests set to 95% significance were used to compare data between the two years (2020 vs 2018). A statistically significant difference means it is unlikely we would have obtained this result if there was no real difference.



An example of scoring

Each evaluative question is scored on a scale from 0 to 10. The scores represent the extent to which the patient's experience could be improved. A score of 0 is assigned to all responses that reflect considerable scope for improvement, whereas a score of 10 refers to the most positive patient experience possible. Where a number of options lay between the negative and positive responses, they are placed at equal intervals along the scale. Where options were provided that did not have any bearing on the trust's performance in terms of patient experience, the responses are classified as "not applicable" and a score is not given. Similarly, where respondents stated they could not remember or did not know the answer to a question, a score is not given.

Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question X49 "Did hospital staff play with you or do any activities with you while you were in hospital?":

- The answer code "Yes, a lot" would be given a score of 10, as this refers to the most positive patient experience possible.
- The answer code "Yes, a little" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer code "I did not want or need them to" would not be scored, as they do not have a clear bearing on the trust's performance in terms of patient experience.

Calculating the trust score for each question

The weighted mean score for each trust, for each question, is calculated by dividing the sum of the weighting scores for a question by the weighted sum of all eligible respondents to the question for each trust. An example of this is provided in the [survey technical document](#).



Thank you.

**For further information
please contact the Survey
Coordination Centre for
Existing Methods:**

cyp@surveycoordination.com

KSO3 – Operational Excellence

Risk Owner – Director of Operations
Date last reviewed : 22 December 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 <u>4(C) x 4 (L) = 16</u> Target Risk Rating 3 (C) x 3 (L) = 9, low
Risk Sustained delivery of constitutional access standards Patients & Commissioners lose confidence in our ability to provide timely and effective treatment due to an increase in waiting times and a fall in productivity.	Rationale for current score <ul style="list-style-type: none">• 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 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• Increased demand in immediate breast reconstruction referrals	Future risks <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• Closer ICS working• Closer working between providers including opportunities with Kent & Surrey• Partnership with BSUH/WSHFT
Controls / Assurance <ul style="list-style-type: none">• 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 <ul style="list-style-type: none">• 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

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KSO 4 – Financial Sustainability

Risk Owner: Director of Finance & Performance

Committee: Finance & Performance

Date last reviewed 17/12/2021

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.

Rationale for current score (at Month 8)

- The Trust submitted a breakeven plan for H2 in line with ICS. ~~As at month 7 the Trust has a surplus of £0.4m to plan. As at Month 8 the Trust is reporting a £0.4m surplus on actuals forecasting a break even year end position. Month 9 reporting will review the year end forecast for both revenue & Capital.~~
- ERF changes in H2 to clockstops, no income achievement in month 8.
- 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.

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

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

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

Future Risks

NHS Sector financial landscape Regulatory Intervention

- National guidance is developing to understand how the financial regime will impact Trusts over the coming months and further into next FY. Guidance not anticipated in calendar year, business planning will need to continue based on assumptions of current cost base.
- Capped expenditure process
- Single Oversight Framework
- Commissioning intentions – Clinical effective commissioning
- NHSI/E control total expectation of annual breakeven within the LTFM trajectory (2020/21-2024/25)
- Central control total for the ICS which is allocated to organisations
- Unknown Brexit risks for increased costs for such items as drugs and procurement and staffing implications
- Significant work to develop the LTP in line with potential merger
- Lack of relevant resource to deliver BAU, develop required efficiencies and Business Cases
- 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:	6 January 2022	Agenda reference:		14-22	
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 22 nd November. A verbal update on the "December" meeting, on 4 th January 2022 will be given at the meeting.				
Summary of key issues	<p>Operational performance: impact of immediate breast reconstruction and sleep.</p> <p>Workforce indicators : increase in sickness levels</p> <p>Financial results : forecasting break-even under current regime</p>				
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:	KSO2:	KSO3: x	KSO4: x	KSO5: x
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	<p>KS05 – Organisational Excellence – strong indicators of successful management, but aware of critical dependencies</p> <p>KS04 – Financial Sustainability – short-term break-even is the result of national funding, longer-term is not resolved</p> <p>KS03 – Operational Excellence – risk remains high as growth in waiting lists and times</p>				
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: 6 January 2022
Reference no: 14-22
Report from: Paul Dillon-Robinson, Committee Chair
Report date: 20 December 2021

Financial, operational and workforce performance assurance

Introduction

The finance and performance committee met on 22nd November (reported below) and will have met on 4th January 2022 (a verbal update can be given at the meeting).

1. Operational performance

The committee was informed of the increase in immediate breast referrals from across Kent, Sussex and Surrey and the impact that this can have on other performance metrics (e.g. 52ww) and income (e.g. ERF). In addition, it continues to monitor the impact of sleep performance and the recovery actions that are being undertaken and planned.

The monitoring of actions to address health inequalities was discussed and will become a regular agenda item.

The committee continue to review the level of on the day cancellations and theatre utilisation, but there are no specific trends emerging and management continue to monitor and investigate.

Forecasting activity for the rest of the year, against H2 planning and recovery continues.

2. Workforce performance

The committee noted that sickness levels were creeping up and were assured that this is being carefully monitored, with the most recent month higher than would be expected for the time of year.

The increase in authorised establishment was queried and reasons given for the slight increase (EDM posts and nurses allowed for). Whilst there is an increase in recruitment activity, the time to recruit was challenged and changes within the recruitment team are speeding up internal processes.

A paper on succession planning was discussed, noting the national level of vacancies and the particular issues at the trust (such as the age profile). Assurance was taken in the attention being given to short and medium term actions for the attraction and retention of staff, whilst this issue will be revisited in 3 months' time.

3. Financial performance

The trust is still looking at a break-even position for the full financial year, based on the block contract funding arrangements in place and dependent on some level of vacancies and ERF funding.

The monthly run rate remains stable, and the committee discussed the link between run rate and activity levels, noting that need to take into account differences from the use of independent sector, sleep and dental activity, theatre activity, etc.

Planning guidance for 2022/23 is still awaited.

4. Other

As part of the operational performance review there was a deep dive on the Covid-19 risk and it was agreed that the management of the risk was now being treated as business as usual.

In its review of the corporate risk register the committee discussed the PACs and cancer referrals risks.

An update on the service review of Plastics was given, focussing on the analysis of outpatient costs and the various historic issues with tariffs (e.g. skin, breast reconstruction, etc.) and how an understanding of the patient treatment needed to be explored (use of critical care, overnight v day case, etc.). Further work is being undertaken as the new GM in Plastics builds up their understanding.

The committee also had an update on IM&T projects, and approved a number of policies

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	Thursday 6 January 2022	Agenda reference:	15-22		
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: <ul style="list-style-type: none"> Operational performance in month Cancer hub Health Inequalities Deep Dive 				
Recommendation:	The Board is asked to note the contents of the report				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: Operational excellence	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
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:	NA				
Assurance route					
Previously considered by:	Executive Management Team				
	Date:	29 12 21	Decision:	Noted	
Previously considered by:	Finance & Performance Committee				
	Date:	04 01 22	Decision:	To be noted	
Next steps:					

Operational Performance Report

Abigail Jago, Director of Operations

January 2022

Trust Board



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Headlines

Cancer:

- Performance **meeting national / local set standards** for 62 day, 31 day and faster diagnosis.
- Performance **meeting agreed trajectory** for 62 day backlog and patients waiting greater than 104 day.
- Performance **behind plan** for 2WW related primarily to clinic capacity and patient choice, although is an improved position on last month.

Diagnostics:

- **DMO1** – Continued challenges within the sleep service due to staffing gaps. Radiology only DMO1 performance is **100%**.
- Recovery Plan for DM01 within the Sleep service has been developed including recovery trajectory from December. Sleep only DMO1 performance is **34.48%**.

Waiting Lists and Long Waiters:

- Continued reduction in patients waiting over **52** weeks; meeting new H2 trajectory.
- Patients waiting over **78** weeks have reduced and remains ahead of plan; plastics continue to see a notable reduction of patients waiting over 78 weeks.
- Patients waiting over **104** weeks have decreased by 2 in month, however is marginally behind the revised H2 trajectory.

Activity Vs Plan:

- **Day case** activity has decreased in month and remains below plan, primarily driven by continued cataract theatre capacity challenges.
- **Elective** activity has decreased in month and remains behind plan, driven by late cancellations within corneo.
- **First outpatients** and **follow up outpatients** have increased slightly in month, although both remain below plan.

Risk to performance / forward look

- **62D/104D backlog** – remain an ongoing performance risk due to continued high levels of late referrals.
- **2WW** – ongoing breaches due to capacity and high levels of patient choice delays mean performance is expected to remain challenged into November.
- Sleep staffing position; continued performance risk for **DMO1** and **elective activity**. Ongoing work to address.
- Staffing challenges due to Covid impact.
- Ongoing risk around patients delaying / unable to attend for treatment for Covid and Non-Covid reasons.
- System pressures and challenges – increased likelihood of reimplementation of QVH Cancer Hub from January 2022.

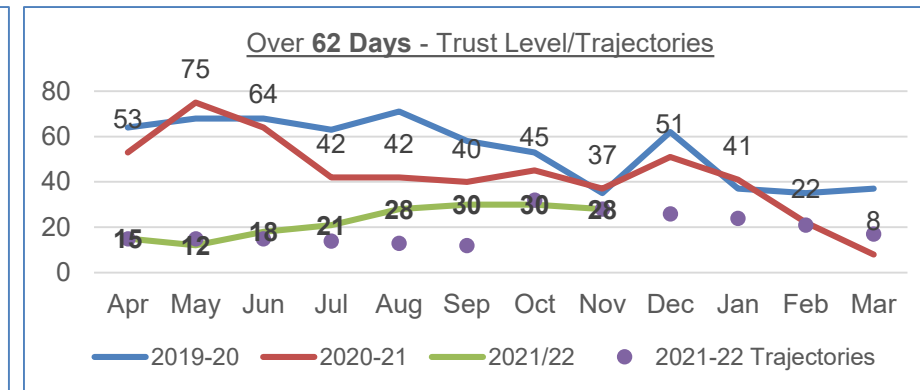
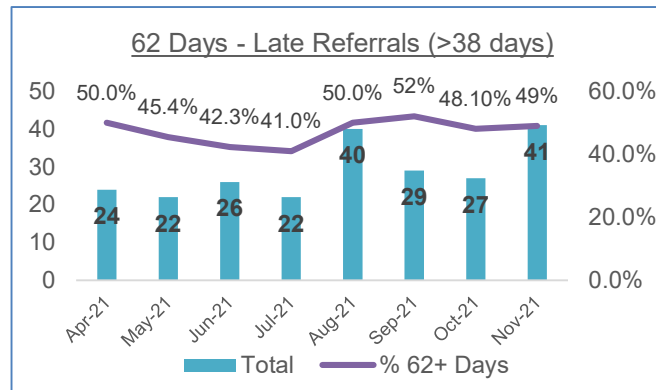
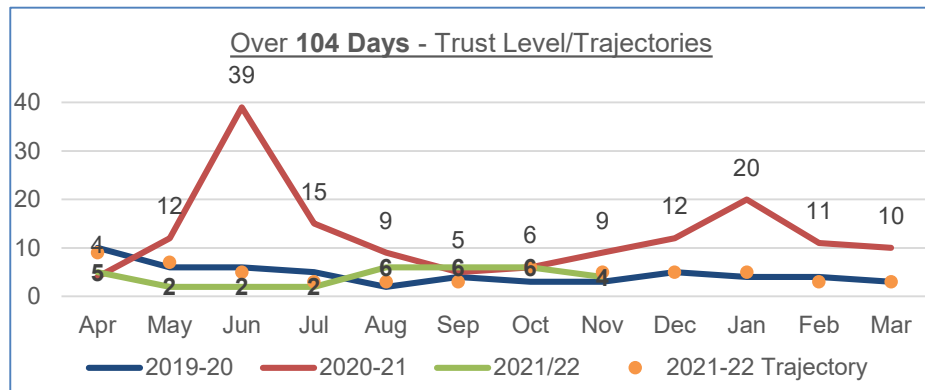
Performance Summary

	KPI	TARGET / METRIC	SOURCE	DEC20	JAN21	FEB21	MAR21	APR21	MAY21	JUN21	JUL21	AUG21	SEP21	OCT21	NOV21
CANCER	Cancer 2WW	93%	National	98.9%	90.7%	98.2%	98.8%	97.8%	98.5%	97.0%	91.2%	89.2%	89.7%	90.2%	-
	Cancer 62 day	85%	National	85.7%	85.3%	87.5%	87.7%	87.5%	89.2%	89.3%	88.4%	91.7%	91.7%	85.5%	-
	Cancer 31 day	96%	National	92.8%	89.7%	94.8%	94.6%	95.5%	97.3%	98.0%	96.7%	95.6%	96.0%	96.5%	-
	Faster Diagnosis	75%	National	77.1%	73.7%	82.8%	83.2%	84.7%	88.9%	85.4%	86.9%	82.5%	80.5%	83.0%	-
	Cancer 104 day	Internal trajectory	Local	12	20	11	10	5	2	2	2	6	6	6	4
	Cancer 62 day backlog	Internal trajectory	Local	51	41	22	8	15	12	18	21	28	30	30	28
	Cancer 62 day backlog	<5% of PTL	Local				2.3%	4.6%	2.7%	4.8%	4.3%	5.6%	5.7%	6.0%	5.5%
DIAGNOSTICS	DMO1 Diagnostic waits	99% <6 weeks	National	96.3%	98.80%	99.15%	98.92%	98.88%	97.51%	94.07%	90.76%	86.89%	86.24%	87.88%	91.06%
	Histology TAT	90% <10 days	Local	96%	88%	94%	94%	95%	97%	91%	97%	96%	95%	93%	98%
	Imaging reporting	% <7 days	N/A	98.5%	97.9%	98.4%	97.0%	96.8%	99.1%	97.2%	97.0%	97.1%	98.1%	97.2%	95.4%
RTT WAITS	Total Waiting List Size	N/A	N/A	10,069	10,124	10,416	11,002	10,583	10,487	11,032	11,524	11,242	11,224	11,271	11,438
	RTT52	Phase 3	ICS	623	740	907	903	715	534	370	310	272	225	213	206
	RTT78	N/A	N/A	32	43	62	87	126	137	99	103	106	74	49	23
	RTT104	N/A	N/A	-	-	-	2	5	6	4	6	7	4	6	4
	RTT18	92%	National	71.36%	71.06%	69.96%	70.22%	71.20%	74.14%	77.59%	76.08%	75.52%	73.53%	71.80%	70.31%
RECOVERY ACTIVITY	Day Case	Recovery plan (% of)	ICS	-	-	-	-	100.8%	89%	93%	89%	83%	92%	97%	94%
	Elective	Recovery plan (% of)	ICS	-	-	-	-	92.6%	104%	93%	89%	76%	107%	94%	88%
	First Outpatients	Recovery plan (% of)	ICS	-	-	-	-	103.4%	95%	113%	98%	82%	92%	95%	98%
	Follow Up Outpatients	Recovery plan (% of)	ICS	-	-	-	-	112.8%	103%	102%	97%	89%	100%	98%	99%
	Outpatient Therapies	Recovery plan (% of)	ICS	-	-	-	-	105.9%	108%	111%	113%	99%	113%	104%	113%
	Non Elective	Recovery plan (% of)	ICS	-	-	-	-	103.1%	112%	104%	105%	101%	96%	96%	92%
MIU	MIU	95% discharged <4hrs	National	99.6%	100%	99.8%	100%	99.9%	99.9%	99.1%	99.9%	99.6%	98.9%	99.5%	99.7%
RAG	Deteriorating position or plans / cause for concern			Improving position / local trajectories on track						Delivery of national / local standard					

Cancer

Performance Dashboard / 62 days / 104 day backlog / recovery

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%	89.7%	90.2%						↓
62 Day Referral to Treat	86.5%	87.5%	89.2%	89.3%	88.4%	91.7%	91.7%	85.5%						→
Faster Diagnosis	77.5%	84.7%	88.9%	85.4%	86.9%	82.5%	80.5%	83.0%						↓
62 Day Con Upgrade	90.1%	90.0%	92.3%	83.9%	100%	90.9%	100%	61.5%						↓
31 Day Decision to Treat	93.0%	95.5%	97.3%	98.0%	96.7%	95.6%	96.0%	96.5%						↑
31 Day Sub Treat	94.0%	94.4%	100%	87.5%	80.0%	88.9%	93.3%	100%						↓



PERFORMANCE COMMENTARY

- **2WW** – below target with 43 breaches; 23 were patient choice, 15 clinic capacity, 3 clinic cancellation and 2 Covid related.
- **62 day referral to treat** – met standard.
- **Faster diagnosis** – met standard.
- **62 day consultant upgrade** – below target – driven by head & neck.
- **31 day decision to treat** – met standard.
- **31 day subsequent** – met standard.
- **62 day backlog** – achieved the revised trajectory; 41 late referrals in month (referred past 38 days), with 49% of those referred past 62 days.
- **Over 104 day** – achieved the revised trajectory. Of 4 breaches, 1 was referred past 104 days.

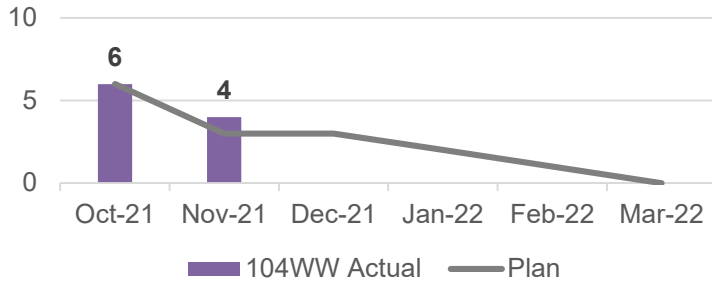
FORWARD LOOK / PERFORMANCE RISKS

- The unvalidated November performance for **31 day**, **FDS** and **62 day** is above plan.
- **2WW** performance remains challenged into November with ongoing breaches due to capacity and patient choice. The December position is improving, with both head and neck and skin putting on additional capacity.
- **62 day backlog** – Ongoing risk around inclusion of late referrals from other trusts – skin remains the main driver, with breast immediate referrals seeing a reduction. Continued patient initiated delays for Covid and non-Covid reasons particularly for skin excisions.
- **Over 104 day** – Ongoing risk around inclusion of late referrals from other trusts.
- **Current delays** where surgery is being cancelled due to medical reasons - Covid and non-Covid.

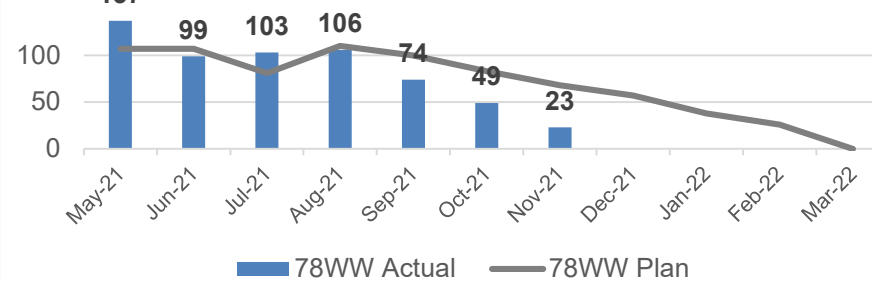
RTT Waits

52WW / 78WW / 104WW

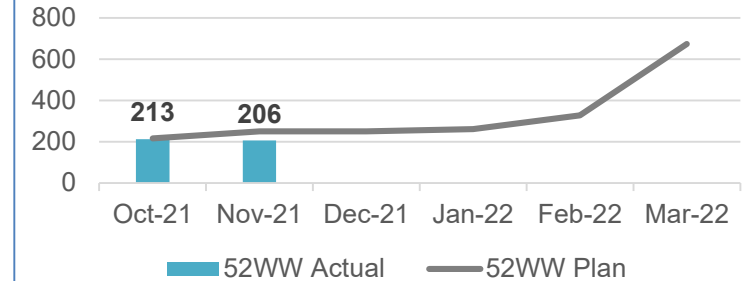
104WW - H2 Actual Vs Plan



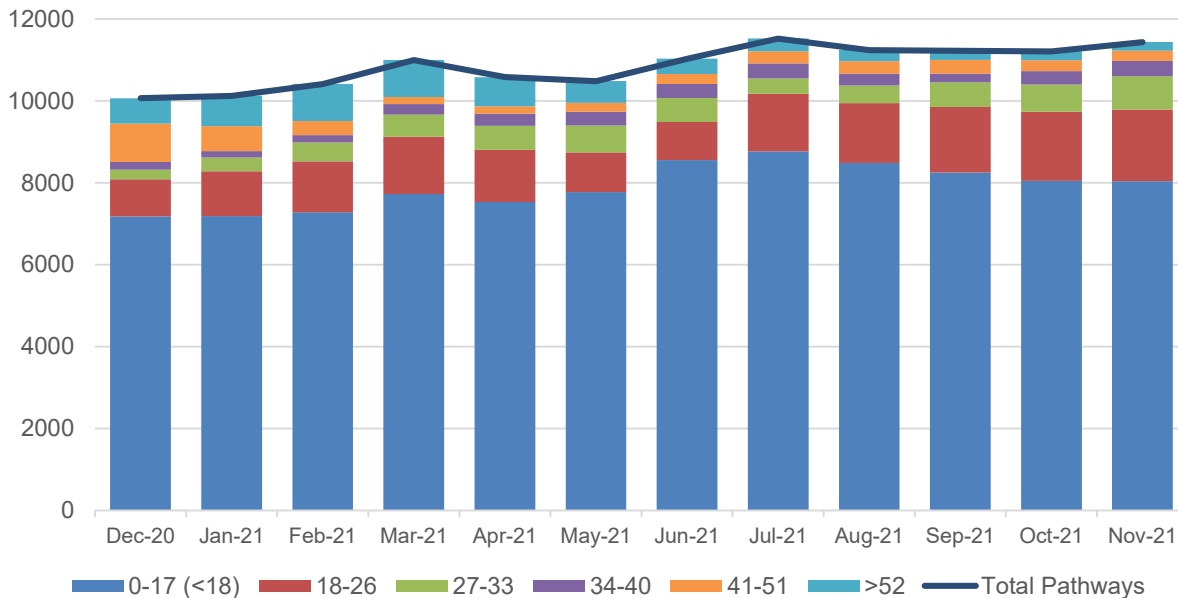
78WW Actual Vs Plan



52WW - H2 Actual Vs Plan



Waiting List Distribution



PERFORMANCE COMMENTARY

- 104WW** – Above H2 trajectory by 1, with 4 patients waiting over 104 weeks; 1 plastics, 1 corneo and 2 OMFS. 2 have a TCI.
- 78WW** – In month plan met, with a reduction of 26 of patients waiting over 78 weeks to 23; Corneo - 2, MaxFacs - 7, Plastics – 14. A increase in percentage with TCI/treatment booked to 56%; 8 are patient deferred.
- 52WW** – In month reduction of 7 of patients waiting more than 52 weeks to 206, meeting the H2 trajectory. 43% of patients have a TCI/next event booked which is the same as last month.
- 52WW** – Of the total number waiting 70.87% are plastics, 17.96% are maxfacs, 11.17% are corneo.

FORWARD LOOK / PERFORMANCE RISKS

- 104WW** remain a primary focus with a target to eliminate 104WW by March 2022.
- Focus on validating in month clock stops as per the H2 guidance, with a large PTL validation exercise planned within all services from January 2022.
- 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

Point Of Delivery Group	November 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	908	963	-55	94%	1019	-111	89%
Elective	228	258	-30	88%	350	-122	65%
First Outpatients	3331	3402	-71	98%	3299	32	101%
Follow Up Outpatients	10454	10553	-99	99%	10752	-298	97%
Outpatient Therapies	2682	2367	315	113%	2813	-131	95%
Non Elective	534	583	-49	92%	576	-42	93%
Grand Total	18137	18126	11	100%	18810	-673	96%
RAG RATING		Below 90% of recovery plan		90%-100% of recovery plan		Over 100% of recovery plan	

PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
<ul style="list-style-type: none"> Day Case – Corneo delivered more day case (DC) activity than any other month this year, however, % against 19/20 at 78% due to significant activity in 19/20. Cataract theatre capacity challenges continue. Max Fac/ENT position challenged due to necessity to utilise lists for major cases and cancellations due to trauma and theatre staffing. Case mix evaluation required. Elective – Delivery challenged in all services in month. Driven by late graft cancellations due to tissue availability in Corneo and similar challenges for Max Fac as per DC. Best performance for sleep this year at 55% of 19/20 levels. First Outpatients – Max Fac/ENT, Orthodontics and Corneo delivering approximately 90% of 19/20 levels. Continued challenges in sleep (71% of 19/20 activity driven by staff shortages). Plastics at 108%. Follow Up Outpatients – Max Fac/ENT, Ortho and Plastics delivering >90% of 19/20 levels. Sleep at 114%. Corneo at 90% but delivered more follow ups than any other month. Non Elective – Max Fac at 124%, Plastics at 85%. Other services broadly delivering. 	<ul style="list-style-type: none"> Corneo – DC performance expected to improve due to reduced activity in 19/20. Tissue availability a risk for elective performance. Recruitment expected to aid outpatient performance from January 2022. Plastics – DC, New and Follow Up performance expected to improve due to reduced activity in 19/20. Continued challenges with offsite activity expected – review ongoing. Max Fac – Ongoing challenge with DC and elective activity expected with continued oncology demand taking priority. However, elective forward look suggests improved performance. Sleep – Elective improved to 55%. Further improvement will be a challenge due to staffing levels. Ongoing technician shortages continue to drive challenges. Spoke site – Utilisation review underway to inform appropriate actions. Independent sector – Total sessions offered by TMC lower in H2 continue to drive an element of day case performance challenges. Risk to admitted activity delivery will be driven by recent Covid-19 system challenges and potential cancer hub requirements for QVH that are currently being explored.

Recovery Work Streams

Outpatients



Virtual Consultations:

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

- Continuing to achieve the required standard – 26% for November.
- Data reconciliation ongoing 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.

- PIFU roll out in sleep ongoing including reviewing feasibility of moving a cohort of clinically appropriate patients to PIFU without the need for an appointment.
- Exploring PIFU options within Max Fac, Plastics and Sleep (medicine).
- 40 patients moved to a PIFU pathway in November.



Referral Optimisation:

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

- Dental e-Referral System (DeRS) – established a mechanism for capturing A&G through DeRS; ongoing work with the triaging team to implement and refine.
- Ongoing work with the system to ensure numbers are included in monthly reporting.

PERFORMANCE COMMENTARY

- Work continues on outpatient KPIs. Continuing to work with BIU on Power BI monthly reporting.
- Achieving virtual consultation target.
- Behind plan for PIFU in November due to remobilisation of MSK pathway and delays within sleep.

FORWARD LOOK / PERFORMANCE RISKS

- **Virtual** – targeted approach to revert to virtual during Omicron wave of Covid, where clinically appropriate. Continued challenge with maintain virtual compliance whilst addressing our long waiting patients who need to be seen face to face.
- **Referral optimisation** – due to the nature of our services as surgical specialties, we are unlikely to meet the required 12% target. The system are aware and have agreed an approach for small scale improvement.
- **PIFU** – risk to 1.5% December target due to remobilisation of MSK pathway and delays within sleep.

Recovery Work Streams



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.
- D5 / P5 no longer being reported in line with recent national guidance.



Pathway Transformation:

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

- Work continues with ophthalmology cataract pathway to agree single pathway and next steps.
- ENT; programme paused due to latest Covid-19 system developments, expected to restart in the New Year.



System PTL:

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

- System PTL is being developed within the ENT workstream as above.



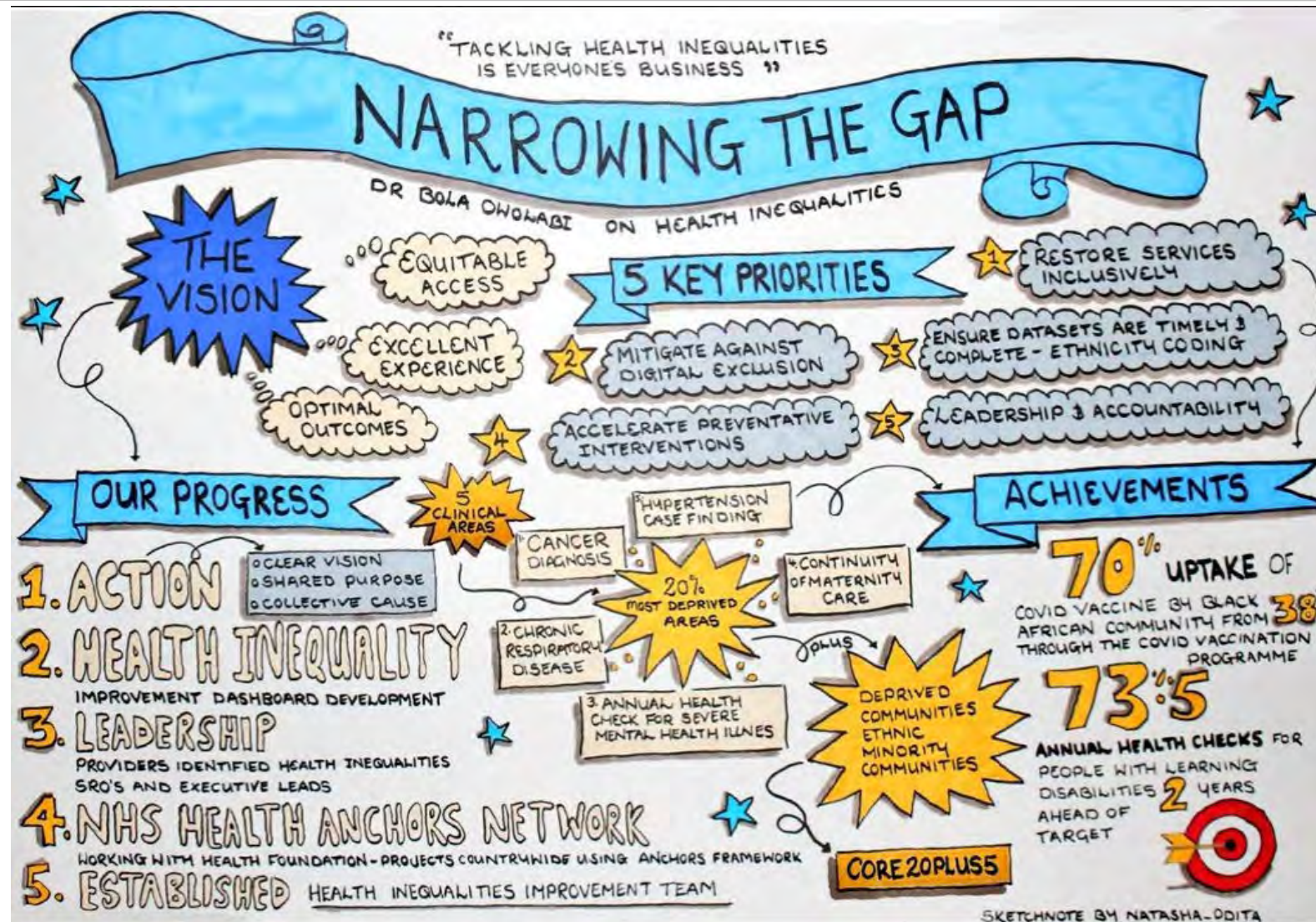
Diagnostics:

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.

