

Business Meeting of the Board of Directors

Thursday 5 May 2022

**Session in public
10:00 – 13:00**



**MEMBERSHIP
BOARD OF DIRECTORS
May 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	-	Tania Cubison
Director of Nursing (interim)	-	Nicky Reeves
Director of Finance and performance	-	Michelle Miles

In full attendance (non-voting):

Director of Operations	-	Shane Morrison-McCabe
Director of Communications and Corporate Affairs	-	Clare Pirie
Director of Workforce (interim)	-	Lawrence Anderson
Deputy Company Secretary	-	Leonora May



Annual declarations by directors 2022/23

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 (within)								
Anita Donley Trust Chair	Director, Anita Donley Associates Ltd	Nil	Nil	Trustee, Imperial Health Charity. Chair, Grants Oversight Committee	Senior Advisor, Academic Health Solutions Senior Associate, Good Governance Institute Independent Advisor, Visionable Ltd Mentor, NHSEI National Clinical Entrepreneur Programme	Nil	Nil	Nil
Paul Dillon-Robinson Non-Executive Director	Trustee/ Director, Hurst Educational Trust Trustee/ Director, Association of Governing Bodies of Independent Schools	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	<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

							Association of Governing Bodies of Independent Schools. Churchwarden for Parish of Buxted & Hadlow Down, trustee of Friends of St Margaret, and St Marks House School trust.	Africa. Shadow governor of Hurst Education Trust. Trustee of the Association of Governing Bodies of Independent Schools. Churchwarden for Parish of Buxted & Hadlow Down, trustee of Friends of St Margaret, and St Marks House School trust
Kevin Gould Non-Executive Director	Director, Sharpthorne Services Ltd	Nil	Nil	Independent Member of the Board of Governors, Staffordshire University. Director and Chair of the Audit & Risk Committee at Grand Union Housing Group. Director, Look Ahead Care & Support. Trustee, Centre for Alternative Technology.	Director, Look Ahead Care & Support.	Nil.	Nil	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	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	Nil

Steve Jenkin Chief Executive	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Tania Cubison Medical Director	Nil	I undertake private practice at the McIndoe Centre and also I am a Medio legal expert. This is as a sole trader, not a limited company.	Nil	National Chair of the Emergency Management of severe burns senate (part of the British Burn Association)	Nil	Nil	Spouse (Ian Harper) is the director of welfare for BLESMA (the military charity for amputees). He is in a salaried post and does signpost people to QVH.	Nil
Michelle Miles Director of Finance	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nicky Reeves Director of Nursing	Nil	Nil	Nil	Trustee of McIndoe Burns Support Group	Nil	Nil	Nil	Nil
Other members of the board (non-voting)								
Shane Morrison-McCabe Director of operations	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Lawrence Anderson Director of HR & OD	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Clare Pirie Director of Communications & Corporate Affairs	Nil	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
Tania Cubison 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)							
Shane Morrison- McCabe 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 05 May 2022
10:00 – 13:00**

Agenda: session held in public

WELCOME			
62-22	Welcome, apologies and declarations of interest <i>Anita Donley, Trust Chair</i>		
STANDING ITEMS		Purpose	page
63-22	Patient story	<i>Assurance</i>	-
64-22	FTSU Guardian update <i>Sheila Perkins, FTSU guardian</i>	<i>Assurance</i>	1
65-22	Draft minutes of the public meeting held on 03 March 2022 <i>Anita Donley, Trust Chair</i>	<i>Approval</i>	4
66-22	Matters arising and actions pending <i>Anita Donley, Trust Chair</i>	<i>Review</i>	-
67-22	Chair's report <i>Anita Donley, Trust Chair</i>	<i>Review</i>	12
68-22	Chief executive's report <i>Steve Jenkin, Chief executive</i>	<i>Assurance</i>	14
69-22	Green Plan part 2- delivery <i>Steve Jenkin, Chief Executive</i>	<i>Approval</i>	29
TRUST STRATEGY			
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services			
70-22	Board Assurance Framework <i>Nicky Reeves, Chief nurse and Tania Cubison, Medical director</i>	<i>Assurance</i>	68
71-22	Quality and governance assurance <i>Karen Norman, Non-executive director</i>	<i>Assurance</i>	70
72-22	Corporate risk register (CRR) <i>Nicky Reeves, Chief nurse</i>	<i>Review</i>	74
73-22	Quality and safety report <i>Nicky Reeves, Chief nurse, and Tania Cubison, Medical director</i>	<i>Assurance</i>	89
74-22	EPRR core standards & statement of readiness <i>Nicky Reeves, Chief nurse</i>	<i>Review</i>	102
Key strategic objectives 3 and 4: operational excellence and financial sustainability			
75-22	Board Assurance Framework <i>Shane Morrison-McCabe, Director of operations and Michelle Miles, Director of finance</i>	<i>Assurance</i>	115

76-22	Financial, operational and workforce performance assurance <i>Paul Dillon-Robinson, Committee chair</i>	Assurance	117
77-22	Operational performance <i>Shane Morrison-McCabe, Director of operations</i>	Assurance	120
78-22	Financial performance <i>Michelle Miles, Director of finance</i>	Assurance	130
79-22	2022/23 Budget setting <i>Michelle Miles, Director of finance</i>	Approval	137
Key strategic objective 5: organisational excellence			
80-22	Board assurance framework <i>Lawrence Anderson, Interim director of workforce and OD</i>	Assurance	141
81-22	Workforce monthly report <i>Lawrence Anderson, Interim director of workforce and OD</i>	Assurance	142
82-22	Staff survey results & action plan <i>Lawrence Anderson, Interim director of workforce and OD</i>	Assurance	159
GOVERNANCE			
83-22	NHS Provider licence conditions <i>Clare Pirie, Director of communications and corporate affairs</i>	Approval	181
84-22	Variation to Constitution April 2022 <i>Clare Pirie, Director of communications and corporate affairs</i>	To note	verbal
85-22	Audit committee <i>Kevin Gould, committee Chair</i>	Assurance	190
86-22	Nomination & remuneration assurance update <i>Anita Donley, Trust Chair</i>	Assurance	192
ANY OTHER BUSINESS (by application to the Chair)			
87-22	<i>Anita Donley, Trust Chair</i>	Discussion	-
MEMBERS OF THE PUBLIC			
	<p>We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to Leonora.may1@nhs.net clearly marked "Questions for the board of directors". Members of the public may not take part in the Board discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.</p> <p><i>Anita Donley, Trust Chair</i></p>	discussion	-

	<p><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></p> <p><i>Anita Donley, Trust Chair</i></p>	<p><i>approval</i></p>	<p>-</p>
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Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	5 th May 2022	Agenda reference:	64-22		
Report title:	Freedom to speak up annual report				
Sponsor:	Sheila Perkins, FTSU Guardian				
Author:	Sheila Perkins, FTSU Guardian				
Appendices:	None				
Executive summary					
Purpose of report:	The purpose of this report is to provide the Board members with an annual update on the FSUG role and the activity so far.				
Summary of key issues					
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:	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:					
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:					

Report to: Board of Directors
Meeting date: 5th May 2022
Reference number: 64-22
Report from: Sheila Perkins, FTSU guardian
Author: Sheila Perkins, FTSU guardian
Appendices: None
Report date: 27th April 2022

Freedom to Speak Up Report

Staff Demographic	
Nursing	0
Allied Health Professionals	1
Additional Clinical Services	1
Administrative Staff	2

Total	4
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Themes	
Patient experience (no safety issues)	0
Patient experience potential safety issues	0
Staffing levels	0
HR Issues	0
Bullying/unacceptable behaviour from managers / team leader/ colleague	2
Other	2

- Four members of staff have raised concerns since the last board meeting. Two concerns were related to the discussions about Vaccination as a Condition of Deployment; as this is not imminent I have agreed to follow up with them if there are any new developments. One member of staff had approached me reporting unreasonable behaviour from her line manager;

following a conversation she was able to identify that she wasn't being treated unfairly. The other case has been investigated and dealt with. Currently there are no open cases.

2. New and clearer guidelines for reporting and recording cases has been published to begin 1st April 2022.

In response to feedback from Freedom to Speak Up Guardians, there will be a new category to record cases that include an element of other inappropriate attitudes or behaviour that doesn't constitute bullying or harassment.

There will also be a change in how staff demographic is reported, with clearer definitions of staff groups based on NHS Digital's Workforce Data Set.

3. There are now three online training modules available:

Speak Up - Training for all Staff

Listen Up - Training for Managers and Team Leaders

Follow Up - Training for Senior Managers

I have looked through the modules and they are all straightforward. I have had brief communication with the Head of Organisational Development and Learning and offered any support needed to implement them with staff at QVH.

4. I continue to attend regional FTSUG meetings where possible where we can discuss the regular National Guardian's Office updates and reports and share elements of best practice.

Sheila Perkins, FTSU Guardian

Document:	Minutes (Draft & Unconfirmed)	
Meeting:	Board of Directors (session in public) Thursday 03 March 2022 11:00 via videoconference	
Present:	Anita Donley (AD)	Trust Chair (voting)
	Gary Needle (GN)	Senior Independent Director (voting)
	Lawrence Anderson (LA)	Interim Director of workforce (non-voting)
	Tania Cubison (TC)	Medical director (voting)
	Paul Dillon-Robinson (PD-R)	Non-executive director (voting)
	Kevin Gould (KG)	Non-executive director (voting)
	Abigail Jago (AJ)	Director of operations (non-voting)
	Karen Norman (KN)	Non-executive director (voting)
	Steve Jenkin (SJ)	Chief executive (voting)
	Michelle Miles (MM)	Director of finance (voting)
	Nicky Reeves (NR)	Chief Nursing Officer (voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
In attendance:	Hilary Saunders (HS)	Deputy company secretary (minutes)
Members of the public:	Two, including lead governor	
Welcome		
32-22	<p>Welcome, apologies and declarations of interest</p> <p>The Chair opened the meeting and welcomed TC to her first public meeting since being appointed medical director. The Chair also welcomed two members of the public, including the lead governor.</p> <p>There were no apologies and no new declarations of interest.</p> <p>There was no patient story this month due to changes in the team, but it was anticipated that this will restart as a regular Board item from May.</p>	
Standing items		
33-22	<p>Draft minutes of the meeting held on 06 January 2022</p> <p>The draft minutes of the meeting held on 6 January were approved as a correct record.</p>	
34-22	<p>Matters arising and actions pending</p> <p>The Board received the latest matters arising update. There were no matters outstanding this month.</p>	
35-22	<p>Chair's report</p> <p>The Chair opened by thanking the Deputy Company Secretary who would be leaving the Trust at the end of March after 18 years with QVH.</p> <p>The Chair moved on to discuss the Board's approach to the recommendations of the independent review. This would be a broad strategic approach and consider the future of QVH as a provider of specialist services nationally and internationally, as a hospital for its local population and as a partner in the ICS. Certain things had changed over the last year and it would be appropriate to consider the sustainability of the organisation in the light of these futures as well as the established five tests (widely expressed in communications as "QVH will only merge if ..."). The CEO would be updating the Board around action planning.</p> <p>The Chair also thanked GN who, as senior independent director, was working with NEDs to consider how the relationship between NEDs and governors could be reset and improved.</p>	

	There were no further comments and the Board noted the contents of the report.
36-22	<p>Chief Executive's report</p> <p>SJ opened by noting this would be AJ's last meeting as director of operations. He commended her attention to detail, planning, ability to connect to people, and espousal of the QVH values and thanked her for everything she had achieved during her time here.</p> <p>SJ went on to commend efforts by the executive team and frontline staff during the recent water shortage.</p> <p>The Board received the CEO's report, seeking additional clarification as follows:</p> <ul style="list-style-type: none"> • That the main implications for QVH arising from the 'Delivery plan for tackling the COVID-19 backlog of its elective care would include: <ul style="list-style-type: none"> • A key challenge due to theatre capacity constraints and workforce capacity is to deliver around 30% more elective activity by 2024/25 than before the pandemic, after accounting for the impact of an improved care offer. Commissioners were leading on efforts to secure additional long term capacity within the independent sector but this remained an ongoing challenge. • Good progress had been made in respect of theatre productivity, particularly around late starts but there was always room for improvement and efforts were ongoing. Theatre utilisation is reviewed monthly via the Surgical Pathway and Performance Group. Early finishes have been significantly impacted recently by short notice patient cancellations and the challenge to fill vacant slots. Work is currently being undertaken with Pre-Assessment to create a group of patients who would be available at short notice. • QVH is an early adopter for a community diagnostic centre; the NHS has committed to rolling out more than 100 diagnostic centres. • The integration white paper sets out the government's ambition to accelerate the delivery of joined-up health and social care at place level as a way of improving health and care outcomes, and making best use of public resources. <ul style="list-style-type: none"> • The Secretary of State had told integrated care systems (ICS) to draw up detailed plans for a single electronic patient record, with a target of 90% of trusts to have installed an EPR by December 2023 and the remaining 10% to be in the implementation phase by that point. Support would be offered to help all providers reach a minimum level of digital maturity; QVH is quite some way behind other trusts in Sussex, having been unable to secure capital to do the work and the Board will shortly be receiving more detail on work required. <p>There were no further questions and the Board noted the contents of the report.</p>
Trust strategy	
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services	
37-22	<p>Board Assurance Framework</p> <p>The Chief nurse and medical director presented their respective BAFs. The Board noted that there were no significant changes to either KSO1 or KSO2 on this occasion.</p>
38-22	<p>Quality and governance committee assurance</p> <p>Due to reporting deadlines this month, KN had been unable to submit a written report of the February Q&GC meeting; instead she provided a verbal update highlighting the following:</p> <ul style="list-style-type: none"> • The Committee had undertaken its annual effectiveness review, assessing performance against objectives. Good assurance had been received on the whole. As Chair, KN

	<p>would work with the Chief Nurse to take forward suggestions to strengthen decision making processes and ensure their timely execution.</p> <ul style="list-style-type: none"> • The Committee wished to have an update on our anticipated system of quality improvement; it was noted that SJ had subsequently circulated a proposal for consideration. • A discussion around CQUIN targets. These were not set by the Trust and the Committee recognised a balance between national and local priorities. • The latest Quality and safety report including: <ul style="list-style-type: none"> • An external review of the Sleep Disorder Unit which was now complete. • Health Education England (HEE) funding for plastic surgical trainees • Ongoing challenges with recruitment and turnover of nursing staff; this remained one of the top corporate risks. <p>There were no further comments and the Board noted the content of the update.</p>
<p>39-22</p>	<p>Corporate risk register (CRR)</p> <p>The Board received the latest corporate risk register. In response to a question about the unusually high number of new risks on the register, the Chief nurse explained that the Trust encourages a positive reporting culture. The register is dynamic with many risks moving on and off relatively quickly. Changes in personnel also result in an increase in reporting as they review risks from a different perspective. Scoring is appropriate and we should avoid dis-incentivising anyone from reporting.</p> <p>Noting new risks (1247, 1251 and 1253) the Board sought assurance as to whether a systematic problem was emerging in the patient tracking and records systems. AJ provided the following assurance:</p> <ul style="list-style-type: none"> • 1247: The wording around this risk was ambiguous and would be amended. Most tertiary referrals come into the Trust via email but on this occasion a small cohort of patients had been referred via letter and had not been actioned immediately. This oversight had been identified at the monthly PTL meetings. All patients had now been reviewed and checked and work was underway to improve the system. • 1251: some patients are referred via a non-cancer pathway and then escalated. They are still managed as urgent cases but an upgrade to the tracking system is required which is why this is currently on the risk register. To ensure compliance, risk has been fully cascaded to teams within the Trust, as well as the Cancer Board. • 1253: Patients have been added to the waitlist and are all awaiting surgery on the PTL. There are some areas where the process is 'clunky' and the team is working towards managing this cohort electronically. • A recent data quality audit showed substantial assurance. <p>The Board was advised that action is being taken following increased awareness of potential cyber-attacks. Additional detail would be added to the register to reflect the actions being taken. A risk rating of 15 would be in place for the foreseeable future.</p> <p>The Board was also assured that risk 1250, (additional licence conditions), will be updated to make clear that the independent review was jointly commissioned by NHSEI and QVH interim Chair, and the target risk should read zero.</p> <p>There were no further comments and the Board noted the contents of the recent update.</p>
<p>40-22</p>	<p>Quality and safety report</p> <p>The Board received the latest Quality and safety report and sought additional clarification as follows: :</p> <ul style="list-style-type: none"> • Although only recently appointed to the role of medical director, TC had worked closely with NR throughout the pandemic and both were already clear on clinical engagement

	<p>priorities. They would also ensure that nursing and medical teams worked collaboratively. The Board was reminded that the term 'Clinical' refers to all staff not just doctors, and work was underway to determine how best to align teams at executive level and throughout the wider organisation.</p> <ul style="list-style-type: none"> • TC described the actions being taken to ensure compliance with essential antimicrobial stewardship standards. A new microbiology pharmacist was now in post. Clinical leadership from consultants was key and plans were underway to maximise clinical engagement throughout the wider organisation. • A regular topic raised at Board was the Clinical Harm Reviews (CHR) and assurance was sought around the impact of the new requirement for all 52-week waits to be reviewed every three months. TC stated that in order for clinicians to prioritise their time appropriately it was important to understand the risks associated with delay. Work was ongoing to ensure the process was easier and more transparent, but time would be needed to gather important data for a better understanding of the different type of patients under review. NR reminded the Board that CHR is a high priority, with the process continually evolving, but in line with other organisations, QVH would continue to target resources where most needed. It was again highlighted that the CHR tool identified only potential physical, not psychological, harm. <p>There were no further comments and the Board noted the contents of the latest update.</p>
<p>41-22</p>	<p>Approval of updated corporate risk strategy</p> <p>The Chair noted that that together with the CRR and BAF, this was an important foundation for the way in which a Board considers its risk appetite. NR stated that a number of iterations to reflect feedback had been made since this document was reviewed at the Board seminar in December. Board members had received the draft reviewed at this week's Quality and governance committee meeting. The strategy was presented for approval today subject to the following small amendments:</p> <ul style="list-style-type: none"> • A check to ensure that risk management was reflected throughout the whole document; • Rewording of part of the risk management approach, with patient and staff safety during the pandemic to include reference to accelerated recovery and transformation plans. • The Board would monitor the three corporate risks via the CEO report; any confidential matters would be considered during a closed session. • Clarity on risk appetite; • Sections 6 and 7 to be combined. • Narrative around how the Board collates evidence to measure performance, maybe as an appendix. This would also be included in the annual risk management report. <p>The Board considered the latest update, noting that:</p> <ul style="list-style-type: none"> • Inclusion of the Good Governance institute six principles of risk management was helpful, with principles 1 and 3 of particular priority to enhance our ability to mitigate and manage risk effectively. • An item for a future seminar might be areas where the Board is prepared to take more risk and whether our risk appetite needed a reset in the light of the pandemic and of the new risks being introduced on a regular basis. <p>There were no further comments and the Board approved the corporate risk strategy, subject to the agreed amendments.</p>
<p>42-22</p>	<p>Health care worker flu vaccination information</p> <p>The Board received an annual update regarding the 2021/22 seasonal flu campaign; this highlighted an overall increase in vaccination numbers across the workforce, a decrease in seasonal flu vaccination uptake in some staff groups and the plans to address challenges for the 2022/23 campaign.</p>

	<p>There were no further comments and the Board noted the contents of the report.</p>
<p>Key strategic objectives 3 and 4: operational excellence and financial sustainability</p>	
<p>43-22</p>	<p>Board assurance framework The Board received the latest BAF for KSO3, noting there were no material changes on this occasion.</p> <p>The Board received the BAF for KSO4, noting that there were currently no material changes. However, a significant review would be undertaken shortly, aligned to the new 2022/23 financial regime.</p>
<p>44-22</p>	<p>Financial, operational and workforce performance assurance Due to reporting deadlines this month, the report within the papers related to the January F&PC meetings; therefore, PDR provided a verbal update on the February meeting, highlighting in particular:</p> <ul style="list-style-type: none"> • Whilst not complacent, the committee had strong received assurance that QVH continued to perform very well against national targets. • Overall waitlist numbers are increasing which will inevitably result in problems in the summer. • Staff vacancies remain a concern and will continue to be monitored. • Originally the Trust was forecasting breakeven at MO09; at MO10 however, it was predicting a £1.2m surplus, with c£300k for technical adjustments. Expenditure was under control and the run rate remained consistent, however there is still significant uncertainty around income. • Whilst business planning was a later agenda item, the Board noted that the finance regime would be much tougher next year, with the block contract being discontinued. There was still a lack of clarity around income, dental commissioning etc. but more information should be available next month. Demand and capacity modelling was underway and the new modular theatre block would provide additional capacity. The Trust would also await the impact of the ICB after it comes into operation. <p>There were no further comments and the Board noted the contents of the report.</p>
<p>45-22</p>	<p>Operational performance The Board received the latest operational report. There was a brief discussion as to whether the Trust was meeting NHS constitutional requirements in respect of the RTT18 figures and the requirement to identify alternative providers. AJ explained that:</p> <ul style="list-style-type: none"> • Given the change in focus away from 18 weeks, the Trust had deliberated as to whether or not to retain reference to this within the report but had concluded this was still a useful comparator for waitlists. • It was difficult to identify alternative providers, firstly because other trusts were in an equally challenged position and secondly due to the nature of our work as regional providers for many services. • The Trust has tried to locate additional independent sector capacity but with limited success. • The Trust had worked with the wider system and provided mutual aid for diagnostics and in respect of cancer services. QVH had played an important role in the pandemic, ensuring cancer patients received vital urgent surgery at times when other trusts had significant numbers of covid patients; this had meant surgeons from other hospitals in Kent, Surrey and Sussex working with the QVH theatres team at QVH. The Board was assured that all cases were managed around clinical urgency and long waits; no decisions were made on the basis of where a patient was from.