- Imaging performance captured and reported within CDC activity, including all mutual aid support.
- Road map development with digital platform Bleepa includes; Imaging integration, enablement of photo capture on QVH devices for collection of echocardiogram and respiratory testing.
- The ability to support onward referral from the QVH CDC will happen as a subsequent stage of the pilot.
- Working with Moatfield GP Surgery to implement as trial users. On boarding of users required, with a proposed clinical go live date of 31 January 2022.
- Phlebotomy requests increasing and activity monitored.
- Working with GP's and commissioners to promote CDC physiology pathways. Including development of QVH website to provide GP's with methods of referral, available diagnostics and pathway management.

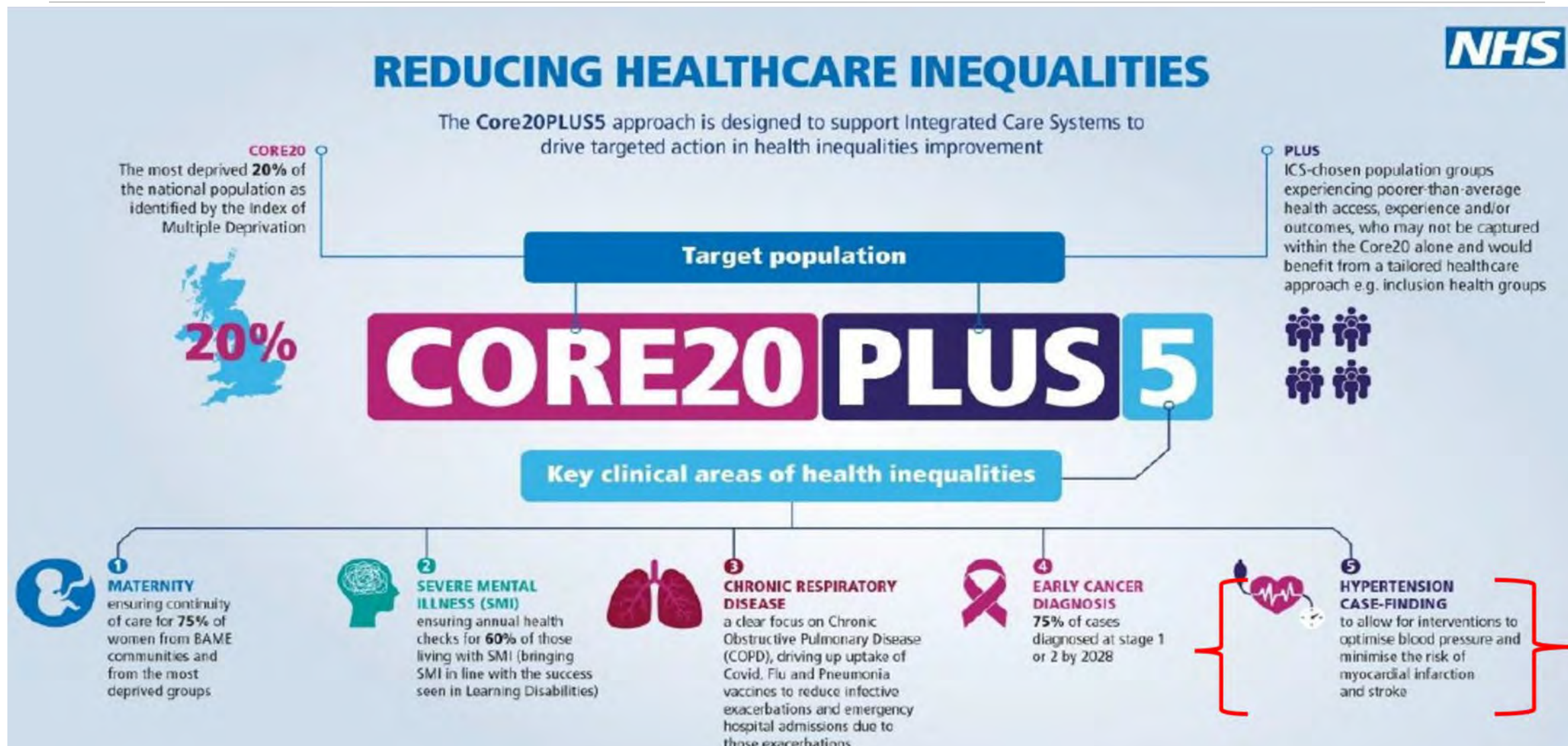
Recovery Work Streams – Deep Dive

Health Inequalities – national priorities



Recovery Work Streams – Deep Dive

Health Inequalities – National Plan



Recovery Work Streams – Deep Dive

Health Inequalities – Sussex Approach

Sussex Plan on a Page - Strategic Framework to address Health Inequalities 2021 - 2025 V11.29.4.21

Sussex Plan on a Page - Strategic Framework to address Health Inequalities 2021 - 2025											V11.29.4.21
Strategic context	Marmot review 10 years on: Give every child the best start in life. • Enable people to maximise their capabilities and have control over their lives. • Create fair employment and good work for all. • Ensure a healthy standard of living for all. • Create and develop healthy and sustainable places and communities. • Strengthen the role and impact of ill health prevention. NHS LTP / NHS Operating Guidance 21/22 / 5 System Actions to address HI / White paper 2021 / Vision 2025 / Sussex Health and Care Plan / JNSA & HWB Board Strategies										
Aim	1. To enable people to live more years in good health and reduce the gap in life expectancy and healthy life expectancy between people living in the most and least disadvantaged communities of Sussex, with a focus on selected PCNs. 2. To ensure targeted prevention across the wider determinants of health to improve access and outcomes in population groups showing poorer outcomes										
Cross cutting actions	Prevention into pathways and referral to lifestyle services	Develop cultural solutions with our inclusion health groups in disadvantaged communities	Expansion of Sussex healthy workplace scheme	Develop 'A Smoke-Free Sussex' model	MECC - via front line staff/VCS/ community champions	Take forward the 'Active Hospitals' programme	Improve access for our most deprived communities to our Health and Wellbeing Services	Identify opportunities for digital inclusion	Develop a whole systems approach to 'Healthy Weight' 'Healthy lives'	Target interventions for people with lowest life expectancy/HLE to include those most impacted by COVID-19	
We will focus on...	1. Cardiovascular Disease (CVD) Prevention		2. Cancer		3. Respiratory		4. Early Years, children and young people		5. Mental health and Learning Disabilities		6. Inclusive NHS Recovery
Key priorities and actions- to be taken forward in detailed action plans for the 6 areas of focus	Hypertension - increasing detection and treating to targets. Includes targeted delivery of 'BP@Home' remote digital monitoring to at risk groups Weight management, obesity, and healthy eating – across the 4 tiers of prevention and support. Diabetes & CVD prevention -develop a range of & Improve targeted uptake of Diabetes &CVD Prevention interventions Smoking cessation – increase delivery by the wider workforce across settings. Health checks – Improve the range of opportunities and access to Health Checks, delivered in primary care, workplaces/wider range of providers Cholesterol & Familial hypercholesterolaemia – increase identification, treatment rates & establish robust Lipid services. Atrial Fibrillation and Anticoagulation - increase detection and rates of optimal anticoagulation.		Screening - Increase routine uptake and target among people in low SE groups, inclusion health and ethnic minority groups Targeted cancer awareness campaigns to increase referrals for suspected cancer in high risk groups, particularly those with late presentation Cancer champions – develop service model. Rapid diagnostic pathways developed -targeted for lung, colorectal and prostate cancer. Alcohol services – Expand coverage by the wider workforce across multiple settings. Focus on increased screening and the use of personalised care plans.		Smoking cessation – via healthy lifestyle services and delivered by the wider workforce across multiple settings including Primary Care Mobile lung screening – improve access and delivery especially in areas of high deprivation/need Pulmonary rehabilitation - Improve access/ uptake of pulmonary rehabilitation in targeted groups who are currently under represented. Smoke free – Target the Sussex Smoke Free intervention within communities with high levels of smokers. Flu/Covid/pneumococcal vaccines –enhance uptake in underrepresented groups.		Immunisations & vaccinations – increase uptake in areas of high deprivation/ disadvantaged groups. Pre- and post-natal - prioritise interventions that reduce adverse outcomes of pregnancy and infancy. Improving uptake of Healthy Child Programme in deprived areas/ disadvantaged communities. Maternity Services - Improve maternity outcomes for mothers from ethnic minority background Maternity Services – promote/ deliver prevention & lifestyle services utilising a MECC approach. Parenting/Life skills/healthy lifestyle - develop across early years/school/other settings.		Develop a whole system's Mental Wellbeing Strategy - to incorporate shared and agreed actions to prevent poor MWB and protect MH Pathways – develop better pathways of care tailored to the needs of people with SMI and LD. Wellbeing – increase access to social prescribing – Reduce loneliness and social isolation Mental Well Being Champion model – increase access across workplaces/ schools/ front line workforce. Suicide prevention – develop a strategy and targeted actions. SMI and LD- Improve uptake of health checks and subsequent tailored support		Address longest waiters/ensure health inequalities are tackled with focus on analysis of waiting times by ethnicity and deprivation. Digital inclusion- Develop plans which incorporate health literacy and access to IT to increase virtual appointments and alternatives to traditional appointments Improve Primary Care capacity & access , reduce variation in outcomes and health inequalities.
Enablers	Primary Care system searches and risk stratification / CVDPREVENT Audit / PHE Fingertips webpages https://uclpartners.com/proactive-care/ Population Health Data Segmentation / Health Care Professional and Patient Education / Development of the wider workforce / NHS Health Checks data dashboard										
Underpinning themes	Wider determinants of health e.g. age, sex, ethnicity, mobility, education, employment, income and environment Evidence based gold standard services Personalised Care approaches Role of anchor institutions Community/Public involvement										

Recovery Work Streams – Deep Dive

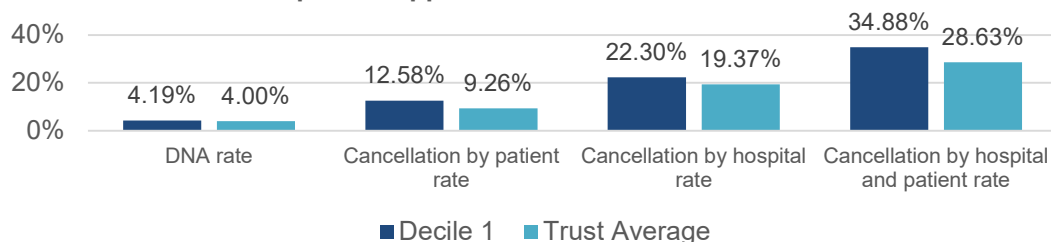
Health Inequalities – QVH Approach

Inclusive Recovery:

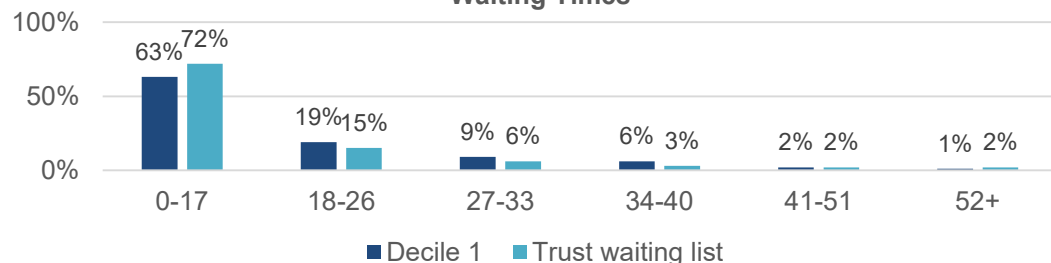
- Ethnic coding data collection has seen a slight increase to last month, with 70% of patients who attend an outpatient appointment having their ethnicity recorded.
- Long waiters personal data collection letter pilot has started; 35% response rate.
- Initial IMD Decile 1 (10% most deprived) analysis undertaken using postcode until ethnicity recording increases. Small increase in DNA and cancellation rates for decile 1 compared to the Trust as a whole.
- Digital inclusion – next element for review.
- Consideration being given to most effective way of reflecting health inequalities throughout the monthly operational board report going forward.

IMD Decile 1 analysis:

Outpatient Appointments - 01/11/20 – 31/10/21



Waiting Times



Learning Disabilities:

- Review of learning disabilities and autism approach at QVH undertaken.
- Identified several successful actions currently undertaken, including a nurse liaison provided via SLA from Sussex Community Trust to support the patient pathway.
- Identified several areas of improvement, including a process to ensure patients with LD and autism are identified / flagged systematically from the point of referral.
- Wider actions planned include:
 - Annual peer review
 - Learning Disabilities Mortality Review (LeDeR) Programme – QVH representative on West Sussex Group
 - LD and autism strategy – working with Sussex Community

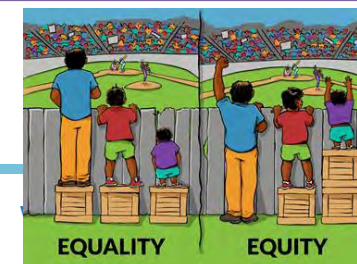
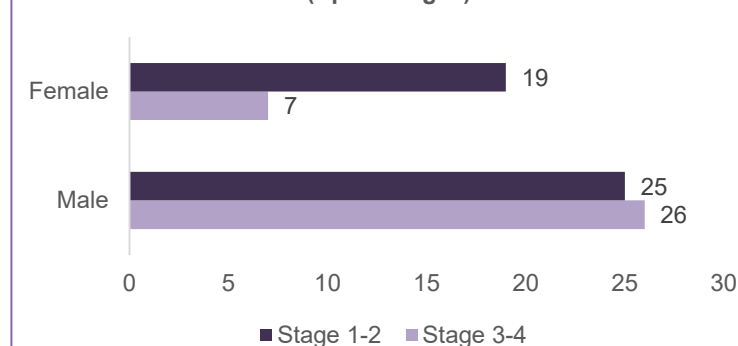
Cancer Work Streams:

- Gender:** For April 21-August 21, of the total number of diagnosed cancers at QVH, 60% were male and 40% were female.
- Gender:** In head & neck, 33 patients have been diagnosed with a later stage (3-4), 78% were male and 21% were female.
- Age:** At QVH, in line with national statistics age-specific incidence rates rise steeply from around age 59, with the highest rates in the 75 to 84 age group.

Region: Diagnostic Stages

Region	Early Stage	Late Stage
Kent	66%	34%
Surrey	75%	25%
Sussex	79%	21%

Head & Neck Sex Variation in Stage at Diagnosis (Apr21-Aug21)



Report cover-page					
References					
Meeting title:	Trust Board				
Meeting date:	06/01/22		Agenda reference:	16-22	
Report title:	Finance Report 2021/22 – Month 8				
Sponsor:	Michelle Miles – Director of Finance and Performance				
Author:	Michelle Miles – Director of Finance and Performance				
Appendices:	Finance Performance Report Month 08 - Report				
Executive summary					
Purpose of report:	To provide the Committee with an overview of the Trust's financial performance.				
Summary of key issues	<p>The Trust I&E position M8 YTD is a £0.4m surplus to actuals, expenditure remains in line with trend and activity performance.</p> <p>The trust in line with national requirements is operating under block income regime with a plan set for H1 and H2 and this will now be reported as one financial year.</p> <p>The H2 plan was submitted, 25 November 2021, with a breakeven plan for the year.</p> <p>Expenditure run rate (both Pay and Non-Pay) is broadly in line with last 12 months averages. Services across the trust are currently carrying vacancies that are not fully backfilled.</p> <p>The cash position for the Trust continue to remain favourable due to the level and timing of the block payments arrangement this year.</p> <p>Better payment practice code (BPPC) YTD is compliant against the standard of 95% of invoices to be paid within 30 days, but there are historic issues to be resolved.</p> <p>Capital spend YTD is slightly above plan. Successful bids for significant central funding allocations for 21-22 projects has increased the capital plan from £4m by £3.6m to £7.6m.</p>				
Recommendation:	To note the report				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):			KSO3:	KSO4:	KSO5:
			<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	KS04 – Financial Sustainability				
Corporate risk register:	KS04 – Financial Sustainability				
Regulation:					
Legal:					
Resources:	No current resources.				
Assurance route					
Previously considered by:	Executive Management Team				
	Date:	22/12/21	Decision:	N/A	
Previously considered by:	Finance & Performance Committee				
	Date:	04/01/22	Decision:		
Next steps:					

Financial Performance Report

Michelle Miles, Director of Finance & Performance

November 2021

Trust Board



Income & Expenditure Month 08

	In Month £'000				Year to Date £'000			
	19/20	Plan	Actual	Variance	19/20	Plan	Actual	Variance
Income								
Patient Activity Income	5,023	6,009	6,739	730	44,174	49,944	50,117	173
Other Operating Income	353	774	193	(581)	3,134	2,940	2,390	(551)
Block projected top up	0	663	882	220	1	6,424	7,519	1,096
Other Income	0	0	0	0	0	0	1	1
Tariff - excluded drugs	0	0	0	0	0	0	0	0
Comprehensive Income	0	0	0	0	0	0	0	0
Total Income	5,376	7,446	7,815	369	47,308	59,308	60,026	718
Pay								
Substantive	(3,697)	(4,969)	(4,497)	472	(30,220)	(36,961)	(34,659)	2,301
Bank	(236)	(154)	(281)	(127)	(2,197)	(1,177)	(2,159)	(982)
Agency	(217)	(19)	(72)	(54)	(1,644)	(101)	(505)	(404)
Total Pay	(4,150)	(5,141)	(4,850)	291	(34,061)	(38,238)	(37,323)	915
Non Pay								
Clinical Services & Supplies	(344)	(527)	(786)	(259)	(4,424)	(6,395)	(6,485)	(90)
Clinical Services & Supplies - Med & Drugs	(573)	(593)	(825)	(231)	(4,571)	(4,304)	(4,691)	(387)
Establishment Expenses	(138)	(123)	(118)	5	(984)	(987)	(935)	52
Consultancy	(264)	(248)	(245)	3	(2,334)	(1,711)	(1,857)	(146)
Other non pay	(37)	(19)	(9)	10	(87)	(129)	(159)	(30)
Total Non Pay	(395)	(610)	(407)	203	(3,072)	(4,044)	(3,732)	312
Total Expenditure	(1,752)	(2,120)	(2,388)	(269)	(15,472)	(17,570)	(17,859)	(289)
Non Operational Expenditure	(137)	(150)	(126)	24	(1,043)	(1,021)	(1,177)	(156)
Non Operating Income	2	0	0	(0)	15	0	0	(0)
Depreciation and amortisation	(286)	(350)	(413)	(63)	(2,325)	(2,872)	(3,300)	(429)
Surplus / (Deficit)	(946)	(315)	38	353	(5,577)	(394)	366	760
Adjusted financial performance								
Technical				0		141	202	61
Adjusted Surplus / (Deficit)	(946)	(315)	38	353	(5,577)	(253)	568	821

QVH PERFORMANCE COMMENTARY

YTD M8 the Trust is reporting £366k surplus on actuals.

Income

ERF YTD payments of £3.8m relating to H1 performance within the position. Expectation of no ERF income for M7. ERF relating to M8, will not be finalized till mid December. The YTD position assumes no ERF income from H2.

Expenditure

Pay expenditure is in line with trend and activity performance. The Trust continues to have a number of vacancies across all areas with the main area being Nursing & healthcare.

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

H2 plans have now been set, H1 and H2 will reported as one continuous year.

QVH FORWARD LOOK / PERFORMANCE RISKS

Income:

- H1 ERF The Trust is awaiting conformation of M6 freeze payments, indicative estimate is £3.8m for H1.

Risks

- The trust operational performance is to deliver activity to 19/20 levels. With the change in H2 ERF to clock stops, the Trust may not achieve this new measurement and may not get payment if the system does not achieve the threshold as a whole.
- Staff challenges and vacancies, which will impact service delivery as the Trust works to meet the 89% clock stop threshold.

Mitigations

- H1 ERF income actuals for M6 are awaiting confirmation. Any income over and above the £3.8m received to M8, will be a benefit to the Trust financial position.
- The Trust continues to review staffing, pay budget costs and wte review and been undertaken and Page 218 of 310 conciled for alignment. Further pay analysis on actual pay costs and the impact of enhanced costs will be undertaken.

Run Rate Month 08

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov
Income													
Patient Activity Income	6,110	4,688	5,692	5,765	5,735	6,130	6,332	884	5,842	6,006	7,291	5,617	6,739
Other Operating Income	359	372	47	289	3,044	575	668	236	195	144	303	465	193
Block projected top up	414	1,969	871	473	2,162	0	1,209	6,533	776	787	1,104	1,303	882
Comprehensive Income	0	0	0	0	270	0	0	0	0	0	0	0	0
Total Income	6,883	7,029	6,610	6,527	11,211	6,706	8,209	7,653	6,822	6,938	8,698	7,386	7,815
Pay													
Substantive	(4,005)	(4,157)	(4,035)	(4,225)	(4,308)	(4,014)	(4,335)	(4,103)	(4,243)	(4,242)	(4,947)	(4,278)	(4,497)
Bank	(219)	(252)	(200)	(300)	(294)	(232)	(243)	(248)	(278)	(311)	(259)	(307)	(281)
Agency	(100)	(89)	(88)	(78)	(67)	(56)	(81)	(79)	(68)	(50)	(55)	(43)	(72)
Total Pay	(4,324)	(4,498)	(4,323)	(4,603)	(4,669)	(4,302)	(4,659)	(4,430)	(4,589)	(4,604)	(5,261)	(4,628)	(4,850)
Non Pay													
Clinical Services & Supplies	(331)	(160)	(582)	(334)	(1,493)	(544)	(696)	(748)	(797)	(882)	(1,167)	(866)	(786)
Clinical Services & Supplies - Med	(691)	(688)	(172)	(508)	(718)	(528)	(427)	(600)	(568)	(548)	(573)	(623)	(825)
Drugs	(93)	(127)	(101)	(98)	(117)	(101)	(121)	(143)	(123)	(97)	(106)	(127)	(118)
Establishment Expenses	(183)	(142)	(204)	(205)	(360)	(273)	(161)	(248)	(224)	(232)	(178)	(296)	(245)
Consultancy	(17)	(32)	(30)	(21)	(71)	(54)	(32)	(18)	(47)	11	(9)	(1)	(9)
Other non pay	(881)	(473)	(346)	(909)	(1,036)	(377)	(509)	(457)	(627)	(459)	(366)	(529)	(407)
Total Non Pay	(2,197)	(1,621)	(1,434)	(2,075)	(3,795)	(1,876)	(1,947)	(2,214)	(2,386)	(2,207)	(2,400)	(2,441)	(2,388)
Non Operational Expenditure	(126)	(149)	(149)	(132)	257	(129)	(157)	(199)	(148)	(148)	(142)	(129)	(126)
Non Operating Income	0	0	0	0	0	0	0	0	0	0	0	0	0
Depreciation and amortisation	(347)	(290)	(306)	(316)	(6)	(363)	(444)	(448)	(420)	(396)	(404)	(413)	(413)
Total Expenditure	(6,993)	(6,559)	(6,213)	(7,127)	(8,213)	(6,670)	(7,206)	(7,291)	(7,543)	(7,355)	(8,206)	(7,611)	(7,777)
Surplus / (Deficit)	(111)	470	397	(600)	2,998	35	1,003	362	(721)	(418)	492	(226)	38

QVH PERFORMANCE COMMENTARY

Income : Run rate remains in line with trend.

Pay- Run rate in M8 is line with trend.

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 therefore not increasing run rate.

SOFP - Balance Sheet Month 08

Statement of financial position 2021-22

£000's	Prior Year End: March 2021									Change	
		April	May	June	July	August	September	October	November	In Month	In Year
Non Current Assets											
Fixed Assets	54,165	53,857	53,732	53,384	53,316	53,070	53,250	53,025	52,913	(113)	(1,252)
Other Receivables	227	227	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	53,252	53,140	(113)	(1,252)
Current Assets											
Inventories	1,462	1,460	1,442	1,469	1,465	1,462	1,470	1,493	1,496	3	34
Trade and other Receivables	4,140	3,353	4,544	6,289	6,679	11,180	4,420	3,932	4,377	445	237
Cash and Cash Equivalents	8,582	9,072	8,933	8,358	8,851	11,142	11,971	12,946	12,501	(445)	3,919
Total Current Assets	14,184	13,885	14,919	16,115	16,995	23,783	17,861	18,372	18,375	3	4,191
Current Liabilities											
Trade and other Payables	(10,544)	(9,575)	(10,060)	(10,949)	(12,486)	(12,987)	(13,237)	(13,734)	(13,585)	148	(3,041)
Borrowings	(893)	(883)	(883)	(857)	(857)	(857)	(889)	(898)	(904)	(6)	(11)
Provisions	(88)	(88)	(88)	(88)	(87)	(87)	(87)	(87)	(87)	0	1
Other Liabilities	(431)	(396)	(337)	(349)	(343)	(6,838)	(322)	(328)	(340)	(12)	91
Total Current Liabilities	(11,956)	(10,942)	(11,368)	(12,242)	(13,773)	(20,769)	(14,535)	(15,046)	(14,916)	130	(2,960)
Subtotal Net Current Assets	2,228	2,943	3,551	3,873	3,222	3,015	3,325	3,326	3,459	133	1,231
Total Assets less Current liabilities	56,620	57,027	57,510	57,484	56,765	56,312	56,803	56,578	56,598	20	(21)
Non Current Liabilities											
Borrowings	(3,653)	(3,653)	(3,653)	(3,266)	(3,266)	(3,231)	(3,231)	(3,231)	(3,214)	17	439
Provisions	(908)	(908)	(908)	(908)	(909)	(909)	(909)	(909)	(909)	0	(1)
Total Non Current Liabilities	(4,561)	(4,561)	(4,561)	(4,174)	(4,175)	(4,140)	(4,140)	(4,140)	(4,122)	17	438
Total assets Employed	52,059	52,466	52,949	53,311	52,590	52,172	52,663	52,438	52,476	38	417
Tax Payers Equity											
Public Dividend Capital	21,005	21,005	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	13,993	13,993	0	50
Income and Expenditure Reserve	17,111	17,518	17,951	18,313	17,592	17,174	17,665	17,440	17,478	38	366
Total Tax Payers Equity	52,059	52,466	52,949	53,311	52,590	52,172	52,663	52,438	52,476	38	417

QVH PERFORMANCE COMMENTARY

- Non current assets have decreased in value up to month 8 which reflects the rate of capital programme spend compared with the depreciation/amortisation costs.
- Trade receivables: H1 blocks are now complete and H2 blocks are operating. NHS income accruals continue to be lower than H1 as elective recovery fund and prior period funding flows are being received.
- The year to date cash in bank increase reflects the receipt of block income, ERF income and some cash funding relating to last financial year, 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 £3m which reflects the increase in various expenditure accruals
- Borrowings (current and non current) consist of the theatre capital loan and outpatient pod finance lease
- Provisions (current and non current) relate 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 as periodic block invoicing has been changed to monthly adjustment.
- 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 (SOCl) position.

Cashflow Report Month 08

Financial Performance Month 08 2021/22

Cashflow Report

	Actual £'000								Forecast £'000			
	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21	Oct 21	Nov 21	Dec 21	Jan 22	Feb 22	Mar 22
Opening Balance	8,577	9,067	8,928	8,358	8,851	11,142	11,971	12,778	12,501	10,055	7,754	5,453
Receipts												
Block & System income	6,283	6,283	6,304	6,291	6,283	7,203	7,060	7,123	6,582	6,582	6,582	6,582
Elective Recovery Fund (tbc)	0	0	0	0	1,740	816	605	0	0	0	0	0
Other Core Income incl HEE	1,675	256	211	162	886	0	0	0	0	0	0	0
Receipts from other income	109	167	130	163	147	112	336	159	138	138	138	138
Public Dividend Capital Received	0	0	0	0	0	0	0	0	0	0	0	0
PDC Cash Support Received	0	0	0	0	0	0	0	0	0	0	0	0
Total Receipts	8,067	6,706	6,645	6,616	9,055	8,131	8,001	7,282	6,720	6,720	6,720	6,720
Payments												
Payments to NHS Bodies	(644)	(687)	(364)	(459)	(561)	(390)	(611)	(1,207)	(665)	(665)	(665)	(732)
Payments to non-NHS bodies	(2,584)	(1,876)	(2,037)	(1,290)	(1,954)	(1,906)	(1,770)	(1,980)	(3,356)	(3,656)	(3,656)	(3,856)
Net Payroll Payment	(2,460)	(2,417)	(2,442)	(2,471)	(2,379)	(2,720)	(2,573)	(2,413)	(2,600)	(2,600)	(2,600)	(2,600)
Payroll Taxes	(1,197)	(1,167)	(1,220)	(1,200)	(1,172)	(1,147)	(1,416)	(1,204)	(1,300)	(1,300)	(1,300)	(1,300)
Pensions Payment	(691)	(697)	(703)	(703)	(698)	(704)	(823)	(756)	(800)	(800)	(800)	(800)
PDC Dividends Payment	-	-	-	-	-	(435)	-	-	-	-	-	(792)
Loan Interest & Repayment	-	-	(449)	-	-	-	-	-	(444)	-	-	-
Total Payments	(7,577)	(6,845)	(7,215)	(6,123)	(6,764)	(7,302)	(7,193)	(7,560)	(9,165)	(9,021)	(9,021)	(10,080)
Net Cash Movement	490	(139)	(570)	493	2,291	829	808	(278)	(2,445)	(2,301)	(2,301)	(3,360)
Closing Balance	9,067	8,928	8,358	8,851	11,142	11,971	12,778	12,501	10,055	7,754	5,453	2,093

QVH PERFORMANCE COMMENTARY

- Cash balances are expected to reduce in H2 by capital spend. At M8 the forecast closing cash has been increased by £1m to reflect expected increase in capital creditors resulting from backended capital programme.
- Forecast 'Block and system Income' is based on H2 plan values and no H2 forecast of ERF has been included.
- There is currently a cash balance which covers a month and a half of average spend, which is sufficient in the short term as block payments are received in month.
- Financial services will work with commissioners and other providers to ensure payments are made in a timely manner and older debts controlled.
- The cash position will continue to be reviewed and managed and any future requirements assessed monthly.

QVH FORWARD LOOK / PERFORMANCE RISKS

- The forecast assumes H2 block and system income per the plan. No H2 forecast of ERF has been made hence the anticipated reduction in cash balances in the second half of the year.
- Next months cashflow will include the recently received MOU's for the additional capital allocation.

Debtors Month 08

Financial Performance Month 08 2021/22

Debtors

	Nov 20 £'000	Dec 20 £'000	Jan 21 £'000	Feb 21 £'000	Mar 21 £'000	Apr 21 £'000	May 21 £'000	Jun 21 £'000	Jul 21 £'000	Aug 21 £'000	Sep 21 £'000	Oct 21 £'000	Nov 21 £'000	In Month Change £000
NHS Debtors														
0-30 Days Past Invoice Due Date	249	1,189	927	308	803	605	383	53	114	6,381	474	184	194	10
31-60 Days Past Invoice Due Date	68	14	5	743	62	132	239	353	32	29	12	177	252	74
61-90 Days Past Invoice Due Date	14	68	8	4	743	18	116	231	353	37	14	11	195	183
Over 90 Days Past Invoice Due Date	1,848	1,619	1,661	796	747	666	650	708	873	1,004	842	939	871	(68)
Total NHS Debtors	2,180	2,889	2,601	1,852	2,355	1,422	1,388	1,345	1,371	7,450	1,341	1,311	1,511	199
Non NHS Debtors														
0-30 Days Past Invoice Due Date	43	87	90	70	193	175	34	49	76	117	112	305	14	(291)
31-60 Days Past Invoice Due Date	57	9	24	30	12	12	157	14	22	45	79	48	31	(17)
61-90 Days Past Invoice Due Date	7	57	8	19	9	11	15	139	14	12	14	67	57	(10)
Over 90 Days Past Invoice Due Date	361	388	410	391	398	343	335	344	475	489	445	367	516	149
Total Non NHS Debtors	468	541	533	510	611	541	540	545	587	663	650	787	618	(169)
Total Invoiced Debtors	2,648	3,430	3,134	2,362	2,966	1,963	1,928	1,890	1,958	8,113	1,991	2,098	2,129	
<i>NHS : Total NHS & Non NHS ratio</i>	<i>0.82</i>	<i>0.84</i>	<i>0.83</i>	<i>0.78</i>	<i>0.79</i>	<i>0.72</i>	<i>0.72</i>	<i>0.71</i>	<i>0.70</i>	<i>0.92</i>	<i>0.67</i>	<i>0.63</i>	<i>0.71</i>	

QVH PERFORMANCE COMMENTARY

The month 08 total debtor balance of £2.1m is 72% lower than the average monthly balance of £7.7m in 2020-21.

The month 08 debtor balance is broadly in line with that reported at M7

At M08 close, 3 external debtors owed more than £0.1m:-
Brighton and Sussex University NHSFT £0.4m
University Hospitals Sussex NHS FT £0.1m
Aneurin Bevan Lhb £0.1m

QVH FORWARD LOOK / PERFORMANCE RISKS

- Financial Services continue working closely with Business Managers and the Contracting team to ensure billing is accurate, timely and resolutions to queries are being actively pursued.
- Financial services will continue to review Aged Debts with the aim of resolving any disputes and collecting income due. It should be noted that the majority of older debtors were provided for in 2020-21.

Creditors Month 08

Financial Performance Month 08 2021/22

Trade Creditors

	Nov 20 £'000	Dec 20 £'000	Jan 21 £'000	Feb 21 £'000	Mar 21 £'000	Apr 21 £'000	May 21 £'000	Jun 21 £'000	Jul 21 £'000	Aug 21 £'000	Sep 21 £'000	Oct 21 £'000	Nov 21 £'000	In Month Change £'000
NHS Accounts Payable Creditors														
0-30 Days Past Invoice Due Date	196	363	278	247	395	131	147	103	93	116	341	87	93	6
31-60 Days Past Invoice Due Date	109	103	117	157	42	85	25	59	28	16	97	29	2	(28)
61-90 Days Past Invoice Due Date	27	84	90	91	102	35	56	36	25	25	40	18	17	(1)
Over 90 Days Past Invoice Due Date	665	698	722	774	691	608	645	663	634	490	480	497	419	(78)
Total NHS Accounts Payable Creditors	996	1,248	1,207	1,269	1,230	860	872	862	781	646	958	631	530	(101)
Non NHS Accounts Payable Creditors														
0-30 Days Past Invoice Due Date	843	1,138	513	325	1,323	444	423	650	363	200	682	454	465	11
31-60 Days Past Invoice Due Date	37	30	410	91	84	101	49	74	89	36	30	29	33	3
61-90 Days Past Invoice Due Date	5	31	12	18	44	28	47	35	92	58	34	32	6	(26)
Over 90 Days Past Invoice Due Date	20	26	16	60	38	16	69	77	150	112	166	153	43	(110)
Total Non NHS Accounts Payable Creditors	905	1,224	949	493	1,489	588	589	836	694	406	912	668	547	(121)
Total Accounts Payable Creditors	1,901	2,473	2,156	1,762	2,719	1,448	1,461	1,698	1,474	1,052	1,870	1,299	1,077	
NHS : Non NHS ratio	0.52	0.50	0.56	0.72	0.45	0.59	0.60	0.51	0.53	0.61	0.51	0.49	0.49	

QVH PERFORMANCE COMMENTARY

- The invoiced creditors balance at month 8 is £1.1m compared to a running average of £1.7m.
- NHS and Non NHS balances have both decreased this month compared to last by £0.2m. This is mainly due to invoices outstanding at M7 but falling due and paid in M8.
- There are two creditors with balances over £0.1m - Medway NHSFT (£0.2m) disputed historic SLA and East Kent Hospitals University NHSFT (£0.1m), work is ongoing with creditors to resolve the queries outstanding.

QVH FORWARD LOOK / PERFORMANCE RISKS

- Financial services will continue to review older NHS SLA balances with our key partner Trusts with the aim of resolving any disputes.
- Financial services are continuing to review areas where invoice authorisation is delayed in order to target and support training needs.
- The team are working with all budget holders to process and gain approval for invoice payment as quickly as possible.
- As old queries are resolved and invoice payment released, this may adversely impact the Trust's BPPC performance.

Better payment practice code Month 08

Better payment practice code						
Compliance target: 95% of invoices being paid within 30 days of receipt	Current YTD	Current YTD	Previous Month YTD	Previous Month YTD	Current Month	Current Month
	November	November	October	October	November	November
	Invoice Quantity	Invoice Value £000	Invoice Quantity	Invoice Value £000	Invoice Quantity	Invoice Value £000
	Current YTD	Current YTD	Prior YTD	Prior YTD	Current Month	Current Month
Non NHS						
Total bills paid	11,727	25,483	10,266	22,295	1,461	3,188
Total bills paid within target	10,887	24,548	9,451	21,415	1,436	3,133
Percentage of bills paid within target	92.8%	96.3%	92.1%	96.1%	98.3%	98.3%
NHS						
Total bills paid	842	4,916	720	3,709	122	1,206
Total bills paid within target	769	4,843	655	3,645	114	1,198
Percentage of bills paid within target	91.3%	98.5%	91.0%	98.3%	93.4%	99.3%
Total						
Total bills paid in the year	12,569	30,399	10,986	26,004	1,583	4,395
Total bills paid within target	11,656	29,390	10,106	25,060	1,550	4,331
Percentage of bills paid within target	92.7%	96.7%	92.0%	96.4%	97.9%	98.5%
Compliance target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Above (below) target	(2.3%)	1.7%	(3.0%)	1.4%	2.9%	3.5%

QVH PERFORMANCE COMMENTARY

- NHSI/E is monitoring BPPC closely. The target is 100% of invoices to be paid within 30 days, with compliance at 95%.
- Trust performance YTD is
 - Number of invoices: 92.7 % (2.3% below compliance)
 - Value of invoice 96.7% (compliant)
- NHSI/E have indicated that the main focus for compliance would on value and non NHS creditors.
- The key areas of non compliance are clinical supplies and services and agency staffing for which additional supporting data or detailed checking processes are required before the budget holder can approve.
- As a note QVH does not hold back any payment for an approved invoice for cash flow reasons.

QVH FORWARD LOOK / PERFORMANCE DEVELOPMENT

- NHSI/E CFO will be writing individually to providers who have a performance at an unacceptable level and appear to have good levels of cash. The CFO will ask for action plans to resolve the poor performance.
- This communication will go to Chief Executives copied to Directors of Finance and Audit Committee Chairs.
- The Trust is performing at above the 95% value compliance level whilst also working to resolve some historic issues. The financial services team are continuing review of performance, key factors and reporting analytics which will develop and target the areas of non compliance.
- Financial services are also continuing to review areas where invoice authorisation is delayed in order to target and support training needs with a view of improving performance.

Capital Month 08

	Year to Date £'000			21/22 Forecast Outturn £'000		
	Plan	Actual	Variance	Plan	Actual	Variance
Estates Projects						
Main theatres heating boilers	120	120	0	120	120	0
Eye bank air handling unit	180	212	(32)	180	212	(32)
Other	513	513	0	1,353	1,146	207
Total Estates Projects	813	844	(32)	1,653	1,478	175
Medical Equipment						
Microvascular/ENT microscope	0	0	0	170	170	0
Laser for scar service	0	0	0	150	0	150
Other	262	262	0	527	535	(8)
Total Medical Equipment	262	262	0	847	705	142
Information Management & Technology (IM&T)						
Windows 10 / Server 2012 Upgrade	10	10	0	250	250	0
Radiology systems (PACS/RIS) reprovision	73	73	0	200	200	0
EDM scanning solution	53	53	0	175	175	0
Patient record system for Ophthalmology	0	0	0	165	165	0
Other	85	85	0	540	566	(26)
Total Information Management & Technology (IM&T)	221	221	0	1,330	1,356	(26)
Capitalised staff costs	184	184	0	350	317	33
Contingency	0	0	0	0	0	0
New DHSC NHSIE funded projects:						
Cyber security	0	0	0	144	144	0
Diagnostics Imaging - PACS	0	0	0	453	453	0
Community Diagnostics Centres (CDC)	0	0	0	364	364	0
Modular Theatres (Targeted Investment Fund TiF)	0	0	0	2,290	2,290	0
LTC tech platform. (TiF)	0	0	0	60	60	0
MOS (Store Conversion) - (TiF)	0	0	0	30	30	0
Pathology (tbc)	0	0	0	249	249	0
Other funding included in the QVH projects	0	0	0	(159)	(159)	0
Total Capital 2021/22 Month8 2021/22 Programme	1,480	1,512	(32)	7,611	7,288	323

QVH PERFORMANCE COMMENTARY

- Successful bids for significant central funding allocations for 21-22 projects has increased the capital plan from £4m by £3.6m to £7.6m.
- In light of the new major projects being undertaken, supply chain issues and other resource constraints all capital project plans are being reviewed to manage the risks of delivery in the last quarter of the finance year, and to establish a new robust achievable forecast for 21-22 year end.

QVH FORWARD LOOK / PERFORMANCE RISKS

- The Trust capital forecast is £7.3m at M08 and is under review.
- 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.

KS05 – Organisational Excellence

Risk Owner: Interim Director of Workforce & OD

Date: 22nd December 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
- Significant challenges being seen with staffing levels in individual areas with both high vacancy and absence rates over the winter period.

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. Ensuring the People Promise is being delivered
- 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 previously were shielding/vulnerable, including BAME staff not being able to return to full duties. Monitoring longer terms impact of second wave & vaccination programme.
- The DHSC mandatory requirement for all front line NHS staff to be fully vaccinated as a condition of employment from 01/04/2022
- 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:	06 January 2022	Agenda reference:		18-22	
Report title:	Workforce Report – December Report – November Data				
Sponsor:	Lawrence Anderson, Interim Director of Workforce and OD				
Authors:	<ul style="list-style-type: none">Gemma Farley, Employee Relations & Wellbeing ManagerSarah Oliphant, Employee Services and e-Systems ManagerAnnette Byers, Head of Organisational DevelopmentHelen Moore, Medical Education Manager				
Appendices:	1. Vaccination as a Condition of Deployment (VCOD) for Healthcare Workers				
Executive summary					
Purpose of report:	To provide a monthly update of Workforce KPI's and OD activity				
Summary of key issues	<p>This month's report provides high level early data received from the completion of this year's Staff Survey. QVH's overall response rate in 2021 was 62.1% which is an encouraging increase from 2020.</p> <p>The report also includes a deep dive into the increasing trend in staff sickness absence showing a significant increase in the amount of illness attributed to Cold Cough and Flu when compared to the same period the previous year.</p> <p>This month's report also includes communication regarding the VCOD regulations that have been passed by parliament on 15th December 2021, and the approach that the Trust are taking to this.</p>				
Recommendation:	The Board is asked to note the report				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	<ul style="list-style-type: none">KSO5. Trust reputation as a good employer and ensuring there are sufficient and well trained staff to deliver high quality careEngaged and motivated staff deliver better quality care (KSO1)				
Corporate risk register:	Impact of pandemic on workforce availability				
Regulation:	Well Led				
Legal:	n/a				
Resources:	Managed by HR/OD with support from finance, operations and nursing				
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	4/01/22	Decision:	TBA	
Next steps:					

Workforce and Organisational Development Report

Lawrence Anderson, Interim Director of Workforce &OD

December 2021 (November 2021 Data)



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Headlines

Engagement & Communication:

- NHS Staff Survey closed on Friday 26 November, thanks to everyone that encouraged staff to complete the survey.
- Final QVH Staff Survey 2021 response rates are imminent but we are pleased to announce we have improved on last years figure of 59%.
- Regular communications continue to be sent to heads of department and all QVH staff on any training, development and apprenticeships available.
- The establishment of an Education and Development steering group at QVH is underway who will regularly meet to discuss initiatives across the Trust

Attraction & Retention:

- New team split within the Resourcing Team that has already shown a decrease in time to recruit (conditional offer to ready to start) from 75.2 days in October to 41.9 days in November.
- Another increase in conditional offers sent from 33 in October to 44 in November.
- Overall average time taken from when an advert was approved to a new starter in post has also reduced from 97.35 in October down to 46 in November.
- Number of new starters in November increased by 75% from 27 in October to 43 in November.

Health & Wellbeing:

- Now there are 29 new Mental Health First Aiders across the Trust, the inaugural meeting of the Healthy Workplace Allies has been arranged for early December 2021.
- A weekly emails throughout November focused on stress awareness for all with International Stress Awareness Week 2nd to 5th November, and guidance on support if staff or a colleagues feels bullied with Anti-Bullying Awareness Week 11th to 14th November. Ongoing webinars available from Care First (EAP) continued to be shared with all staff.
- The work-related stress indicator tool (WRSIT) project is underway with many departments already having completed and implementing the actions, with other areas due to finish or scheduled to start.

Learning & Education:

- Overall Stat & Mand compliance is 89.26% across QVH – increased by 0.32% from last month 88.94% (includes non perm and perm staff)
- Appraisals compliance is 81.24% across QVH – decreased by 0.84% from last month 82.08%. Just 1 GMC and GDC registrant has a Covid PDR exemption.

Talent & Leadership:

- Apprenticeship uptake continues to be positive and we have nearly reached our government target.
- The Sussex ICS Leadership, OD and Talent Group met to discuss opportunities to look at Talent Management across the system.
- Leadership opportunities continue to be promoted across QVH from the Leadership Academy, HEE, NHS Elect and the ICS.



Workforce KPI Summary

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2020/21 & 2021/22			Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Compared to Previous Month
Establishment WTE <i>*Note 1</i>				1036.20	1037.20	1035.09	1042.49	1042.49	1031.34	1031.34	1032.34	1057.51	1057.51	1061.28	1067.59	1068.59	▲
Staff In Post WTE				933.53	928.06	927.02	932.50	934.23	931.78	930.44	930.22	922.66	910.88	919.42	924.62	935.09	▲
Vacancies WTE				102.67	109.14	108.07	109.99	108.26	99.58	100.90	102.12	134.85	146.63	141.86	142.97	133.50	▼
Vacancies %	>12%	8%<=12%	<8%	9.91%	10.52%	10.44%	10.55%	10.38%	9.65%	9.78%	9.89%	12.75%	13.87%	13.37%	13.39%	12.49%	▼
Agency WTE				11.95	10.80	10.83	9.78	10.55	7.46	11.06	12.11	12.89	9.97	8.28	6.83	11.79	▲
Bank WTE <i>*Note 2</i>				66.60	65.44	76.20	66.31	87.81	64.81	64.22	72.64	78.37	71.08	70.05	71.07	77.85	▲
Trust rolling Annual Turnover % (Excluding Trainee Doctors)	>=12%	10%<=12%	<10%	10.49%	10.60%	10.63%	10.25%	10.76%	11.55%	10.94%	12.20%	13.15%	14.11%	14.60%	15.02%	15.43%	▲
Monthly Turnover				0.84%	0.99%	1.66%	0.20%	1.45%	1.34%	0.33%	2.03%	1.49%	2.12%	1.25%	1.28%	1.15%	▼
12 Month Rolling Stability % <i>*Note 3</i>	<70%	70%<=85%	>=85%	89.11%	89.07%	88.87%	89.06%	88.91%	88.37%	87.84%	87.11%	85.09%	85.09%	85.43%	85.03%	84.49%	▼
Sickness Absence %	>=4%	4%<=3%	<3%	3.26%	3.20%	3.48%	2.50%	2.75%	2.49%	3.04%	3.63%	3.17%	3.27%	4.13%	4.47%	TBC	▲
% staff appraisal compliant (Permanent & Fixed Term staff) <i>*Note 4</i>	<80%	80%<=95%	>=95%	80.60%	84.03%	82.03%	83.69%	86.32%	86.50%	85.23%	83.72%	85.17%	86.08%	83.93%	82.08%	81.24%	▼
Statutory & Mandatory Training (Permanent & Fixed Term staff) <i>*Note 5</i>	<80%	80%<=90%	>=90%	91.02%	91.92%	92.30%	91.47%	91.65%	92.57%	92.34%	92.35%	91.98%	92.35%	90.92%	90.85%	91.48%	▲

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 %
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 %

2019-20 National Survey Of 572 responses: 92% : 2%	2020-21 National Survey Of 594 responses: 94% : 2%
2019-20 National Survey Of 560 responses: 72% : 10%	2020-21 National Survey Of 593 responses: 71% : 11%

19-20 & 20-21 ▲ Responses ▲ Likely ▼ Unlikely
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

- A new page on Qnet has been set up for the Staff Survey and has been used to promote the survey and provide information/links on the survey. Moving forward this will be used to display outcomes from the survey.
- National Staff Survey QVH current overall response rate is: 62.1% (654 respondents from an eligible sample of 1053 staff).
- Acute Specialist Trust - Worst performing: 58.0%, Best performing: 67.0%, Average response rate: 62.4% (Please note: these figures are not based on all Acute Specialist Trusts, they are only based on those organisations that have their results compiled by Picker).

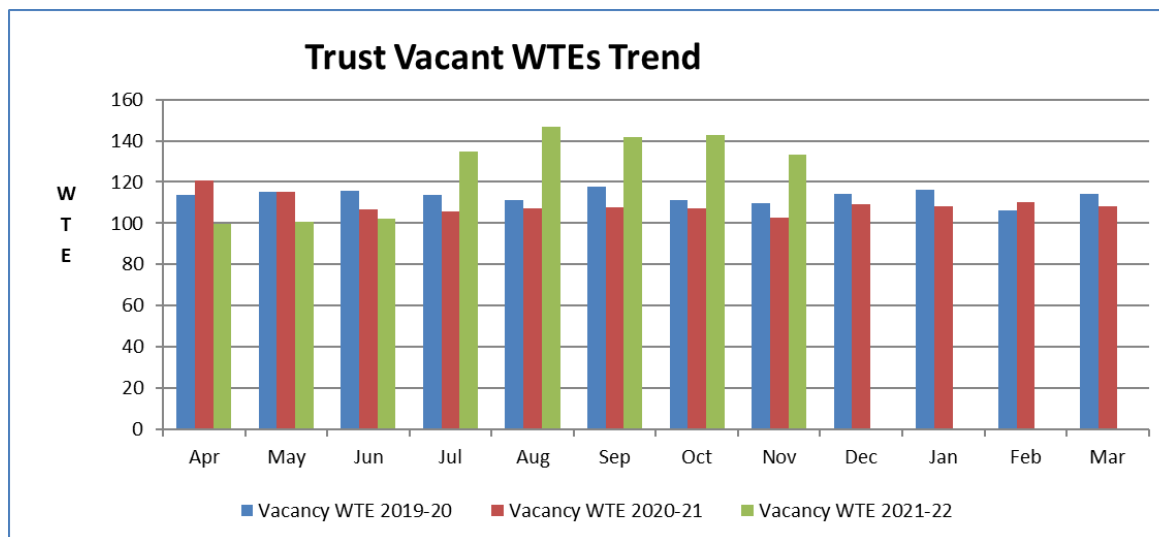
The following table shows current response rate for each of the localities in our staff list.

Locality 1	Eligible	Respondents	Response Rate
276 CORPORATE (DIR)	37	36	97.3%
276 FINANCE & PERFORMANCE (DIR)	133	98	73.7%
276 HUMAN RESOURCES & OD (DIR)	29	27	93.1%
276 NURSING AND ACCESS & OUTPATIENTS (DIR)	80	59	73.8%
276 OPERATIONS (DIR)	774	459	59.3%

- It is anticipated this year that the national results will be published sometime around early / mid-March 2022, however the exact date can only be confirmed around 4 weeks prior to publication however, QVH will receive the data in January/February 2022.

COMMENTARY	FORWARD LOOK / POTENTIAL RISKS
<ul style="list-style-type: none">• 2021 NHS Staff Survey closed 26th November 2021, final response rates are imminent	<ul style="list-style-type: none">• With the recent decision on the business case for a possible merger, there is a risk that the NSS21 results could be significantly impacted particularly around staff engagement and how staff are 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	this month	Pipeline
Corporate	11.4	2	NA	NA
Eyes	0.8	3.67	0	5.58
Sleep	1	0	2	2
Plastics	3	1	0	10
Oral	2	2.8	3	1
Periop	20.01	6.61	0	10.2
Clinical Support	11.65	7.4	1	0
Outpatients	2	0	NA	NA
Director of Nursing	2.8	3.6	NA	NA
Operational Nursing	24.01	16.39	NA	NA
Community Services	1.2	0	0	0
QVH Trust Total	79.87	43.47	6	28.78

VACANCY PERCENTAGES	Sep-21	Oct-21	Nov-21	Compared to Previous Month
Corporate	9.76%	10.85%	11.93%	▲
Eyes	5.44%	13.18%	11.25%	▼
Sleep	22.79%	22.52%	22.52%	◀▶
Plastics	10.87%	4.92%	6.40%	▲
Oral	10.68%	10.88%	9.01%	▼
Periop	14.42%	12.39%	12.21%	▼
Clinical Support	16.58%	15.58%	13.48%	▼
Outpatients	29.51%	29.51%	30.25%	▲
Director of Nursing	5.02%	10.09%	7.18%	▼
Operational Nursing	14.44%	17.19%	14.73%	▼
Community Services	35.61%	22.37%	8.14%	▼
QVH Trust Total	13.37%	13.39%	12.49%	▼

COMMENTARY

- Vacancy rate has decreased with 133.5 WTE at 12.49%
- Highest vacancy rate is in Outpatients at 29.51%
- Number of adverts placed decreased from 57 to 53 in November (80.41 WTE)
- 21 candidates completed employment checks (taking 22.4 days for internal and 62.7 for external on average)
- Leavers have reduced in October to 9.93WTE
- Monthly rolling turnover has reduced to 1.15%
- Operational Nursing have seen the highest volume of adverts at 24.01 – 30% of trust total.

FORWARD LOOK / POTENTIAL RISKS

- New Working Group set up to look at Attraction and Retention with training and development routes
- Publicity around mandated vaccine may result in lower uptake of applicants – 1 example already of withdrawal in Head and Neck due to mandated vaccine.
- Time to hire set to continue to improve following new team set up and reduction of 33 days in the conditional offer to ready to start stage.

Turnover, New Hires and Leavers

ANNUAL TURNOVER ROLLING 12 MTHS excl. Trainee Doctors	Sep-21	Oct-21	Nov-21	Compared to Previous Month
Corporate %	14.92%	14.50%	15.49%	▲
Eyes %	33.11%	44.28%	42.70%	▼
Sleep %	21.06%	17.55%	17.55%	◀▶
Plastics %	15.86%	16.63%	20.77%	▲
Oral %	14.58%	15.51%	14.67%	▼
Peri Op %	13.17%	12.33%	12.18%	▼
Clinical Support %	13.82%	13.54%	14.23%	▲
Outpatients %	14.03%	11.60%	11.65%	▲
Director of Nursing %	3.04%	7.89%	9.41%	▲
Operational Nursing %	13.53%	14.28%	14.09%	▼
Community Services %	25.77%	24.56%	14.69%	▼
QVH Trust Total %	14.60%	15.02%	15.43%	▲

MONTHLY TURNOVER excl. Trainee Doctors	Sep-21	Oct-21	Nov-21	Compared to Previous Month
Corporate %	2.21%	1.11%	1.42%	▲
Eyes %	0.00%	13.53%	0.00%	▼
Sleep %	4.27%	0.00%	0.00%	◀▶
Plastics %	1.95%	0.71%	2.38%	▲
Oral %	1.55%	1.70%	0.67%	▼
Peri Op %	0.41%	0.00%	1.15%	▲
Clinical Support %	2.16%	0.00%	1.06%	▲
Outpatients %	0.00%	0.00%	0.00%	◀▶
Director of Nursing %	0.00%	4.72%	1.41%	▼
Operational Nursing %	0.69%	0.79%	1.23%	▲
Community Services %	0.00%	0.00%	0.00%	◀▶
QVH Trust Total %	1.25%	1.28%	1.15%	▼

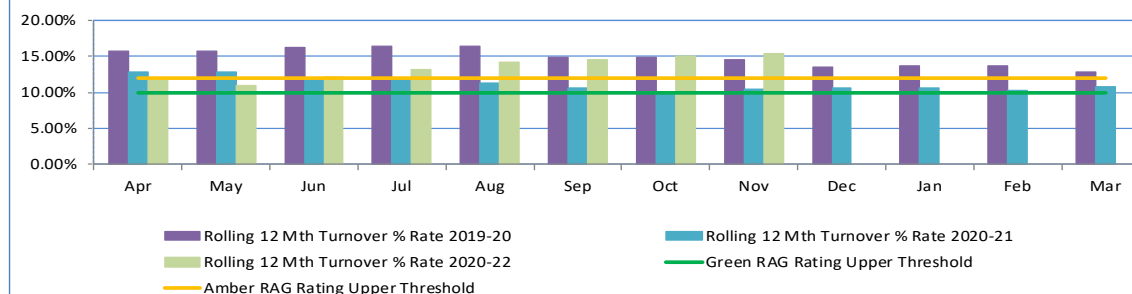
COMMENTARY

- Excluding trainees there were 9.93 WTE leavers, with the highest in Corporate at 2.6WTE
- 12 month rolling turnover increased to 15.43% with Plastics having the biggest increase at net 4.14%.

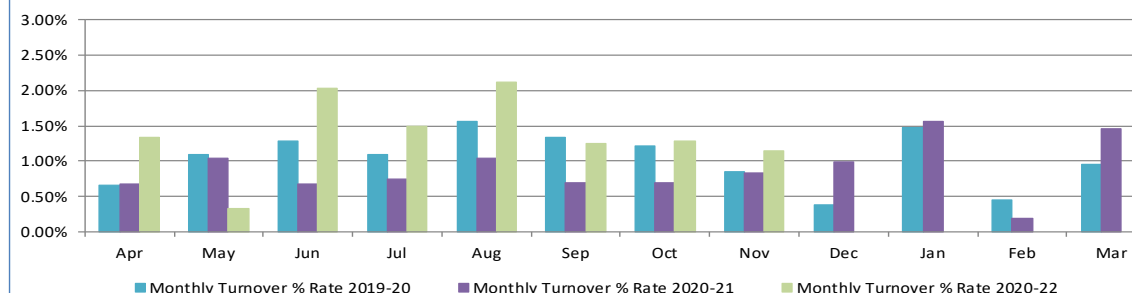
FORWARD LOOK / POTENTIAL RISKS

- WTE of new starters continues to increase with 43 processed in November, compared to 27 in October.
- Highest reason for leave in October was Going to another Trust at 3.24WTE – look at reason to moving on? Introduction of new Education and Development working group to look at retention by development opportunities.