	<p>The Board welcomed the health inequality workstream on early diagnosis. AJ explained that IMD is the Index of Multiple Deprivation (national official scoring of deprivation which ranks every small area in England, with 'one' as the most deprived).</p> <p>There were no further comments and the Board noted the contents of the report.</p>
<p>46-22</p>	<p>Financial performance</p> <p>MM presented the latest financial performance report; the Trust now predicted a £1.2m surplus, with c£300k a technical adjustment. Changes were as a result of the Trust stepping up to operate as a cancer hub earlier this year, and also staff vacancies (which had remained static). Capital surplus had increased and efforts were being made to reduce this before the end of the financial year.</p> <p>The Board considered the update and received the following assurance:</p> <ul style="list-style-type: none"> • That the organisation was reasonably confident it had the capacity to deliver projects funded from successful in-year bids, noting that the majority of goods were due for delivery this month. • That the transfer of activity/case mix to QVH in Q4 as a cancer hub had meant the usual run rate was not as high as in previously quarters; hence the enhanced forecasting this financial year. • A reminder that the current surplus was due to a significant increase in income due to block arrangements, but fundamentally the run rate had not changed in the last three years. <p>There were no further questions and the Board noted the contents of the report.</p>
<p>47-22</p>	<p>2022/23 planning update</p> <p>The Board received a summary report of the planning principles being applied and the local and national milestones in the planning process for 2022/23. The Board noted:</p> <ul style="list-style-type: none"> • No risks were currently identified to delivering against these principles; triangulation between workforce, activity and finance was ongoing. • Although work was already underway, the organisation would find it difficult to deliver efficiencies of around 3-4%. • First submission of the operating plan was due on 17 March, with the final due on 28 April. A draft plan would be considered at the board seminar in April. <p>Due to the submission deadlines, the Board agreed to delegate authority to the Finance and performance committee to approve the plan at the end of April.</p> <p>There were no further questions and the Board noted the contents of the report.</p>
<p>Key strategic objective 5: organisational excellence</p>	
<p>48-22</p>	<p>Board Assurance Framework</p> <p>LA reported that there were no significant changes to the BAF for KSO5. Reference to 'Vaccination as a condition of employment' would remain until regulations had been formally reviewed.</p> <p>The Board asked what action was being taken to manage staff appraisal targets, and what were the consequences of staff not meeting pay progressions due to lack of appraisal. LA explained that appraisal rates and quality were assessed and assurance sought as part of performance review meetings. The Trust's pay progression and appraisal policy has been in place for some time and to date no one had been refused pay progression as a result of not yet having had an appraisal. Workforce teams are proactive in identifying any staff at risk and take the necessary action.</p>

	There were no further comments and the Board noted the contents of the BAF.
49-22	<p>Workforce monthly report</p> <p>The Board received the latest report, seeking additional clarification as follows:</p> <ul style="list-style-type: none"> The decision to introduce a new starter premium payment was taken by the Executive management team, alongside the introduction of revised bank rates and a winter shift supplement payment. This now formed part of our attraction package on posts advertised that are included on the Trust's Risk Register. Staff survey results are embargoed until 30 March; however, detail will be provided to board members in confidence prior to national publication. <p>There were no further comments and the Board noted the content of the report.</p>
Governance	
50-22	<p>Board effectiveness review</p> <p>As a requirement of the FT code, the Board reviewed a formal evaluation of its performance; this had been structured to identify areas for improvement and to consider any actions needed to ensure that it retained the skills and experience needed to lead the organisation. The report was structured around the eight key lines of enquiry of the Care Quality Commission's well led domain.</p> <p>There were no further comments and the Board:</p> <ul style="list-style-type: none"> Agreed the contents of the review, noting that detail would be included in the 2021/22 annual report and accounts. Approved the Board sub-committee terms of reference for the next twelve months which would come into immediate effect, noting that these would be updated to reflect the Chief Nurse title.
51-22	<p>Changes to Trust constitution</p> <p>A series of changes to the Constitution relating to the lead governor role had been approved by the Council of governors at its meeting on 21 February. As required by the Constitution the Board now also approved these changes which could take immediate effect.</p> <p>A second set of changes relating to the governor steering group were also proposed. The Board approved these noting that they would be presented for approval to Council at its meeting on 11 April after which time they would also take effect.</p>
52-22	<p>Annual report on use of Trust seal</p> <p>The Board noted the contents of the annual report on the use of the Trust seal.</p>
53-22	<p>Nomination and remuneration assurance</p> <p>The Board noted the contents of the Chair's report.</p>
Any other business (by application to the Chair)	
54-22	There was none.
Members of the public	
55-22	<p>Questions from members of the public</p> <p>There were none.</p>
56-22	<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>

	There were no further comments and the Chair closed the public session of the meeting.
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Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	5 May 2022	Agenda reference:	67-22		
Report title:	Chair's report				
Sponsor:	Anita Donley, Chair				
Authors:	Anita Donley, Chair and				
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	<ul style="list-style-type: none"> Addressing the recommendations of the Independent review and securing the future of QVH 				
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: 67-22
Date of meeting: 5 May 2022
Report from: Chair of the Board
Report author: Anita Donley
Date of report: 28 April 2022
Appendices: none

Chair's Report to the Board

These are demanding times indeed in health and care, with escalating operational pressures, unprecedented workforce challenges and a stringent financial climate, but I would firstly like to pay tribute to all our dedicated staff, across the full range of clinical, managerial and support functions who continue to work above and beyond- people are tired but still manage to support each other in delivering the high standards of patient care for which QVH is renowned. Thank you.

The Board continue to build an effective action plan addressing the recommendations of the Independent Review and securing the future of QVH not only as a renowned provider of specialist clinical care, but also the hospital in East Grinstead, and a highly-valued partner in local economy and community. In the new integrated national health and care geography, where the importance of collaborative working and mutual support is key, I believe that QVH has an important leadership role to play, both at the Sussex ICS level and at "place" level in the West Sussex Health and Care Partnership.

We all look forward to re-establishing the important face to face and on-site interactions that enrich our understanding of QVH world-class care. Non-Executive Directors, led by Gary Needle as Senior Independent Director, are developing new ways of working with Governors to allow optimal insight into the NEDs' work of both holding the Executive to account and contributing as members of our unitary Board; this should help to ensure that our Governors are provided with comprehensive assurance around the Board's work and decision-making process over the next year.

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, 25/04/2022. KSO 3, 4 and 5 were reviewed at the Finance and Performance Committee on 25/04/2022. 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 BAF'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:	05/05/2022	Agenda reference:		68-22	
Report title:	Chief Executive's Report				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Steve Jenkin, Chief Executive				
Appendices:	1) Independent review – recommendations 2) Integrated Dashboard 3) 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"> Year-end position Priorities 2022/23 NHS Staff survey 2021 				
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:	25/04/22	Decision:		
Next steps:					

CHIEF EXECUTIVE'S REPORT MAY 2022

TRUST ISSUES

Year end

Due to the block funding financial regime the Trust has delivered a surplus of £1.7m.

Pay and non-pay spend are in line with previous years including inflationary increases, however income has only increased by £1.4m as compared to 2020/21. The reported position is in line with the re-forecast approved by Finance and Performance Committee. The financial position remains subject to audit and the final reconciliation of 2021/22 activity and income with commissioners

Priorities for 2022/23

As we commence the new financial year, QVH has just submitted its operating plan for onward submission as part of Sussex Integrated Care System (ICS) to the South-East region of NHS England.

Operating plans in particular will focus on addressing key operational challenges such as achieving cancer standards, 52 week breach position, reducing outpatient follow up appointments and achieving 104% elective activity against 2019/20 levels.

Our work to secure the long term future of the Trust, working alongside University Hospitals Sussex NHS Foundation Trust (UHSx) in developing a full business case towards a potential merger, will now recommence after the challenging winter months.

2022/23 Key risks

Following a 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. These are as follows:

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

These overarching risks are reflected in all the KSO BAFs and reviewed when preparing board papers for each KSO. The CEO is accountable for leading on the management these risks.

These risks encompass the three challenges reflected in the 2020 document "Securing the long term future of Queen Victoria Hospital"

- Reliance on key individuals
- Synergies between services
- Getting value for money

NHS Staff Survey 2021

Since our last Board meeting the publication of 2021 NHS Staff Survey has taken place. Across most providers there has been a deterioration in responses to the question "Would recommend organisation as place to work"; although this score has decreased slightly (0.5%) at QVH, compared to the majority of trusts including those within our specialist grouping we have fared well, as shown on next page:

Specialist

Trust	2017	2018	2019	2020	2021	Change 2020 to 2021
Liverpool Heart and Chest Hospital NHS Founda	72%	76%	76%	76%	74%	-1.9
The Royal Orthopaedic Hospital NHS Foundatio	62%	73%	77%	74%	74%	-0.3
Royal National Orthopaedic Hospital NHS Trust	75%	77%	75%	79%	72%	-6.9
The Royal Marsden NHS Foundation Trust	76%	79%	76%	77%	71%	-5.5
The Christie NHS Foundation Trust	72%	72%	71%	76%	71%	-5.1
Great Ormond Street Hospital for Children NHS	67%	67%	66%	73%	71%	-2.6
Queen Victoria Hospital NHS Foundation Trust	58%	63%	73%	71%	71%	-0.5
The Robert Jones and Agnes Hunt Orthopaedic	76%	80%	78%	79%	71%	-8.4
Royal Papworth Hospital NHS Foundation Trust	63%	63%	63%	73%	70%	-2.3
The Walton Centre NHS Foundation Trust	76%	77%	81%	79%	69%	-9.8
Moorfields Eye Hospital NHS Foundation Trust	74%	70%	69%	70%	63%	-7.0
The Clatterbridge Cancer Centre NHS Foundatio	73%	68%	64%	68%	61%	-7.2
Liverpool Women's NHS Foundation Trust	61%	60%	67%	66%	57%	-9.3

Source: HSJ

National Quarterly Pulse Survey

The NHS People Plan 2020/21 made a commitment to introduce a new quarterly survey. The survey supports an integral part of the People Promise: "We each have a voice that counts". It will provide insight into the working experience of our NHS People more regularly, in a consistent approach, to support actions for improvement.

The National Quarterly Pulse Survey has been implemented from April 2021, replacing the Staff Friends and Family Test. The aim is for all staff to have the opportunity to feed back their views on their organisation every quarter.

The scores are based on a scale of 0-10. The most favourable response will be scored 10, while the worst will be scored 0 (at intervals of 2.5pt).

QVH National Quarterly Pulse Survey results for Q4 2021/22 have now been uploaded to the Model Hospital and is available for staff to view on the Trust's intranet:

NQPS Score	Data Period	STP Result	QVH Value	Change	Quartile
Employee Engagement Score	Q4 2021/22	6.5	7.5	Improved by 0.4	4 - Highest 25%
Advocacy Score	Q4 2021/22	6.2	8.2	Improved by 0.5	4 - Highest 25%
Involvement Score	Q4 2021/22	6.6	7.2	Improved by 0.7	4 - Highest 25%
Motivation Score	Q4 2021/22	6.7	7.1	Remained the same	4 - Highest 25%

Patient First

Patient First is University Hospitals Sussex NHS Foundation Trust (UHSx) long-term approach to transforming hospital services for the better. It's a process of continuous improvement that is all about giving frontline staff the freedom to identify opportunities for positive, sustainable change and the skills to make it happen.

In August 2021 when the strategic case for potential merger was approved by respective boards, this stated that “Patient First would be the improvement methodology and strategy deployment approach across the whole Trust and there would be one, potentially strengthened, quality governance and audit approach.”

UHSx will introduce QVH to the principles behind Patient First later this month, led by their former CEO Dame Marianne Griffiths. This is a structured model of support that will enable QVH to shape and own delivery of our improvement journey with the support of the programme. The programme is divided into four phases of work, which build on each other; within each phase there is a practical and tangible output. The Board will be kept apprised of progress as this important programme of work commences at QVH.

Independent review

In December 2021, NHS England and NHS Improvement South East Region and the then newly appointed interim Chair of Queen Victoria Hospital NHS Foundation Trust (QVH), Anita Donley, commissioned an independent review of QVH’s handling of challenges encountered in progressing a merger proposal with University Hospitals Sussex NHS Foundation Trust given the range of views about the future of QVH. In February 2022, the report was received and welcomed by the Trust Board, and published in full. The Board is committed to ensuring the recommendations are acted on effectively, with good ongoing engagement with staff and external stakeholders. In appendix 1 is an update on progress delivering these recommendations.

Clinical Coding

Prior to 2020, the QVH clinical coding team consisted of long-standing, experienced staff members but it was then impacted by retirements and internal moves. When an annual independent audit in May 2021 identified some inaccuracies, the Trust immediately initiated a task and finish group to recover the situation. Clinically led, the group identified areas of improvement which required necessary investment including a support package of further training and mentoring, back-fill coding and the daily support of a senior clinical coder.

The most recent (February 2022) independent audit summary of findings stated that ‘the overall standard of coding at QVH is of an exceptional standard. QVH and its coders should be very proud of this truly excellent result’. The auditor also commented that this was the highest scoring audit in which he had been involved.

Summary of findings

4. The overall standard of coding at QVH is of an exceptional standard. QVH and its coders should be very proud of this truly excellent result. The results of the audit are shown in **Table 1** below:

Table 1 Coding accuracy findings

% coded correctly				Overall level of accuracy
Primary Diagnoses	Secondary Diagnoses	Primary Procedures	Secondary Procedures	
98.00%	98.32%	98.82%	98.63%	98.46% (Standards Exceeded)

Successful recruitment, the dedication and determination of the team, investment from the Trust, and the support of management and clinicians have all contributed to the successful turnaround of this crucial team.

QVH has been ‘highly commended’ in the Data Quality - Specialist Hospitals category of the CHKS 2022 awards. CHKS is a leading provider of healthcare intelligence and quality improvement services

in the UK and the data quality award is an award for excellence in data quality based on clinical coding. The CHKS Top Hospitals Awards have been running for 20 years and are highly regarded across the NHS and private health sector, in the UK and internationally. The shortlists and winners are decided based on analysis of publicly available data.

Modular theatres

QVH is benefiting from investment in a modular block providing two new theatres. This module will be situated alongside the see and treat clinic (Location 26) and work has now begun. Our existing day surgery theatres (Rowntree) are reaching the end of their life as clinical space, and are not suitable for some types of surgery. The two new modular theatres will replace the two old theatres. They will be suitable for a wider range of surgery and with this greater flexibility over case mix, together with modern air flow and temperature control, we expect to be able to increase elective activity by about 140 cases per month. This will provide a real boost for our work and for patient care at a time when addressing post-pandemic waiting lists is essential.



First annual cancer clinical nurse specialists (CNS) day (15 March)

The first annual cancer clinical nurse specialists (CNS) day, to celebrate and promote the importance of the cancer CNS role. We have Cancer CNSs working in our skin, head & neck and breast teams, providing a range of physical and emotional support for our patients as well as coordinating care services and advising them on clinical as well as practical issues to give them positive outcomes. Clockwise from top left: Clare Lancaster, Pam Golton, Rebecca Spencer, Bincey Joseph, Mandy Charles and Addy Katandika.



Integrated Performance Dashboard Summary

Our Integrated Performance Dashboard (Appendix 2) reflects the year end position and an abbreviated highlight from the National Quarterly Pulse Survey which has replaced the Staff Friends and Family Test.

Board Assurance Framework (BAF)

The entire BAF was reviewed at executive management meeting (19/04/2022) alongside the corporate risk register. KSO 1 and 2 were reviewed at the Quality and Governance Committee,

25/04/2022. KSO 3, 4 and 5 were reviewed 25/04/22 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 3) during February and March 2022, highlighting the recent independent review as well as an award for Danny Favor, a senior corneoplastics nurse.

NATIONAL SCENE

Ockenden Review of maternity services at Shrewsbury and Telford Hospital NHS Trust

The Ockenden – Final report from the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust was published on 30 March. This follows the first report from the inquiry, published in December 2020, which outlined a set of local actions for learning, as well as immediate and essential actions to improve the quality of care and patient safety across maternity services nationally. This second and final report identifies several new themes intended to be shared across all maternity services in England.

The final Ockenden report sets out the findings and recommendations from a five-year review of maternity care at the Shrewsbury and Telford Hospital NHS Trust (SaTH). It focuses predominantly on the period from 2000 to 2019 and looked at 1,592 clinical incidents involving mothers and their babies.

The review found ‘significant or major concerns’ around the maternity care provided by SaTH in 201 deaths, 131 stillbirths and 70 deaths during the neonatal period. Close to 100 other children suffered permanent injuries, including brain damage and cerebral palsy.

Although QVH plays no part in the provision of maternity services, there are some key areas where all trusts should ensure appropriate action is taken to mitigate any risks identified and develop robust plans against areas where our services need to make changes, paying particular attention to the report’s four key pillars:

1. Safe staffing levels
2. A well-trained workforce
3. Learning from incidents
4. Listening to families

The report illustrates the importance of creating a culture where all staff feel safe and supported to speak up. NHS England expects every trust board to have robust Freedom to Speak Up training for all managers and leaders and a regular series of listening events. Here at QVH we will continue to ensure through our governance processes and systems that we pay close attention to staffing levels, training and development opportunities, and maintain a culture of listening and learning from incidents.

Steve Jenkin
Chief Executive

Implementing the recommendations of the independent review

In December 2021, NHS England and NHS Improvement South East Region and the then newly appointed interim Chair of Queen Victoria Hospital NHS Foundation Trust (QVH), Anita Donley, commissioned an independent review of QVH's handling of challenges encountered in progressing a merger proposal with University Hospitals Sussex NHS Foundation Trust given the range of views about the future of QVH. In February 2022, the report was received and welcomed by the Trust Board, and published in full.

The Board is committed to ensuring the recommendations are acted on effectively, with good ongoing engagement with staff and external stakeholders. This appendix is an update on progress delivering these recommendations.