Trust Annual Turnover (Rolling 12 Months)
Percentage Rate 2019-20, 2020-21 & 2021-22
(percentage rates in RAG colours)



Trust Monthly Turnover Percentage Rate 2019-20, 2020-21 & 2021-22

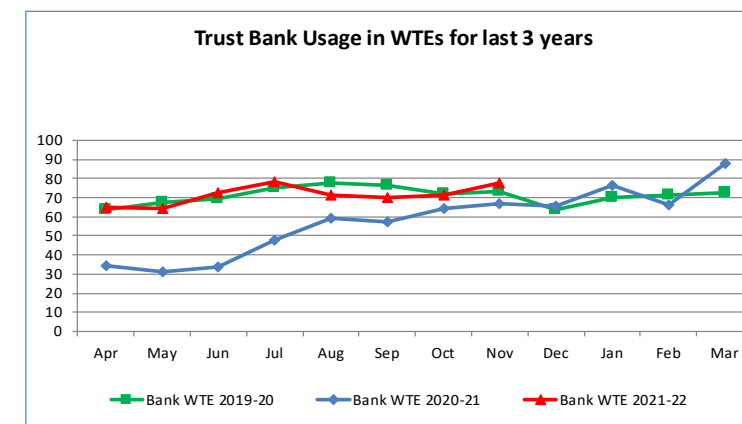
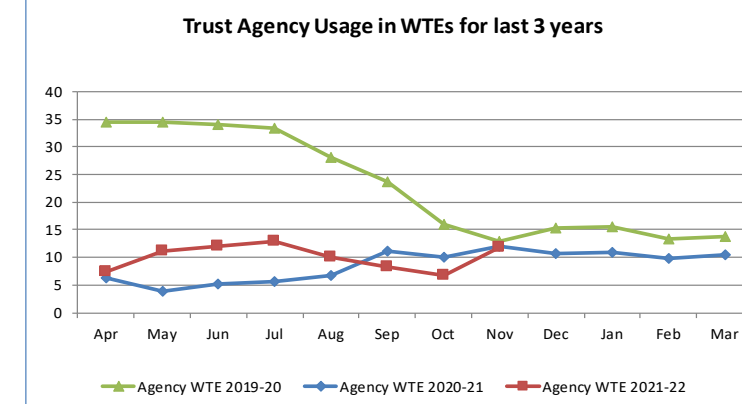


Agency				
BUSINESS UNIT (WTE)	Sep-21	Oct-21	Nov-21	Compared to Previous Month
Corporate	1.75	1.89	4.05	▲
Eyes	0.00	0.00	0.00	◀▶
Sleep	0.39	0.25	0.75	▲
Plastics	0.00	0.00	0.00	◀▶
Oral	0.00	0.00	0.00	◀▶
Periop	2.80	2.26	2.12	▼
Clinical Support	0.18	0.38	0.86	▲
Outpatients	0.00	0.00	0.00	◀▶
Director of Nursing	0.00	0.00	0.00	◀▶
Operational Nursing	3.16	2.06	4.01	▲
Community Services	0.00	0.00	0.00	◀▶
QVH Trust Total	8.28	6.83	11.79	▲

Bank				
BUSINESS UNIT (WTE)	Sep-21	Oct-21	Nov-21	Compared to Previous Month
Corporate	10.13	7.95	9.59	▲
Eyes	1.34	2.66	3.81	▲
Sleep	4.25	4.21	4.34	▲
Plastics	2.11	2.67	2.83	▲
Oral	4.15	3.65	3.32	▼
Periop	18.56	19.65	18.14	▼
Clinical Support	5.58	6.31	5.15	▼
Outpatients	1.60	1.24	1.28	▲
Director of Nursing	2.79	1.83	2.40	▲
Operational Nursing	17.63	19.33	25.38	▲
Community Services	1.88	1.56	1.61	▲
QVH Trust Total	70.05	71.07	77.85	▲

Agency				
STAFF GROUP (WTE)	Sep-21	Oct-21	Nov-21	Compared to Previous Month
Qualified Nursing	5.96	4.32	4.51	▲
HcAs	0.00	0.00	0.64	▲
Medical and Dental	0.39	0.25	1.73	▲
Other AHP's & ST&T	0.18	0.38	0.86	▲
Non-Clinical	1.75	1.89	4.05	▲
QVH Trust Total	8.28	6.83	11.79	▲

Bank				
STAFF GROUP (WTE)	Sep-21	Oct-21	Nov-21	Compared to Previous Month
Qualified Nursing	24.28	27.12	29.68	▲
HcAs	10.08	9.46	10.55	▲
Medical and Dental	5.75	5.63	5.04	▼
Other AHP's & ST&T	2.88	3.92	4.36	▲
Non-Clinical	27.06	24.94	28.21	▲
QVH Trust Total	70.05	71.07	77.85	▲



COMMENTARY

- Agency has increased by 4.96wte in November and Bank by 6.78wte
- Highest Agency use in Corporate at 4.05 WTE and Bank in Operational Nursing at 25.38wte
- Qualified Nursing was the highest Agency usage and in Bank

FORWARD LOOK / POTENTIAL RISKS

- Work in progress to further increase admin Bank
- Mandated vaccine to be added to NHS Employer checklist which will form part of the Workforce Alliance Agency framework and could further reduce pool of agency workers if unwilling to be vaccinated.

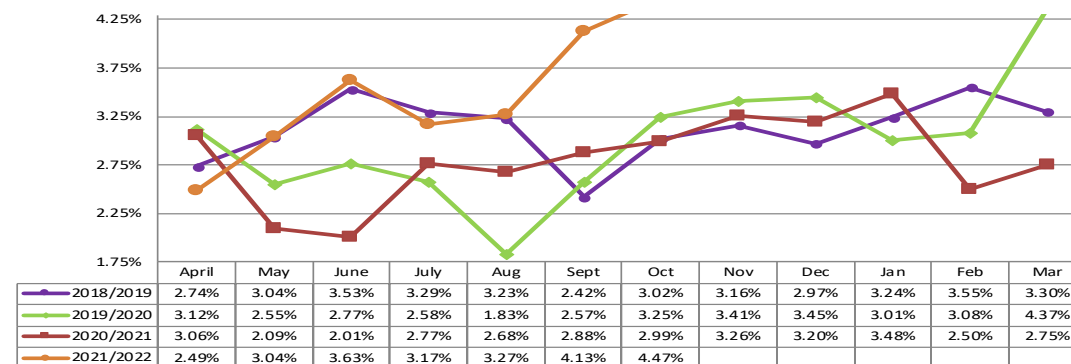
GOAL 3: Health and Well-being

SHORT TERM SICKNESS	Aug-21	Sep-21	Oct-21	Compared to Previous Month
Corporate	1.32%	1.89%	2.50%	▲
Clinical Support	2.04%	1.48%	2.34%	▲
Plastics	0.73%	2.94%	2.73%	▼
Eyes	0.61%	0.84%	0.00%	▼
Sleep	0.58%	2.58%	6.41%	▲
Oral	0.95%	1.31%	0.60%	▼
Periop	1.35%	1.08%	1.62%	▲
Outpatients	0.00%	0.57%	5.03%	▲
Director of Nursing	0.93%	0.54%	1.12%	▲
Operational Nursing	1.18%	2.41%	2.42%	▲
Community Services	0.00%	0.81%	0.53%	▼
QVH Trust Total	1.18%	1.72%	2.15%	▲

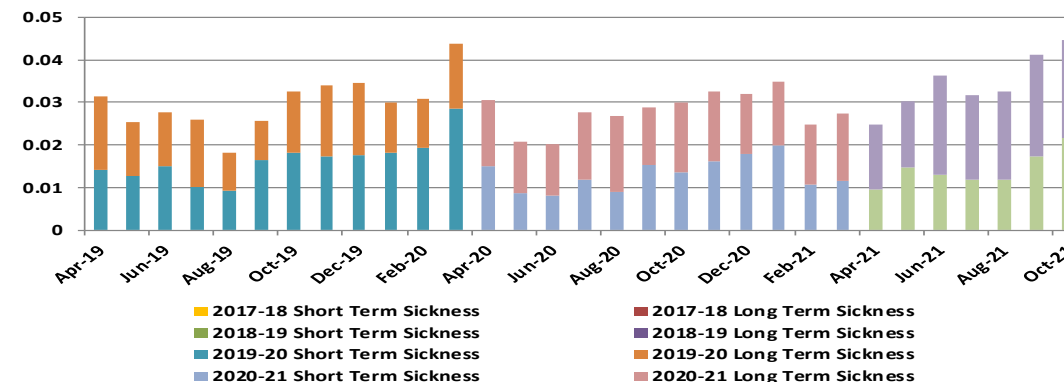
LONG TERM SICKNESS	Aug-21	Sep-21	Oct-21	Compared to Previous Month
Corporate	2.90%	2.82%	2.53%	▼
Clinical Support	1.87%	1.47%	0.49%	▼
Plastics	0.79%	0.76%	0.00%	▼
Eyes	0.00%	0.00%	0.00%	◀▶
Sleep	8.16%	12.35%	8.28%	▼
Oral	4.18%	3.63%	3.26%	▼
Periop	1.23%	2.64%	4.45%	▲
Outpatients	0.00%	0.64%	3.09%	▲
Director of Nursing	3.26%	4.21%	2.31%	▼
Operational Nursing	2.32%	1.39%	1.49%	▲
Community Services	8.83%	2.06%	0.00%	▼
QVH Trust Total	2.08%	2.41%	2.32%	▼

ALL SICKNESS (with RAG)	Aug-21	Sep-21	Oct-21	Compared to Previous Month
QVH Trust Total	3.27%	4.13%	4.47%	▲

Trust Sickness Absence Rates 2017-2021 by month



Trust Sickness Absence Rates 2018/19, 2019/20 & 2020/21 by Long term & Short term sickness



COMMENTARY

- The Trust's total absence in October 2021 has increased significantly to 4.47%. The rise of total sickness is against the usual trend that would normally be seen in this month, an average of 3.11% was seen in the month of October over the last 5 years.
- Although a marginal decrease in long term sickness absence (Sep to Oct 2021 -0.09%), an increase in short term absence was seen (+0.43%)
- There was a 0.79% increase in short term absence in Oct 2021 (2.15%) compared to Oct 2020 (1.36%).

FORWARD LOOK / POTENTIAL RISKS

- There continues to be an increase in sickness absence for short term.
- As we continue through the winter months, it is expected that sickness absence levels will remain at a high level.
- In comparison to other years, October and November has seen a rise in both formal and informal absence management

GOAL 3: Health and Well-being

Sickness absence comparison October 2020 and October 2021

Reason	Oct-20	Oct-21
Anxiety/stress/depression/other psychiatric	2	5
Asthma	2	2
Back Pain Work Related		1
Back Problems	1	4
Blood disorders		1
Chest & respiratory problems	2	
Cold, Cough, Flu - Influenza	28	112
Dental and oral problems	3	4
Ear, nose, throat (ENT)	4	9
Eye problems	2	4
Gastrointestinal problems	31	24
Genitourinary & gynaecological problems	4	8
Headache / migraine	20	22
Heart, cardiac & circulatory problems	6	8
Infectious diseases	1	1
Injury, fracture	2	4
Mental Health Disorder	4	5
Nervous system disorders	3	1
Oncology	2	4
Other Back Pain	2	
Other musculoskeletal problems	15	12
Other Stress Anxiety	18	6
Pregnancy related disorders	10	6
Skin disorders	1	3
Stress Work Related	2	4
Virus	3	5
Z Not Known	2	11

Source: Health Roster

COMMENTARY

- The top 3 reasons for sickness absence are typically:
 - 1) cold, cough, flu – influenza,
 - 2) gastrointestinal problems, and
 - 3) mental health related disorders (includes anxiety, stress, depression, other psychiatric; Other Stress Anxiety; Mental Health disorders; and Stress Work Related)
- The most notable increase between October 2020 (n=28) and October 2021 (n=112) is the number of occurrences of 'cold, cough, flu – influenza'. In 2020, 7.14% were 'Covid-19' related whereas 17.86% were in 2021.
- Anxiety, etc. has seen a decrease between 2020 (n=26) and 2021 (n=20)
- Gastrointestinal problems has seen a decrease in October 2021 (n=24) compared to October 2020 (n=31)
- The number of staff going through oncology treatment has doubled in October 2021 (n=4) compared to October 2020 (n=2)
- We can draw a number of assumptions from this data and with consideration to the ongoing Covid-19 pandemic:
 - Staff with a cold, cough, flu – influenza are taking sickness absence rather than attending working, perhaps due to the prevalence of Covid-19 individuals are being more cautious and adhering to the Trust messaging of not attending the workplace if they feel unwell
 - An increase in cold, cough, flu – influenza in October 2021 could be attributed to the fact that people are socialising more and perhaps are more susceptible due to having had a level of shielding for a period of time
 - An increase in mental health related disorders could be as a result of short staffing due to vacancy, sickness absence and other absence reasons

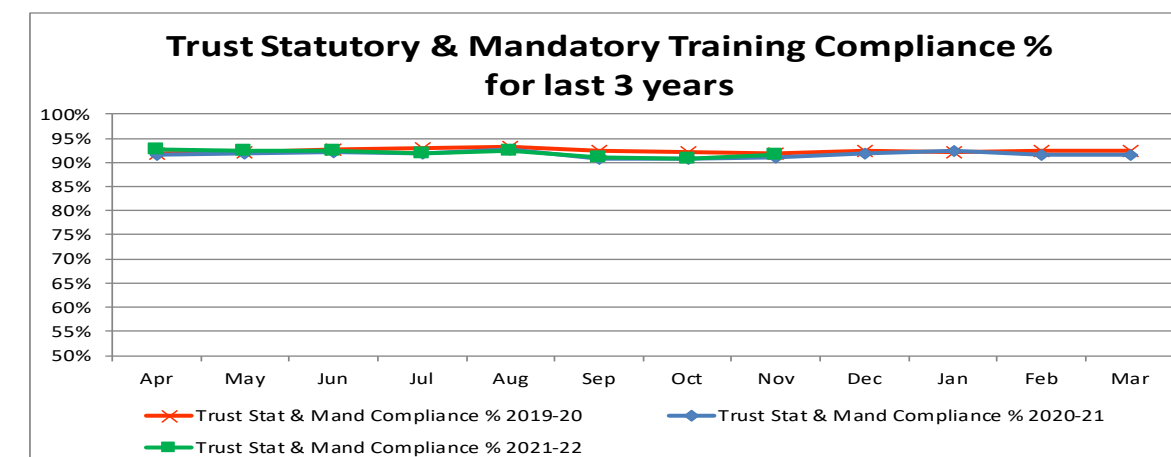
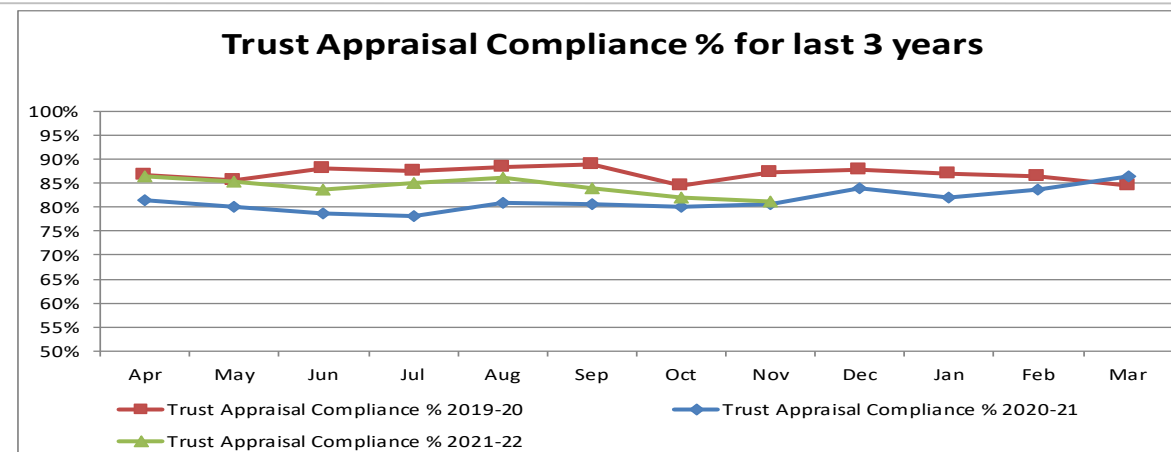
FORWARD LOOK/ POTENTIAL RISKS

- If sickness absence continues to increase it may have an effect on the Trust operationally as staffing levels will decrease, which may therefore increase bank and agency usage
- Staffing levels are on the Trust's Risk Register, higher sickness absence does further compound this issue. To mitigate against this and the significant operational pressures the Trust is facing we have introduced an increased Bank Rate and also a Winter Shift Supplement for Bank Shifts worked over 10 hours in our inpatient areas identified on the Risk Register. This will run between 1st December 2021 and 28th February 2022.

GOAL 4: Learning and Education

APPRAISALS	Sep-21	Oct-21	Nov-21	Compared to Previous Month
Corporate	81.86%	81.07%	79.41%	▼
Eyes	86.67%	71.88%	72.73%	▲
Sleep	71.43%	68.97%	37.93%	▼
Plastics	85.55%	83.95%	77.27%	▼
Oral	75.28%	68.97%	74.73%	▲
Peri Op	83.53%	77.71%	77.60%	▼
Clinical Support	89.74%	89.08%	91.53%	▲
Outpatients	62.50%	92.00%	87.50%	▼
Director of Nursing	94.55%	90.38%	96.15%	▲
Operational Nursing	88.24%	88.46%	89.00%	▲
Community Services	61.54%	69.23%	94.29%	▲
QVH Trust Total	83.93%	82.08%	81.24%	▼

MANDATORY AND STATUTORY TRAINING	Sep-21	Oct-21	Nov-21	Compared to Previous Month
Corporate	91.15%	90.70%	92.48%	▲
Eyes	87.57%	84.57%	85.09%	▲
Sleep	90.10%	87.89%	91.61%	▲
Plastics	79.59%	81.32%	83.39%	▲
Oral	87.55%	87.28%	86.95%	▼
Peri Op	90.68%	91.20%	91.08%	▼
Clinical Support	95.10%	95.72%	96.85%	▲
Outpatients	93.53%	94.29%	96.52%	▲
Director of Nursing	94.92%	95.11%	94.37%	▼
Operational Nursing	93.97%	93.15%	93.58%	▲
Community Services	90.28%	87.50%	88.89%	▲
QVH Trust Total	90.92%	90.85%	91.48%	▲



COMMENTARY

- 487 course bookings for November 2021
- 334 attendees (69% of all bookings)
- 56 did not attend (11% of all bookings)
- 50 withdrew within 2 weeks of the course (10% of all bookings)
- 18 withdrew more than 2 weeks before the course (4% of all bookings)
- 29 on cancelled courses (6% of all bookings)

FORWARD LOOK / POTENTIAL RISKS

- Potential risk for a further lock down as a result of Covid-19 may impact on training delivery, compliance levels and trainer availability.

GOAL 5: Talent & Leadership

Including OD&L and Medical Education activity

SHCP – Leadership, OD and Talent Group activity:

- ‘Developing Excellence, Together’ Leadership Programmes – Phase 2 has been cascaded across the Sussex integrated Care System. Applications are open to staff in leadership positions at QVH and an email has been sent giving instructions on how to apply. The closing date was extended to 4th December.
- OD&L secured two places on an Allies Against Racism programme for the B.A.M.E leads via contacts in the ICS group
- The group is looking at a process for recognising and managing talent across the ICS. An initial meeting has been held to look at what good practice is already across the system before starting to develop a plan for the region.

Apprenticeships:

- In November, four QVH staff started the following apprenticeships:
 - 1 x Advanced clinical health care support worker
 - 2 x Healthcare science associates, Level 4 (Standard) ophthalmology
 - 1 x Pharmacy technician, Level 3
- Sign up is under way for staff to get Apprenticeship Ready with the new functional skills provider. First cohort planned for December 2021 and will be evaluated once the programme has been completed.

Other activities:

- OD&L have developed an Action Learning Set workshop and have offered Heads of Departments the opportunity to take part in this useful networking opportunity. The purpose of an Action Learning Set is for small groups of people within a workplace to meet with the specific intention of solving their workplace problems.
- QVH Kickstart applications are currently with the DWP for 7 jobs, QVH are awaiting confirmation of outcome. QVH aims to offer up to 10 positions on this programme across QVH in this financial year. Kickstart provides real life work experience for long term unemployed local young people.
- Nicky Reeves and Jo Davis have agreed to accept one clinical T Level placement next year. There are no non clinical T Levels on the system yet.
- December corporate induction programme was held in the Med Ed centre for 18 new starters (3 x DNA's and 1 withdrew)
- OD & L processed 17 funding panel applications in November 2021



GOAL 5: Talent & Leadership

Including OD&L and Medical Education activity

Medical Education activity

Plans are underway for the next doctors' induction in February, with 18 trainees currently expected to join the Trust.

Following the GMC survey results, feedback has been received from the HEE KSS quality team, and the action plan that has been submitted to them was accepted. The Head of School of Surgery for London has requested additional detail on rotas, induction, teaching and study leave for the Higher Plastics trainees, which will be provided.

The final Local Academic Board meeting of the year, attended by representation from HEE, took place in November.

The final Junior Doctors' Forum meeting of the year will take place in December, and will include the presentation of the latest round of Junior Doctors' Awards.

As we approach the end of the term, we are delighted that we've successfully delivered a full term of teaching to the Dental Foundation Trainees who attend the Dental Skills Lab every Friday. We are also looking into expanding the use of the lab to offer more CPD courses for dentists in 2022.



Vaccine as a Condition of Deployment (VCOD) for Healthcare Workers

Lawrence Anderson, Interim Director of Workforce &OD

December 2021

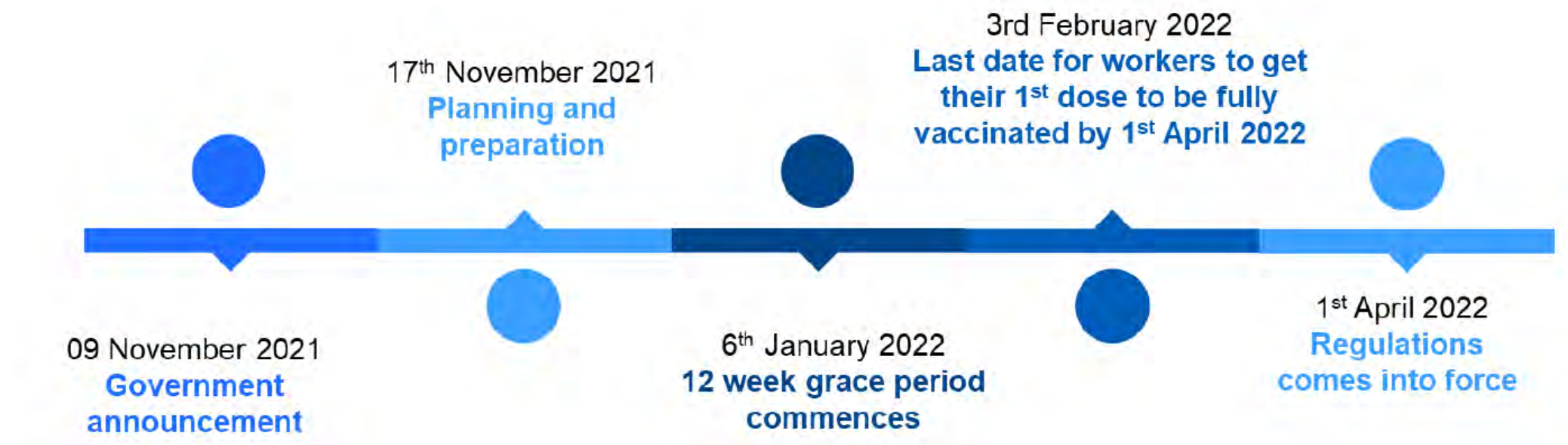


Background

- The Department of Health and Social Care, on 9 November 2021, laid regulations which amend the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (“the 2014 Regulations”), to provide that the registered person can only employ or otherwise engage a person in respect of a CQC regulated activity, if the person provides evidence that they have been vaccinated with a complete course of an authorised vaccine against COVID-19 or, if otherwise vaccinated against coronavirus is also within a specified time period, vaccinated with a single dose of an authorised vaccine, subject to specific exemptions
- These regulations will sit alongside the already existing regulations which require registered persons of all Care Quality Commission (CQC) registered care homes (which provide accommodation together with nursing or personal care) to ensure that a person does not enter the indoor premises unless they have been vaccinated (subject to certain exemptions) which came into force on 11 November 2021
- These regulations will apply equally across the public (NHS) and independent health sector, and will require workers aged 18 and over, who have direct, face to face contact with service users to provide evidence that they have received a complete course of a Medicines and Healthcare products Regulatory Agency (MHRA) approved COVID-19 vaccine, subject to limited exceptions, by no later than **1 April 2022**. This will include front-line workers, as well as non-clinical workers not directly involved in patient care but who nevertheless may have direct, face-to-face contact with patients, such as receptionists, ward clerks, porters and cleaners.
- On 15th December 2021 this was passed by Parliament at the same time as the Plan B measures were passed.



Key Dates



Who is Affected?

- **All workers who have face to face contact with patients and/or service users and who are deployed as part of CQC regulated activity**
- This includes individuals working in non-clinical ancillary roles who enter areas which are utilised for the provision of a CQC-regulated activity as part of their role and who may have social contact with patients, but not directly involved in patient care (e.g. receptionists, ward clerks, porters, and cleaners), regardless of contracted hours or working arrangements. All honorary, voluntary, locum, bank and agency workers, independent contractors, students/trainees over 18, and any other temporary workers are also in scope.

Who is Exempt?

A person may be deployed in the provision of the regulated activity despite not having been vaccinated if that person:

- Is under the age of 18
- Is clinically exempt
- Is exempt due to a short-term medical condition (which is an option that some pregnant women may choose to take; for pregnant women the exemption expires 16 weeks post-partum and so will allow them to become fully vaccinated after birth)
- Has taken part or is currently taking part in a clinical trial for a COVID-19 vaccine



How are QVH Responding?

- Weekly Task and Finish Group led by the Workforce and Employee Relations teams established with representation from across the Trust including:
 - Nursing
 - Staff Side (both medical and non-medical)
 - Pharmacy
 - Medical & Dental
 - Information Governance
 - Occupational Health
 - EDI Networks
 - Communications
 - Volunteers and visiting workers
- Large scale Data Validation for all Trust staff for Vaccination details
- Utilisation of Covid Vaccine Passport as part of recruitment process
- Establishment of a central email point of contact for queries and concerns qvh.vaccinationcovid@nhs.net
- Support and engagement with staff and line managers



Next Steps

- Current priority is Planning and Preparation. National Planning guidance issued on 6th December 2021
- Continue with robust data validation as a matter of urgency.
- Formally agree which QVH staff are within scope for the VCOD – it's been agreed that **all** workers at QVH are in scope due to the size of the site and building usage, i.e. even Jubilee all workers due to there being clinical areas within the building
- Trust wide communications & engagement with Staff and Managers on the condition of deployment
- Write to staff where vaccination information is not currently held to ascertain vaccination status
- Risk assessment
- Develop a Trust Policy/Procedure



Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	06 January 2022		Agenda reference:	19-22	
Report title:	Workforce Diversity Annual Report 2020-2021				
Sponsor:	Lawrence Anderson, Interim Director of Workforce & Organisational Development				
Author:	Gemma Farley, Employee Relations & Wellbeing Manager				
Appendices:					
Executive summary					
Purpose of report:	The Workforce Diversity Report 2020-2021 outlines equality information that we are required to publish each year to demonstrate our commitment to eliminate discrimination and harassment, promote equality of opportunity and foster good relations between different groups within our workforce. This report also highlights our ongoing work and where further actions are needed				
Summary of key issues	<p>Improvements have been seen in a number of areas across the Trust, and reporting metrics, particularly in our staff making declarations. We are aware of the challenges we face as an organisation and these are articulated in our WRES, WDES and Gender Pay reports which have previously been presented to board and are publically available.</p> <p>Real progress has been made against the Trust’s Workforce Diversity Action Plan which is in place until April 2022 when a full review will be undertaken.</p>				
Recommendation:	The Board is asked to note the report prior to publishing				
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 challenges are reflected in KSO5 Organisational Excellence and KSO1 supporting the experience of our patients which in turn support KSO2 & KSO3				
Corporate risk register:	None Specifically relate to the diversity of our workforce				
Regulation:	Well Led				
Legal:	None				
Resources:	The Workforce and OD teams are continuing to keep pace with the challenges that are presented, a changing national picture and Central NHS initiatives. Support is needed from managers across the trust to implement changes and deliver actions for their staff.				
Assurance route					
Previously considered by:	Finance & Performance Committee				
	Date:	22/11/2021	Decision:	Noted	
Previously considered by:					
	Date:		Decision:		
Next steps:					



Workforce Diversity Annual Report 2020 – 2021

October 2021

Author: Gemma Farley, Employee Relations and Wellbeing Manager

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1 | Introduction

1.1 Foreword

Queen Victoria Hospital NHS Foundation Trust ('QVH') is pleased to present its annual workforce diversity report covering the period 1 April 2020 to 31 March 2021.

We are a small organisation with 934.24 whole time equivalent (WTE) staff (as at 31 March 2021), are based at Queen Victoria Hospital site in East Grinstead, with some staff based at spoke sites in Kent, Surrey and other parts of Sussex.

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

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

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

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



1.2 Background

Under section 149 of the Equality Act 2010 (the public sector equality duty (PSED)) and the Equality Act 2010 (Specific Duties) Regulations 2011, QVH is required to publish equality information to demonstrate compliance with the general equality duty. The workforce monitoring data forms part of the information that is collated, monitored and published to help ensure that equality considerations are embedded within employment policies and practices, and that they meet the Trust's responsibilities under the duty.

1.3 Scope

This report provides an overview of our equality and diversity employment monitoring data as of 31 March 2021, with a comparison to the previous year and the Kent, Surrey and Sussex population (referencing the government's most recent census data). It covers age, disability, gender reassignment, marriage or civil partnership status, pregnancy and maternity, race, religion or belief, sex and sexual orientation. The reporting categories are detailed in the appendix.

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

1.4 Data quality

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

1.5 Staff diversity declaration rates

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

1.6 Interpreting the data

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

- information is published in accordance with the GDPR and does not identify individuals

- where possible, information about groups of fewer than 11 individuals is not published, instead being grouped into larger categorisations
- QVH's workforce as at 31 March 2021 was 1090 (headcount). Compared to many NHS provider organisations this is a relatively small data set and robust analysis can be problematic and not statistically representative.

2 | Equality priorities

QVH supports the national Equality Delivery System 2 initiative, which includes key areas of assurance around having 'Empowered, engaged and well-supported staff' (Goal 3) and 'Inclusive leadership at all levels' (Goal 4)¹.