	Recommendation	Action
1	A work programme for the merger process should be developed, which allows for a holistic set of stakeholders to be engaged as the work is undertaken. At the heart of this should be clinical engagement, but wider engagement with staff, patients and stakeholders will also be important.	The work streams needed have been mapped out and are work is currently underway to agree the milestones and resource needed in each workstream. The Trust will be engaging external support to programme manage this work. Joint oversight group (with UHSussex, ICS and NHSEI) has been re-established with updated terms of reference and will meet monthly.
2	The work programme should reflect that the FBC needs to rehearse the strategic case in a level of depth including the case for change, the long-list of options, the hurdle criteria, the short-list of options, the evaluation criteria, and the appraisal leading to the preferred option.	An internal process has been established for reviewing the case for change, the long-list of options, the hurdle criteria, the shortlist of options, the evaluation criteria, and the appraisal leading to the preferred option. This will be reported to the July public board meeting.
3	The work should report to a steering group that includes multi-professional clinical and financial leadership, prior to the Board. The current steering arrangements should be reconstituted to include the Sussex Integrated Care Board (ICB), the NHSEI South East Region, UHSussex and QVH.	This recommendation to establish separate steering group with clinical and finance input will be considered as part of the programme governance and terms of reference will be drafted accordingly.
4	The steering group should oversee the development of a proportionate communications and engagement plan to accompany the work programme and should monitor an engagement log which is maintained as the work is undertaken.	The communications and engagement plan will be tested with staff and shared with governors. It will be a live document and key messages etc will need to be developed as the programme progresses. Communications and engagement is one of the key workstreams in the programme.

	<p>a. The plan should carefully consider each aspect of the process and the necessary stakeholder group(s) to contribute to it.</p> <p>b. Discussions with stakeholders should take place to understand the most effective way to engage with them, ensuring the FBC is the product of an inclusive process.</p> <p>c. Once produced, the plan should be tested with representative staff groups within QVH, QVH Clinical Directors and relevant clinical leaders from UHSussex before being finalised.</p> <p>d. The plan should be under review so that themes from the engagement are responded to and reflected in the programme of work as required.</p>	
5	Once the work programme and engagement plan have been developed in draft, a seminar session with the Council of Governors should take place, ideally in person, to review the plans prior to finalising so Governors' feedback can be incorporated.	A seminar with governors will be scheduled for this purpose when the work programme and engagement plan have been developed.
6	A resourcing plan should be developed to support the delivery of the work programme with resource commensurate to the task. The resourcing of the team should be supported by the ICS. The team itself should be embedded in QVH, working in partnership with a lead director from the ICB and the team at UHSussex.	This has been discussed in outline with UHSx who understand the value of embedding the team at QVH. External expert programme management support will be needed for this work and is being discussed with system partners.
7	The clinical body should be engaged in this work at the earliest opportunity and should do so in partnership with clinical teams from UHSussex before pressing ahead with the development of the preferred option. The development of the preferred option should engage clinical teams of the two Trusts, with staff members from all professions.	<p>An independent clinical lead will be appointed to work closely with the medical and nursing directors of QVH and UHSussex and their teams, providing oversight and facilitation in the process of clinical review and engagement. This will be an individual with senior clinical credibility and strategic/merger experience.</p> <p>The clinical service review and strategy process will require a multi-disciplinary approach, engaging clinical and non-clinical staff in a robust process focussed on patient benefit.</p>
8	The staff Governors should meet with other representative staff groups and be supported to ensure that all staff are engaged in the	The staff governors and staff ambassadors met and discussed their different roles on 4 April.

	merger process and that the holistic views of staff are appropriately represented, including the difference of opinion that exists. If staff Governors are unable to represent the views of all staff a change in the constitution should be made to ensure the staff Governors are more representative of the whole staff.	The staff governors met with the Chair and senior independent director on 6 April.
9	The additional NHSEI licence conditions should be developed into a Trust policy reflecting the requirements for the Governors of the Trust to adhere to the seven principles of public life. The policy needs to outline the approach taken where these principles are breached, which must ultimately lead to dismissal if conduct is unacceptable. This policy should be shared with staff in the Trust who engage with Governors so that they understand what to do if they believe they are being bullied or harassed by someone.	Ann Utley, external governance expert, was commissioned to develop a procedure which the Trust will follow when responding to any concern raised about a governor's conduct, behaviour or actions. This procedure was shared with governors at 11 April Council of Governors meeting, and some governors expressed a wish to have a process in which all decision-making about the removal of a governor comes through a Council vote. The legal advice that QVH has received states that such a process does not reflect the provisions of the QVH Constitution. The Chair will seek a view from NHSEI as our regulator on the matter, so that the Trust can establish a process and supporting documentation which meets the requirements of QVH Constitution and is, of course, clear, reasonable and fair.
10	To support Governors to discharge all their statutory responsibilities effectively, and ensure that roles of Governors are clear: <ul style="list-style-type: none"> a. There should be dedicated meetings with all Governors on matters relating to the merger process b. The merger process should not be included on other agendas such that Governors are able to engage effectively on other matters c. Governor representation in other meetings of the Board should be brought into line with recognised best practice, and the following arrangements should cease: <ul style="list-style-type: none"> i. Lead Governor attendance at private meetings of the Board ii. Governor representatives on subcommittees of the Board 	The quarterly Council of Governors meetings will be divided into Part A and Part B, to achieve effective separation and dedicated time for the merger and for other matters without increasing the burden on Board members, governors and company secretarial support. Lead governor no longer attends private Board. Governor representative attendance at subcommittees has been ended. New lead governor role description agreed which includes responsibility for liaising with all governors for agenda suggestions and then meeting with Company Secretary and Chair. This will end need for the additional resource to manage the steering group, and also support all governors to have an equal voice in this process. Board have approved update to the Constitution related to GSG; seek Council of Governors approval at July meeting. Work ongoing with governors re how to promote effective understanding of Trust business and assurance regarding the work of the NEDs.

11	The regional and ICB finance teams should take a role in supporting the Trust to discuss the financial position of the organisation with stakeholders, including deterioration of performance, the feasible actions that can be taken to improve the position, and the potential benefits that may be derived from a merger. The outcome of this session should be alignment on what more, if anything, is needed in the work plan going forward.	The executive team will work with regional and ICB colleagues to organise two workshops to develop a fuller understanding of QVH finances, one for governors and one for staff.
12	Detailed communications should flow from the regional NHSEI leadership via its Specialist Commissioning function and the Sussex ICS, setting out how they plan to work with QVH to ensure the continued delivery of the specialist services that QVH provides, safeguards their quality and meets the relevant national clinical standards. This will need to be aligned with the work that QVH and UHSussex will undertake to develop a shared clinical strategy.	This will be discussed and implemented with NHSEI and ICS colleagues.
1.28	The scope of work that needs to be undertaken to develop a positive and constructive relationship between all Governors and the Board is significant, but necessary if all parties are to discharge their duties effectively, including with respect to the proposed merger. To allow this work to be undertaken in a timely manner and with a consistent group, we advise that as far as is permissible within the Foundation Trust code of governance, no change is made to the Council of Governors until NHSEI are sufficiently assured that they are prepared to lift the additional licence conditions	The Council of Governors took the decision on 21 Feb 2022 not to hold public governor elections in 2022. The next public and staff governor elections will be in 2023.

Integrated Dashboard Summary
Key indicators at a glance -May 2022 (reporting M12)

KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services		
C-Diff	0	↑
MRSA	0	→
E-coli	0	→
Gram-negative BSIs	0	→
Serious Incidents	0	→
Never Events	0	→
No of QVH deaths	1	→
No of off-site deaths (within 30 days)	0	↑
Complaints	3	→
Closed <30 days	7	↑
FFT		
In patients	99%	→
Outpatients	95%	→
MIU	92%	→
Day surgery	97%	→
Hand trauma	94%	→

KSO3 Operational Excellence			
MIU <4hrs	99.80%	→	
RTT 18 weeks	65.40%	↓	
Cancer 2ww	93.90%	↑	
Cancer 62 day	90.70%	→	
Diagnostics <6weeks	89.88%	↓	
52ww	198	↑	
<u>Recovery activity</u>			
Day case	88.00%	↓	
Elective inpatient	86.00%	↓	
First outpatients	93.00%	→	
Follow-up outpatients	90.00%	↓	
Outpatient therapies	107.00%	→	
Non-elective	93.00%	↓	
Key	Improved Performance	Deteriorating Performance	Remains the same
	↑	↓	→

KSO4 Financial Sustainability (YTD)		
Income	84,783K	→
Pay expenditure	54,712K	→
Non-pay expenditure	28,326K	→
Surplus/Deficit	1,744K	→
Due to the block funding financial regime the Trust has delivered a surplus of £1.7m.		
Pay and non-pay spend are in line with previous years, however income has increased by £1.4m as compared to 20/21		
KSO5 Organisational Excellence		
Vacancy rate	13.01%	↓
Turnover rate	15.40%	↓
Sickness rate	4.34%	→
Appraisal rate	82.66%	→
MAST	91.05%	→
National Quarterly Pulse Survey (NQPS)		
Employee Engagement Score	7.5	4 - Highest 25%
Advocacy Score	8.2	4 - Highest 25%
Involvement Score	7.2	4 - Highest 25%
Motivation Score	7.1	4 - Highest 25%

Appendix 3

QVH media update – February 2022

Yasmin's following her nursing dream thanks to apprenticeship

To mark National Apprenticeship Week (7-13 February) Queen Victoria Hospital highlighted one of its apprentices, Yasmin, who is following her dream of becoming a Registered Nurse by completing not one but two apprenticeships. After completing her Nursing Associate Apprenticeship she's now studying the Registered Nurse Degree Apprenticeship. As well as showcasing apprenticeships on the hospital's social media during the week, outlets to share Yasmin's story included [Nursing Times](#) and the [InYourArea](#) website.

Independent review

The [HSJ ran an article](#) (behind the paywall) about the outcome of an independent review commissioned by NHS England and NHS Improvement South East Region and the interim Chair of Queen Victoria Hospital, Anita Donley, looking at the hospital's handling of challenges encountered in progressing a merger proposal with University Hospitals Sussex NHS Foundation Trust. The review, [published in full on Queen Victoria Hospital's website](#), makes a series of recommendations. The board has committed to ensuring the recommendations are acted on.

The review was also mentioned in the [Daily Insight](#) the following day.

Queen Victoria Hospital's potential merger was also mentioned by Jeremy Quin, MP for Horsham, in [his blog](#). He explained how he had met with the Chief Executive and Chair to find out more as, although not in his constituency, the hospital's services cover a wide geographical area.

Making a difference to the lives people with cancer

To mark World Cancer Day (4 February), Jeremy Hunt MP, met constituent Rod Plethero who was treated at Queen Victoria Hospital early in the pandemic when we first became a specialist surgical centre for Sussex, Surrey and Kent. The article in the [Farnham Herald](#) explains how Mr Plethero received urgent cancer treatment at Queen Victoria Hospital, including having part of his jaw removed, but had to travel 40 miles for it. He is now supporting the MP's campaign to raise funds for a new £30 million Cancer and Surgical Innovation Centre at the Royal Surrey County Hospital.

QVH Charity and F1

This month's Haywards Heath edition of [RH Uncovered magazine](#) ran an article about how a short film documenting the fireball crash of former Formula 1® driver Romain Grosjean was one of the winners from the 2021 SPORTEL Awards. Romain, who miraculously only sustained burn injuries to his hands and ankles, wanted the €2,000 prize money to go to a hospital that cared for other burns patients so chose to donate it to QVH Charity.

Presidential award for Danny

Danny Favor, a senior corneoplastics nurse at Queen Victoria Hospital, has been awarded The Pamana ng Pilipino Award for exemplifying the talent and industry of the Filipino overseas. This award is granted to Filipino overseas who have brought the country honour and recognition through excellence and distinction in the pursuit of their work or profession. The honour, and Danny's association with the hospital, were mentioned in the [Mid Sussex Times](#) and the [In Your Area](#) website.

Patient's experience of a false widow bite

One of our patient's, Patrick Prescott, spoke to [The Sun](#) about how being bitten by a false widow spider on the back of his hand whilst he was at work, resulted in him developing Sepsis. Specialists at Queen Victoria Hospital diagnosed the potentially deadly condition and performed a skin graft, taking skin from the top of his thigh.

Tribute to one of the last remaining Guinea Pigs

The passing of Doug Vince, one of the last remaining members of the Guinea Pig Club, was mentioned in the [East Anglian Daily Times](#). Doug was a flight engineer who suffered burns to his face and hands after his bomber was attacked by a German fighter plane in the skies over Suffolk in 1944, causing a raging fire on board. He received pioneering surgery from Archibald McIndoe here at Queen Victoria Hospital.

Ad hoc mentions

One of Queen Victoria Hospital's patient information leaflets was cited in a story on a range of websites about how a 38 year old man from New York who found a tooth in his nose. The rare case of an 'ectopic tooth' was affecting his ability to breathe. Outlets to feature the story include [Lad Bible](#); [Joe.com](#); [India.com](#); [India Times](#); and the Italian site [Commenti Memorabili](#). This follows on from some coverage of the same story last December.

The amended planning application for land at the back of Queen Victoria Hospital was mentioned in [Sussex Express](#) as part of a list of planning applications in Mid Sussex submitted between 31 January and 11 February.

Press releases

In February we issued the following press release:

- [Yasmin's following her nursing dream thanks to apprenticeship](#)

We also published the following updates on our website:

- [Storm Eunice](#)
- [Independent Review](#)
- [Water Supply Issues](#)
- [Please wear a face mask in our hospital](#)

QVH media update – March 2022

Campaigners on the radio

Two spokespeople from the SOSS QVH campaigning group were interviewed on Meridian 107's [Sunday Review](#) radio show on 27 March. They explained how the campaigning group believe pioneering surgery is "at risk of being lost forever" as part of proposed merger with University Hospitals Sussex and how they are calling on people to join the fight to secure the long term future of the hospital and its specialist services. They acknowledged that there are not any specific plans for service changes but expressed worry about what will happen to Queen Victoria Hospital as they know it, if the merger takes place.

Ad hoc mentions

Queen Victoria Hospital was mentioned in an article by the [Isle of Thanet News](#) about the book Beatrice Shilling: The Girl Who Could Fix Anything. Beatrice became a heroine of women's engineering after her invention in 1941 saved Spitfire and Hurricane engines. The paper visited RAF Manston Spitfire and Hurricane Memorial Museum where they learnt about Queen Victoria Hospital's association with WWII airmen, Archibald McIndoe and the Guinea Pig Club.

The obituary of David Forbes was featured on the Australian news website [WA Today](#). After becoming a member of the Goldfish Club, the name given to airmen whose planes crashed into the sea during WWII, he later trained at Queen Victoria Hospital where Archibald McIndoe had treated badly burned airmen who formed the Guinea Pig Club (mainly those who had crashed on land).

The hospital was also mentioned in the obituary of Virginia Gareau in Canada's [Legacy.com](#) website. Her husband Paul, who survives her, was a Registrar at Queen Victoria Hospital for two years which gave rise to Ginny's life-long love of the UK.

Celebrating our specialist services on social media

During the month, Queen Victoria Hospital was able to showcase some of its specialist services and the expertise of its staff on its social media channels. From 2-7 March the hospital marked Facial Palsy Awareness Week, sharing a range of information and links including the 'Little Things' that make a difference to its facial palsy specialist therapists and its patients, linking in with the theme of the week.

On 15 March the first, of what is hoped will become annual, National Cancer Clinical Nurse Specialist Day, was held. All of the hospital's social media channels were devoted to showcasing its Cancer clinical nurse specialists, through a range of purpose-made videos, photos and quotes, about why each member of the team enjoys what they do and what attracted them to the role. The posts received a range of engagement from across the UK.

Linking in with other appropriate dates and events, burns first aid safety was promoted on Shrove Tuesday (1 March) and the work of our mouth care team on World Oral Health Day (20 March).

Press releases

In March we did not publish any press releases or update news on our website.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	05/05/2022	Agenda reference:		69-22	
Report title:	Green Plan Part 2 – Delivery in Detail				
Sponsor:	Steve Jenkin, Chief Executive				
Author:	Steve Jenkin, Chief Executive				
Appendices:	Our Green Plan Part 2 - Delivery in Detail				
Executive summary					
Purpose of report:	Our QVH Green Plan – Part 2 Delivery in Detail				
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's board.</p> <p>The QVH Green Plan Part 1 – Our Commitments was approved at our January 2022 Board. Part 2 – Delivery in Detail has been developed with the support of Care without Carbon and states how we will carry out this ambitious plan.</p>				
Recommendation:	For the Board to APPROVE 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:	HMT and Finance & Performance Committee				
	Date:	25/04/22	Decision:	Approved	
Next steps:					



Queen Victoria Hospital
NHS Foundation Trust

Our Green Plan 2022



Part 2: delivery in detail

Contents

Introduction and context	3	Our eight elements	10
Our NHS Carbon Footprint	4	Evolving Care	11
Progress so far	6	Places	15
Where to next: tackling the next phase of carbon reduction	7	Culture	18
Care Without Carbon: our new framework	8	Circular Economy	21
Achieving Net Zero: a roadmap to a new way of working	9	Journeys	25
		Wellbeing	28
		Climate Adaptation	31
		Partnerships and Collaboration	33
		Governance	37

Introduction and context

Climate change is a health emergency and a health opportunity. In January 2022, through our Green Plan (Part One) we set out our commitment to continue to deliver on our passion for providing the highest quality care, the best clinical outcomes and a safe and positive patient experience, in the context of climate change.

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.

With our reputation in the health and care sector for pioneering advanced techniques and treatments, we are committed to meeting the ambitious NHSEI Net Zero Carbon targets, and where possible, exceeding them.

This means reaching Net Zero for our direct emissions by 2040 and our indirect emissions by 2045 or earlier. Our Green Plan (Part One) [add URL for website] sets the scene for why we are tackling climate

change, identifies our key targets and sets out our approach for delivery through Care Without Carbon (CWC), our framework for 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.

This is Part Two of our Green Plan. Here we set out our detailed action plans to ensure we will deliver on our commitment to reach Net Zero Carbon emissions by 2040 and our interim target of 57% reduction in carbon emissions.

Delivering on this strategy will drastically reduce our environmental impact as a Trust and also deliver real health benefits to our patients and the wider community.

Why aim for Net Zero Carbon healthcare?

Climate change and health are inextricably linked, with vulnerable populations such as our patients being most at risk from the harmful effects of climate change. Within the public sector, the NHS is the largest emitter of CO₂, making up 5% of England's carbon footprint. With 3.5% of vehicles on the road associated with NHS business, plus the huge amount of waste produced, our impact on climate change and the environment is significant.

The way we are currently delivering healthcare is in itself contributing to ill health. That is why NHS England and NHS Improvement (NHSEI) has set a target for all NHS trusts to achieve Net Zero Carbon emissions by 2040.

Taking action on our changing climate is delivering on our commitment to deliver the highest quality care for our patients.

Our NHS Carbon Footprint

In delivering our world-leading, specialist care to communities across the south east of England and beyond, we consume a significant amount of energy and water and produce a large volume of waste. We also require movement of staff and patients across a substantial area and purchase a wide range of equipment and services.

All of these activities generate CO₂ (carbon dioxide) emissions and can be collectively summarised as our carbon footprint. In 2020/21 the carbon footprint associated with our direct emissions (NHS Carbon Footprint) was nearly 2800tCO₂e.

Our direct emissions (NHS Carbon Footprint) are illustrated in the graphs on the next page.