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

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

We have:

- Commenced the process to uplift our Disability status from Employer to Leader.
- Continue to ensure all applicants disclose Equal Opportunity Data as part of the recruitment process and any that do not return data are asked to update personally via ESR self service.
- Monitored compliance against NHS Employer checks standards in respect of equality, diversity and inclusion monitoring.
- Introduced a network of BAME panel members who participate in shortlisting and interview of all Band 8a and above and Consultant Recruitment.

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

We have:

- Completed the fourth year Gender Pay gap assessment.
- Ensured every new and revised job description has been through an appropriate job evaluation process (non-medical).
- Established transparent recruitment and selection processes for internal promotional roles.
- Introduced the requirement for more diverse interview panels for Consultant posts to continue closing the gap between male and female employees in that staff group.

¹ The NHS Constitution: A refreshed Equality Delivery System for the NHS EDS2
<https://www.england.nhs.uk/wp-content/uploads/2013/11/eds-nov131.pdf>

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

We have:

- Offered Non MAST (mandatory and statutory training) training and development opportunities to staff at all levels across the Trust
- Continued to offer apprenticeship programmes to staff at all levels.
- Developed and offered apprenticeship ready programmes to all staff who do not meet the apprenticeship entry criteria.
- A progressive 'Leadership and Management' development programme accessible to all staff who supervise/manage others.
- Promoted the Stepping-Up programme led by the South East Leadership Academy in conjunction with the Sussex Health and Care Partnership (SHCP) for BAME staff.
- Ensured that all staff are given an opportunity to evaluate training and development programmes offered by QVH. Any concerns highlighted are addressed with specific SME's or providers to improve the quality of the sessions offered. 90% of evaluations received show the programmes offered are very good/excellent.

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

We have:

- Acted upon concerns raised in respect of perceived unprofessional conduct or behaviours

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

We have:

- Revised the Flexible Working Policy to enable right to request regardless of length of service with QVH, and includes Agile Working in response to new ways of working brought about by the Covid-19 pandemic.

- Reviewed the Employment Break Scheme Policy, ensuring the right to request is clear, fair and transparent.

2.6 Staff report positive experiences of their membership of the workforce

We have:

- Undertaken a full census survey for the National NHS Staff Survey, and integrated actions into a QVH attraction and retention plan. The staff engagement scores for WRES/WDES in the NHS 2020 Staff Survey are as follows:

RPC - QUEEN VICTORIA HOSPITAL NHS FOUNDATION (...)
NHS Staff Survey 2020 - Engagement Report (Internal)

10.0
>0.4 pts above
<0.4 pts below
In between

BAME (Q23)		Comparator (Org Overall - 2019)	Organisation Overall - 2020	BAME	White	BLANK
Section	Description	n = 586	n = 616	n = 84	n = 488	n = 44
Advocacy	Overall	7.9	7.9	8.3	7.9	7.1
Involvement	Overall	7.1	6.9	7.2	6.9	6.2
Motivation	Overall	7.5	7.4	8.3	7.3	6.9
Staff Engagement Score		7.5	7.4	7.9	7.4	6.7

Disability (Q26a)		Comparator (Org Overall - 2019)	Organisation Overall - 2020	No	Yes	BLANK
Section	Description	n = 586	n = 616	n = 466	n = 117	n = 33
Advocacy	Overall	7.9	7.9	8.0	7.7	8.1
Involvement	Overall	7.1	6.9	7.1	6.2	6.6
Motivation	Overall	7.5	7.4	7.5	6.7	7.7
Staff Engagement Score		7.5	7.5	7.4	7.5	6.9

Results show that BAME staff are more engaged than the rest of the workforce at QVH and those staff that have not declared ethnicity, are less engaged than any other group.

Staff that have declared a disability appear less engaged when it comes to the areas of involvement and motivation.

2.7 QVH Board and senior leaders routinely demonstrate their commitment to promoting equality within and beyond the organisation

We have:

- Engaged with organisations across the Sussex Integrated Care System (ICS) on regional workforce initiatives including the Turning the Tide programme staff. The Board has undertaken training on Allyship.

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

We have:

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

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

We have:

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

3 | Diversity report

3.1 A representative and diverse workforce

Overall workforce diversity

At 31 March 2021, QVH employed 1091 people (927.28 wte). Overall, there were some small incremental changes to reported workforce diversity compared to 2016 data, when it was first reported in this format. This appears primarily to be driven by improvements in disclosure rates from 'undefined' / 'undisclosed' categorisations to defined traits.

Category	Categorisation	2016	2020	2021	% change from 2016
Age	Under 25	3.52%	3.91%	4.22%	0.70%
	25 - 29	7.76%	7.73%	7.70%	-0.06%
	30 - 34	10.04%	13.00%	11.46%	1.42%
	35 - 39	10.14%	11.36%	11.64%	1.50%
	40 - 44	12.42%	11.55%	12.10%	-0.32%
	45 - 49	13.25%	12.45%	13.47%	0.22%
	50 - 54	17.60%	15.00%	14.21%	-3.39%
	55 - 59	15.11%	12.91%	12.92%	-2.19%
	60 - 64	7.35%	9.73%	8.80%	1.45%
	65 - 69	1.55%	1.27%	2.47%	0.92%
	Over 70	1.24%	1.09%	1.01%	-0.23%
Disability	Yes	4.76%	7.70%	4.67%	-0.09%
	No	70.70%	85.20%	89.55%	18.85%
	Undefined/ not declared	24.53%	7.10%	5.77%	-18.76%
Ethnicity	White	83.44%	81.36%	79.38%	-4.06%
	Mixed	0.93%	1.64%	2.02%	1.09%
	Black or Black British	2.48%	2.55%	3.12%	0.64%
	Asian or Asian British	6.52%	8.18%	11.18%	4.66%
	Chinese	0.31%	0.54%	0.46%	0.15%
	Any Other Ethnic Group	3.31%	2.37%	2.02%	-1.29%
	Not Known	3.00%	5.73%	1.83%	-1.17%
Gender	Male	23.71%	23.73%	24.56%	0.85%

	Female	76.29%	76.27%	75.44%	-0.85%
Marital Status	Civil Partnership	0.62%	0.91%	0.92%	0.30%
	Divorced	5.28%	6.72%	6.69%	1.41%
	Legally Separated	1.86%	1.54%	1.37%	-0.49%
	Married	58.07%	56.63%	56.46%	-1.61%
	NULL	2.90%	0.08%	3.30%	0.40%
	Single	28.88%	27.60%	28.05%	-0.83%
	Unknown	1.35%	5.70%	2.47%	1.12%
	Widowed	1.04%	0.82%	0.73%	-0.31%
Religion or belief	Atheism	12.32%	14.30%	15.03%	2.71%
	Buddhism	0.62%	0.27%	0.18%	-0.44%
	Christianity	48.14%	52.20%	52.06%	3.92%
	Hinduism	1.14%	1.90%	2.57%	1.43%
	Islam	1.35%	1.70%	1.83%	0.48%
	Judaism		0.18%	0.09%	0.09%
	Sikhism	0.31%	0.27%	0.46%	0.15%
	Other	5.18%	6.28%	6.97%	1.79%
	I do not wish to disclose	16.56%	14.54%	12.65%	-3.91%
	Undefined	14.39%	8.36%	8.07%	-6.32%
Sexual Orientation	Bisexual	0.41%	0.54%	0.73%	0.32%
	Gay	0.10%	1.09%	1.01%	0.91%
	Heterosexual	72.67%	79.64%	81.67%	9.00%
	Lesbian	0.21%	*See Note		
	I do not wish to disclose	12.32%	10.55%	8.71%	-3.61%
	Undefined	14.29%	8.18%	7.88%	-6.41%

* From 1st April 2019 this data is not separated out and is included within the Gay disclosure line.

The three largest changes in 2021 compared to 2016 have been in the disclosure of disability status (+18.76%), sexual orientation (+6.41%) and religion (+6.32%).

Outside of these improvements in disclosure, there have been the following improvements to diversity:

- those from an ethnicity other than White (+2.99%)
- age diversity, particularly under 45s (+3.24%)
- a wider variety of marital status', correlating in a decline in 'married' status (-1.61%)

QVH's workforce diversity profile as at 31 March 2021 is provided in **Appendix 2**.

In summary:

- 23.38% of our workforce are aged under 35, a decrease compared to 2020 where 24.64% was reported; 25.2% are aged over 55, also no change compared to last year; 3% of our workforce are over 65 which is broadly comparable to the wider public sector
- 4.67% of our workforce disclosed a disability, a significantly decrease from 7.7% the previous year. The largest gain seen this year is the reduction in the level of non-disclosure which has fallen to 5.77% from 7.1% last year.
- 18.8% of our workforce are from ethnic minority groups; an increase from last year's position of 15.28% and represents a year on year increase for the last 3 years; this compares to 12% in the wider public sector and UK workforce, but is typical of the National Health Service
- 75.44% of our workforce are female; a marginal decrease compared to the previous year of 76.27% – this is significantly higher than the 47% of the UK workforce, but remains typical of NHS organisations reliant upon nursing staff groups where there is high female representation
- 57.38% of our workforce are married or in a civil partnership, which is insignificantly different to last year's figure of 57.5%
- 79.19% of our workforce declared a religion or belief, up from the previous year's disclosure of 77.09%.
- Just 1.74% of our workforce declared they are gay/ lesbian/ bisexual, up marginally again from the previous year's disclosure of 1.63%. This is much smaller than the UK workforce disclosure rate of around 9%

Representation by organisational level

Staff declaring a disability is relatively consistent across Bands 1 – 7 at an average of 5.40% with the exception of Medical & Dental staff. Only 1.12% of Medical & Dental staff disclosed a disability, and 11.80% chose not to make any disclosure.

Ethnic minority staff represent 18.79% of the QVH workforce; an increase from 15.8% as reported the previous year. There is a relatively even distribution across the higher pay bands and grades, with Band 5 seeing the most representation of 30.72%. Medical & Dental grades that hold 42.13% representation (compared to 36.84% in the previous year).

Female representation at senior levels has reduced slightly in the last year, with 62.69% of Band 8+ and Board positions held by women compared to 65% last year.

The lowest female representation is in the medical and dental workforce, with 38.76% representation (down from 45.02% in the previous year). Males make up 24.56% of the QVH workforce.

The distribution of each religion and belief is relatively consistent across pay grades and bands.

There is a consistent distribution across pay bands and grades for sexual orientation, with slightly lower levels of disclosure in Medical & Dental grades.

What we will do:

- continue to take positive action to attract male applicants into the workforce in non-ancillary/ senior management roles, for example in administrative work
- continue to promote positive disclosure for disability/ sexual orientation characteristics

3.2 Job applications

QVH's recruitment candidates diversity profile as at 31 March 2021 is provided in **Appendix 3**.

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

QVH is committed to ensuring that all recruitment is free from unfair and unlawful discrimination. Reasonable adjustments for disabled people are made at all stages of the recruitment process, as required. We are committed to the Disability Confident scheme, one area of which guarantees an interview for all disabled applicants who meet the criteria for a job vacancy and to consider them on their merit. The Trust has commenced the process to become a Disability Confident Leader to further enhance our commitment to fairness throughout the full recruitment process.

For non medical successfully appointed staff the age range continues to be spread across all age groups, and medical seeing the majority at the 30 – 34 age range. With 66.7% of candidates aged under 20 being successfully appointed and only 34.38% within the 35-39 age range for non medical staff and 100% in the same age range for Medical staff. There remains disproportionally higher appointees in the 65+ age range with 88.9% for non medical and 100% for Medical. Those applying

for a job role meet standard distribution levels with lower numbers under 65+ and 20 and the highest of non medical applicants being between the ages of 25 to 29; with 35 – 39 more likely to attend interview.

Numbers have dropped across the board for last year due to COVID with only 64 individuals between the age of 25 and 55 attending interview compared to 117 last year (54% decrease).

68% of candidates who declared a disability at application were invited to interview (11 candidates) with a drop in success rate to 18% compared to 23% last year. It is difficult to determine the reason for this drop and there will continue to be focused training to appointing managers around fairness within the recruitment process.

Those declaring themselves from either a white or black background were as equally more likely to be appointed following interview (46.15% white / 46.46 black), however there was more disparity from application to shortlisting with 42.16% of those declaring themselves white and 13.04% black. Between white and all other ethnic backgrounds there was higher gap at appointed with only 15.56% of all other ethnic groups being appointed from interview.

Females continue to be proportionately more likely to apply for a job role with this variation being significant throughout the process but decreasing to 10% difference at appointment stage as opposed to 48% at application stage.

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

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

What we will do:

- Redesign and write updated and more focused Recruitment and Selection Training along with specific requirements for at least one member of shortlisting and interview panel to have attended the training in order to guide colleagues.
- Continue to build the BAME network for interview and shortlisting panels for all roles at 8a and above and Medical Consultants.
- Use more targeted recruitment through social media groups relevant to where numbers are lower in specific equalities groups.

3.3 Access to learning and development

QVH's learning and development diversity profile reports as at 31 March 2021 are provided in **Appendix 4**.

We want to continue to build the capacity, capability and expertise of our people to deliver high-quality work. To invest in our people, QVH has a range of development opportunities, which enable staff to develop and grow so that they can perform at their best. This includes continuing professional development, specialist courses and qualifications funded through the apprenticeship levy and funding panel.

We have improved the capture of diversity information for non-MAST training and development by including Funding panel, Apprenticeship and SHCP Leadership, talent and OD data relevant to QVH. During 2020/21, QVH recorded that 39.32% of the permanent workforce undertook some form of agreed training and development to support their personal or professional development. Analysis has shown the following:

- Staff under the age of 30 show relatively consistent levels of training and development to the corresponding workforce proportion. Those in the age bracket between 31–45 are more likely to undertake training and development than other age groups. Staff over the age of 46 are the least likely to undertake non-MAST training and development.
- There appears to be no strong correlation with likelihood of undertaking training and development in staff positively declaring a disability, 3.66% compared to 5% of the declared workforce.
- In comparison to 2019/20 there has been an increased number of BAME staff accessing training and development. 14.84% of staff who identified themselves as BAME accessed training and development compared to 20.27% in 2020/21.
- Females are more likely to undertake training and development than males, 89% of total enrolments against a workforce headcount 75%.
- The religious belief background of those seeking learning opportunities shows no strong correlation with likelihood of enrolment
- There are no statistically relevant variations by sexual orientation. However, there is a sizeable proportion of staff who have not disclosed their sexual orientation which may be impacting on the results.

What we will do:

- Refine the capture of diversity information for non-MAST training and development to enable more complete data for analysis

- Look at ways to engage further with staff in protected groups
- Promote opportunities from across the integrated health care system to staff at QVH

3.4 Employee relations

QVH's employee relations diversity profile as at 31 March 2021 is provided in **Appendix 5**.

The minimal number of formal disciplinary and capability cases, and non-existence of formal grievance cases, makes meaningful analysis of these cases in year impossible.

However, sufficient numbers of 'Managing Attendance' cases (both informal and formal) suggests the following:

- There is a slightly higher proportion of cases managed under the Trust Policy in the 51-55 (n=53) and 31-35 (n=50) age brackets; the 51-55 age bracket is reflective of the proportion of the total workforce.
- Those disclosing as disabled are twice as likely to have health issues managed under Trust Policy (51% of applicable staff compared to 25% of non-disabled)
- There is no statistically relevant variations by ethnicity for management of attendance, though the small numbers of disclosure suggests those of non-White ethnic groups are, if anything, less likely to be managed under the Policy
- Females (30%, n=246) are proportionately more likely to have absences managed under the Trust's Policy compared to males (17%, n=45)
- There is an even distribution of cases managed under the Trust Policy by religion or belief (Atheism, Christianity, Other, Undisclosed)
- There are no statistically relevant variations by sexual orientation for management of attendance, though the small numbers of disclosure suggests those disclosing bisexual/ gay/ lesbian orientation (n=10) may, if anything, be more likely to be managed under the Policy as a percentage of workforce of that group of staff

What we will do:

- continue to provide training on managing non-attendance at work including management of staff under the Trust Attendance Policy, including support to managers in having difficult conversations

- audit the individual cases in respect of disability to obtain assurance of fair and proportionate management in line with Trust Policy, with a particular focus on section 11.4 'Support for staff with disabilities and long term health conditions'.

3.5 Equal pay and reward

QVH's Gender Pay Gap report is available on the Trust's public website².

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

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

At 31 March 2020 QVH employed 870 women (77.3%) and 255 men (22.7%).

Hourly rate

<u>Women's hourly rate is:</u>	
35.9% LOWER (mean)	32.1% LOWER (median)

Pay quartiles

<u>How many men and women are in each quarter of the employer's payroll:</u>	
Top quartile (4)	
46.1% MEN	53.9% WOMEN
Upper middle quartile (3)	
13.1% MEN	86.9% WOMEN
Lower middle quartile (2)	

² QVH gender pay gap report 2020 <https://www.qvh.nhs.uk/about-us/publications-policies/equality-schemes-and-data/>

15.3% MEN		84.7% WOMEN
Lower quartile (1)		
14.6% MEN		85.4% WOMEN

Bonus pay

<u>Women's bonus pay is:</u>		
49.2% LOWER (mean)		68.7% LOWER (median)
<u>Who received bonus pay:</u>		
15.7% OF MEN		3.9% OF WOMEN

Mean vs. median averages

QVH is broadly comparable to all other NHS Acute hospitals where both mean and median pay gaps are significantly affected by the presence of the Medical Consultant body. This is because of both their high base wage and the Clinical Excellence Awards bonus scheme (that follows national guidelines), and the historical legacy of this profession originally being male dominated.

As the second smallest NHS Foundation Trust in England, we comparatively have a very small denominator of staff and the specialist nature of the work undertaken at QVH means the Medical Consultant body forms a much higher proportion of our overall workforce. In line with best practice in statistics, we know that a mean average is more affected by extreme scores. The mean pay gap percentages are particularly affected by this group and the concentration of high earners in such a small Trust. Although the gap is reducing year-on-year, the current difference between the number of male Consultants (n=56) compared to female Consultants (n=25) is considerable. The median (32.1%) pay gap can therefore be seen as the more accurate reflection of the Trust gender pay gap.

In a comparison to the 2017, 2018 and 2019 reports, it is concerning to see an increase in both mean and median pay gaps in 2020. The mean pay-gap increased from 34.4% in 2019 to 35.9% in 2020, which is the same as in 2018 (35.9%). The median pay-gap increased from 27.9% in 2019 to 32.1% in 2020, although this remains considerably lower than 40.6% in 2017 and 39.9% in 2018. The number of males (46.1%) and females (53.9%) in the top quartile is more equal in 2020 with only 7.8% difference compared to 2019 that showed a 21% difference.

Band/ grade related average gender pay gaps

There are two main outliers (those at over 10% pay gap) when looking at Bands/ Grades (section 5a, Table 2): the 'Other (Medical & Dental)' group and the Agenda for Change (AfC) Band 1 group. The 'Other' group pay disparity is explained above relating to seniority of the Consultant grade.

For the Band 1 group, the male group is exclusively those with the job title 'Domestic Assistant', whereas the female group is a mixture of 'Domestic Assistant' and 'Catering Assistant'. The average hourly wage includes unsocial hours' enhancements, which the role of catering assistant does not attract in any significant volume; hence the disparity and increased hourly equivalent wage for males at this level.

Average bonus gender pay gap as a median average

Although the statutory required reporting figure of those receiving a bonus shows 16.9% of males compared to only 4.5% of females, this is substantially distorted by the predominance of males within the Medical Consultant body and the disproportionate number of males in the whole Trust workforce.

The Trust operated only two bonus schemes: a 'new starter premium' (akin to a 'golden handshake') for hard-to-fill specialist roles, and the national Clinical Excellence Awards (CEAs) initiative for Consultants. The new starter premium schemes in the reporting period amounts to £34,000; of which 77.94% was granted to females and 22.06% granted to males. The sum paid for the new starter premium was the same regardless of gender.

The CEA payments totalled £615,644.88; of which 80.64% was awarded to males and 19.36% awarded to females. Of the Consultant workforce eligible to be awarded CEAs, there was proportionally less females (41.67%) compared to males (55.17%). Females are receiving proportionally less in terms of mean and median average bonus pay compared to males. The mean is noticeably different to that reported in 2019 as the one particularly distinguished female who received the highest possible 'Gold Award' significantly reduced her contracted hours from full time to minimum hours.

What we will do:

The Trust's 2017 report and action plan was referenced by NHS Employers as best practise through separating out Agenda for Change staff and Medical staff, ensuring there was an explanatory narrative as well as a purely factual one, and displaying a convincing commitment to future action and an action plan.³

³ NHS Employers: *Briefing Note: Gender Pay Gap Reporting* retrieved 22/02/18: <http://www.nhsemployers.org/-/media/Employers/Documents/Pay-and-reward/Gender-pay-gap-reporting---2-March.pdf?la=en&hash=FE3D7AED4EBAB7D606B40A5D5CDDF0CB0F7E1C39>

The 2019 action plan is ongoing:

- Encouragement of more female workers to apply for Clinical Excellence Awards, however in light of the COVID-19 pandemic the local Clinical Excellence award process has been amended to reward all consultants equally
- Explore how we can better promote our vacancies in senior positions to women and organisations that support women
- Undertake policy and process review regarding Salaries and Wages ahead of expiry to ensure there is no gender bias in the starting salaries of new employees and regularly monitor

3.6 Workforce Disability Equality Standard (WDES)

QVH's Workforce Disability Equality Standard (WDES) report is available on the Trust's public website⁴.

The Workforce Disability Equality Standard (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 annual report is based on 2020/2021 data and is a comparison between 1 April 2020 and 31 March 2021.

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

⁴ Workforce Disability Equality Standard (WDES) 2020/21 report <https://www.qvh.nhs.uk/about-us/publications-policies/equality-schemes-and-data/>

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.

What we will do:

- Further increase staff engagement to disclose their disability status to the Trust, including changes to status
- Further increase line management engagement in supporting employees with a declared disability through reasonable adjustments in the workplace
- Ensure the Trust's Disability Confident status is retained and renewed

- Encourage recruiting managers to consider reasonable adjustments to enable appointment of applicants with a declared disability
- Monthly review of rejected applicants from shortlisting and interview stage with a particular focus on disability

3.7 Workforce Race Equality Standard (WRES)

QVH's Workforce Race Equality Standard (WRES) report is available on the Trust's public website⁵.

The Workforce Race Equality Standard (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. The annual report is based on 2020/2021 data and is a comparison between 1 April 2020 and 31 March 2021.

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

⁵ Workforce Race Equality Standard (WRES) 2020/21 report <https://www.qvh.nhs.uk/about-us/publications-policies/equality-schemes-and-data/>

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.

What we will do:

- Understand how we identify talent in Bands 2-7 and support progression and development into more senior roles
- Further increase staff engagement to disclose their ethnic origin to the Trust
- Encourage recruiting managers to appoint applicants from a BAME background
- Encourage BAME representation in the shortlisting of roles Band 8a+ and attendance at interview panels
- Monthly review of rejected applicants from shortlisting and interview stage with a particular focus on those from a BAME background

Comments from the BAME network Chairs

In 2020, the BAME network co-Chairs were appointed and shared their comments. 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.

Appendix 1 | Reporting categories

Our reporting categories are defined as follows:

1 Age

Staff members are categorised into one of ten age groups:

- Under 20
- 20 - 24
- 25 - 29
- 30 - 34
- 35 - 39
- 40 - 44
- 45 - 50
- 50 - 54
- 55 - 59
- 60 - 64
- 65 and above

2 Disability

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

- Yes
- No
- Not declared/ not stated

3 Ethnicity

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

White

- English / Welsh / Scottish / Northern Irish / British
- Irish
- Gypsy or Irish Traveller

Any other white background

Mixed / multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian

Any other mixed/multiple ethnic background

Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese

Any other Asian background

Other ethnic group

- Arab

Any other ethnic group

Black/African/Caribbean/ Black British

- African
- Caribbean

Any other Black / African / Caribbean background

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

- Asian or Asian British
- Black or Black British
- Mixed
- White
- Any Other Ethnic Group
- Not Stated/ Not Known
- I do not wish to disclose

4 Gender

This is recorded as male or female. The recruitment process gives the applicant the option to not state or not disclose their gender.

Gender reassignment

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

5 Marital status

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

- Married
- Civil partnership
- Divorced
- Legally separated
- Null/ Not Stated/ unknown
- Single
- Widowed

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

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

Pregnancy / Maternity

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

6 Religion or belief

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

- Atheism
- Buddhism
- Christianity
- Hinduism
- Islam
- Jainism
- Judaism
- Other
- Sikhism
- Unspecified
- Prefer not to say/ I do not wish to disclose

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

- Atheism
- Christianity
- Hinduism
- Islam
- Other
- Undisclosed

Sexual orientation

Staff members were given the options of:

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Not stated
- Unspecified

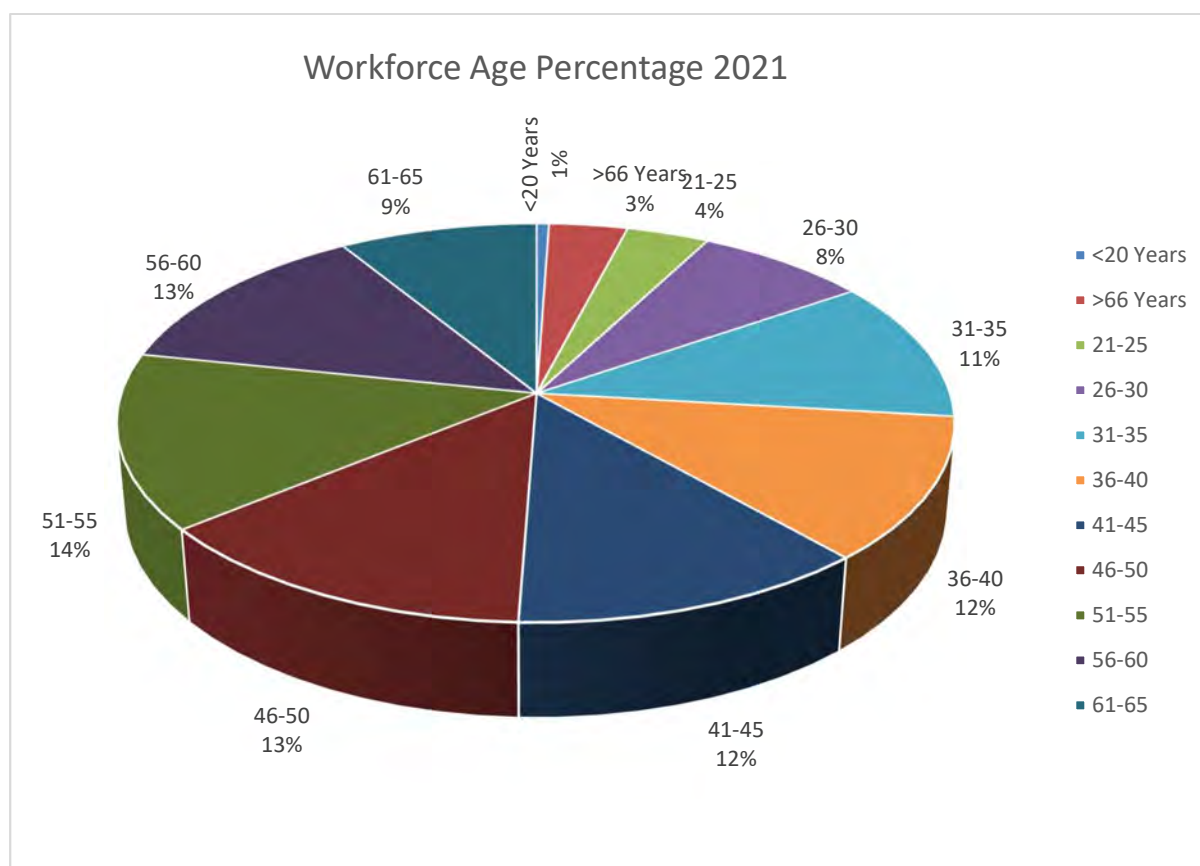
Due to small numbers of disclosure, these were then grouped into the following categories for the purposes of this report:

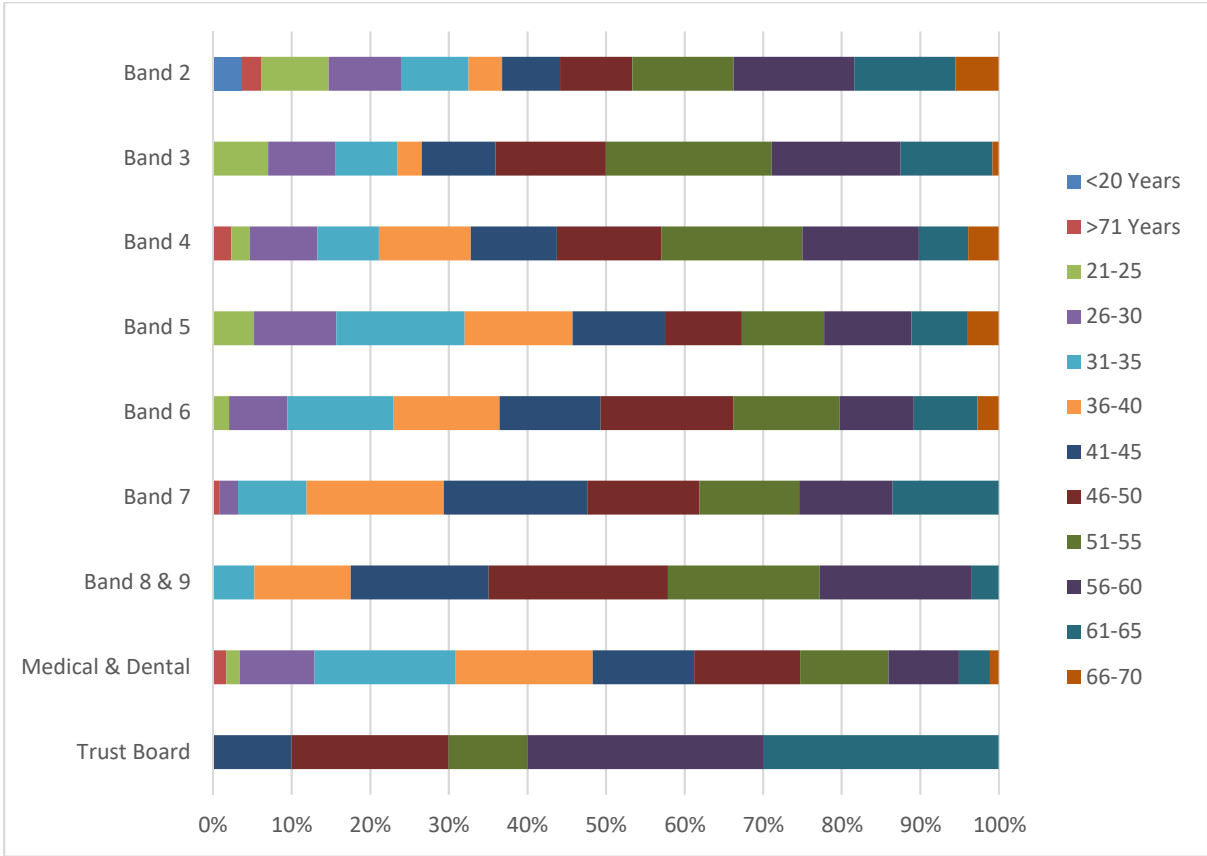
- Heterosexual or straight
- Gay / lesbian / bisexual
- Undisclosed

Appendix 2 | Current Workforce profile

1 Workforce age profile

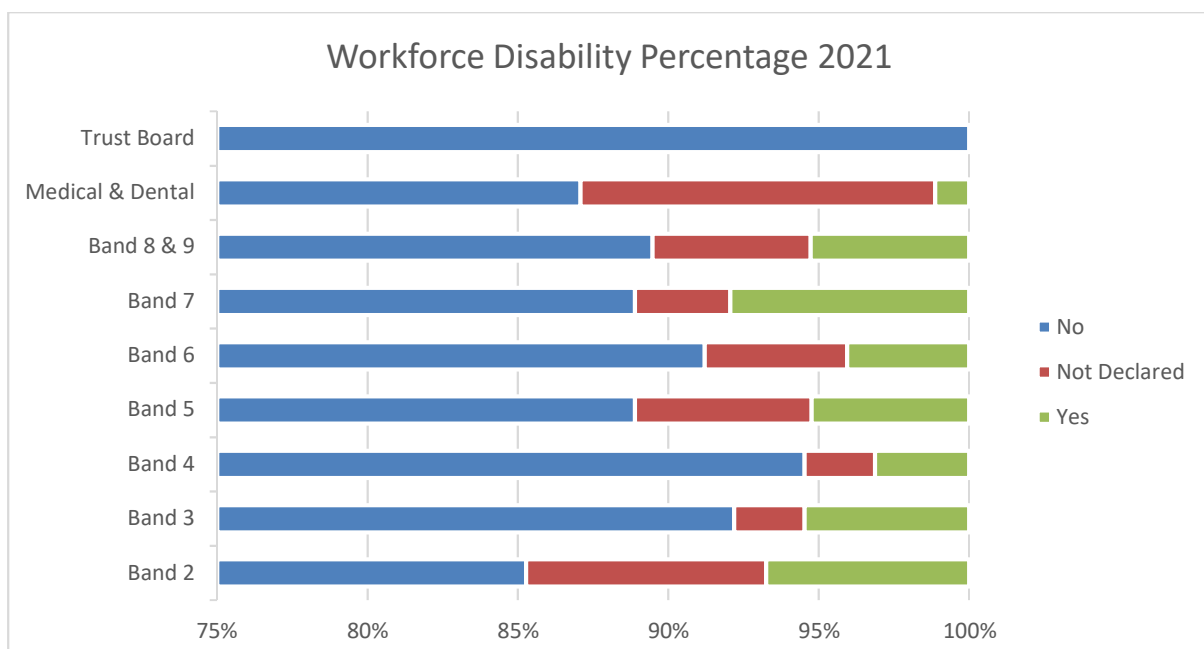
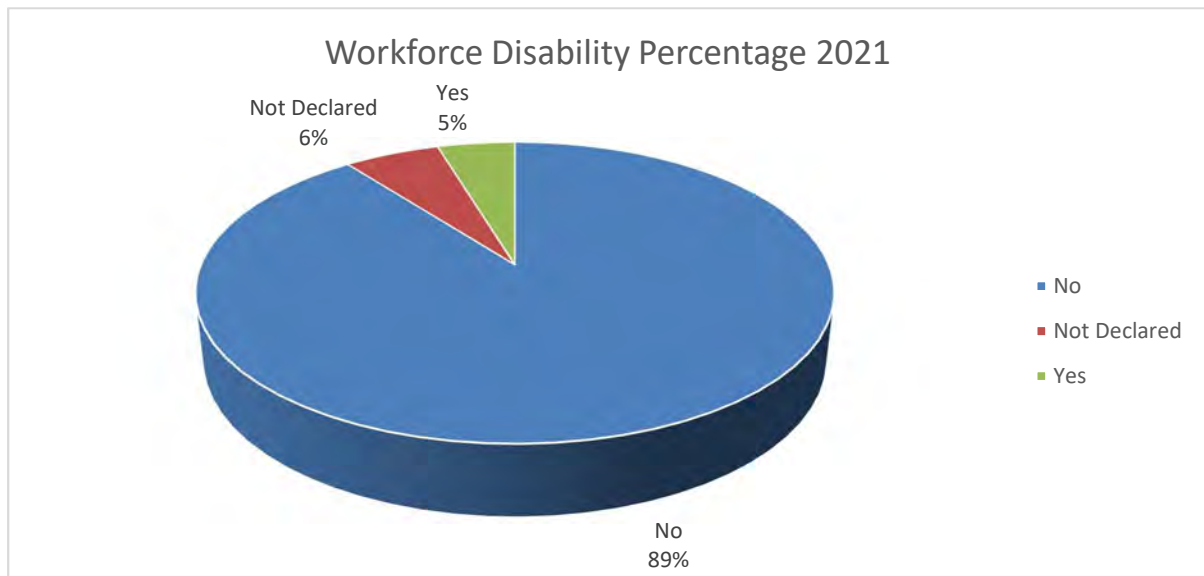
Age Band	Headcount	Percentage
<20 Years	6	1%
21-25	40	4%
26-30	84	8%
31-35	125	11%
36-40	127	12%
41-45	132	12%
46-50	147	13%
51-55	155	14%
56-60	141	13%
61-65	96	9%
>66 Years	38	3%
	1091	100%





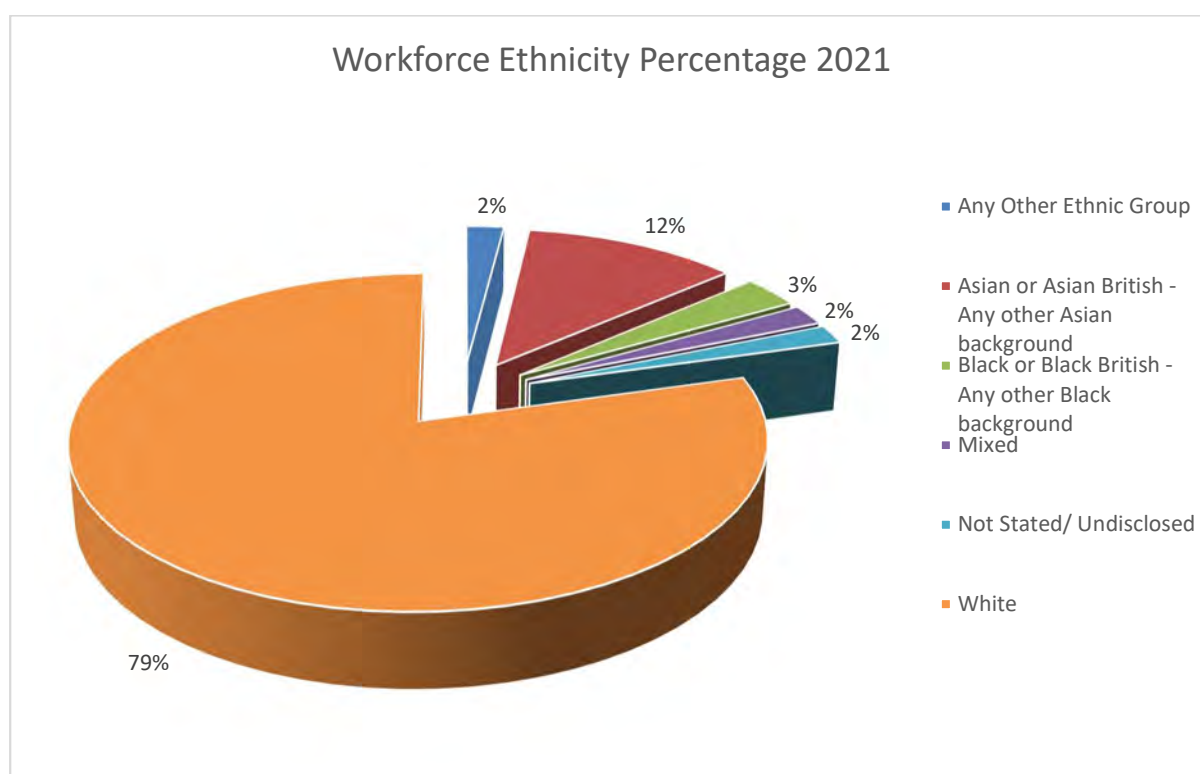
2 Workforce disability profile

Disability	Headcount	Percentage
No	977	89%
Not Declared/ Not Stated	63	6%
Yes	51	5%
	1091	100%



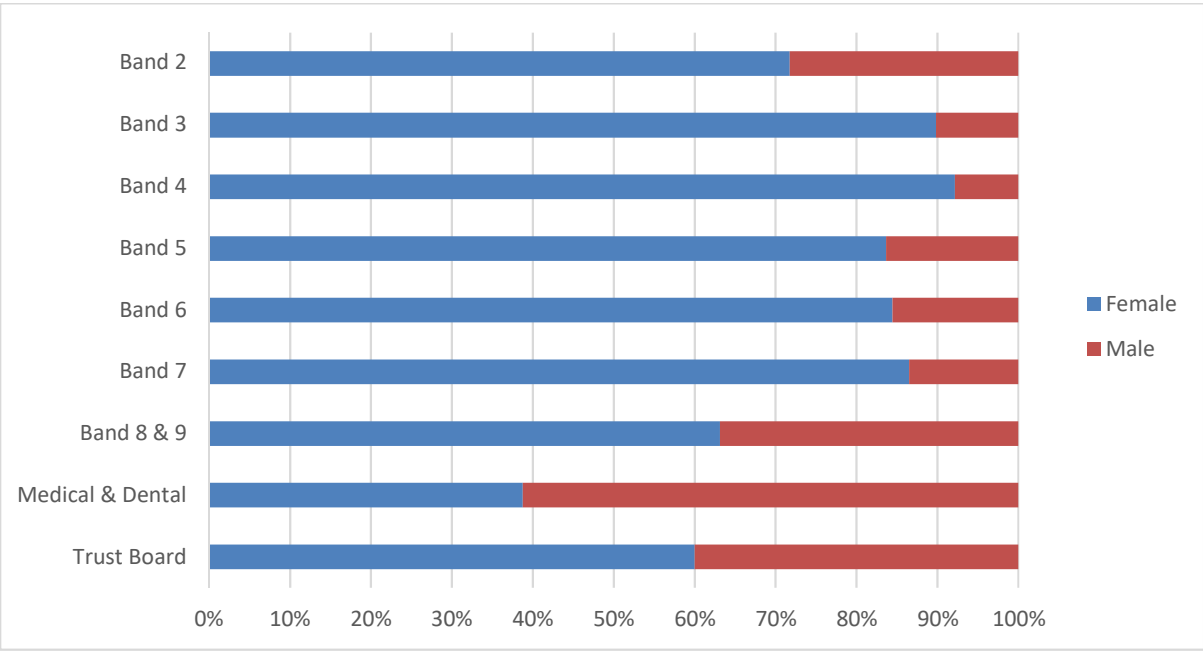
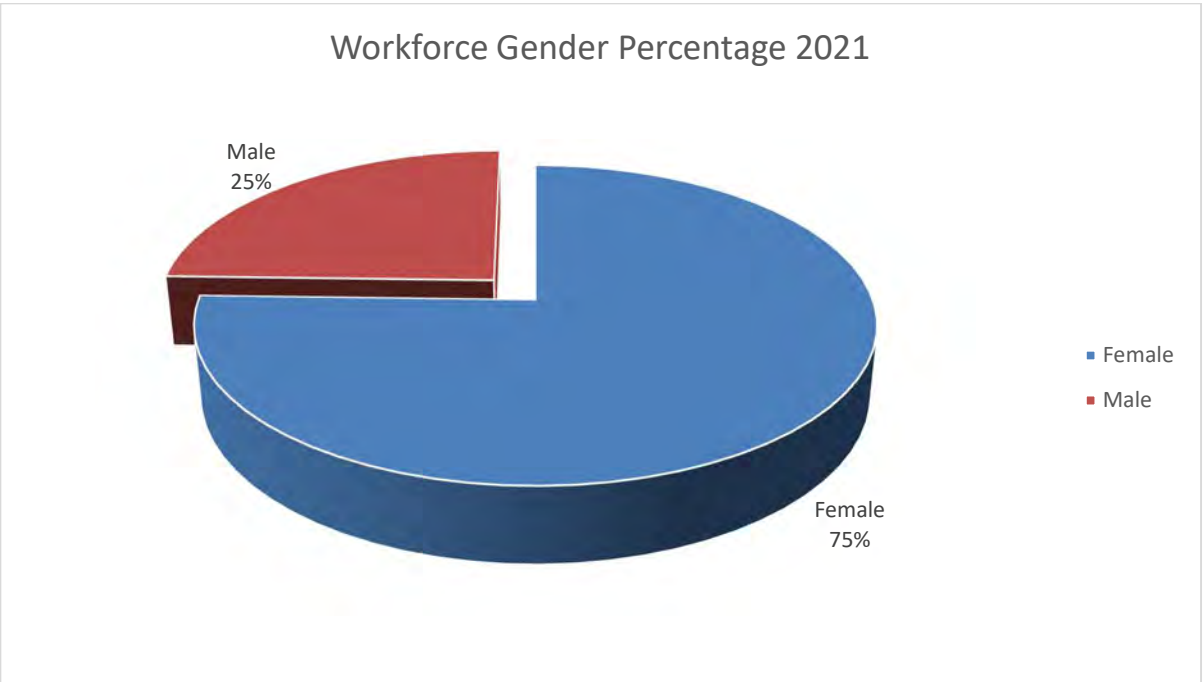
3 Workforce ethnicity profile

Ethnic Origin	Headcount	Percentage
Any Other Ethnic Group	22	2%
Asian or Asian British - Any other Asian background	127	12%
Black or Black British - Any other Black background	34	3%
Mixed	22	2%
Not Stated/ Undisclosed	20	2%
White	866	79%
	1091	100%



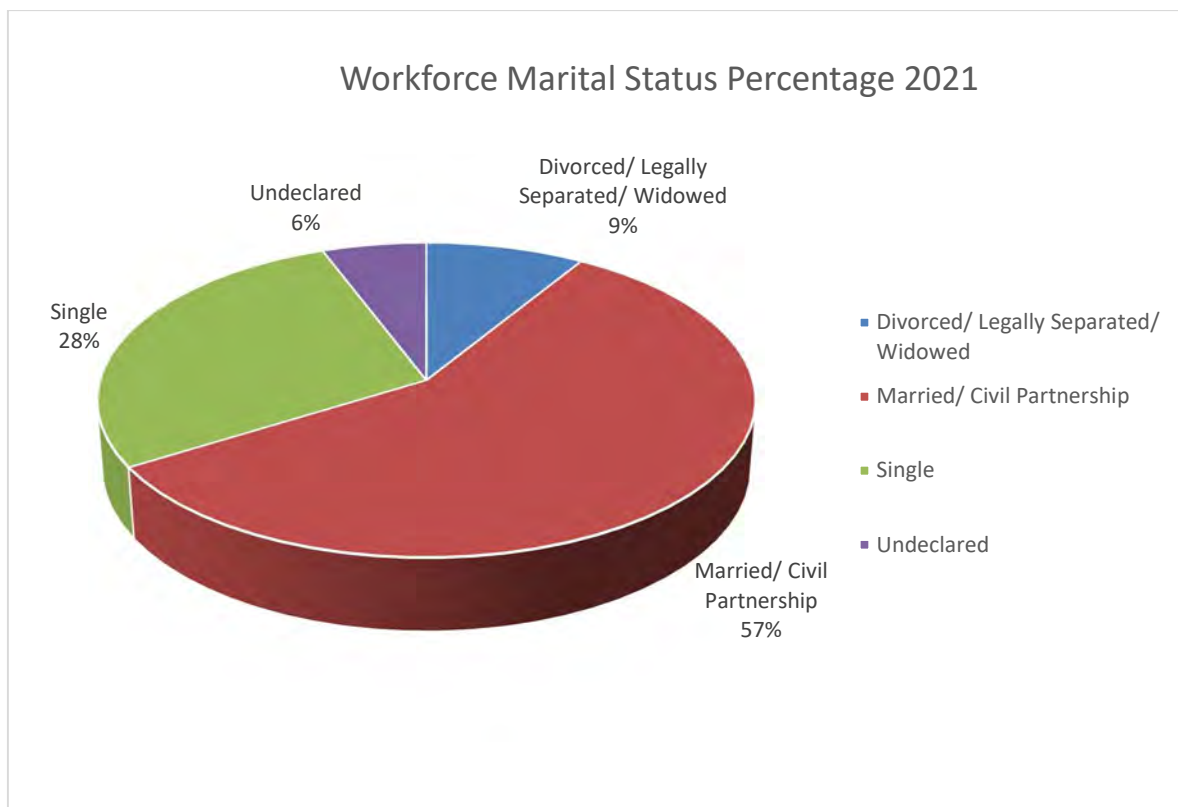
4 Workforce gender profile

Gender	Headcount	Percentage
Female	823	75%
Male	268	25%
	1091	100%



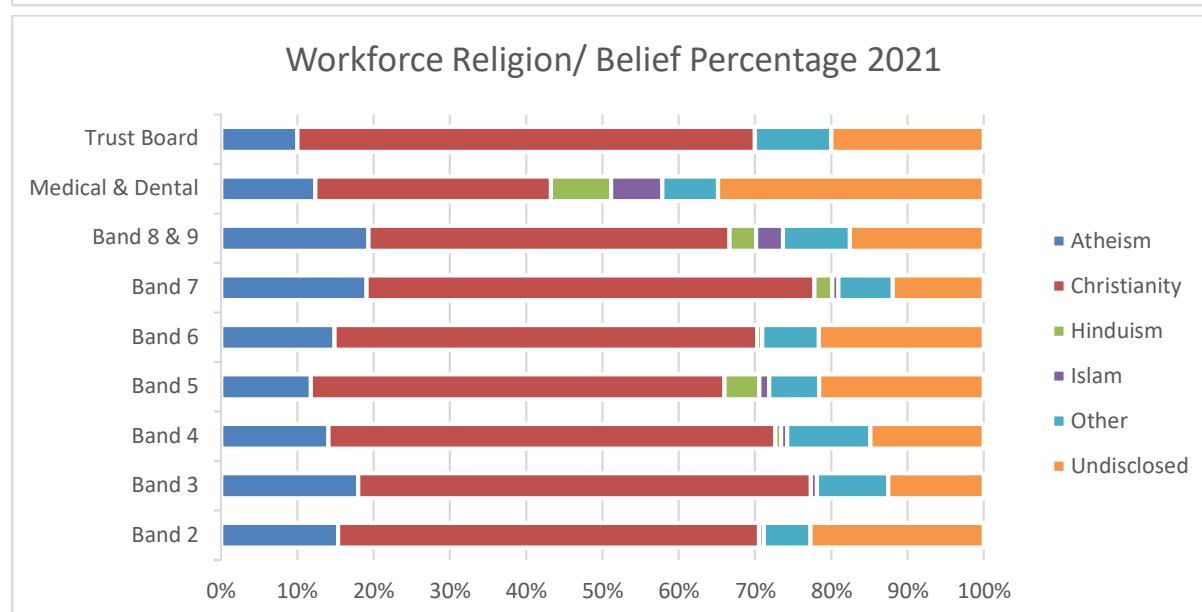
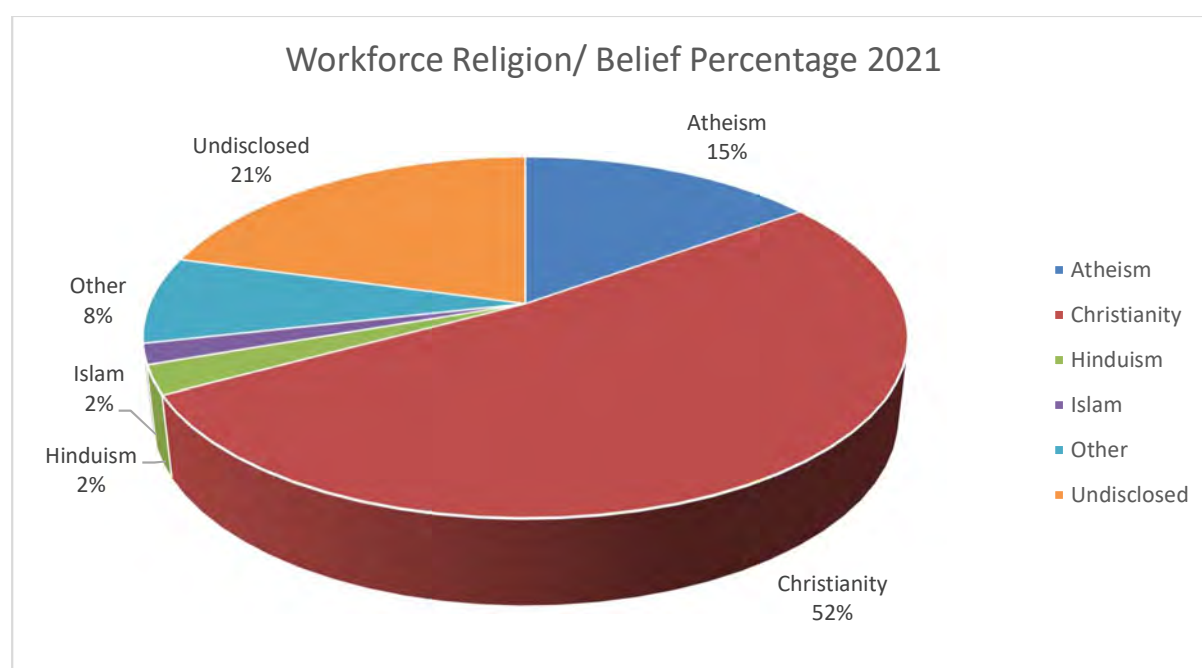
5 Workforce marital status profile

Marital Status	Headcount	Percentage
Married/ Civil Partnership	626	57%
Divorced/ Legally Separated/ Widowed	96	9%
Single	306	28%
Undeclared	63	6%
	1091	100%



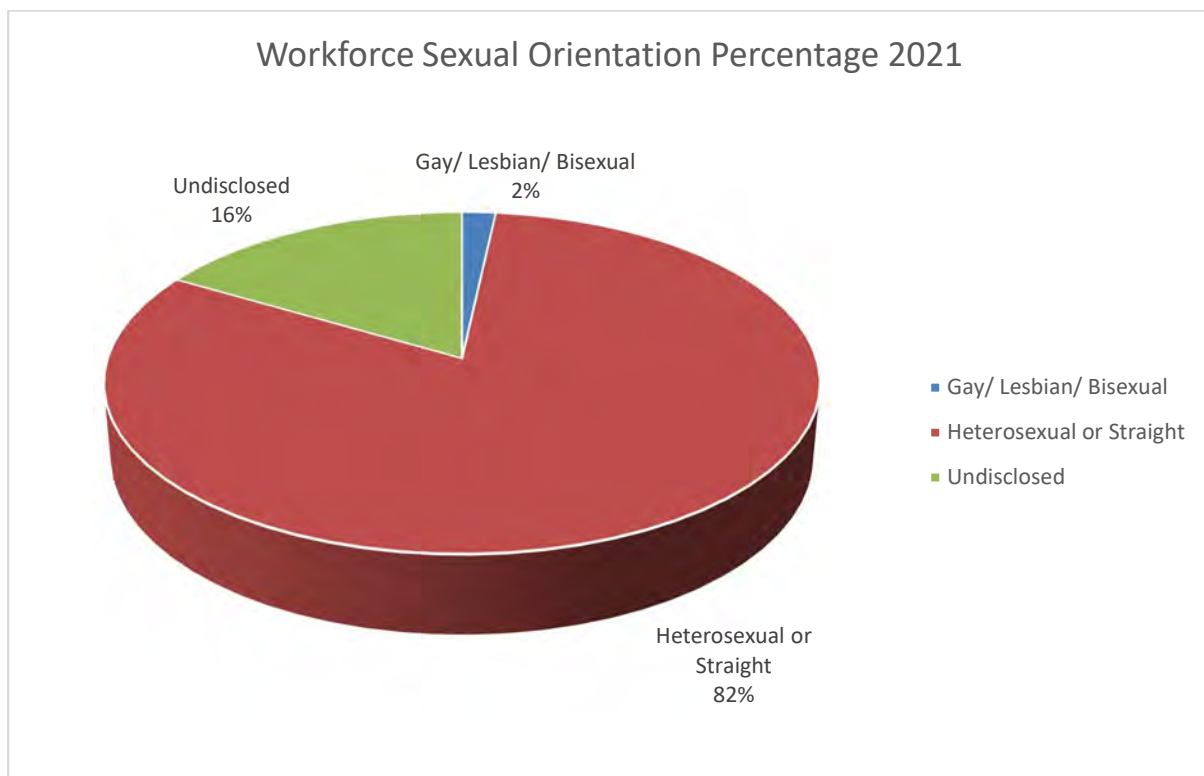
6 Workforce religion / belief profile

Religious Belief	Headcount	Percentage
Atheism	164	15%
Christianity	568	52%
Hinduism	28	2%
Islam	20	2%
Other	85	8%
Undisclosed	226	21%
	1091	100%



7 Workforce sexual orientation profile

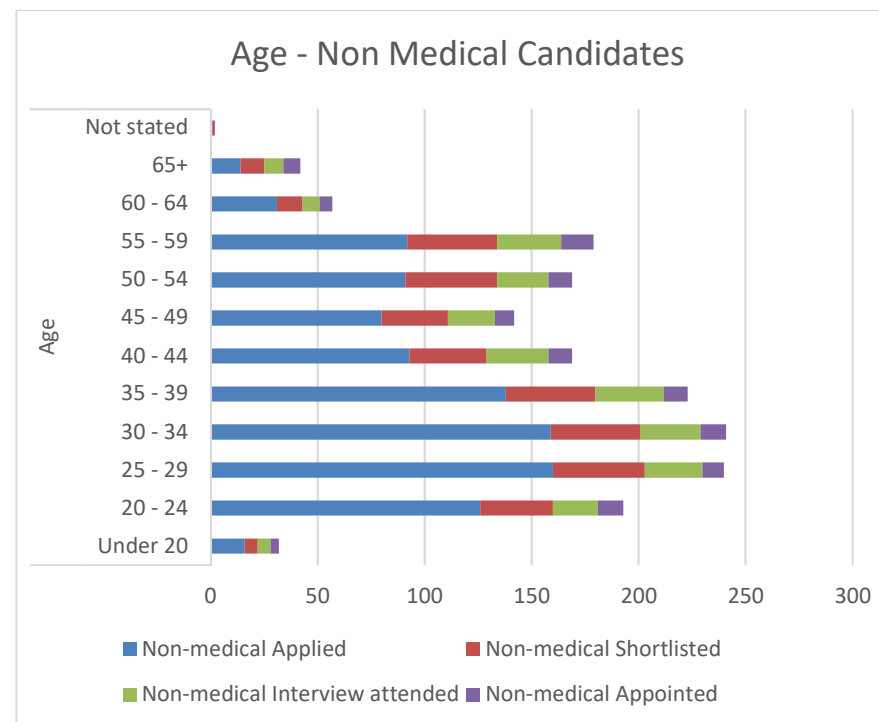
Sexual Orientation	Headcount	Percentage
Gay / Lesbian / Bisexual	19	2%
Heterosexual or Straight	891	82%
Undisclosed	181	16%
	1091	100%



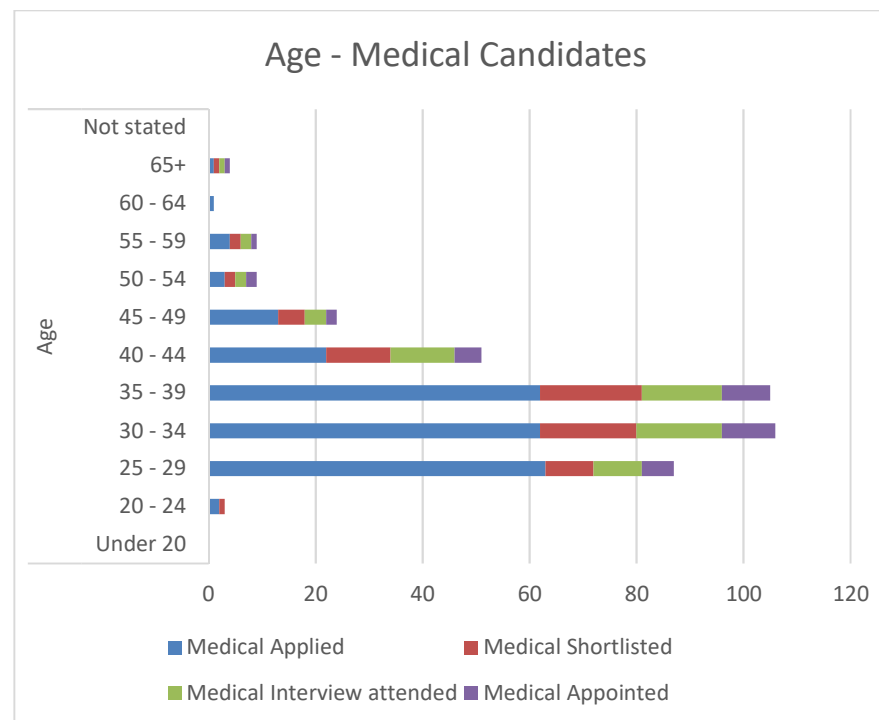
Appendix 3 | Recruitment candidates

1 Recruitment age profile

Non-medical					
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Age	Under 20	16	6	6	4
	20 - 24	126	34	21	12
	25 - 29	160	43	27	10
	30 - 34	159	42	28	12
	35 - 39	138	42	32	11
	40 - 44	93	36	29	11
	45 - 49	80	31	22	9
	50 - 54	91	43	24	11
	55 - 59	92	42	30	15
	60 - 64	31	12	8	6
	65+	14	11	9	8
	Not stated	1	1	0	0