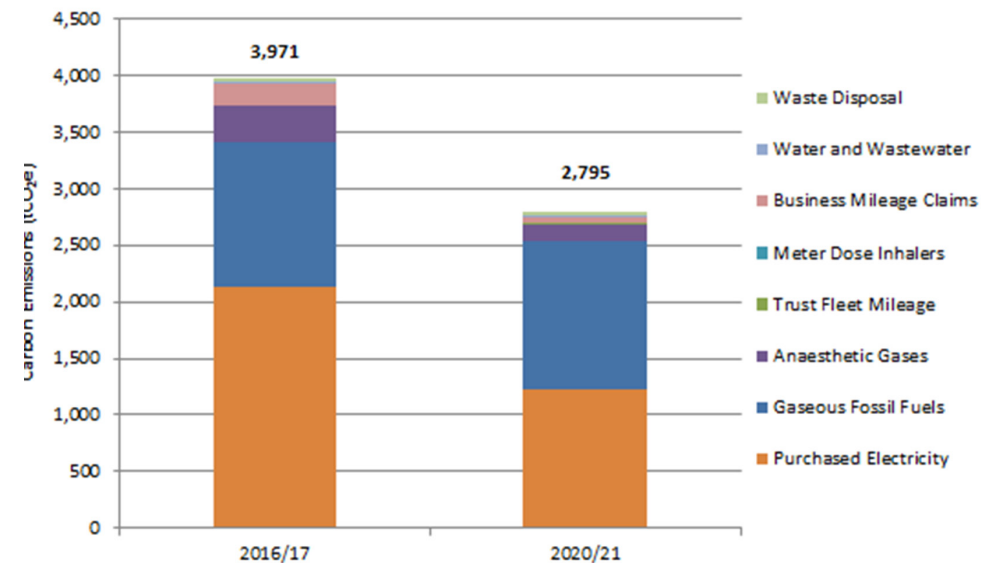
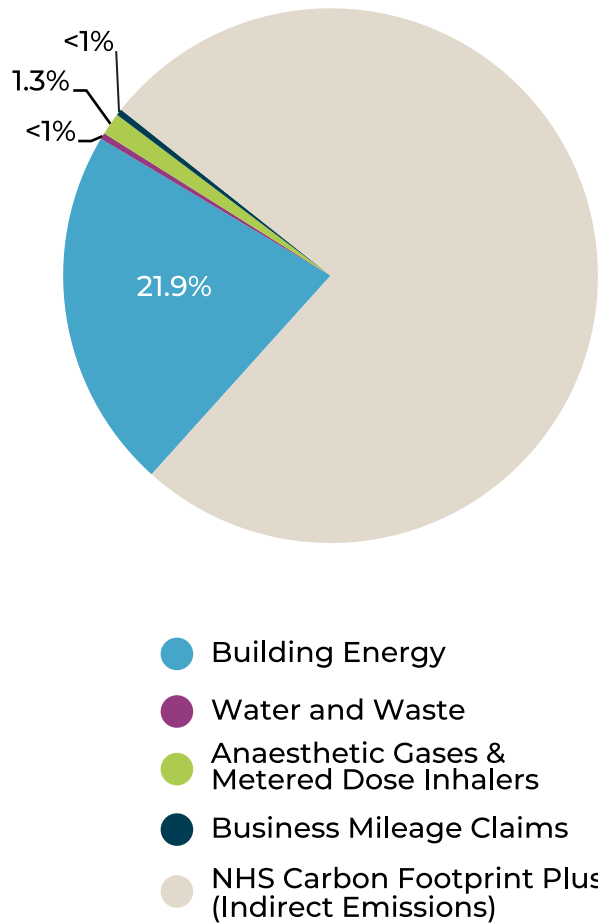


Figure 1: QVH NHS Carbon Footprint 2020/21 compared to base year of 2016/17

NHS Carbon Footprint



NHS Carbon Footprint Plus

In line with NHSEI methodology, we also illustrate here our NHS Carbon Footprint Plus (see Figure 5 below). This includes more indirect areas of impact, but which we have influence over as a trust. Our Carbon Footprint Plus includes both our direct and indirect emissions and accounts for annual emissions totalling 29,920tCO₂e. 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.

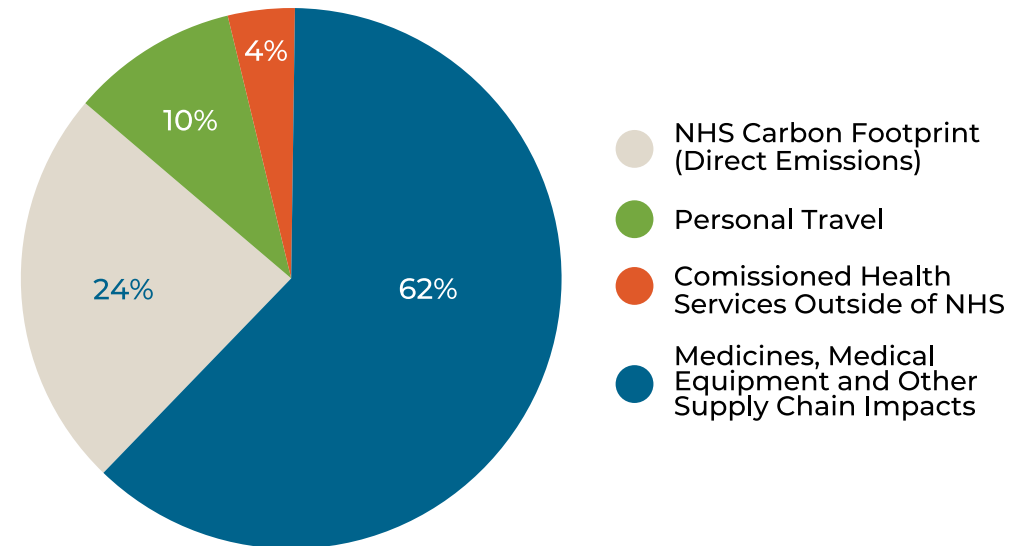


Figure 2: Percentage split of QVH NHS Carbon Footprint 2020-21 from different carbon sources

Figure 3: QVH NHS Carbon Footprint Plus 2020-21

Highlights of our progress to date

In part one of the Green Plan we reflected on where we are starting from in our journey to Net Zero Carbon by 2040. It is positive that we can build on achievements to date, which include:

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.

Working in partnership:

- Participated in the Sussex ICS Energy Performance Contract project.

Where to next: tackling the next phase of carbon reduction

We have made a start in addressing the issue of carbon emissions associated with the delivery of care. The question now is: what next? We are at a moment in time where we are facing some deep challenges. But it's also a time of opportunity; a gathering of momentum towards a more sustainable health and care system.

Our Care Without Carbon Green Plan is about building on that momentum, developing a deep and structured programme across the Trust to support our Net Zero ambitions, and making sustainability part of our everyday thinking and decision making.

With 80% of our carbon footprint determined by clinical decisions, if we are to hit Net Zero Carbon we must change the ways we deliver care. This demands a strategy that focuses on clinical integration more than ever before. To deliver this, we have developed our Care Without Carbon framework to incorporate our set of Sustainable Healthcare Principles, based on principles originally developed by the Centre for Sustainable Healthcare.

These principles support both the urgently needed reduction in our carbon footprint and the delivery of high quality care for our community, working in two ways:

- 1. optimising our level of activity/resource use by helping people to stay well and by making our processes as efficient as possible;**
- 2. and reducing the carbon intensity of the care we provide. In embedding and delivering against these principles we will meet our Net Zero Carbon target**



Care Without Carbon: our framework for delivery of sustainable healthcare



Achieving Net Zero: a roadmap to a new way of working

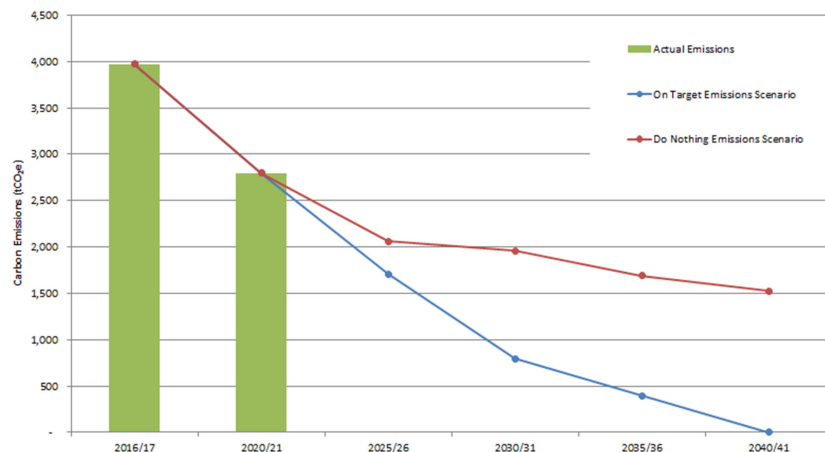
NHS England's Net Zero targets for sustainable healthcare are ambitious:

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

We are committed to achieving or exceeding them where possible. Our interim target of 57% reduction in direct emissions by 2025 reflects this.

Our roadmap to Net Zero Carbon

We've set out below our target trajectory to Net Zero for our direct emissions, compared to a Do Nothing scenario. The Do Nothing scenario reflects the emissions as a result of changes externally, with a key factor being the greening of grid electricity, projected to reach Net Zero in the 2030s.



Delivering better care

In delivering against our Net Zero target, we'll take the following approach:

- 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

Our eight elements

The approach we have developed is based around the eight elements of the Care Without Carbon framework, designed to ensure we continue to have an integrated and holistic approach to our sustainable healthcare programme.

In the next section of this document, we set out our detailed work plans across each of the eight areas of work (or 'elements') within our Care Without Carbon framework. Within each element we detail our key success measures, targets and detailed action plans to ensure we deliver against our vision, key aims – and our Net Zero Carbon targets.



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.



Taking Action: Evolving Care

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

Key success measure to 2025: Clinical projects delivering positive, measurable sustainability benefits within our five highest impact services.



Our approach

80% 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. We will focus our work around our three principles of sustainable healthcare:

- **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.
- **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.

Our commitments

- We will integrate our sustainable healthcare principles at a strategic level across the Trust.
- We will support our clinicians to deliver against these principles by making lower carbon, more sustainable choices when delivering care day-to-day.
- We will advocate across our ICS and beyond for decision making in support of our sustainable healthcare principles.



Taking Action: Evolving Care

Actions: Queen Victoria Hospital

No	Action	Lead
E1	<p>*Clinical services impact analysis & work programme: Undertake an analysis of the clinical services we provide and identify priority areas for action based on carbon impact. Use this information to inform the development of sustainability programmes within each of our five highest impact services.</p>	
E2	<p>*Medical Gases: Develop a programme to accurately measure and reduce the impact of our medical gases to a minimum. This should include:</p> <ul style="list-style-type: none"> ○ Detailed analysis of our medical gases data and use across the hospital, including comparison with activity data. ○ Based on this information, develop a detailed action plan to cut our medical gas impact to a minimum. ○ Monitor the shift towards and assess the sustainability of medical gas alternatives. 	
E3	<p>*Desflurane usage: We will reduce the usage of desflurane to:</p> <ul style="list-style-type: none"> - 5% usage of all fluorinated anaesthetic gases between 1st April to 1st September 2022 - Zero usage by 1st April 2023 and beyond <p>In order to achieve this, we will closely monitor desflurane usage over 3 months by requiring all staff to complete a usage log each time it is removed from and then returned to the store.</p>	

No	Action	Lead
E4	<p>PPE: Work with clinical and non-clinical colleagues to reduce single use PPE and improve waste segregation now and following the pandemic. This should include:</p> <ul style="list-style-type: none"> ○ a pilot project to trial reusable facemasks or aprons. ○ a glove use reduction project through responsible glove use messaging. 	
E5	<p>Digital Care: Work with clinical and digital teams to integrate sustainability considerations into the digitisation of care, recognising the considerable opportunity to support the Trust Net Zero Carbon ambition. This should include linking in with the Outpatients Transformation Group.</p>	
E6	<p>Quality improvement: Integrate sustainable healthcare principles into the Trust quality improvement (QI) programme and policy.</p>	
E7	<p>Productivity: Complete a productivity review to maximise staff time and reduce duplication, this will enable the Trust to follow the 'making every contact count' approach whilst avoiding unnecessary appointments.</p>	
E8	<p>Clinical metrics and reporting: Review existing key metrics and channels of reporting within a single clinical department. Use this information to integrate new sustainability metrics e.g. patient distance travelled. Alternatively highlight existing metrics through a sustainability lens e.g. reduction in medicine use equals reduction in carbon emissions.</p>	



Actions: Queen Victoria Hospital

No	Action	Lead
E9	Clinical service design: When new clinical services are designed, we will embed sustainability into the design and operation e.g. considering travel of patients and staff and considering methods of clinical interventions.	
E10	Medicines: Undertake an analysis to: <ul style="list-style-type: none"> ○ Understand pharmaceutical prescribing across the Trust by department / team and identify top 10 medications prescribed by cost and/or quantity. ○ Starting with the top 10, identify which types of medicines have the largest carbon impact; and ○ Identify priority medicines for improvements and targeted carbon reduction interventions. Use this information to develop a carbon reduction plan for medicines in line with our Net Zero targets. 	
E11	Nitrous oxide manifold: Develop a programme of work to switch to use of cylinder gas and allow nitrous gas manifold to be disabled.	
E12	Reusable Instruments: Commence a trial of reusable surgical instruments which can be sterilised on-site and are better quality instruments, with less than 10% of the carbon footprint. Collaborate with other ICS Trusts e.g. UHSx who have already trialled this to utilise their learnings.	

No	Action	Lead
E13	Clinical theatre: Support our clinical theatre staff to measure the carbon footprint of a specific clinical pathway then implement measures to reduce this.	

ICS & SE region

No	Action	Lead
E14	*Medical gases, inhalers and pharmaceuticals: Provide input and support into the development and delivery of ICS projects to reduce the impact of medical gases, inhalers and pharmaceuticals across the ICS.	
E15	Sharing interventions: Work with our ICS and wider partners to share learning on clinical interventions and best practice, including our work around anaesthetic gas reduction.	
E16	Medical devices and instruments: Explore the opportunity for an ICS-wide project to share facilities for reprocessing/reuse of medical devices and metal instruments.	



Patients and wider community

No	Action	Lead
E17	*Supporting existing community work: Undertake an analysis of where our sustainability programme can most effectively support our work around health inequality, with a particular focus on the areas set out by NHSEI: fuel poverty, air quality and access to green spaces.	
E18	*Patient choice: As part of our work on patient choice, engage with patients on the sustainability of different care choices, for example how and where care is delivered. For example, the sustainability benefits of avoiding unnecessary patient travel through the use of video consultation, particularly for minor treatments and initial consultations.	
E19	Prevention: Work with our ICS partners to develop prevention projects supporting population health and sustainability.	
E20	Education: Consider opportunities to educate and inform our patients on the choices they can make to improve health and wellbeing beyond their time in our care.	



* Actions to be delivered in 2022/23



Taking Action: Places

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

Key success measure to 2025: 57% reduction in CO₂e against our 2016/17 baseline.



Our approach

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

The challenge is to drastically reduce the carbon impact of our estate, reaching Net Zero Carbon by 2040. This will require us to work in partnership with our landlords to ensure that the energy performance of the buildings we occupy is improved and that the use of fossil fuels for heating is phased out over time.

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 of energy and water consumption within 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 also consider the ‘indirect’ emissions associated with our estate, in particular the embodied carbon in new builds.



Taking Action: Places

Our commitments

- We will decarbonise our estate in line with our carbon targets and wider sustainability goals, and develop robust data management and reporting systems to monitor and report on our progress.
- We will reduce energy and water consumption across our estate and cut our carbon emissions in line with Net Zero Carbon (NZC) targets.
- We will ensure our places provide comfortable and sustainable environments that promote excellent patient care, are good places to work and support community wellbeing.

Actions: Queen Victoria Hospital

No	Action	Lead
P1	*Targeting inefficiency: Use the energy and water data we have available to identify areas of inefficient consumption. Develop a strategy for sub-metering high usage equipment/areas.	
P2	*Increasing Efficiency: We will look at low/zero cost ways of reducing the energy we use within our buildings, for example by ensuring equipment and heating are only used when absolutely necessary.	
P3	Project proposals: Work up detailed investment grade proposals for a range of carbon reduction projects, including energy efficiency works, low carbon heating and on-site renewables.	

No	Action	Lead
P4	*Bid development: Develop bids for future rounds of the Public Sector Decarbonisation Scheme / Low Carbon Skills Fund where appropriate.	
P5	Refurbishment and construction: Ensure that all major works and new builds consider the Trust's net zero carbon ambitions.	
P6	*Utilities: Purchase 100% renewable (REGO backed) electricity and budget for the associated uplift in cost within our revenue budget. Explore the opportunity for procuring Renewable Gas Guarantees of Origin (RGGO) gas gas.	
P7	Biodiversity: Work with local partners to develop a Biodiversity Action Plan to preserve and enhance the green spaces within our estate. This should include: <ul style="list-style-type: none"> ○ Tree planting projects using staff volunteering days. ○ Support bee keeping, wild gardens and growing fruit/veg. ○ Reduce impacts of grounds maintenance e.g. avoid usage of peat-based compost and chemical pesticides. 	

ICS & SE region

No	Action	Lead
P8	Estates Integration: Work with the Sussex ICS to help integrate sustainable healthcare principles into the estates programme.	
P9	*Net Zero Carbon: Ensure NZC places are a fundamental component of any new ICS level Estates Strategy.	



Patients and wider community

No	Action	Lead
P10	Community actions: Engage with local community groups to agree any action around estate and local environment.	

* Actions to be delivered in 2022/23





Taking Action: **Culture**

Empowering and engaging people to create change to progress us towards net zero.

Key success measure to 2025: ensure 100% of our staff are aware of our NZC ambitions and know the ways they can support the Trust in achieving that.



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 our Trust requires. 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 this work stream, we need to work with our staff to develop and deliver against this Green Plan over time. Critically we need to make taking action on sustainability integral to how we as a Trust, how our teams and how our individual staff deliver care. If we wish to maintain interest and momentum, sustainability cannot be an add on.

To achieve this, we will focus initially on demonstrating to our staff the links between health and climate, as well as celebrating our successes so far and as they develop through our sustainability programme Care Without Carbon.

In tandem with this, we will encourage staff to participate through an engagement programme focused on sustainable healthcare. Through the launch of our Green Plan, we will affirm our commitment to sustainability and Net Zero, and work to encourage active contributions from staff.

Once we have established a good baseline of awareness with staff, we will actively promote 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

- We will 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.
- We will partner with others to seek opportunities to develop the narrative on sustainable healthcare, enhance our own impact and create opportunities for people to share ideas.

Actions: Queen Victoria Hospital

No	Action	Lead
C1	*Intranet: Create a section on the Intranet to act as a hub for all sustainability information about QVH, this will include a link to the Green Plan.	
C2	*Green Plan launch: Develop a suite of engagement materials to support the launch of this Green Plan internally and externally as appropriate.	
C3	Staff engagement programme: Use learning from our Engagement Roadmap to develop and implement a targeted staff engagement programme around sustainability, showing visible leadership from the top and empowering staff to take action. This should include consideration of a Champions programme to empower staff to take action on sustainability and the development of sustainability groups covering specific staffing areas e.g. admin.	

No	Action	Lead
C4	Sustainability Toolkit: Roll out a Team Leaders Toolkit to inform and engage Team Leaders in bringing sustainability to their teams. Use this to identify and share case studies across the Trust to celebrate success and motivate others.	
C5	*Internal comms: Communicate links between health and climate regularly across all internal communications channels, linking into the national and international narrative such as COP26 to broaden the picture and add relevance.	
C6	*Sustainability award: Introduce an award for Sustainable Practice into our Staff Awards.	
C7	*Events specification: Develop a Sustainable Events Specification to support staff who are organising events to plan and conduct these events in a low carbon manner. This should include guidance on using virtual events where possible, sustainable food and drinks, minimising printed materials, minimising waste (e.g. single use plastic) etc.	
C8	*Trust meetings: Include a sustainability agenda item in all Trust meetings to normalise talking and thinking sustainability within core business.	
C9	Learning and development: Integrate sustainability into induction and mandatory training for all staff.	
C10	JDs and PDPs: Embed sustainability objectives into all Job Descriptions and Personal Development Plans (PDP). This will ensure we are able to engage with all staff on our sustainability ambitions, allow staff creativity in identifying how they can support these, and provide a means of measuring progress through a bi-annual review.	