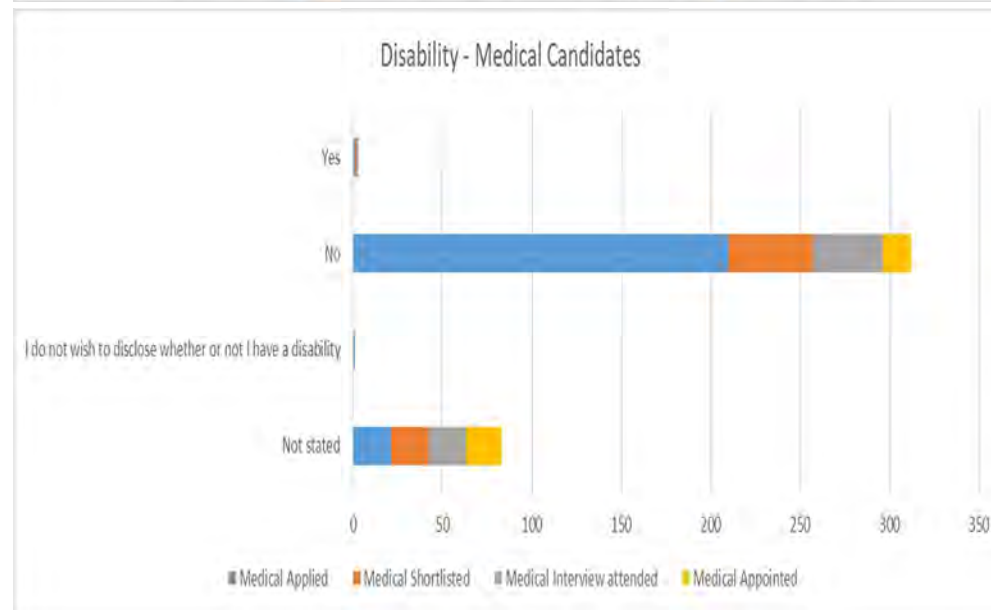
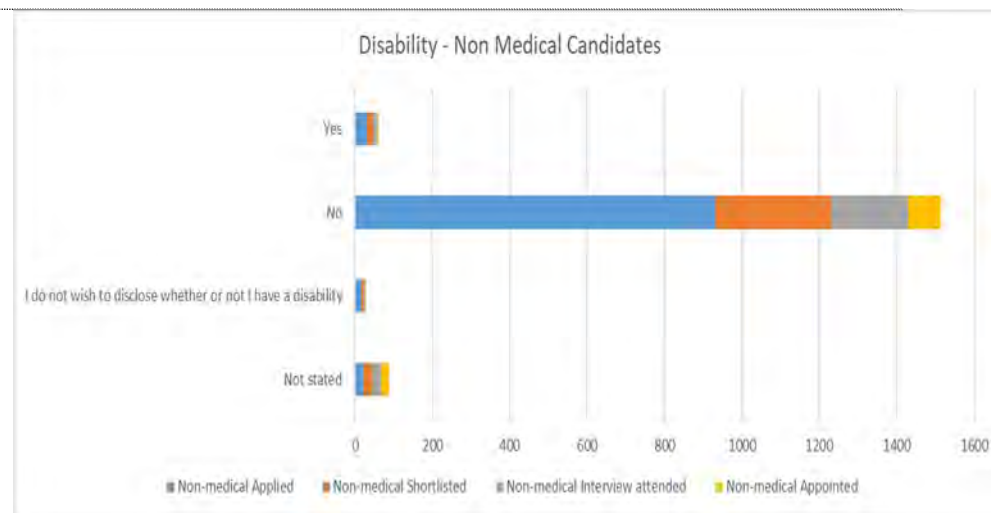
Equal ops category	Medical				
	Answer	Applied	Shortlisted	Interview attended	Appointed
Age	Under 20	0	0	0	0
	20 - 24	2	1	0	0
	25 - 29	63	9	9	6
	30 - 34	62	18	16	10
	35 - 39	62	19	15	9
	40 - 44	22	12	12	5
	45 - 49	13	5	4	2
	50 - 54	3	2	2	2
	55 - 59	4	2	2	1
	60 - 64	1	0	0	0
	65+	1	1	1	1
	Not stated	0	0	0	0



2 Recruitment disability profile

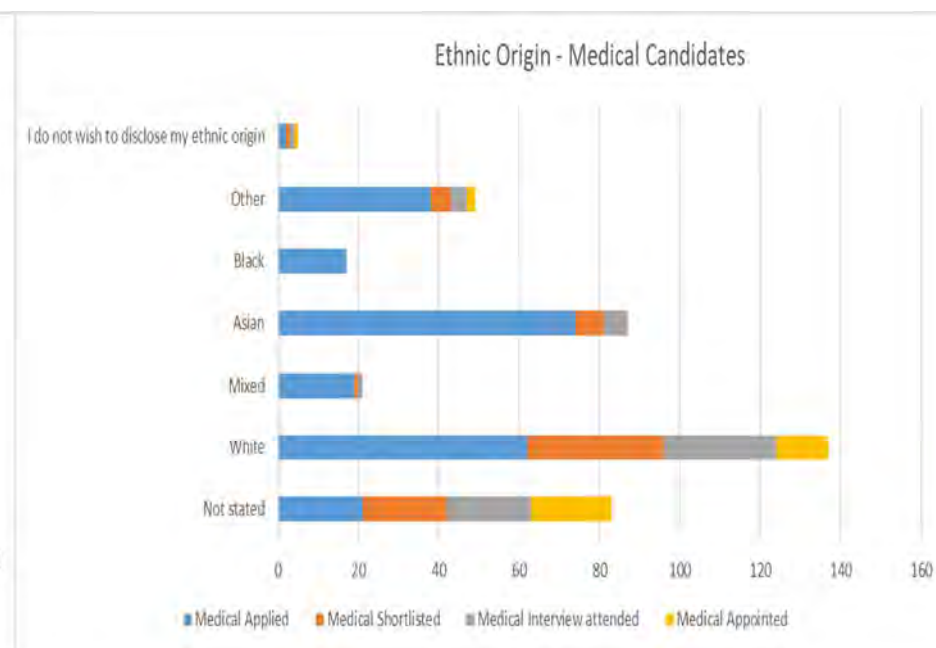
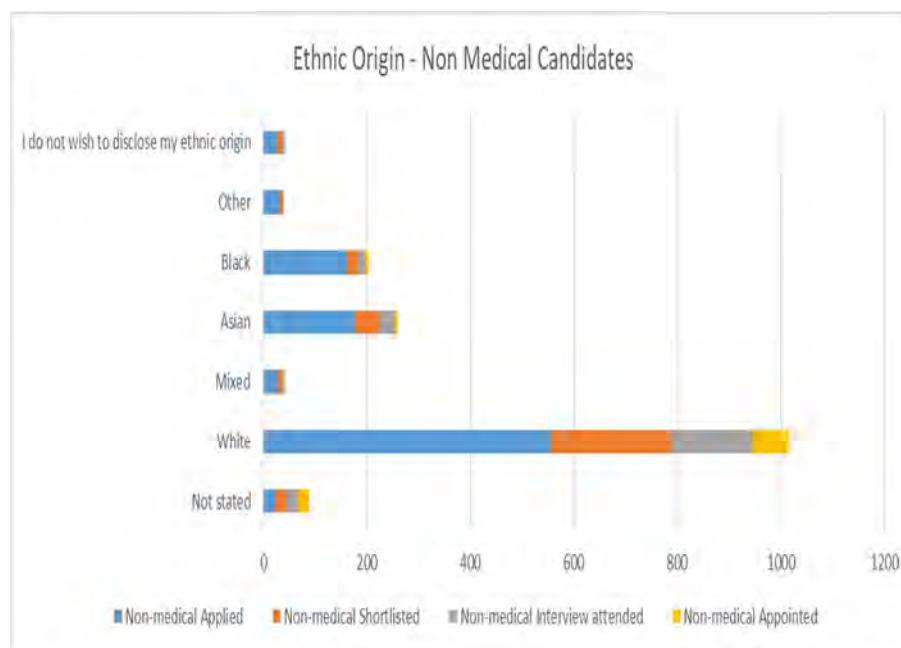
Non-medical					
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Disability	Not stated	22	22	22	22
	I do not wish to disclose whether or not I have a disability	16	6	4	1
	No	932	299	199	84
	Yes	31	16	11	2

Medical					
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Disability	Not stated	21	21	21	20
	I do not wish to disclose whether or not I have a disability	1	0	0	0
	No	210	47	39	16
	Yes	1	1	1	0



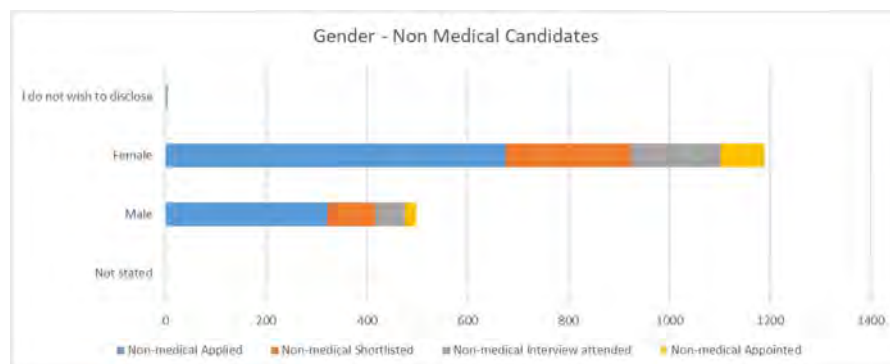
3 Recruitment ethnicity profile

Non-medical						Medical					
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed	Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Ethnic Origin	Not stated	22	22	22	22	Ethnic Origin	Not stated	21	21	21	20
	White	555	234	156	72		White	62	34	28	13
	Mixed	28	6	5	2		Mixed	19	1	1	0
	Asian	177	46	30	6		Asian	74	7	6	0
	Black	161	21	15	7		Black	17	0	0	0
	Other	31	5	3	0		Other	38	5	4	2
	I do not wish to disclose my ethnic origin	27	9	5	0		I do not wish to disclose my ethnic origin	2	1	1	1

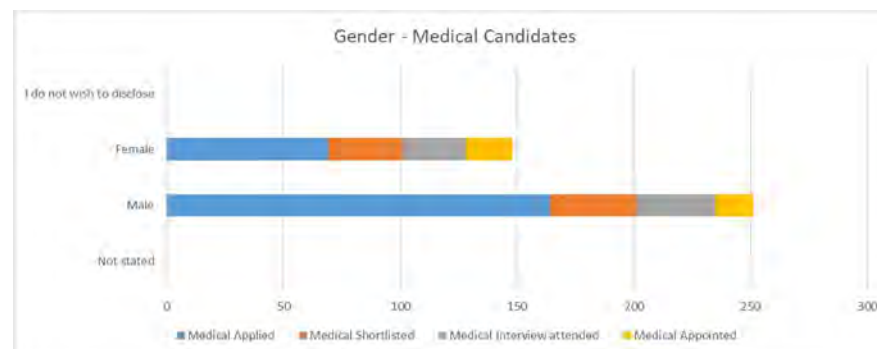


4 Recruitment gender profile

Non-medical					
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Gender	Not stated	0	0	0	0
	Male	322	95	58	22
	Female	675	248	178	87
	I do not wish to disclose	4	0	0	0

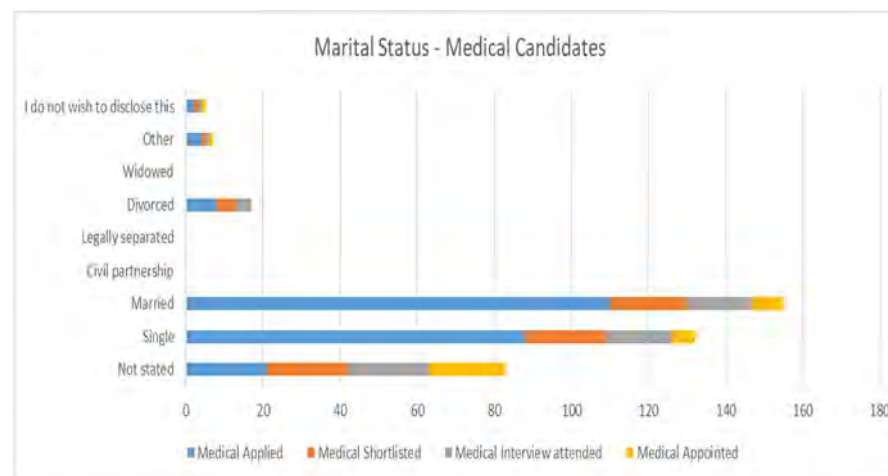
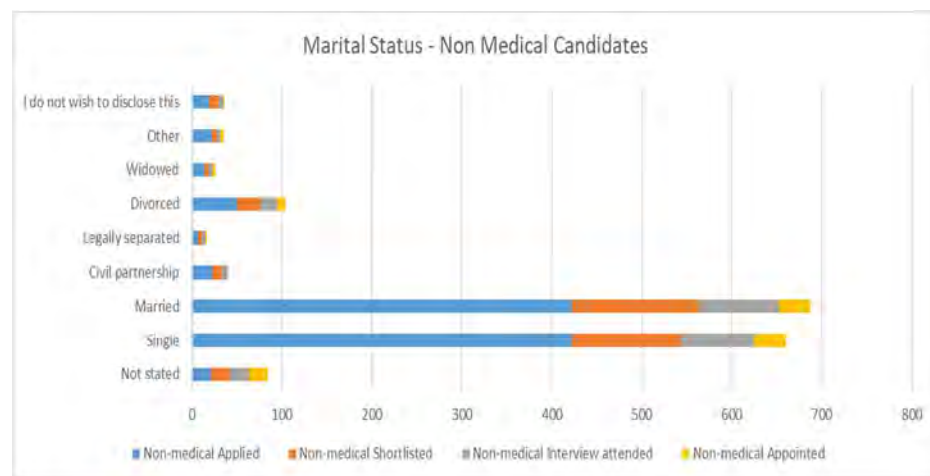


Medical					
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Gender	Not stated	0	0	0	0
	Male	164	37	34	16
	Female	69	32	27	20
	I do not wish to disclose	0	0	0	0



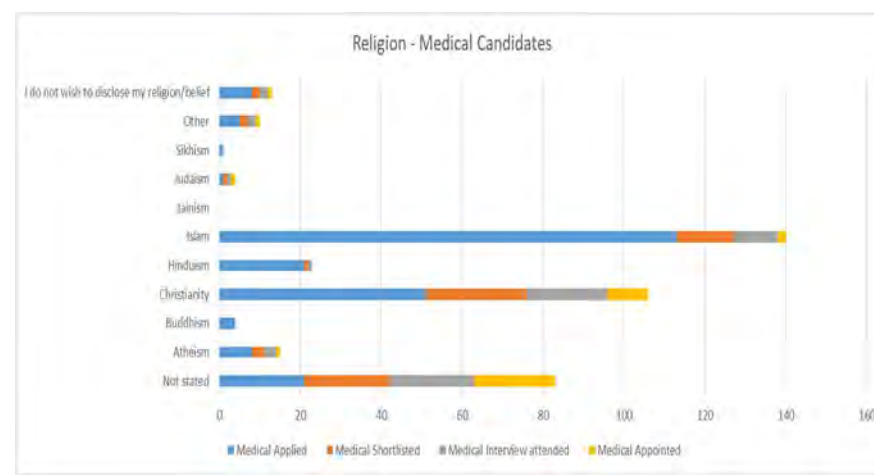
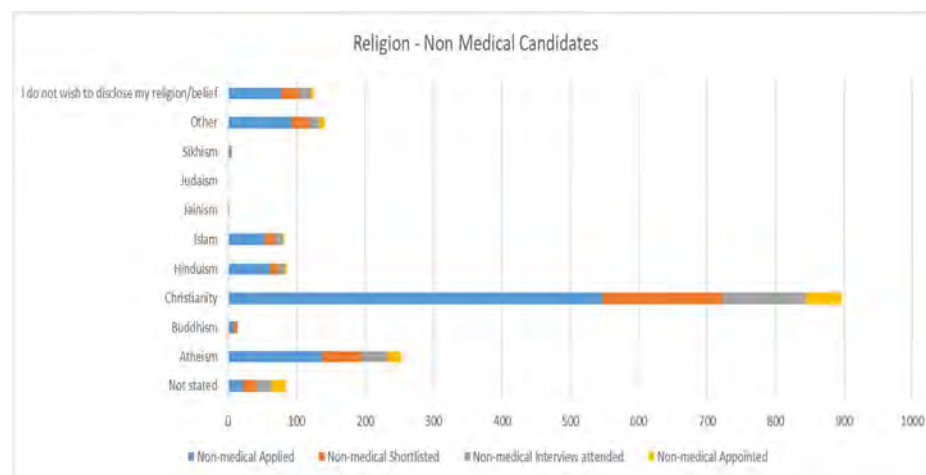
5 Recruitment marital status profile

Non-medical						Medical					
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed	Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Marital Status	Not stated	21	21	21	21	Marital Status	Not stated	21	21	21	20
	Single	422	121	82	35		Single	88	21	17	6
	Married	423	140	89	36		Married	110	20	17	8
	Civil partnership	23	10	7	0		Civil partnership	0	0	0	0
	Legally separated	7	4	4	1		Legally separated	0	0	0	0
	Divorced	50	26	19	9		Divorced	8	5	4	0
	Widowed	14	5	4	3		Widowed	0	0	0	0
	Other	22	6	4	3		Other	4	1	1	1
	I do not wish to disclose this	19	10	6	1		I do not wish to disclose this	2	1	1	1



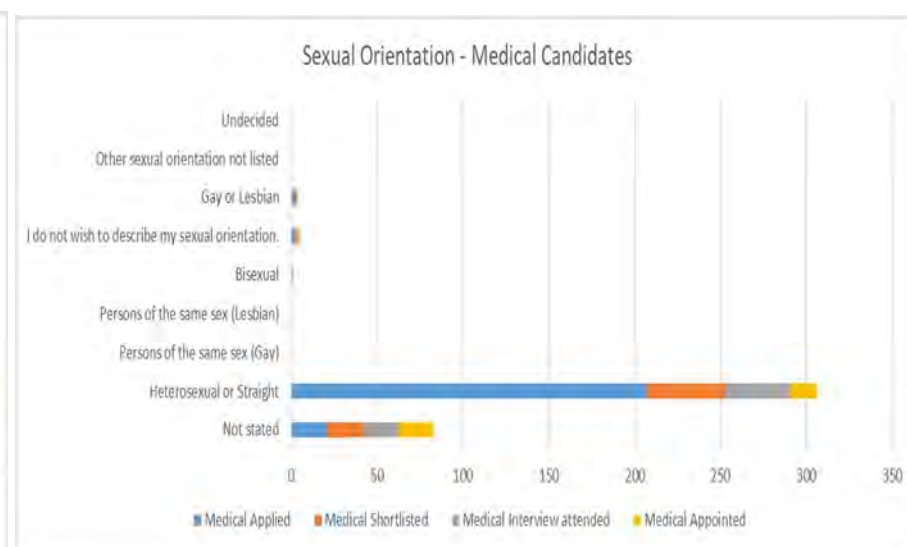
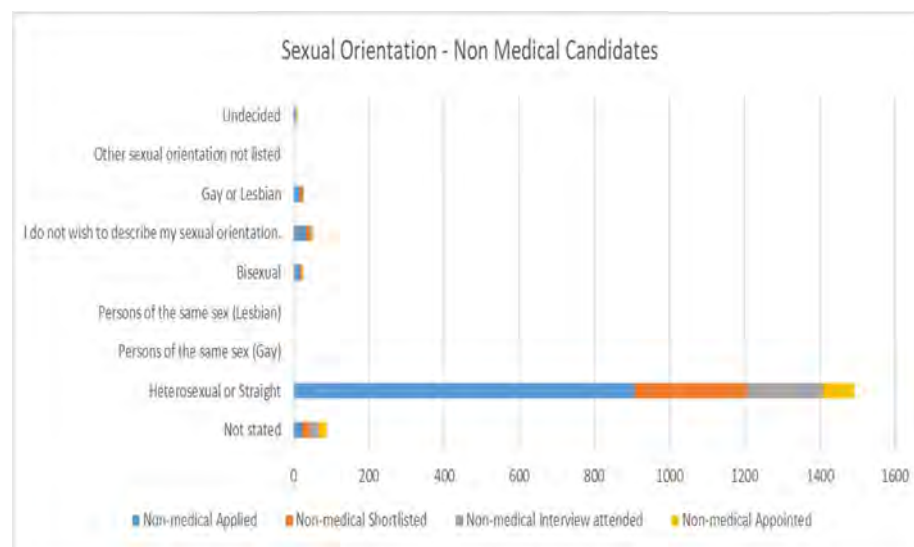
6 Recruitment religion / belief profile

Non-medical						Medical					
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed	Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Religion	Not stated	21	21	21	21	Religion	Not stated	21	21	21	20
	Atheism	137	58	38	20		Atheism	8	3	3	1
	Buddhism	8	5	1	0		Buddhism	4	0	0	0
	Christianity	547	176	122	52		Christianity	51	25	20	10
	Hinduism	60	14	9	2		Hinduism	21	1	1	0
	Islam	53	15	12	2		Islam	113	14	11	2
	Jainism	2	0	0	0		Jainism	0	0	0	0
	Judaism	1	0	0	0		Judaism	1	1	1	1
	Sikhism	3	1	1	0		Sikhism	1	0	0	0
	Other	92	26	15	8		Other	5	2	2	1
	I do not wish to disclose my religion/belief	77	27	17	4		I do not wish to disclose my religion/belief	8	2	2	1



7 Recruitment sexual orientation profile

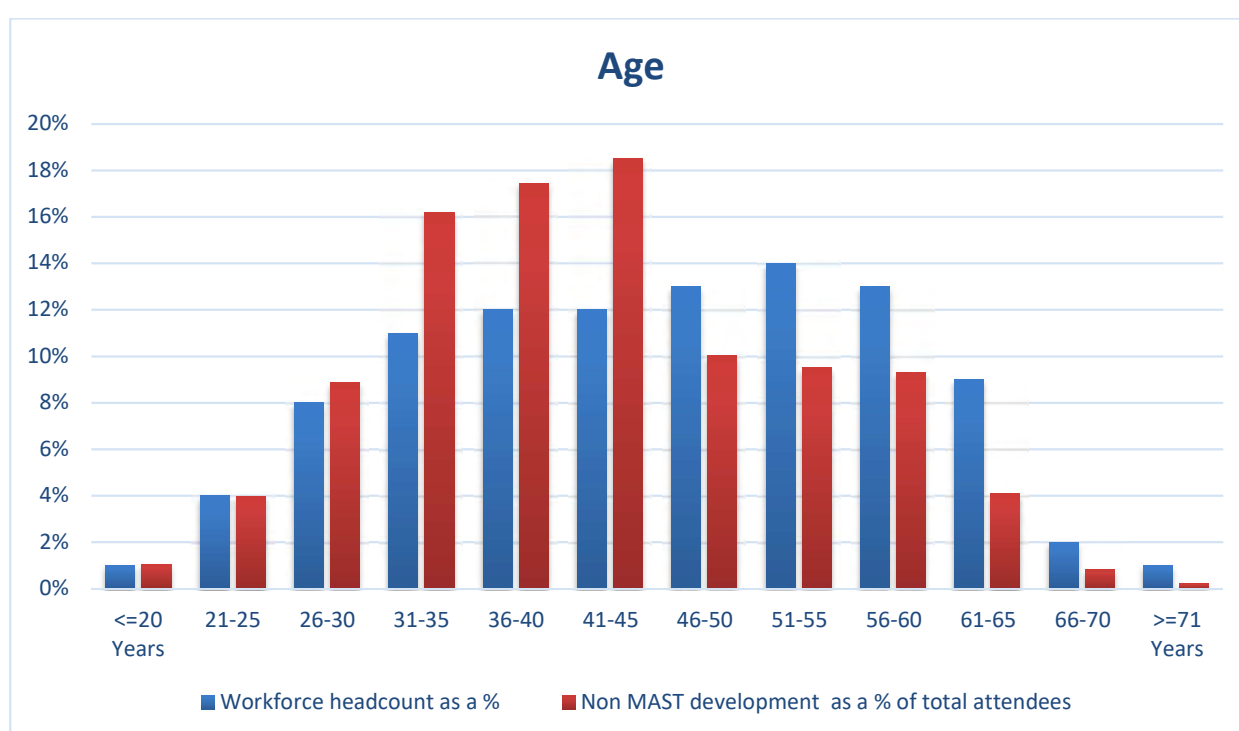
Non-medical						Medical					
Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed	Equal ops category	Answer	Applied	Shortlisted	Interview attended	Appointed
Sexual Orientation	Not stated	22	22	22	22	Sexual Orientation	Not stated	21	21	21	20
	Heterosexual or Straight	907	300	202	82		Heterosexual or Straight	207	46	38	15
	Persons of the same sex (Gay)	0	0	0	0		Persons of the same sex (Gay)	0	0	0	0
	Persons of the same sex (Lesbian)	0	0	0	0		Persons of the same sex (Lesbian)	0	0	0	0
	Bisexual	17	3	2	1		Bisexual	1	0	0	0
	I do not wish to describe my sexual orientation.	34	10	6	2		I do not wish to describe my sexual orientation.	2	1	1	1
	Gay or Lesbian	16	6	2	1		Gay or Lesbian	2	1	1	0
	Other sexual orientation not listed	1	0	0	0		Other sexual orientation not listed	0	0	0	0
	Undecided	4	2	2	1		Undecided	0	0	0	0



Appendix 4 | Learning & development

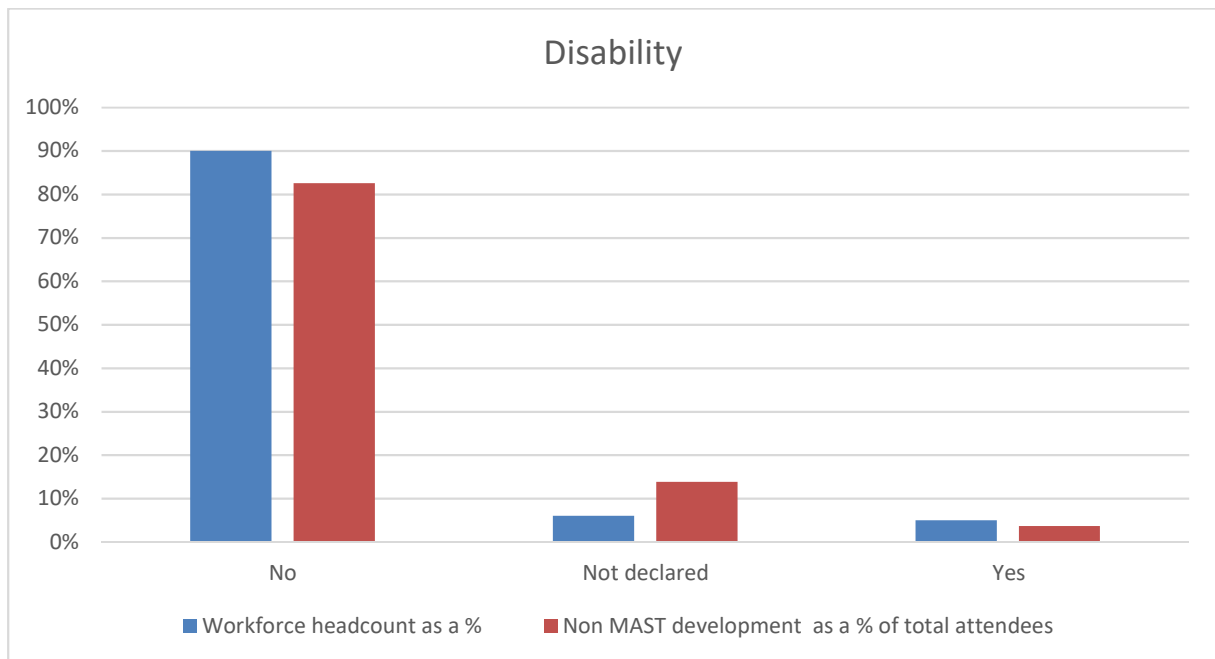
1 Enrolment age profile

Age	<=20 Years	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66-70	>=71 Years
Workforce headcount as a %	1%	4%	8%	11%	12%	12%	13%	14%	13%	9%	2%	1%
Non MAST development as a % of total attendees	1.04%	3.97%	8.88%	16.19%	17.45%	18.50%	10.03%	9.51%	9.30%	4.08%	0.84%	0.21%