Taking Action: Culture

No	Action	Lead
C11	Recruitment: Undertake a review of our recruitment processes and advertisement material ensuring we are integrating with the ambitions of this Green Plan and setting out our sustainability ambitions as a Trust.	
C12	Volunteers: Proactively identify opportunities to work with volunteers in support delivery of this Green Plan.	

ICS and SE region

No	Action	Lead
C13	Engagement activities: Work with ICS and wider SE regional partners to identify and develop opportunities to coordinate staff engagement and behaviour change activity, for example through CWC Challenges and campaigns such as Travel Smarter September.	
C14	Greener NHS: Support regional activity under the Greener NHS programme through NHSEI.	

Patients and wider community

No	Action	Lead
C15	*Signpost Green Plan: Clearly signpost links to our Green Plan on the QVH website.	
C16	Patient Engagement: Develop a Patient Engagement Strategy for this Green Plan, setting out a phased approach to engaging with patients on sustainability between now and 2025.	
C17	*Promotion and awareness: Visibly promote our sustainability programme within our hospital sites to raise awareness among our patients and wider community of our commitment to sustainability and Net Zero.	

* Actions to be delivered in 2022/23



Taking Action: Circular Economy

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

Key success measure to 2025: Deliver a measurable carbon emissions reduction within our supply chain.

Other core deliverables before 2025:

- Achieve a 15% reduction in total annual waste production by weight from 2019-20 levels.
- Avoid the disposal of 50,000 items per year through reducing, reusing and redistributing our products.
- Achieve and maintain a 65% recycling rate for non-healthcare waste.



Our approach

70% of our emissions are associated with the goods and services we use. Therefore, it's critically important that we take a different approach to how we treat our resources and the people who 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 the whole 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.



Actions: Queen Victoria Hospital

No	Action	Lead
CE1	*Carbon hotspots analysis: Use our carbon hotspots analysis to identify the highest impact areas of our supply chain. Use this – along with information on key planned tenders for 22/23 – to prioritise areas for action in year 1 and develop programmes of work against each.	
CE2	*Minimum Social Value Criteria: Develop a set of standard environmental criterias to include in all tenders. In line with national requirements, include these as part of the minimum 10% social value criteria for all tenders by 1st April 2022.	
CE3	*Medium Risk criteria: We will consider the implementation of higher weightings (above the standard 10%) for social value scoring criteria for new tenders that fall within high impact categories identified in the carbon hotspot analysis.	
CE4	*High Risk Criteria: For new tenders that fall within a high impact hotspot category and breach an agreed financial tender value (e.g. £1 million) we will implement a higher social value weighting of 20% based on the environmental risk. We will also consult with sustainable procurement experts to implement effective criterias relevant to mitigating those risks.	

No	Action	Lead
CE5	Contract management: Following the inclusion of social value criteria into tenders we will identify 3 new contracts in which the implementation of these criterias by the supplier throughout the contract term will be closely verified. To achieve this, we will monitor the sustainability performance of the suppliers through proactive contract management and reporting.	
CE6	Product level carbon savings: Identify 3 key products; either high volume or spend; used by the Trust and deliver a measurable reduction in carbon emissions by working with the supplier or by selecting an alternative product.	
CE7	*Total waste reduction: Measure our total waste production by weight and carbon. Develop a programme of work to reduce this year on year, aiming for a reduction in total weight of 5% by 1st April 2023.	
CE8	Redistribution: Expand on opportunities for introducing a redistribution scheme for our old IT equipment so that the product or materials can be reused.	
CE9	Mobility aids: Utilising guidance from the national greener NHS team we will review the use of mobility aids across the Trust and implement a programme; with the help of suppliers; to reuse and refurbish the majority of mobility equipment used by our patients in the most environmentally sustainable way.	



Taking Action: Circular Economy



No	Action	Lead
CE10	*Low carbon food: Measure the carbon footprint of our food and catering services. Work with clinical and non-clinical colleagues to set targets to increase access to healthy, nutritious plant based meals whilst reducing reliance on high carbon foods such as beef and lamb.	
CE11	*Recycled Paper: We will switch to using unbleached recycled paper for all purposes aiming to achieve 95% by 1st April 2023.	
CE12	Paper reduction: Develop a programme to reduce the environmental impact from office paper through the implementation of the QVH's electronic patient record and other IM&T developments. The programme should also consider reviewing the need for easily accessible, good quality digital patient information in place of leaflets; Fast, responsive and reliable digital note taking for clinical staff; and the use of IT to replace the need for high volumes of internal and external patient letters.	
CE13	*Healthcare waste: Achieve and maintain the proportions of healthcare waste segregation outlined by national NHS England & Improvement guidance - 60% low temperature incineration, 20% alternative treatment, 20% high temperature incineration. Note: this is an indication of a typical acute provider, different Trusts may be able to go further with a lower proportion of high temperature incineration and alternative treatment.	

No	Action	Lead
CE14	*Procurement training: Provide sustainability training to our procurement team before 1st April 2023. Covering areas such as carbon literacy, green washing, sustainable procurement and circular economy.	
CE15	*Waste training: By 1st April 2023 deliver a mandatory waste training module for staff, with the aim to improve waste segregation, recycling levels and legislative compliance.	
CE16	*Reporting: Develop and produce a set of monthly KPIs to track progress against the key success measure and other actions within the Green Plan as appropriate.	
CE17	Consumables in theatres: This area is our biggest non-PO spend. We will set up a Theatre procurement task and finish group to tackle this specifically to support the key success measure.	
CE18	*Food waste: Starting with our catering facilities segregate food waste as its own waste stream for onsite treatment or send offsite for anaerobic digestion or composting. Once established use this information measure and reduce food waste across the Trust.	
CE19	Food plate waste: Review plate waste in wards to assess viability of food waste collection - Reducing general waste weight and increase recycling percentage. Can then record more accurately where food is being wasted to take measures to reduce food waste. Upstream food waste from food suppliers.	



Taking Action: Circular Economy



No	Action	Lead
CE20	Reusable sharps containers: Review the implementation of a reusable sharps bin collection system to reduce the incineration of single use plastic sharps bins and support the relevant key success measure.	
CE21	Bin labels: Audit, design and update waste signage and bin labels to ensure a consistent approach across the entirety of the Trust and to support the delivery of the key success measure.	
CE22	*NHS Plastics Pledge: Deliver any remaining commitments within the NHS Plastics Pledge for single use plastic catering products by April 2022. Go beyond these commitments and set an annual target to measure and reduce the number of single use food containers and cups purchased by the Trust.	

ICS and SE region

No	Action	Lead
CE23	Collaboration: Work with NHS partners to identify opportunities for joined up projects, including through the Sussex and Surrey NHS waste group.	

No	Action	Lead
CE24	*Single use PPE: Develop a programme of work to address the huge increase in single-use plastic PPE use during the pandemic in the immediate-term, and post-pandemic. This should include delivering a trial of reusable face masks and aprons and a glove use reduction campaign across the ICS.	

Patients and wider community

No	Action	Lead
CE25	*Low carbon food: Build on the promotion of healthy plant-based meals to patients whilst communicating environmental benefits.	

* Actions to be delivered in 2022/23



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.

Key success measure to 2025: 57% reduction in all measurable travel CO₂e against our baseline.



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 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.

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.

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 by 2024 to reduce air pollution locally and minimise our negative impact on health.



Taking Action: Journeys

Actions: Queen Victoria Hospital

No	Action	Lead
J1	*Improve Data and reporting: Undertake a review of our NHS Carbon Footprint data for travel and transport to ensure we have an accurate understanding of our impact, including where this is delivered by a third-party organisation, and embed this into our regular KPI reporting process (see J6).	
J2	*Patient Transport: Review any existing patient transport contracts and engage with the supplier regarding emissions measurement and reduction.	
J3	*Patient and Visitor travel: Research and deliver methodologies to accurately measure the NHS Carbon Footprint Plus associated with patient and visitor travel.	
J4	*Travel Plan: Commission a Travel Plan with a focus on: <ul style="list-style-type: none"> ○ Delivering against our Net Zero Carbon commitments; ○ Supporting active travel and public transport for staff, patients and visitors and; ○ Cutting air pollution locally. This should also include a review of our business travel.	

No	Action	Lead
J5	*Staff lease car scheme: Ensure our staff lease car scheme only offers Zero Emissions Vehicles (ZEVs) by 1st September 2022 to ensure the Trusts lease car fleet is 100% ZEVs by 1st September 2025.	
J5	*Charging infrastructure: Install a minimum of 10 electric vehicle charging sockets onsite for staff use and/or patient and visitor use before 1st April 2023. Consider the use of 7kwh or even 3kwh chargers to provide a 'top up' for drivers whilst keeping within the sites electrical load capacity.	
J5	Electric Vehicles: Using insight gathered from the Travel Plan, develop an electric vehicle transition plan with a focus on supporting our staff, patients and visitors to use electric vehicles.	
J6	*Reporting and Tracking: Produce a reliable and consistent monthly KPI report of: <ul style="list-style-type: none"> ○ Trusts operational fleet. ○ Staff lease car scheme. ○ Grey fleet (staff using personal vehicles). ○ Public transport use for business miles. Measure the emissions and track this against a defined carbon budget for 2025 with annual interim budgets.	
J7	*Data visibility: Increase the visibility of grey fleet emissions, costs and mileage to teams trust wide through the use of tools like Microsoft Power BI.	
J8	*Business mileage expenses: Review business mileage approval policy to incentivise avoidance of unnecessary travel or the use of lower carbon travel modes.	



Taking Action: Journeys

No	Action	Lead
J9	*Staff commute: Review the methods available for producing a reliable measurement for the carbon footprint of staff commuting, once established deliver this measurement by 1st April 2023.	
J10	*Staff engagement: Deliver a staff engagement campaign each year until 2025 with the focus of increasing staff active travel.	

ICS and SE region

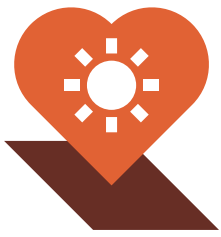
No	Action	Lead
J11	*Charging Infrastructure: Work with our ICS partners to identify opportunities to accelerate the transition to electric vehicles for example mapping charging infrastructure projects of each Trust, create opportunities for shared infrastructure and avoid duplication of provision.	
J12	Public and Active Travel: Link in with local authorities and other NHS Trusts to review public and active travel options for staff, patients and visitors and explore options for reducing the cost of public transport across the ICS.	
J13	East Grinstead Train Station: Improve the connectivity from the train station such as a regular shuttle/bus service, improved cycle routes to reduce road traffic and ease parking issues.	

Patients and wider community

No	Action	Lead
J14	Travel Plan: Involve patients and the wider community in the development of our travel plan.	

* Actions to be delivered in 2022/23





Taking Action: **Wellbeing**

Supporting people to make sustainable choices that enhance their wellbeing.

Key success measure to 2025: Improve wellbeing KPIs for staff and volunteers, including staff survey results and reduce sickness absence that is linked to 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 QVH requires. 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.

As a healthcare provider we recognise that supporting the health of our community is a responsibility we own. 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.

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.



Actions: Queen Victoria Hospital

No	Action	Lead
W1	*Strategy alignment: Ensure the Health and Wellbeing Strategy and this Green Plan are aligned, and together develop a programme of work to support delivery.	
W2	*Engagement: Develop engagement with teams on wellbeing and sustainability, as well as participating in national physical health challenges such as Cycle September.	
W3	Improving facilities: Ensure that changes to our estate produce an on-going improvement in working environment for staff and the provision of adequate facilities for break and rest periods as well as facilities to encourage home cooked/prepared meals which can be healthier and create less waste.	

No	Action	Lead
W4	<p>*Food and nutrition: Develop a Sustainable Food programme aimed at ensuring staff and patients are supported with making high quality, healthy and sustainable food choices at work, 7 days a week. This should include:</p> <ul style="list-style-type: none"> ○ Undertaking a review of the catering options at QVH and highlight key opportunities for improvement. This should include consideration of opportunities for home-brought lunches as a more sustainable option (for example through reducing plastic waste). ○ Improving our vegetarian and vegan meal offerings. ○ Developing a programme of engagement with staff and patients to promote roll out of the Sustainable Food programme and support healthy, sustainable food choices. ○ Sharing the best practice 'myth busting' information to help inform and educate staff in healthier/more sustainable eating habits. 	
W5	<p>Outdoor activities: Develop a programme for outdoor spaces to support staff and patient wellbeing at the same time as supporting our Net Zero Carbon objectives. This should include consideration of tree planting schemes, break spaces/space for outside meetings and 'Green Gyms' within the grounds.</p>	



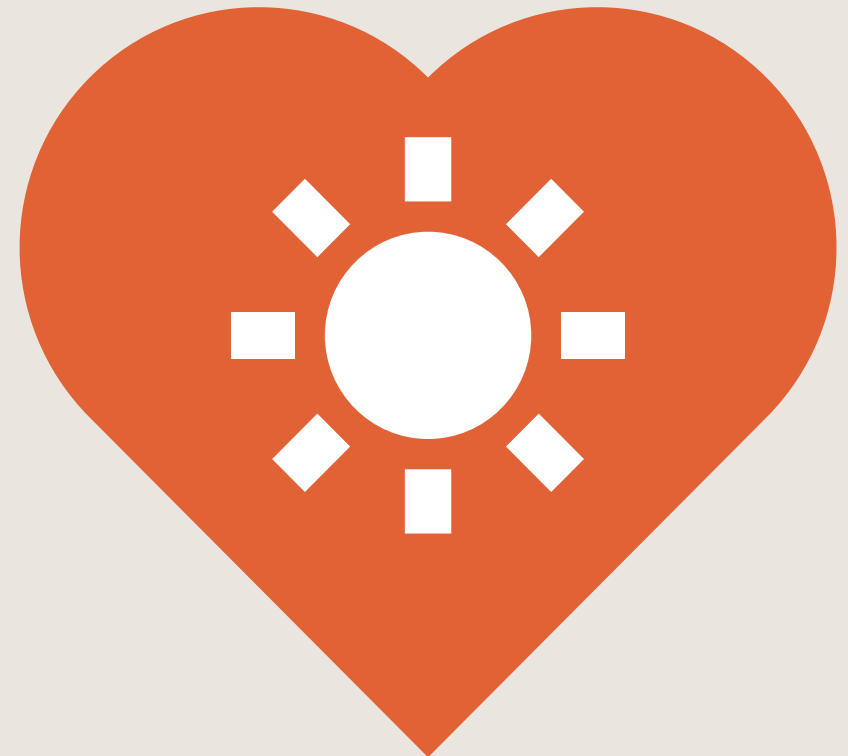
ICS and SE region

No	Action	Lead
W6	*Collaborations: Work with our partners across the ICS to identify opportunities for collaboration on staff wellbeing. This could include developing a shared wellbeing metric and running shared sustainable health challenges such as the Step-Up Challenge run by the CWC team.	

Patients and wider community

No	Action	Lead
W7	Community initiatives: Understand community initiatives around sustainability and wellbeing and identify better ways of connecting with them.	
W8	Communications plan: Develop a communications plan with patients, with a focus on actions to reduce environmental impact and improve health, such as reducing driving to the hospital site.	
W9	*Green space promotion: Signpost and promote use of any on-site green spaces for use by patients and visitors.	

* Actions to be delivered in 2022/23





Taking Action: Climate Adaptation

Building resilience to our changing climate in Sussex.

Key success measure to 2025: Undertake a climate impact assessment and integrate findings into our business continuity procedures and longer term strategic health planning.



Our approach

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 across 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 the region – across our estate, 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 within our communities, our services and our estate.
- We will develop an action plan at Queen Victoria Hospital to address climate adaptation.



Taking Action: Climate Adaptation

Actions: ICS and SE region

No	Action	Lead
CA1	Climate Change Impact Assessment: Undertake a Climate Change Impact Assessment with partners in our local ICSs to understand the impact of climate change on our patients, our services and our estate. This should include linking to existing population health data to identify those communities that are most at risk.	

Queen Victoria Hospital:

No	Action	Lead
CA2	*Climate Adaptation Plan: Use the information from our Climate Impact Assessment to assess our estate and clinical services for specific climate risks and current responsiveness to extreme conditions. Work with clinical and estates colleagues to develop a Climate Adaptation Plan to help us adapt to those changes and ensure our services and buildings are fit for the future.	
CA3	*Corporate risk register: Ensure climate related risks are added to the corporate risk register for 22/23.	
CA4	*Business continuity: Integrate climate change adaptation into the business continuity planning process.	

No	Action	Lead
CA5	Future proofing: Work to ensure our buildings are fit for the future with appropriate adaptation measures such as solar shading, sustainable drainage systems, etc, in line with the findings of the Climate Change Impact Assessment.	

Patients and wider community

No	Action	Lead
CA6	Climate vulnerable mitigation: Work to identify patient groups vulnerable to the impacts of climate change. Work with these groups to identify specific climate risks and define the actions that can be taken by the health system to support mitigation.	

* Actions to be delivered in 2022/23



Taking Action: Partnership & Collaboration

Enhancing our impact by working with others.

Key success measure to 2025: our sustainability aims and Net Zero Carbon commitments integrated into all key Trust strategies and decision making processes.



Our approach

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

Working with partners outside of QVH is also key. By working together to deliver Net Zero Carbon with other NHS providers, primary care and other stakeholders across our ICS and beyond, we can share learning and best practice, reduce duplication, make the best use of our resources and collectively deliver against our Net Zero Carbon goals.

Our commitments

- Delivering sustainable healthcare at QVH will only be possible by integrating sustainability thinking into day-to-day decision making. Working with our staff body and across our Trust will provide synergy and ensure our plans are comprehensive and their implementation effective.
- Working with partners outside of QVH is also key. By working together to deliver Net Zero Carbon with other NHS providers, primary care and other stakeholders across our ICS and beyond, we can share learning and best practice, reduce duplication, make the best use of our resources and collectively deliver against our Net Zero Carbon goals.



Taking Action: Partnership & Collaboration

Actions: Queen Victoria Hospital

No	Action	Lead
PC1	*Carbon Roadmap: Develop a detailed Net Zero Carbon Roadmap to identify the key interventions required to meet our interim NZC targets for 2025 and 2030. This should include work to further understand our NHS Carbon Footprint Plus and should influence our 12 month delivery plan each year.	
PC2	*12 month plan: Develop a 12-month action plan each year to deliver against this Green Plan.	
PC3	Alignment to healthcare principles: Develop a mechanism to ensure all business cases, projects, programmes and decisions are aligned with (and where possible measured against) our sustainable healthcare principles. This could include a Sustainability Impact Assessment or similar.	
PC4	*Mapping exercise: Undertake a mapping exercise to identify key QVH projects, programmes and strategies and undertake a sustainability impact assessment (or similar) with a view to integrating sustainable healthcare principles. Use this to prioritise key projects/ programmes for sustainability input and support.	

No	Action	Lead
PC5	Governance and delivery: Develop our reporting mechanisms and metrics to ensure effective governance and delivery for this Green Plan. This should include quarterly KPIs and a six-monthly Board report, as set out in the governance section of this document.	
PC6	Metric and principles integration: Ensure sustainability metrics and/or principles are integrated into the specification for and outputs from all quality improvement and transformation projects, or where suitable the focus of the project itself.	

ICS and SE region

No	Action	Lead
PC7	*Sussex ICS Green Plan: Proactively support the development and delivery of the Sussex ICS Green Plan.	
PC8	Collaboration: Identify priority areas for partnership working within our ICS and the SE region, and develop projects in support of these areas. This should include opportunity for collaboration in some key areas e.g. digital and procurement.	
PC9	Sharing: Actively share our learning as a Trust by engaging on a local and national level with case studies, examples of best practice and other content as appropriate.	



Taking Action: Partnership & Collaboration



Patients and wider community

No	Action	Lead
PC10	*Sustainability views: Work with internal and external patient-focussed groups to understand patient/community views on sustainability and incorporate into our Green Plan.	
PC11	Engagement: Develop a strategy for patient/community engagement on sustainability including detail on how we will engage with local groups over time.	

* Actions to be delivered in 2022/23



Four key areas of focus

We have identified four key areas of focus as key to moving us towards delivery of more sustainable, net zero carbon healthcare and the action plans that follow will detail how these areas of focus will be addressed.

A. Refocussing through the pandemic: we consider how the pandemic has impacted the NHS in terms of sustainability – embracing the positives and tackling the negatives.

B. 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 significant shift in how we deliver care.

C. 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.

D. Escalating our impact through partnership working: tackling carbon emissions together maximises the gains we can make and ensure adaptations benefit everyone.



Holding ourselves to account: governance

In Part 1 of our Green Plan, we firmly set our commitment to Net Zero Carbon. Within this document (Part 2) we have detailed what actions we need to take to begin our journey towards delivering on our commitment. Good governance however is the glue that holds this work all together, ensures we track our progress and that we deliver on our actions and commitments. We have set out how we will achieve this in 4 key areas below: Leadership, Accountability, Transparency and Delivery.

Leadership:

- Our Board lead for Sustainability and Net Zero is our Chief Executive
- We will identify a named senior staff member as lead for each of the 8 elements who will be responsible for the delivery of the key success measures and actions within their designated element.

Accountability:

- We will appoint a non-executive director Sustainability and Net Zero Carbon lead.
- Each element lead will provide updates on progress which will be reviewed at each board meeting.
- The board of governors will oversee the progress of the Green Plan holding the board and non-executives leads to account.
- The Green Plan actions will be a standing agenda item at the Committee of Governors meeting.

Transparency:

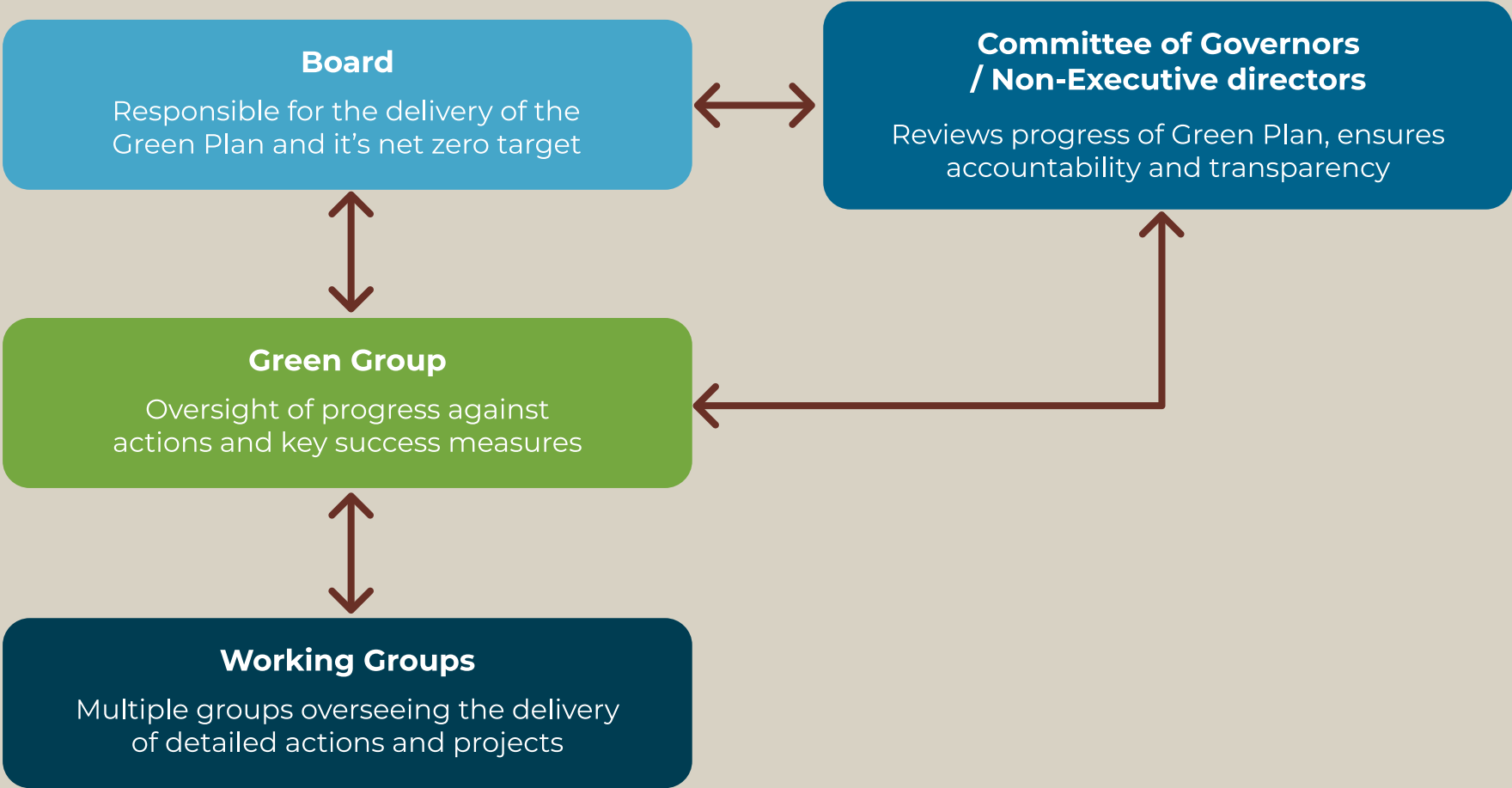
As a minimum, and with the aim of achieving excellence in reporting for sustainability, we will:

- Deliver regular update reports to Board and the Committee of Governors.
- Gain Board approval for a 12 month sustainability programme action plan each year which will be made publicly available.
- Publicly 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.
- Improve our internal reporting structure in more detail, including monthly or quarterly KPIs etc.
- Communicate with staff and patients our Green Plan progress through an engagement programme.

Delivery:

- In addition to leads for each element we will also identify leads for each action who will be responsible for the management and timely delivery of their actions.
- Our Green Plan Group will review progress against the actions under each element, provide support to the task and finish groups and escalate to board where required.
- Where appropriate we will organise staff into working groups to track and deliver more complex projects or workstreams for example a Circular Economy Working group.
- These working groups will report on progress to the Trust's Green Plan Group for assurance and support.
- 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.

Governance structure



KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality

Committee: Quality & Governance

Date last reviewed 7th April 2022

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
- Increasing challenge with recruitment, particularly Head and Neck unit, critical care and paediatrics. Risk register has 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 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.
- Clinical Harm Review process
- 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, Page 6 of 193
- IPC board assurance document, patient screening pathways. **Risk 1210 New Risk assessment process for staff contacted via “Track and Trace”**

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, 1238, 1239**

KSO2 – World Class Clinical Services

Risk Owner: Medical Director

Date last reviewed: 14th April 2022

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 **University Hospitals Sussex**

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
- 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 staffing model & network
- Antimicrobial prescribing (**CRR 1221**)
- Repeat prescriptions in Sleep (**CRR 1164**)

Report cover-page

References					
Meeting title:	Board of Directors				
Meeting date:	05/05/2022	Agenda reference:	71-22		
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 board assurance matters discussed at the Quality and Governance Committee (Q&GC) Committee meeting on 25/04 2022				
Summary of key issues	<p>- The following issues were identified for information, discussion and further scrutiny i) impact of Covid-19 on safety and effectiveness ii) workforce and safe staffing iii) clinical harm review process, iii) corporate risk management, iv) infection control, v) sleep services, vi) emergency preparedness, resilience and response (EPRR) assurance outcome, vii) security risk assessment and strategic work plan, viii) quality priorities update, viii) commissioning for quality and innovation (CQIN), viii) Social media and online content policy and the Guidance for staff on the control of substances hazardous to health (COSHH) policy.</p> <p>- 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.</p> <p>- Good assurance can be taken from the Friends and family test (FFT) which confirmed an overall inpatient recommendation rate of 99%.</p>				
Recommendation:	The Board is asked to NOTE the contents of this report, the ASSURANCE (where given) and the uncertainty and challenges identified. Final Ratification is sought on the above policies, for reasons cited in the report.				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <i>[Highlight which KSO(s) this recommendation aims to support]</i>	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	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 the 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:					
	Date:		Decision:		
Next steps:	Submission to board on 05/05/2022				

Report to:	Board Directors
Agenda item:	71-22
Date of meeting:	05/05/2022
Report from:	Karen Norman, Q&GC chair
Report author:	Karen Norman
Date of report:	25/04/2021
Appendices:	None

1. Quality and governance committee assurance

The Q&GC wish to bring the following matters from those considered at our meeting on 25/04/2022 to the attention of the Board.

2. Covid-19 Update

The committee noted the increase in numbers of staff testing positive for Covid-19. This reflects national trends. Assurance was taken from the vigilance in ensuring that staff comply with recently updated national requirements for screening twice weekly. This enables asymptomatic positive carriers of the disease to be identified, as well as those who experience symptoms to help keep patients and staff safe. Staff sickness rates have increased, which has created staffing difficulties in some areas. These are being proactively managed by the site managers but has unfortunately led to some operations and outpatient appointments being cancelled and some delays for treatment.

Q&GC were advised of a small Covid outbreak in a clinical area, the first since the start of the pandemic; an 'outbreak' means two or more people with the virus linked by time, place and/or person association. Assurance was taken that this was managed as per national guidance and declared to Public Health England, as required. The small number of patients affected have recovered well.

Visiting restrictions remain in place. These are currently being reviewed nationwide. The committee noted the importance of balancing safety with humanitarian needs to ensure patients maintain contact with their loved ones. Visiting guidelines are under review nationally and the plan is that QVH protocols remain consistent with best practice elsewhere.

3. Patient safety reports.

The committee received several detailed reports for the assurance of patient safety and management of clinical risk. The following themes were identified to bring to the attention of the board.

i) **Workforce and safe staffing** levels remain one of the top corporate risks, which reflects a national trend. Workforce metrics presented identified that recruitment and retention remain a significant challenge due to national shortages of nurses, medical staff, other healthcare professionals and scientists, as well as those in support functions. This is compounded by an increase in sickness levels and staff turnover. The Executive confirmed an ongoing focus on this risk. Further overseas recruitment is being considered, alongside existing initiatives such as enhanced bank-rates, which have helped.

ii) Analysis of our clinical incident reports and patients' complaints confirm past trends, namely **communication, documentation, and medication issues**.

Assurance was given with regard to actions taken to address these, particularly with respect to prescribing errors. QVH continues to receive comparatively few numbers of patient complaints. The committee took good assurance from the Friends and Family test (FFT), which confirmed an overall inpatient recommendation rate of 99%. It also commended the Patient Experience Manager on improvements to the complaints process which has increased the number of complaints closed within thirty days.

iii) Q&GC noted the publication of the **Ockendon Report**. Although QVH does not specialise in maternity services, the committee noted that many of the recommendations are relevant to a wider range of services, especially with respect to the risks to patients associated with inadequate staffing levels. The head of patient safety is currently reviewing the full report and will prepare a paper on any generic learning for the next meeting. A paper has also been commissioned to conduct a gap analysis for Q&GC with respect to the priorities and considerations for the forthcoming rollout of the **Patient Safety Incident Response Framework (PSIRF)**, which will have implications for the Trust.

iv) A paper summarising the status of our **clinical harm review process** (which aims to identify where potential patient harm may have occurred because of increased waiting lists and the resulting delays in treatment) was received and discussed. A small number of patients were identified as potentially having had 'moderate harm'. The committee were reminded that this tool seeks to identify *potential* rather than actual harm. Many patients cannot be fully assessed until they have had their treatment and have been post-operatively reviewed. Patients requiring a more substantial period of recovery and rehabilitation cannot be fully assessed until much later to judge whether any delay to their treatment has been significantly detrimental to their final outcomes. As with other trusts, increasing waiting times remain a major risk and concern.

Q&GC were pleased to note that **progress** has been made on refining existing IT systems to simplify harm reviews and improve communication of actions to be taken. This has raised awareness, resulting in a better understanding of their purpose with clinicians. This is important, as harm reviews are an additional task for them to undertake.

Further reassurance was given with respect to the management of our waiting list with respect to clinical priority. The Executive confirmed further work is being undertaken in this area, with recent additions made to the **corporate risk register** on this issue.

vi) The Q&GC noted the **Infection Control quarter 4 report**. Key issues for attention were the ongoing challenge of compliance with antimicrobial guidelines. The new task and finish group will be Chaired by the new Medical Director and are scheduled to meet this month. A re-audit of compliance with the policy is also due shortly. Reassurance was given that compliance challenges with infection control training compliance for medical and dental colleagues have been followed up where appropriate and will be subject to ongoing audit.

vii) The review of **sleep services** has been completed and further assurance was taken with respect to the implementation and monitoring of the recommendations.

4. Emergency Preparedness, Resilience and Response (EPRR) assurance outcome

An update was given on the outcome of the Emergency Preparedness, Resilience and Response peer review and assurance process for 2021. QVH has achieved **substantial compliance** during this assurance exercise. Discussion noted the potential increased risk in this area given recent global instabilities. **Q&GC commend the full paper** for consideration at the May board meeting and wish to place their thanks on record to the Chief Nurse for leading on the significant improvements on EPRR. Assurance was taken from the movement from 'partial

compliance' against standards in recent years, which has previously given cause for concern.

5. Security risk assessment & strategic work plan

This paper was **approved** subject to **final** ratification at the board, as the meeting was inquorate.

6. Quality Report Priorities Update 2021/22 (Q4)

Assurance was given that two quality priorities were achieved in Q4, the **Patient Safety Quality Priority**, requiring a quarterly improvement of sustained compliance against the World Health Organisation's 'Safer surgery' checklist and the **Patient Experience Priority** on the establishment of virtual appointments.

The **Clinical Effectiveness Quality Priority**, the establishment of support and counselling to improve staff well-being, was partially achieved.

Lessons learned on the importance of setting quantifiable measurement criteria for future priorities were noted.

7. Commissioning for Quality and Innovation (CQIN)

The planned CQUIN's for 2020/23 following clinical commissioning group (CCG)/integrated care board (ICB) agreement are:

- Staff flu vaccinations
- Recording of NEWS2 score, escalation time and response time for unplanned critical care admissions
- Supporting patients to drink, eat and mobilise after surgery (DrEaMing)
- Cirrhosis and fibrosis tests for alcohol dependent patients

Assurance was taken from this paper, which sets out the relevant CQUIN indicator, target, executive lead and sources of evidence.

8. National standards review

Updates were given with respect to Burns and Critical care. In response to a previous question with respect to national standards for other services and whether there are other areas of non-compliance, the medical and nursing director confirmed these we are hard to come by for many of our specialist services, such as for example, plastic surgery. However, Q&GC does receive detailed reports on our compliance with NICE guidelines. It was agreed that a useful starting point would be to review progress against previous 'Get It Right First Time (GIRFT) reports. These will be scheduled into the Q&GC workplan.

Recommendation

1. The Board is asked to **NOTE** the contents of this report, and **ASSURANCE** (where given or required). **Final Ratification** is sought on the Security risk assessment & strategic work plan (5).

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	5 May 2022	Agenda reference:		72-22	
Report title:	Corporate Risk Register: to April 22nd 2022				
Sponsor:	Nicky Reeves, Interim Director of Nursing				
Author:	Karen Carter-Woods, Head of Risk & Patient Safety				
Appendices:	<ul style="list-style-type: none"> • Corporate Risk Register 				
Executive summary					
Purpose of report:	For assurance that the Trust risk management process is being followed; new risks identified and current risks reviewed and updated in a timely way.				
Summary of key issues	<p>The Corporate Risk Register reviewed at two subcommittees of the Board: Quality & Governance (Patient Safety Risks) and Finance & Performance (remaining Risks) The full corporate risk register is brought to board for review and discussion Key changes to the CRR this period (March to April 2022):</p> <ul style="list-style-type: none"> ➤ One new corporate risk added ➤ No corporate risks closed ➤ One corporate risk rescored to local register 				
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:					
25 April 2022	F&P: all risks except patient safety risks				
25 April 2022	Q&GC: all patient safety risks				

Corporate Risk Register Report March and April 2022 Data

Key updates

Corporate Risks added between 01/3/2022 and 22/4/2022: one

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
5x3=15	1259	Increased Cyber Security Threats due to Russia	IM&T: Head of IT & DoF&P

Corporate Risks closed this period: nil

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

Corporate Risks rescored this period: one

Risk ID	Service / Directorate	Risk Description	Previous Risk Score (CxL)	Updated Risk Score (CxL)	Rationale for Rescore
1236	N&Q	Inappropriate generic Inbox Info@gvh.nhs.net	3x4=12	3x3=9	Additional assistance sourced to manage the inbox

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 70 risks on the Trust Risk Register as at 22nd April 2022, of which 30 are corporate, with the following modifications occurring during this reporting period (March to 22nd April incl):

- One new corporate risk added
- No corporate risks closed
- One corporate risk 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 30 corporate risks open on the trust risk register as at the 22nd April 2022.