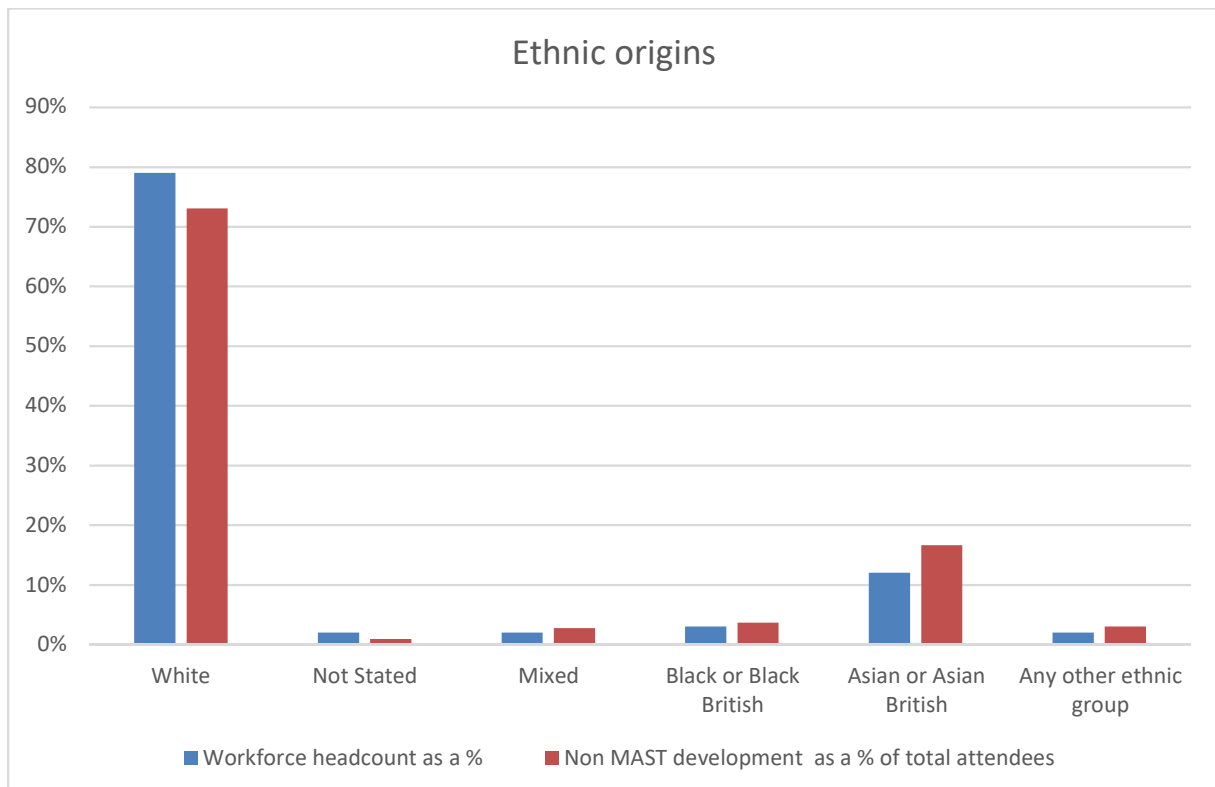
2 Enrolment disability profile

Disability	No	Not declared	Yes
Workforce headcount as a %	90%	6%	5%
Non MAST development as a % of total attendees	82.55%	13.79%	3.66%



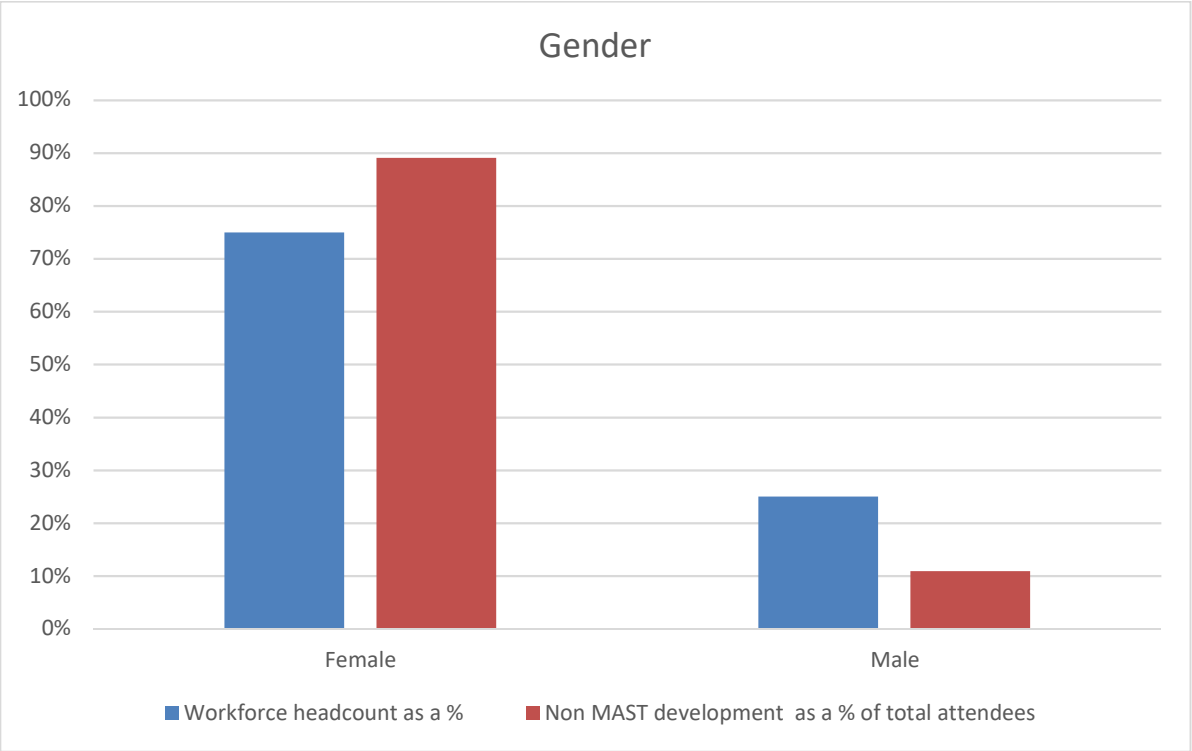
3 Enrolment ethnicity profile

Ethnic origins	White	Not Stated	Mixed	Black or Black British	Asian or Asian British	Any other ethnic group
Workforce headcount as a %	79%	2%	2%	3%	12%	2%
Non MAST development as a % of total attendees	73.04%	0.94%	2.72%	3.66%	16.61%	3.03%



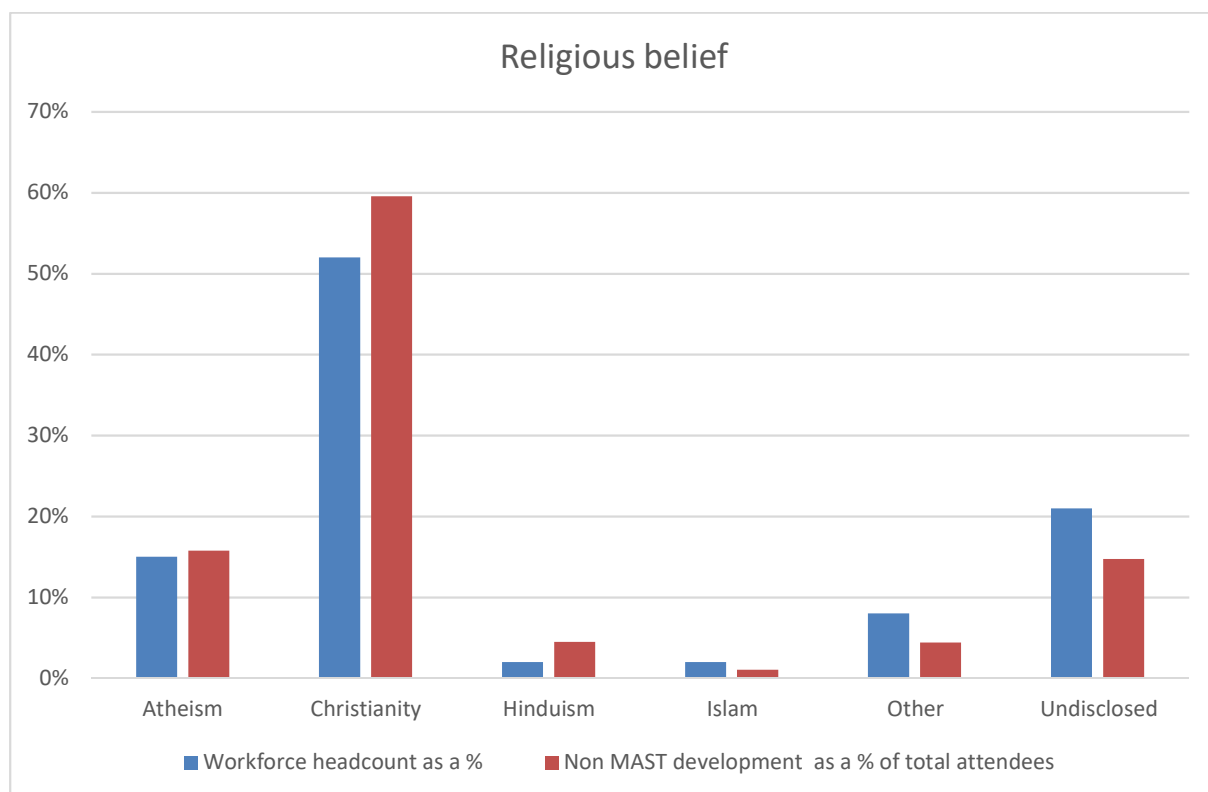
4 Enrolment gender profile

Gender	Female	Male
Workforce headcount as a %	75%	25%
Non MAST development as a % of total attendees	89%	11%



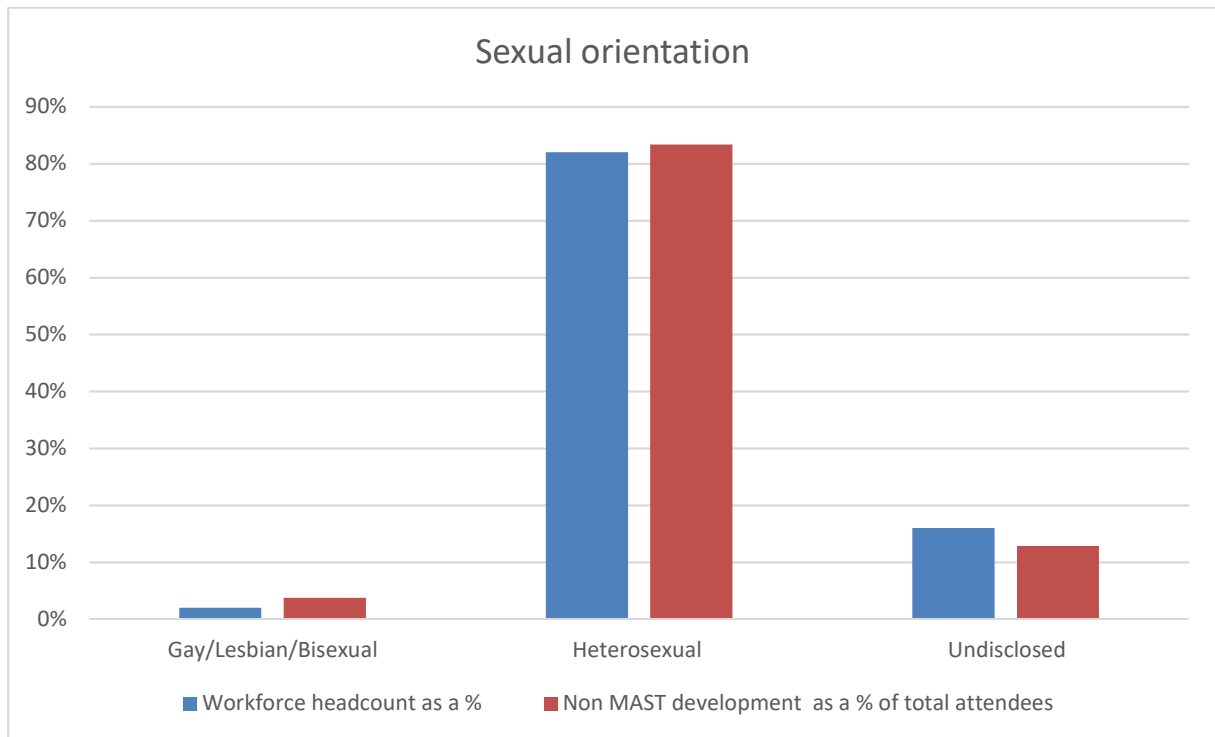
5 Enrolment religion / belief profile

Religious belief	Atheism	Christianity	Hinduism	Islam	Other	Undisclosed
Workforce headcount as a %	15%	52%	2%	2%	8%	21%
Non MAST development as a % of total attendees	15.78%	59.57%	4.49%	1.04%	4.39%	14.73%



6 Enrolment sexual orientation profile

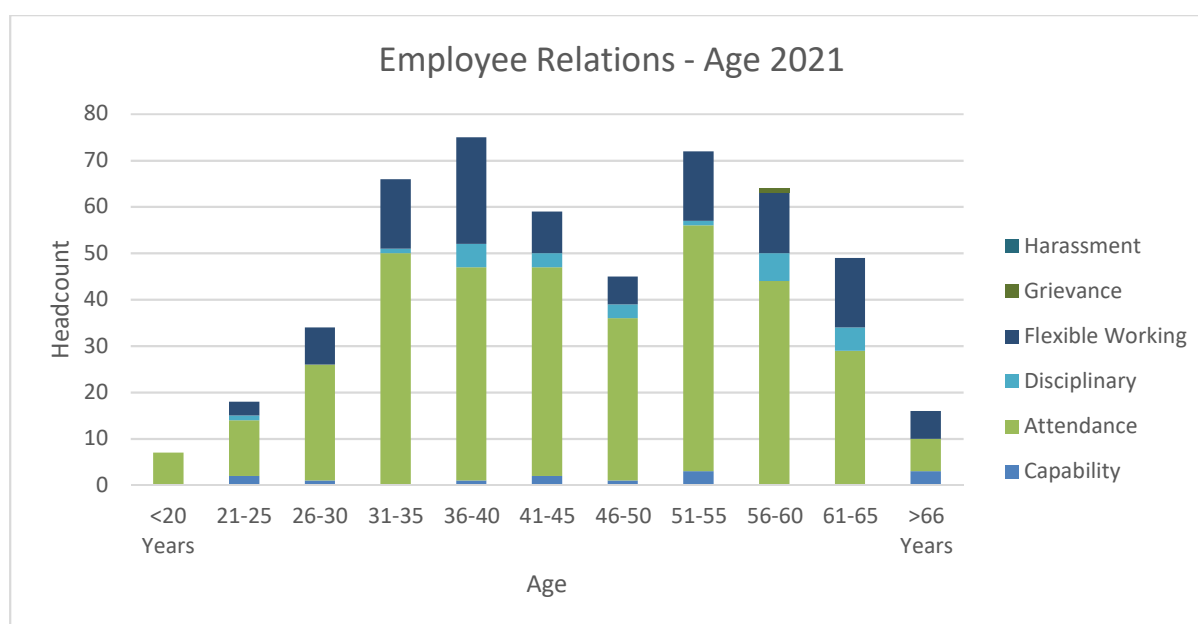
Sexual orientation	Gay/Lesbian/Bisexual	Heterosexual	Undisclosed
Workforce headcount as a %	2%	82%	16%
Non MAST development as a % of total attendees	3.76%	83.39%	12.85%



Appendix 5 | Employee Relations

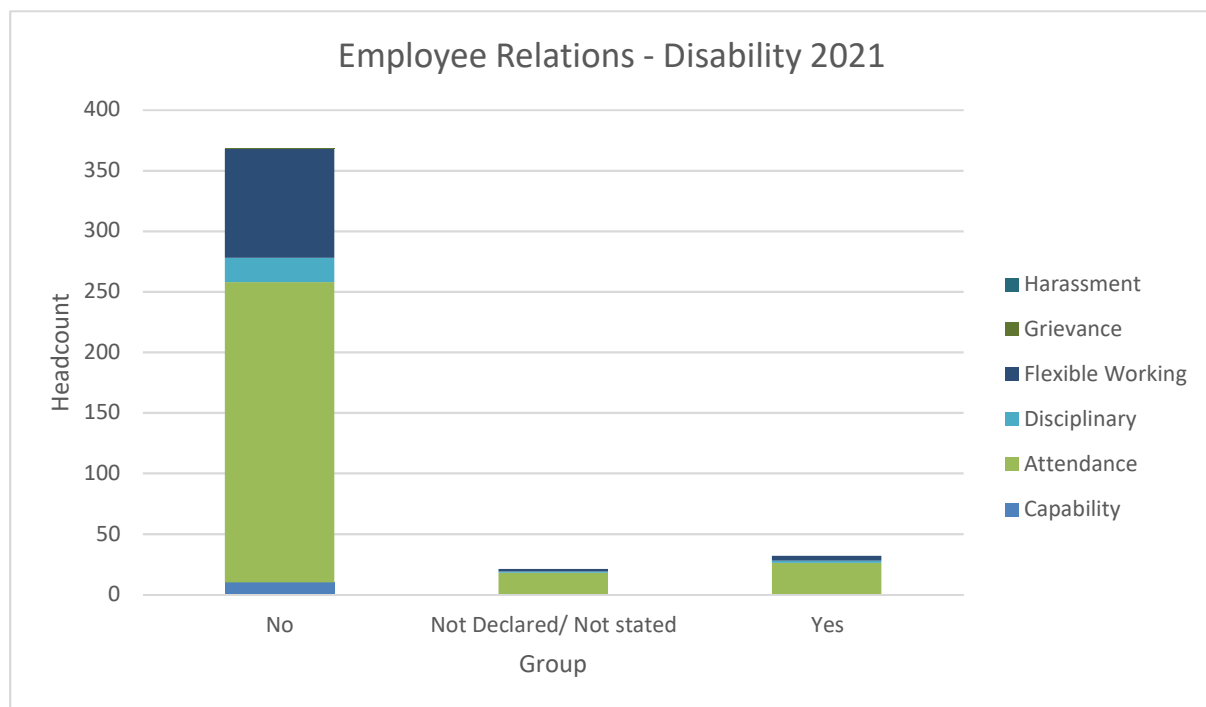
1 Employee Relations age profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
<20 Years	0	7	0	0	0	0
21-25	2	12	1	3	0	0
26-30	1	25	0	8	0	0
31-35	0	50	1	15	0	0
36-40	1	46	5	23	0	0
41-45	2	45	3	9	0	0
46-50	1	35	3	6	0	0
51-55	3	53	1	15	0	0
56-60	0	44	6	13	1	0
61-65	0	29	5	15	0	0
>66 Years	3	7	0	6	0	0
Total	13	353	25	113	1	0



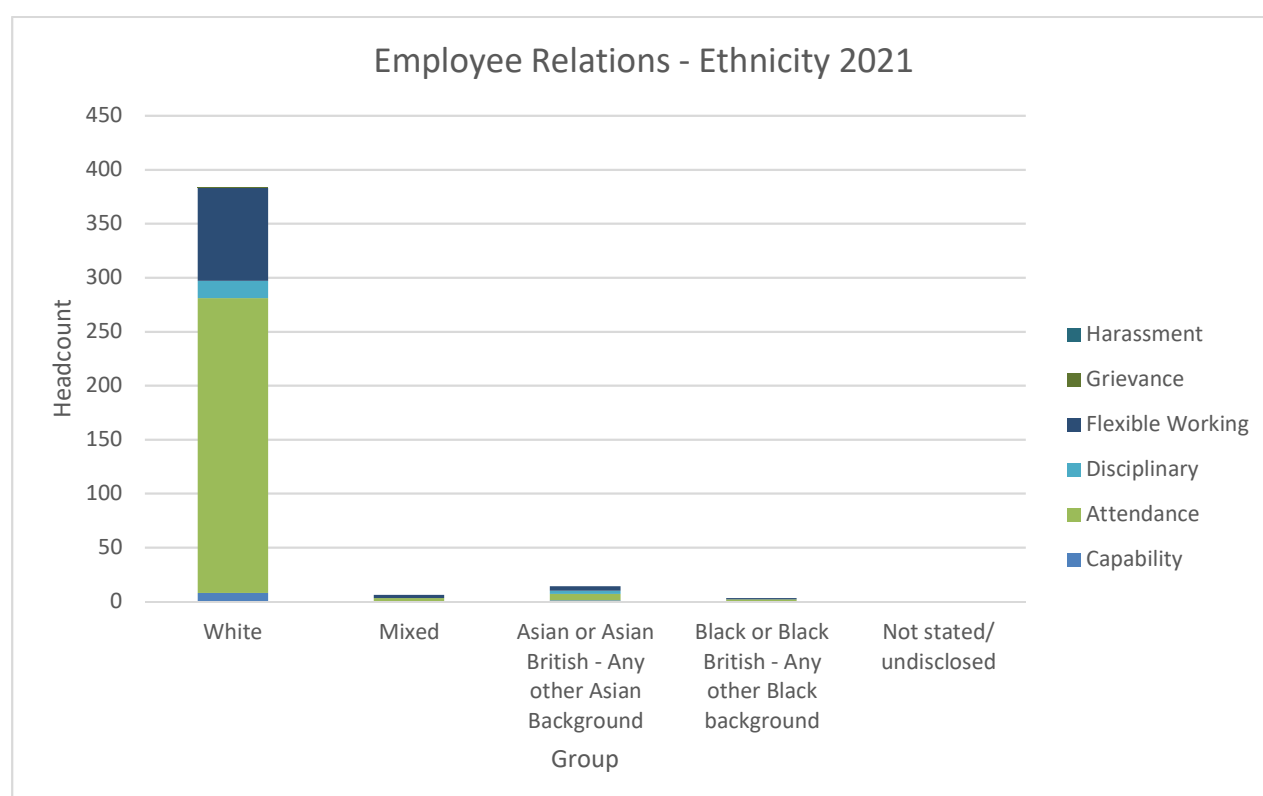
2 Employee Relations disability profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
No	10	248	20	90	1	0
Not Declared/ Not stated	0	18	1	2	0	0
Yes	0	26	2	4	0	0
Total	10	292	23	96	1	0



3 Employee Relations ethnicity profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
White	8	273	16	86	1	0
Mixed	0	3	0	3	0	0
Asian or Asian British - Any other Asian Background	1	6	3	4	0	0
Black or Black British - Any other Black background	0	2	0	1	0	0
Not stated/ undisclosed	0	0	0	0	0	0
Total	9	284	19	94	1	0



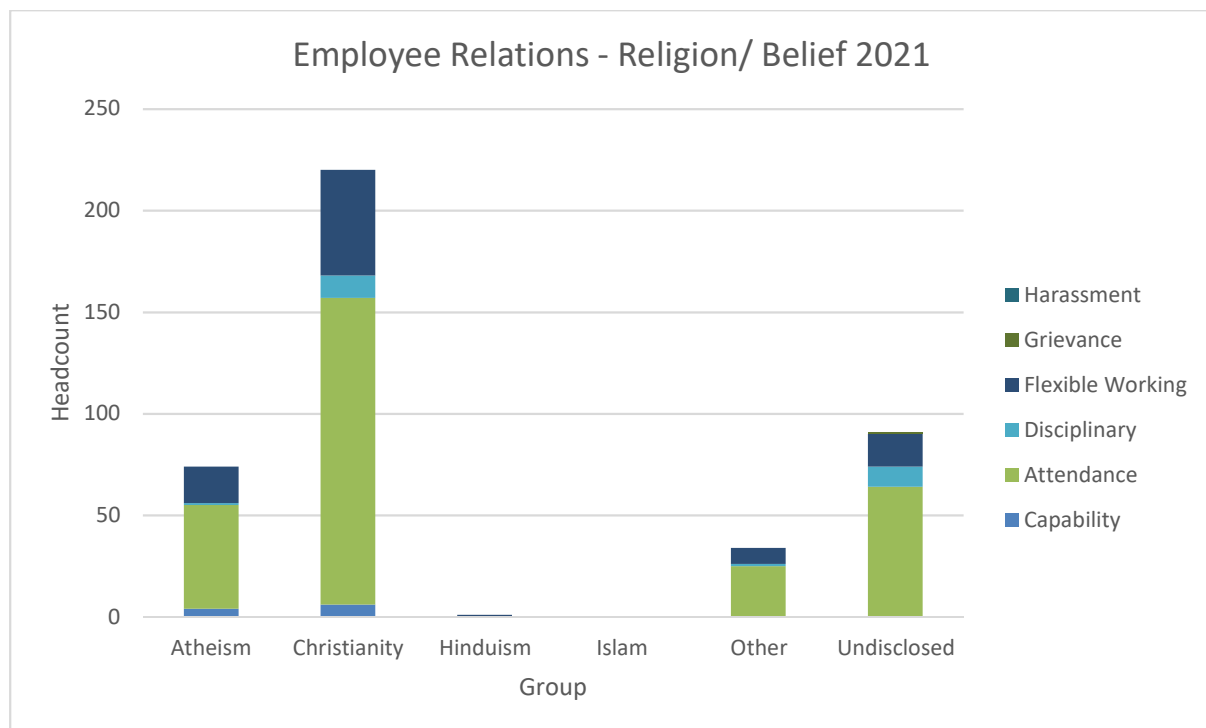
4 Employee Relations gender profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
Female	8	246	13	90	1	0
Male	2	45	10	5	0	0
Total	10	291	23	95	1	0



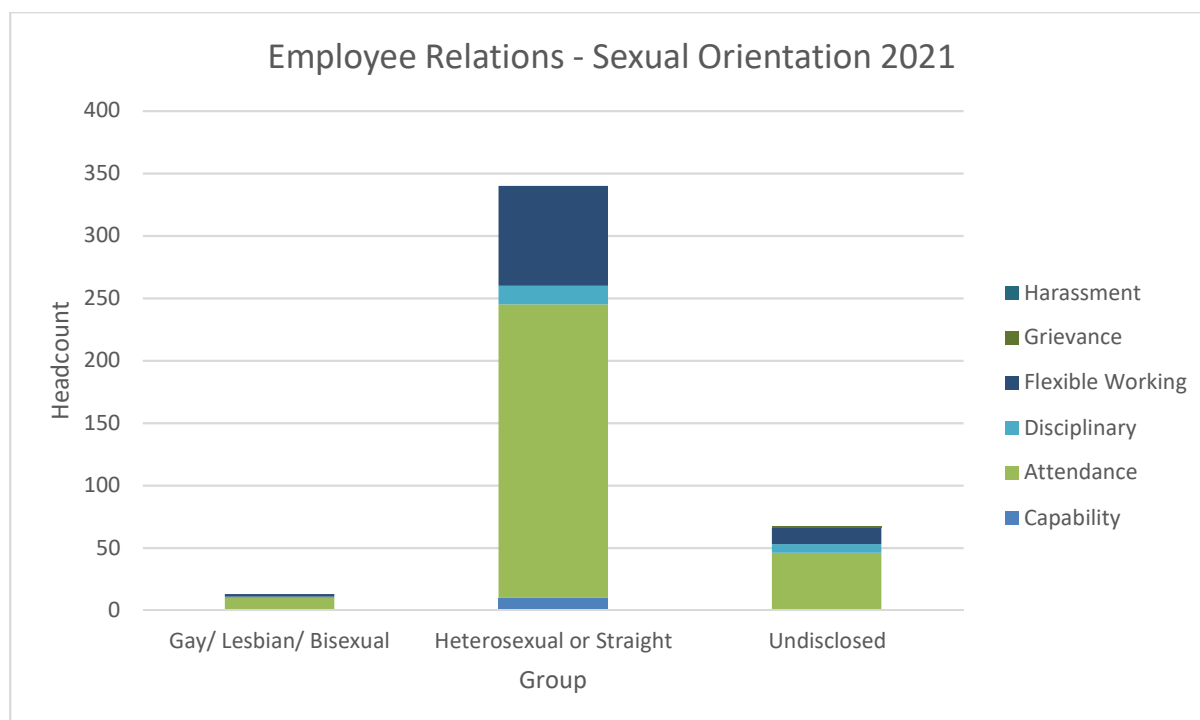
5 Employee Relations religion or beliefs profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
Atheism	4	51	1	18	0	0
Christianity	6	151	11	52	0	0
Hinduism	0	0	0	1	0	0
Islam	0	0	0	0	0	0
Other	0	25	1	8	0	0
Undisclosed	0	64	10	16	1	0
Total	10	291	23	95	1	0



6 Employee Relations sexual orientation profile

	Capability	Attendance	Disciplinary	Flexible Working	Grievance	Harassment
Gay/ Lesbian/ Bisexual	0	10	1	2	0	0
Heterosexual or Straight	10	235	15	80	0	0
Undisclosed	0	46	7	13	1	0
Total	10	291	23	95	1	0



Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	6 January 2022	Agenda reference:		20-22	
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 8 December 2021				
Summary of key issues	The Committee received a report on the assurance framework for KSO 5. Updates on Internal Audit and Counter Fraud were received from RSM as well as a draft Internal Audit plan for 2022/23. The Committee received a plan for the 2021-22 external audit from KPMG.				
Recommendation:	The Board is asked to NOTE the contents of this report.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	Update on KSO5 and a report from the Chair of F&P Internal audit reports were received				
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: 6 January 2022
Reference: 20-22
Report from: Kevin Gould, Chair
Author: Kevin Gould, Chair
Appendices: N/A
Report date: 21 December 2021

Audit Committee report Meeting held on 8 December 2021

1. The Committee received an update on the assurance framework for KSO5 from the Interim Director of Workforce and Organisational Development. The discussion focused on key risks (as recognised in the BAF) around retention & recruitment and learning & development, sources of assurance and potential gaps in assurance.
2. The Committee receive its annual report from the Chair of the Finance & Performance Committee, summarizing the updates provided alongside each KSO update throughout the year.
3. The Committee received and considered the annual review of Whistle Blowing arrangements.
4. The annual report on the status of policies was received. The Committee noted an increase in the number of policies overdue for updating or review. The reasons for this were explored and a further update will be considered at the next meeting.
5. The annual review of Standards of Business conduct policy and report of breaches was received. The Committee noted challenges in getting full compliance, and even after chasing, a large number of predominantly medical staff had not completed declarations of interest or completed the competency. Further steps were agreed to increase compliance.
6. The Chair presented the results of the Committee's self-assessment, and the Terms of Reference were reviewed with minor changes proposed for approval by the Board.
7. KPMG provided an update on the completion of the QVH Charity accounts and a plan for the Trust's 2021/22 audit.
8. RSM presented an update on the Internal Audit plan. Four reports had been completed since the previous meeting:
 - Plans on a Page (Partial Assurance, one High priority action)
 - New Ways of Working (Reasonable Assurance, one High priority action)
 - Data Quality (Substantial Assurance, no High priority actions)
 - Financial Management (Reasonable Assurance, no High priority actions)

The Committee reviewed and discussed the outstanding management actions, noting the good progress that continues to be made.

9. RSM also presented a draft internal audit plan for 2022/23. This was discussed with some suggestions in advance of being finalised at the next meeting.

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

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