Three corporate risks are within the higher grading category:

	No harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2			4	2	2
Possible 3		3	26	5 ID: 834, 968, 1192, 1210, 1226,	2 ID:1242, 1259
Likely 4		1	11 ID: 1040, 1077, 1217, 1235, 1240, 1245, 1247, 1249, 1253, 1254, 1255	2 ID1250, 1248	0
Certain 5		2	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	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1259	16/03/2022	Increased Cyber Security Threats due to Russia	There is a cyber security risk of Russia targeting the UK with ransomware and denial-of-service attacks.	All security updates are deployed and installed within 14 day of being released <input type="checkbox"/> Microsoft Defender for Endpoint (MDE) on all Desktops and servers has been enabled <input type="checkbox"/> Microsoft Defender Antivirus (MDAV) on all desktops and servers has been enabled <input type="checkbox"/> Reregister on NHS Digital provided Vulnerability Management Services including Early warning and Web Checker. <input type="checkbox"/> Ongoing vulnerability scanning of Trust IT Infrastructure	Michelle Miles	Nasir Rafiq	Information Management and Technology	15	4	11/04/22: user passwords complexity to increase inline with National Cyber Security Centre and NHS Digital guidance. this will be implemented in April 2022. <input type="checkbox"/> <input type="checkbox"/> 31/03/22: Backup restore exercise completed successfully. Ongoing review of password for high privileged accounts. External cyber security third party expertise reviewing security postures of Trust devices and ensuring all security updates are installed. All software on Trust devices is being reviewed and updated or removed if no longer required. <input type="checkbox"/> <input type="checkbox"/> 16/3/22: ensuring good backup available and offline backups / test backup restores <input type="checkbox"/> Upgrade unsupported software <input type="checkbox"/> Incident response exercise and Business continuity planning <input type="checkbox"/> Staff awareness of cyber security threats <input type="checkbox"/> External assessments - Penetration testing, NHS Digital Active Directory and Backup reviews <input type="checkbox"/>	KSO1 KSO2 KSO3 KSO4 KSO5
1255	17/02/2022	Sterile Services provision failures	Our off site sterile services provider STERIS IMS is in business continuity due to severe staff shortages. <input type="checkbox"/> The risk is not being able to deliver any services relating to theatres and outpatient clinics that require sterilized equipment	The sterile services equipment team leader meets daily with the customer service manager of STERIS IMS to ascertain what is required to deliver the service on a daily basis. <input type="checkbox"/> There are weekly meetings with the decontamination lead, sterile services equipment team leader and general manager from STERIS IMS	Shane Morrison-McCabe	Malcolm Dorman	Compliance (Targets / Assessments / Standards)	12	9		KSO2 KSO3 KSO4 KSO5
1254	16/02/2022	Speech and Language Therapists Staffing (Inpatients and Outpatient/Community Services)	Current workforce for Head and Neck SLT team is at 52% and Community SLT team is at 28% of budgeted establishment due to vacancies. <input type="checkbox"/> Risks: <input type="checkbox"/> 1. Will breach local targets for waiting times for non-urgent outpatients <input type="checkbox"/> 2. Inability to provide indirect clinical services-(training/reviews of policy's/audit) <input type="checkbox"/> 3. Reliant on Bank and agency staffing <input type="checkbox"/> 4. High pressure on current SLT staff affecting wellbeing/moral	1. Remote Agency cover to supply ENT outpatient SLT caseload- 0.2WTE <input type="checkbox"/> 2. Bank use of Band 6 Community SLT - 0.2WTE <input type="checkbox"/> 3. Patients with Urgent triage are prioritised <input type="checkbox"/> 4. Regular team meetings, triage and debrief sessions for staff <input type="checkbox"/> 5. Targeted recruitment continues, both posts have been through 1 cycle of advertisement and interviews- unsuccessful. <input type="checkbox"/> 6. Resourcing team in collaboration with Therapy manager and Principal SLT looking at boosting advertising of post <input type="checkbox"/> 7. Clinical staff have delegated roles to admin who is progressing well although new into post <input type="checkbox"/> 8. Clinical Lead has reduced input in roles internally, AFC panel, mediation etc. <input type="checkbox"/> 9. Monitoring activity and demand, bi-monthly	Shane Morrison-McCabe	Sarah Holdsworth	Compliance (Targets / Assessments / Standards)	12	9	16/02/2022- Re-advertising B7 H&N SLT job as is and as a development role band 6-7 under Annex 21 - Live currently on TRAC. Agency request submitted to EMT last week for B7 Community SLT to cover maternity leave- awaiting decision.	KSO1 KSO2 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1253	15/02/2022	Waiting List management: Plastics	Patients not added to the Waiting List on Patient Centre. <input type="checkbox"/> Patients can have a 'wait list form' on Evolve completed, however this does not transpose onto the waiting list on patient centre: they are therefore not tracked on the PTL. <input type="checkbox"/>	1. New process: med secs to ensure that when typing clinic letters, they automatically cross reference within patient centre system to ensure that an "addition" to wait list has been completed and the patient has been added. <input type="checkbox"/> 2. Evolve have developed a waiting list report that will be distributed weekly to cross check the PTL to ensure no patients are missed: audit to be progressed	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	6	13/04/2022 - Report now available from Evolve on all completed Waiting List Forms with V "look up" facility for cross checking on Patient Centre. Initial findings have uncovered patients not added onto the waiting list for both Plastics & H&N. Further investigation underway within services. <input type="checkbox"/> 31 March 2022 - have requested update on progress against this piece of work from Service Manager, who has been working hard to address. Have also queried whether mitigations are working, as incident volumes associated with this problem appear to be non-existent for February since the incident was opened.	KSO1 KSO3 KSO5
1250	24/01/2022	Additional licence conditions	Breach of additional licence conditions.	Interim Chair in post <input type="checkbox"/> Independent review jointly commissioned by NHSEI and QVH to make recommendations which will help resolve conflict and to build a consensus <input type="checkbox"/> Communication of the change in licence conditions to all relevant stakeholders and discussion about the implications. <input type="checkbox"/> Remedial action will be taken once the results of the review are published. <input type="checkbox"/> Discussion at Board and CoG and development of an action plan that will be monitored by the regulator. <input type="checkbox"/> <input type="checkbox"/> The objective (target risk) - removal of the licence conditions by regulator <input type="checkbox"/>	SJ	Clare Pirie	Compliance (Targets / Assessments / Standards)	16	12	March 2022 - independent review and recommendations welcomed and accepted by Board on 3 Feb and shared with Council of Governors on 21 Feb. Action plan being developed on all 12 recommendations. <input type="checkbox"/> Recruitment process underway for chair – interviews scheduled for 22 April <input type="checkbox"/> <input type="checkbox"/> February 2022 - Independent Review document being discussed and action plan being compiled	KSO3 KSO5
1249	17/01/2022	Sentinel Lymph Node Biopsy (SNLB) Wait List: capacity issues	Rise in demand to perform Sentinel Lymph Node Biopsy for skin cancer <input type="checkbox"/> Not enough capacity in theatres & clinics to undertake them all <input type="checkbox"/>	Escalation protocol in place to Service Coordinators to increase capacity. <input type="checkbox"/> Weekly Review by Service Coordinators and Cancer Pathway Trackers <input type="checkbox"/> Extra Clinics added where possible	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	6	13/4/22 - Capacity challenges continue. Option of Saturday lists/3 session days being explored. SLNB Task and Finish Group set up. <input type="checkbox"/> 22 February 2022 - scoping out scale of demand and organising additional capacity to even out peak in demand. It is expected that periodically and responsively introducing extra capacity will help to even out the peaks in demand. We will need to confirm this, however, once we have better data. PC <input type="checkbox"/> 04/03/2022 - emailed review of sentinel node waiting list and proposed short-term plan to address the volumes. PC <input type="checkbox"/> 31/03/2022 - weekly task and finish meeting set-up to address. Governance was not in place formerly with adequacy and as a consequence the service has not been quite as responsive as it needs to be. We are also working to source more imaging capacity in the system as this appears to be a rate limiting factor. PC	KSO1

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1248	04/01/2022	Reduced staffing levels: Covid testing laboratory	Infection with Covid-19 <input type="checkbox"/> Delays or cancellations of procedures and operations leading to patient harm <input type="checkbox"/> Loss of income to Trust	Scientific staff on short term contracts - minimally trained; staffing numbers being explored to provide ongoing resilience.	Shane Morrison-McCabe	Sue Aston	Patient Safety	16	8	26.01.2022 - POAP resubmitted to EMT, staffing model approved, to be placed into BP for 2022/23. Senior team advised to begin recruitment process for the approved staffing model. 20.01.2022 - POAP for increasing staffing model to ensure stability. Requires further work as proves to be a significant cost pressure for the Trust. To update following further discussions and to return to EMT once further information available.	KSO1 KSO2 KSO3 KSO4 KSO5
1247	10/01/2022	First appointment delays from tertiary referrals: Plastics (skin)	First appointments not generated upon receipt of referral to QVH. <input type="checkbox"/> Triage delays: paper copies	Review and improvement of processes <input type="checkbox"/> Validation of PTL <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	9	March 2022: (Service Manager Review) <input type="checkbox"/> Evolve Triage Worklist form ready for trial by Plastics Clinical Leads. User Guide and demo planned and trial to commence at the end of April 2022. <input type="checkbox"/> February 2022: (Service Manager review) <input type="checkbox"/> Improved processes designed by working group led by service manager. <input type="checkbox"/> New paperless process in place for whole trust. <input type="checkbox"/> Service Manager has drafted a temporary Referral Management SOP for approval at DEC on 23.2.22. <input type="checkbox"/> Development of referral/triage process on Evolve in development for roll out in March/April - Service Manager leading development. <input type="checkbox"/> Validation work on PTL - extra support in place with weekend validation.	KSO3
1245	10/01/2022	Junior Doctor Rota Management: Plastics Surgical	Rota manager on long term sick leave. <input type="checkbox"/> No substantive post holder to cover that work and no clear processes/SOP in place. <input type="checkbox"/> <input type="checkbox"/>	1. Service co-ordinator is managing rota with assistance of admin support <input type="checkbox"/> 2. Manual process now improved rota management to 6 weeks in advance - remains dependant on staff with competing duties & completion of consultant job plans in order to inform rota <input type="checkbox"/> 3. Draft SOP initiated <input type="checkbox"/> <input type="checkbox"/> PROPOSED ACTION <input type="checkbox"/> <input type="checkbox"/> 1. Management of Rota further in advance and formalise processes <input type="checkbox"/> 2. Create Standard Operating Procedures SOP <input type="checkbox"/> 3. Band 4 admin support to undertake band 5 role as rota manager for 3 months as of Jan 2022 and support Rota Manager's phased return from long term sick leave <input type="checkbox"/> 4. Migration to Healthroster planned for early 2022 <input type="checkbox"/> 5. Review of WTE requirement in department to manage workload <input type="checkbox"/>	Shane Morrison-McCabe	Phillip Connor	Compliance (Targets / Assessments / Standards)	12	9	13/4/2022 - Awaiting Activity Manager approval. Rota challenges continue. Rota Manager and Coordinator vacancies with recruitment plan in place. Fixed Term Rota Manager contract extended and supported by Service Coordinator. <input type="checkbox"/> 22/02/2022 - rota SOP authored and awaiting approval; Band 5 and 6 supporting with rota (greater investment of resource to support the process); JCST being retrospectively audited by trainee lead; recruitment practices adjusted to improve stability and far-sightedness; transition to manage rota via Healthroster (programme entitled 'Activity Manager') (proposal written and conveyed to Executive Director for HR to agree next steps); employment of two further trainees to fortify the rota; employment of trainee lead to facilitate clinical oversight of rotas. <input type="checkbox"/> Rota Task and Finish Group set up. Improved processes in place. <input type="checkbox"/> 31/03/2022 - we have negotiated an upgrade to Healthroster which would render our management of the rota a lot more sustainable; however, we are just awaiting agreement. We now need to recruit a new rota manager and so will be short staffed, once again, until this person is in post. The Datix record, however, still demonstrates that, despite C-19, the rota is delivering well. It just comes at the cost, unfortunately, of having one of our Service Co-ordinators backfill this post. PC <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	KSO3

ID	Opened	Risk Title	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	15	4	Update 11/04/2022: all remediation work has been completed however there are still two system showing up on our vulnerability scanners even though the suppliers have provided remediation / fixes which has been implemented. Further detailed work to ensure all remediation work has been completed as specified is underway by Trust third party cyber security support. once confirmed a report will be provide to the SIRO and CEO, update NHS Digital CareCERT Alert and updated Trust Risk Register. Update 14/01/2022: Potential Impact has reduced as no device has the specific high carecert (CVE) vulnerability however, we have 22 instances of the Log4J installed on servers/PC's that are unaffected by the HIGH carecert but require upgrading to the new version. •Single Medical device asset list is not captured, work is being completed by KS/NR to pull together this list and work is ongoing to contact suppliers about their devices to know if they are impacted •Probability of an attack has reduced as less endpoints are vulnerable Additional controls have been put in place on our network boundary and firewalls (additional control being added to firewall / IPS – 14th Jan (subject to RFC approval)) •We don't have control over third parties and their timescales to get these patches installed / tested for their systems (the 22) •We have more knowledge and understanding of this exploit and run multiple scans which is monitored ATP / Qualys / Nessus	KSO1 KSO2 KSO3 KSO4 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	17/02/22: PC's and laptops have AD and group policies in place to prevent users from installing software. Mobile devices, (e.g. iOS and android) are managed by Trust mobile device management, (MDM) controls. Only software that has been approved by the Trust IT Working Group is permitted upon submission of a formal request. No controls in place for staff personal devices. MDM policy will be reviewed at Information Governance Group, (IGG) 03/05/22 Communications to all staff regarding use of apps will be reviewed by IGG 01/03/22 - subsequent dissemination.	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	6/4/22 - Remains an ongoing issue February - Evidence that incentives are having positive impact on uptake of bank shifts. International Recruitment options being considered. 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	David Johnson	Patient Safety	15	6	6/4/22 - Ongoing, new Matron now in post February 2022 - Ongoing review. Consideration of international Recruitment to address staffing shortfall. January - New matron due to start March. Enhanced bank rates now in place. Welcome bonus being introduced. Vacancy rate 20% November - New Matron appointed, pending start date. EMT have approved a range of measures to encourage recruitment	KSO1 KSO2 KSO3 KSO4 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
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 with the press.	Estates have made some minor fixes but this hasn't stopped the leaking. Estates are attempting to source contractors to repair/replace the roof. <input type="checkbox"/> 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	02/03/22 No reported leaks since installation of the Velux windows. Roof still listed as a project on the capital plan for FY 22-23 <input type="checkbox"/> 14/01/22 Velux windows which is felt to be a cause of a lot of the water ingress set for replacement late January with roof replacement captured as part of 22-23 capital plan	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. <input type="checkbox"/> 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 externals late referrals, however: <input type="checkbox"/> Weekly national/regional reporting. <input type="checkbox"/> 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. <input type="checkbox"/> PTL is widely distributed across the trust, including admin and clinical staff. <input type="checkbox"/> The responsible Committee should be the Cancer Board who meet monthly.	Shane Morrison-McCabe	Victoria Worrell	Compliance (Targets / Assessments / Standards)	15	9	27.01.2022 - challenges continue, number of patients referred over 104 remain high. Update ICS on weekly cancer managers call, continue to have weekly calls to monitor with providers. <input type="checkbox"/> 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) <input type="checkbox"/> -Potential increase in the risk to patient safety <input type="checkbox"/> -Potential loss of income if burns derogation lost <input type="checkbox"/>	-Operating at Unit+ level <input type="checkbox"/> -Adult Burns inpatient review taking place <input type="checkbox"/> -Strict admission criteria in place, any patient not meeting criteria will be referred on to a Burns Centre <input type="checkbox"/> -Low threshold for transferring out inpatients who deteriorate and require treatment not available at QVH <input type="checkbox"/> -SLA in place with UHS for ITU verbal support	Tania Cubison	Nicola Reeves	Compliance (Targets / Assessments / Standards)	12	8	6/4/22 - no update on options appraisal available <input type="checkbox"/> February 2022 - Specialised Commissioning continuing to work on case for change and options appraisal for provision of a compliant burns service <input type="checkbox"/> 15/12/21: NHSE Specialised Commissioning leading work on Case for Change and Options Appraisal <input type="checkbox"/> 31/03/2022 - we are at risk of being short 1.5 Burns Consultants given lead times for recruiting to these posts. Furthermore, we have had no eligible consultants in the last round of advertising. We are working up a plan to cover uncovered DCCs and to potentially recruit a fellow to the Burns consultant post, which may be a more attractive prospect. PC	KSO1 KSO2 KSO3 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
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	Claire Hayward	Patient Safety	15	6	6/4/22 - Vacancy continues to be a challenge. Ward has been closed on a number of days to maintain safety by redeploying staff as appropriate □ February 2022:: International Recruitment being considered to address staffing shortfall. □ January - Enhanced bank rate in place. Welcome bonus due to be introduced. Significant vacancy remains with 47% of posts remaining vacant. □ November - EMT have approved plans to increase recruitment □ October - 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 - Update 26.10.21 □ Re-templated the establishment to incorporate a Band 7 Matron	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 Microbiology analysis and when they are there is often no review of the organism and therefore antibiotic prescription is not altered.	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.	Tania Cubison	Judy Busby	Patient Safety	15	9	24/3/22 Handler has been changed to Chief Pharmacist, although MD leading on risk. Looking at a different ways to engage clinicians in the process. □ February 2022: Incoming MD working collaboratively with Clinical Leads □ July 2021: 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 concerns from referring clinicians/patients about beginning long term treatment programmes. Increased demands for information through FOI requests and other routes impacts on delivery of core business	Frequent and ongoing staff briefings and engagement. Programme of work with governors. □	SJ	Clare Pirie	Compliance (Targets / Assessments / Standards)	12	6	March 2022: Joint appointment by QVH/UHSx of a clinical oversight lead for the clinical strategy review, to commence end of April. Timeframe being developed on full business case. □ February 2022: Reported to Board, shared with Council of Governors, □ and published on public website 22 February 2022. Board confirmed commitment to ensuring the recommendations are implemented □ 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	Risk Title	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	6/4/22 - Guidance reviewed and QVH SOPs being amended to bring up to date February 2022 - All national guidance reviewed and changes made to policy as required. This is then managed via the IPACT governance routes. IPACT BAF reviewed and presented at Q&G. November - QVH continues to apply rigorous IPACT precautions and use Optigene and lateral flw 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	Claire Hayward	Patient Safety	15	9	6/4/22 - ongoing staffing challenges being managed on a day to day basis January - Enhanced bank rate in place. Welcome bonus due to be introduced. Recently lost 4 Band 6 SSN's. 26% of posts remain vacant including 50% of Band 5 SN posts. 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.	KSO1

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
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. <input type="checkbox"/>	Current Workforce <60 years old/not retired: <input type="checkbox"/> 1 PA - respiratory and sleep disordered breathing - locum/bank <input type="checkbox"/> 8 PA - Associate Specialist Registrar sleep disordered breathing and sleep - bank/locum >2 years. <input type="checkbox"/> Succession/strategy planning underway. <input type="checkbox"/> <input type="checkbox"/>	Tania Cubison	Philip Kennedy	Patient Safety	15	9	20/4/22: Two Additional Consultants recruited to Bank with plans in progress for 2 x Fixed Term posts in conjunction with EStH to begin in September. Additional hours agreed with Middle Grade Dr from August <input type="checkbox"/> 22/2/22: New clinical lead appointed for Sleep Unit. Continued use of locums from 2021 and additional medical capacity sourced via new locum/bank arrangements. Joint post established with Epsom St Helier (3PA) and business case underway to recruit to a full time post shared with EStH. <input type="checkbox"/> July: Lead consultant for Sleep actively making appointments to recruit <input type="checkbox"/> June: improving situation with proposed new appointments at both consultant and middle grade level <input type="checkbox"/> 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) <input type="checkbox"/> Unable to move forward with non-clinical initiatives e.g compliance with falsified medicines directive, EPMA introduction <input type="checkbox"/> Delays in projects e.g. EPMA and supporting new services <input type="checkbox"/> Pharmacist vacancy rate increasing and inability to recruit <input type="checkbox"/> Loss of long established staff <input type="checkbox"/> 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. <input type="checkbox"/> 2. Pharmacy clerk new to post but is progressing well. <input type="checkbox"/> 3. Pharmacist assistants have completed apprenticeship and could dispense if needed to help reduce pharmacist to cover technicians. <input type="checkbox"/> 4. Long term locum in post along with part-time bank pharmacists <input type="checkbox"/> 5. Chief Pharmacist working addition bank hours. <input type="checkbox"/> 6. Retired bank technician helping cover some vacancies and leave. Medicines management technician working on wards supporting pharmacist when possible. <input type="checkbox"/> 7. Recruited new bank pharmacist who can work 1 day a week <input type="checkbox"/> 8. Direct clinical work a priority. <input type="checkbox"/> 9 Second locum pharmacist in place and working well covering wards and dispensary <input type="checkbox"/>	Shane Morrison-McCabe	Judy Busby	Patient Safety	12	8	24/3/22 ECF required for band 5 post before it can be evaluated. Form submitted. Changes made to MSO job description in hope can be clustered rather than require full evaluation panel. <input type="checkbox"/> 16/3/22 Band 8a MSO job description on agenda for April evaluation panel. Awaiting date for band 5 senior technician job evaluation panel. Bank band 2 still going through HR clearance. <input type="checkbox"/> 16/2/22 Band 8a clinical lead due to start 4 Apr22 (no cover in March). Band 7 pharmacist started 1feb22 - has not hospital experience so needs more support. Band 8a MSO job description reviewed and sent to evaluation panel. Recruitment for bank assistant progressing. Locum left as offered homeworking post. Lost 1 bank pharmacist, other restricted hours due to sickness. <input type="checkbox"/> 25/1/22 Appointed band 8a clinical lead - looking to start in April. Awaiting HR confirmation of start date for band 7. Shortlisted bank band 2 assistant. Band 8a MSO post to go out to recruitment shortly. Bank band 8a pharmacist not currently available. <input type="checkbox"/> 29/12/21 Shortlisted for band 8a clinical lead - to interview within next 2 weeks. 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. 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	KSO1 KSO2 KSO3 KSO4 KSO5

ID	Opened	Risk Title	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 <input type="checkbox"/>	Shane Morrison-McCabe	Sarah Solanki	Compliance (Targets / Assessments / Standards)	15	9	23-03-2022 Return to practice role out on TRAC. link sent. MSK sonographer has handed notice. agency cover needed for summer - form completed and sent to finance/etc. Bank sonographer going to apply for substantive role but needs to complete course for MSK. Roles put forward for BP - have not heard if approved? regional work around workforce being undertaken and academies being scoped at Chichester university. 24-02-2022 1 person started apprenticeship this week. pOAP completed for apprenticeships and training posts for BP. Bank sonographer start date this week. MSK sonographer wants to retire in June which is a huge risk to that service. A risk to be added. new band 6 staff in post. RTP role, ECF approved but JD panel not until March 16th. Students cohort to be supported from Sept 2022. Local paperwork being worked on. 20-01-2022 - 1 person on apprenticeship. Start date February. For business planning, going to do a combined POAP/plan with other depts. in CSS for a combined apprenticeship longer terms bid. Also for business planning, we need a training ultrasound post to support the impending shortage there. Bank CDC sonographer ready for start date. Return to practice post - ECF approved. JD needs approval from panel - next one 1st March. 2 new starters (both band 6). Next one starting on the 1st Feb. As of Sept going to support Sussex Uni with more placement spaces to try and attract more students here. 23-12-2021 - have 1 person approved for apprenticeship and will factor this into business planning moving forward. Bank	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	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	23-03-2022 PACS work is high with multiple teams working on differing aspects. Workstations arrived in the trust. We have lost the PACS project manager. It was found he has been working on multiple projects. This was reported to NHS fraud team. Scoping replacement with CIO. 24-02-2022 - PACS meetings are ramping up. Hardware ordered for workstations - risk around receiving some kit before end of fiscal year. Some kit likely to arrive in April. BC PACS hardware arrived, built and working. RIS cut over happened on 12th feb - all went smoothly. Data that Hyland had in the migrated VNA data can be obtained through 3rd party company Desacc - CCN re this has been approved by the trust. Additional cost of circa £23k net. Full time band 4 PACS project support is being sought to support project. Monies aligned in BC. Suitable internal Candidate. 20-01-2022 - PACS project moving forward at pace. Hardware being ordered for both IT data centre and Radiology dept. Wellbeing RIS will no longer be hosted by phillips as of 12th Feb. Wellbeing data being migrated and cut over happening (that weekend) - RIS downtime for 12 hours. IT aware. Comms to go out nearer the time. PACS workflow meetings ramping up. RSM to do EPF and briefing paper for short term PACS project support. Longer term - role to be factored into BP for 2022/2023. VNA - S&S consortium have sought legal advice to end the contract with hyland due to non-delivery. Being worked through currently re strategy.	KSO1 KSO2 KSO3 KSO4

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1077	22/08/2017	Recruitment and retention in theatres	<p>* Theatres vacancy rate is increasing</p> <p>* Pre-assessment vacancy rate is increasing</p> <p>* Age demographic of QVH nursing workforce: 20% of staff are at retirement age</p> <p>* Impact on waiting lists as staff are covering gaps in normal week & therefore not available to cover additional activity at weekends June 2018:</p> <p>* loss of theatre lists due to staff vacancies</p>	<p>1. HR Team review difficult to fill vacancies with operational managers</p> <p>2. Targeted recruitment continues: Business Case progressing via EMT to utilise recruitment & retention via social media</p> <p>3. Specialist Agency used to supply cover: approval over cap to sustain safe provision of service / capacity</p> <p>4. Trust is signed up to the NHSI nursing retention initiative</p> <p>5. Trust incorporated best practice examples from other providers into QVH initiatives</p> <p>6. Assessment of agency nurse skills to improve safe transition for working in QVH theatres</p> <p>7. Management of activity in the event that staffing falls below safe levels. □</p> <p>8. SA: Action to improve recruitment time frame to reduce avoidable delays</p>	Shane Morrison-McCabe	Claire Ziegler	Patient Safety	12	4	<p>11.03.2022 Update for February 2022: Recruitment continues to be a challenge. Unable to book agency, it has been rumoured due to the rate, this is being reviewed by HR. Advert out for B2, B5. B6 has been appointed into and new starter in Day Surgery. Review existing structure. □</p> <p>04.02.2022 Update for January 2022. Recovery - appointed B7 one year fixed term mat leave cover, still awaiting B5 sponsorship. Day Surgery recruited B6, B2 - risk in periop admin due to low uptake on adverts - recruited 1 and interviewing X 2 Theatres rolling B5 with leavers X 3 □</p> <p>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 □</p> <p>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. □</p>	KSO1 KSO2
1040	13/02/2017	Age of X-ray equipment in radiology	<p>Significant numbers of Radiology equipment are reaching end of life with multiple breakdowns throughout the last 2 year period. □</p> <p>No Capital Replacement Plan in place at QVH for radiology equipment</p>	<p>All equipment is under a maintenance contract, and is subject to QA checks by the maintenance company and by Medical Physics. □</p> <p>Plain Film-Radiology has now 1 CR x-ray room and 1 Fluoroscopy /CR room therefore patients capacity can be flexed should 1 room breakdown, but there will be an operational impact to the end user as not all patients are suitable to be imaged in the CR/Flouro room. These patients would have to be out-sourced to another imaging provider. □</p> <p>Mobile - QVH has 2 machines on site. Plan to replace 1 mobile machine for 2019-2020 □</p> <p>Fluoroscopy- was leased by the trust in 2006 and is included in 1 of these general rooms. Control would be to outsource all Fluoroscopy work to suitable hospitals during periods of</p>	Shane Morrison-McCabe	Sarah Solanki	Patient Safety	12	2	<p>23-03-2022 - Meeting held and have final 3 suppliers. The framework team are notifying unsuccessful bidders via letter. Meeting this Friday re next steps and phase 2. Current MRI provider current extended. Lost the project manager for this so this needs scoping.</p> <p>24-02-2022 - legal assessment of phase 1 now complete. Arranging meeting to go through complete scoring. MRI 12 month extension needs EMT sign off for interim period. Papers submitted to DOF. Current MRI contract runs to 31st March. OBC needs to be written and completed for submission for MES.</p> <p>20-01-2022 - tender document evaluation were finalised by 23rd December. The phase 1 presentations are complete and 1 set of moderation meetings held for presentations. 1 more moderation meeting occurring on 21st Jan. Legal team need to formally review phase 1 documents. This is going to happen within the next month. OBC being written and MES to be added as an agenda item for EMT. We need trust approval to move to phase 2 of MES which takes around 12 weeks. As a precautionary measure, RSM has added MRI and xray kit to the BP template for capital in case trust do not progress to phase 2.</p> <p>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.</p> <p>19-11-2021 - Vendor clarification questions sent back via supply</p>	KSO1 KSO2 KSO3

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
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.	Tania Cubison	Nicola Reeves	Compliance (Targets / Assessments / Standards)	12	4	February 2022 - nil to report - risk reviewed <input type="checkbox"/> November 2021 - nil to report <input type="checkbox"/> February 2021: reviewed at Paeds Governance meeting - nil to update <input type="checkbox"/> May 2020: as a risk reduction inpatient paediatric services suspended due to Covid-19 pandemic, in agreement with BSUH / QVH lead paediatrician <input type="checkbox"/> Dec: update from commissioners still awaited; re-requested at CQRPM Dec 4th <input type="checkbox"/> Nov: interim inpatient paedics burns divert continues - no reported issues. Update on number of divers requested from commissioners. <input type="checkbox"/> Working group QVH / BSUH to consider options; adult burns service aligned to provision of major trauma centre at BSUH <input type="checkbox"/> Sept 30th: Review of Paeds SLA & service provision <input type="checkbox"/> DoN met with BSUH W&C CD to discuss impact of inpatient paedics burns move with regards to BSUH paediatrician appetite to continue providing paediatric service at QVH. Further discussions planned once respective Directors briefed. <input type="checkbox"/> 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 paedics BC for transfer of services to BSUH not approved. Interim arrangements with Burns Centres commenced. Plan for QVH inpatient paedics burns to go to other	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 <input type="checkbox"/> 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	February 2022: Planning for 22/23 is underway, first draft submission on the 17th of March. Plans will be discussed at Finance & Performance and subsequently the board. <input type="checkbox"/> January 2022: H2 has been submitted. A forecast breakeven position for 21/22 is planned subject to normal working assumptions. <input type="checkbox"/> Business planning for 22/23 is underway to achieve national deadline. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/> 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. <input type="checkbox"/>	KSO4

ID	Opened	Risk Title	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 <input type="checkbox"/> 1. Harm to child 2. Damage to reputation 3. Litigation	1. Service Level Agreement with BSUH providing some Paediatrician cover and external advice. 2. Consultant Anaesthetists, Site practitioners and selected Peanut Ward staff EPLS trained to recognise sick child and deal with immediate emergency resuscitation. 3. Policy reviewed to lower threshold to transfer sick children out 4. Readmission of infected burns criteria reviewed to raise threshold for admission 5. Operating on under 3 year olds out of hours ceased unless under exceptional circumstances With regards to SLA for paediatrician cover, <input type="checkbox"/> 1. Continuous dialogue with consultants and business managers 2. Annual review meeting - Sept/October 2015 Forward plan: to address areas of	Tania Cubison	Dr Edward Pickles	Patient Safety	12	4	April 2022 - SLA still being reviewed <input type="checkbox"/> February 2022: HoN reviewing SLA - nil other significant update <input type="checkbox"/> 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 <input type="checkbox"/> March 2021: r/v DoN and Head of Patient Safety - SLA under review <input type="checkbox"/> February 2021: r/v DoN and Head of Patient Safety - rescored to CRR <input type="checkbox"/> January 2021: due to C-19 there are currently no paediatricians onsite at QVH - 24/7 cover for advice by telephone is available. <input type="checkbox"/> July 2020: meeting held with BSUH & they continue to support this service <input type="checkbox"/>	

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	5 May 2022	Agenda reference:		73-22	
Report title:	Quality & Safety Board Report				
Sponsor:	Nicky Reeves, Chief Nurse Tania Cubison, Medical Director				
Author:	Ami Brownlie and Jacqueline O'Mara				
Appendices:	<ul style="list-style-type: none"> Covid update 				
Executive summary					
Purpose of report:	To provide updated quality information and assurance that the quality of care at QVH is safe, effective, responsive, caring and well led.				
Summary of key issues	<p>The Committee's attention should be drawn to the following key areas detailed in the reports:</p> <ul style="list-style-type: none"> Senior Nursing Team Structure confirmed Maxillo Facial Nursing open evening Ongoing challenges with recruitment in a number of clinical areas Anti-microbial stewardship Task and Finish Group scheduled 				
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:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	The Quality Report contributes directly to the delivery of KSO 1 and 2, elements of KSO 3 and 5 also impact on this.				
Corporate risk register:	CRR reviewed as part of the report compilation –and the workforce and RTT18 risk impact the most on quality, safety and patient experience.				
Regulation:	The Quality Report contributes and provides evidence of compliance with the regulated activities in Health and Social Care Act 2008 and the CQC's Essential Standards of Quality and Safety.				
Legal:	As above The Quality and Safety Report uphold the principles and values of The NHS Constitution for England and the communities and people it serves – patients and public – and staff.				
Resources:	The Quality and Safety Report was produced using existing resources.				
Assurance route					
Previously considered by:	Quality and Governance Committee				
	Date:	25 th April 2022	Decision:	Approved	
Next steps:					

Executive Summary - Quality and Safety Report, May 2022

Domain	Highlights
Chief Nurse	Safety of our patients and staff continues to be the primary focus for the Trust whilst also maintaining a positive patient experience.
	The senior nurse management structure has been substantivised: Deputy Chief nurse - Liz Blackburn, Heads of Nursing - Claire Hayward, Emma Alldridge and David Johnson.
	National guidance for covid testing of staff and patients has been published. QVH is implementing as advised.
	The Covid updates are included in appendix 1.
Medical Director	<p>Sleep Services</p> <p>We have undertaken an external review process of the sleep service as there have been considerable staffing challenges in a number of staff groups. This review has informed an action plan that is being implemented. Recruitment is progressing well and we have identified a number of new technicians.</p>
	<p>Antimicrobial stewardship</p> <p>The antimicrobial stewardship programme continues and our antimicrobial pharmacist is working with the medical and nursing colleagues to look at implementation. We are meeting with the pharmacy, nursing and medical teams to look at new approaches to accountability.</p>
	<p>Clinical harm reviews</p> <p>The clinical harm reviews continue and we are working to change some of our pathways to incorporate harm review within the routine working of the waiting list process. We have now created harm review reports in the Evolve medical record and are linking into a group email for the clinical review team to ensure good visibility of any patient that might have come to harm.</p>

Report by Exception - Key Messages

Domain	Issue raised	Action taken
Responsive: Safe Staffing	Staffing Challenges	<p>International Recruitment being considered.</p> <p>Trial of a careers “open evening” being explored in Maxillofacial nursing department.</p>

Safe - Performance Indicators

Metric Description	Target	Q1 2021/22			Q2 2021/22			Q3 2021/22			Q4 2021/22			12 month total/rolling average
		Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
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
Clostridium Difficile acquired at QVH post 72 hours after admission	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Gram negative bloodstream infections (including E.coli)	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MRSA screening - elective	95%	94%	95%	96%	86%	84%	96%	95%	96%	98%	95%	98%	93%	94%
MRSA screening - trauma	95%	97%	96%	98%	97%	97%	97%	98%	99%	99%	99%	98%	97%	98%
Incidents														
Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Serious Incidents	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Theatre metrics														
All patients: Number of patients operated on out of hours 22:00 - 08:00	5	2	8	5	7	5	2	3	2	3	3	3	3	46
Paediatrics under 3 years: Induction of anaesthetic was between 18:00 and 08:00	0	0	0	1	0	0	0	0	0	0	0	0	0	1
WHO quantitative compliance		99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Non-clinical cancellations on the day		5	3	8	5	9	10	8	23	7	4	29	19*	134
Needlestick injuries	0	2	1	3	2	2	1	2	3	2	1	0	2	21
Pressure ulcers (all grades)(Theatre metric)		0	0	0	1	1	0	2	0	0	0	0	1	5
Paediatric transfers out (<18 years)		0	0	1	0	0	0	0	2	0	0	0	2	5
Medication errors														
Total number of incidents involving drug / prescribing errors		3	9	8	10	9	3	11	5	6	4	17	10	95
No & Low harm incidents involving drug / prescribing errors		3	9	5	8	8	2	6	4	5	4	14	8	76
Moderate, Severe or Fatal incidents involving drug / prescribing errors		0	0	0	0	0	0	0	0	0	0	0	0	0
Medication administration errors per 1000 spells		0.0	0.0	1.7	1.1	0.6	0.6	3.0	0.6	0.6	0.0	1.9	1.2	0.9
Pressure Ulcers Hospital acquired - category 2 or above		2	0	0	0	2	0	2	1	0	0	1	0	8
VTE initial assessment (Safety Thermometer)	95%	100%	97%	96%	96%	100%	100%	100%	100%	96%	100%	100%	93%	98%
Patient Falls														
Patient Falls assessment completed within 24 hrs of admission	95%	100%	100%	93%	100%	95%	100%	100%	96%	100%	95%	100%	100%	98%
Patient Falls resulting in no or low harm (inpatients)		1	3	3	4	5	2	1	7	1	1	6	1	35
Patient Falls resulting in moderate or severe harm or death (inpatients)		0	0	1	0	0	0	0	0	0	0	0	0	1
Patient falls per 1000 bed days		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

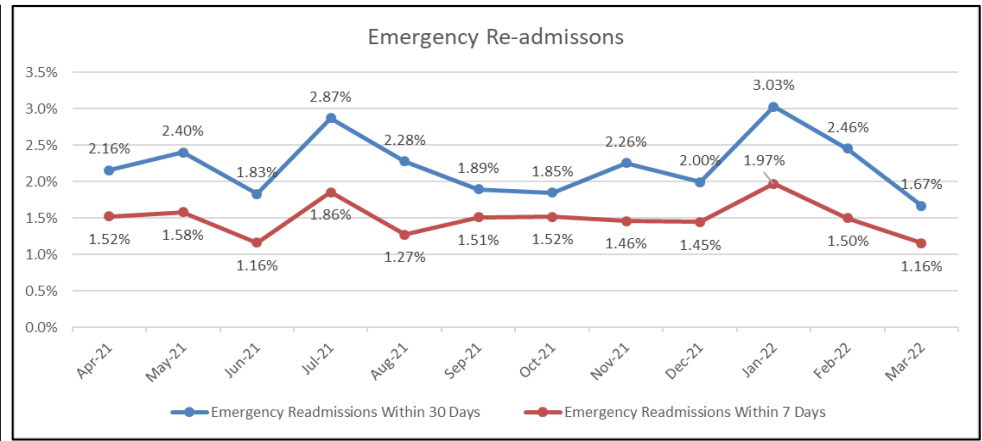
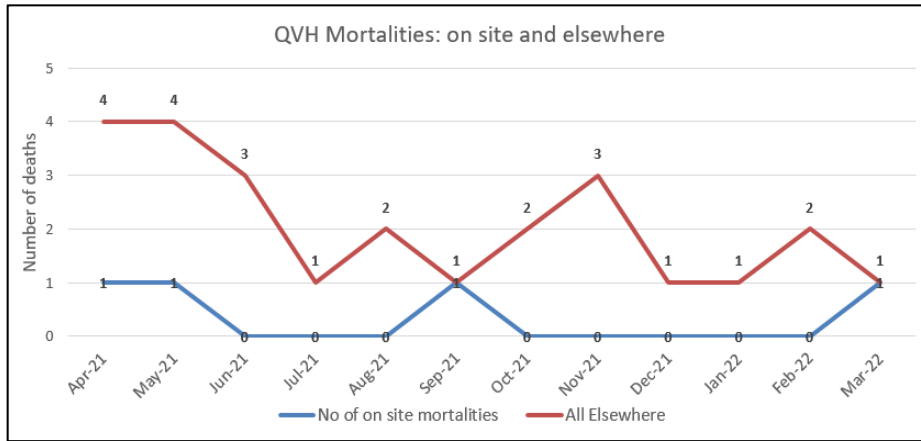


Safe - Performance Indicators

KPI	Target	Average	Jan-22	Variation Mar-22	Assurance Mar-22	Comments for the latest period shown for each metric
MRSA - Elective	95%	98%	93%			Ongoing review of data quality and ensuring robust methodology for data collection.
MRSA - Trauma	95%	96%	97%			Ongoing review of data quality and ensuring robust methodology for data collection.
Serious Incidents	0	11%	0%			None reported in the last two months.
Total no of incidents involving drug/prescribing errors	0	11	8			All incidents reviewed in Pharmacy review of Datix.
Falls per 1000 bed days	0	3.1	1.3			Falls incidents continue to fluctuate month to month. Work continues to improve the rates of falls within the trust with the implementation of mandatory training starting in April, and new adult admission documentation and After Action reviews due for implementation soon.
Pressure ulcers per 1000 bed days	0	0.4	0.0			Since the start of the calendar year rates have not been outside expected limits and small improvements are being seen in line with increased awareness and reporting of pressure ulcers relating to medical devices within the trust. Pressure ulcer prevention training and awareness for new staff and all clinical staff continues.
Complaints	0	4.5	3.00			Whilst fluctuating month by month complaints have fallen within the expected range throughout the period. Themes are identified with each complaint and these are now being collated and shared with the appropriate service areas to review the overall quality of services and look for improvements.
Mortalities	0	1.06	2.0			No cause for concern. Figures are within the expected boundaries.

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

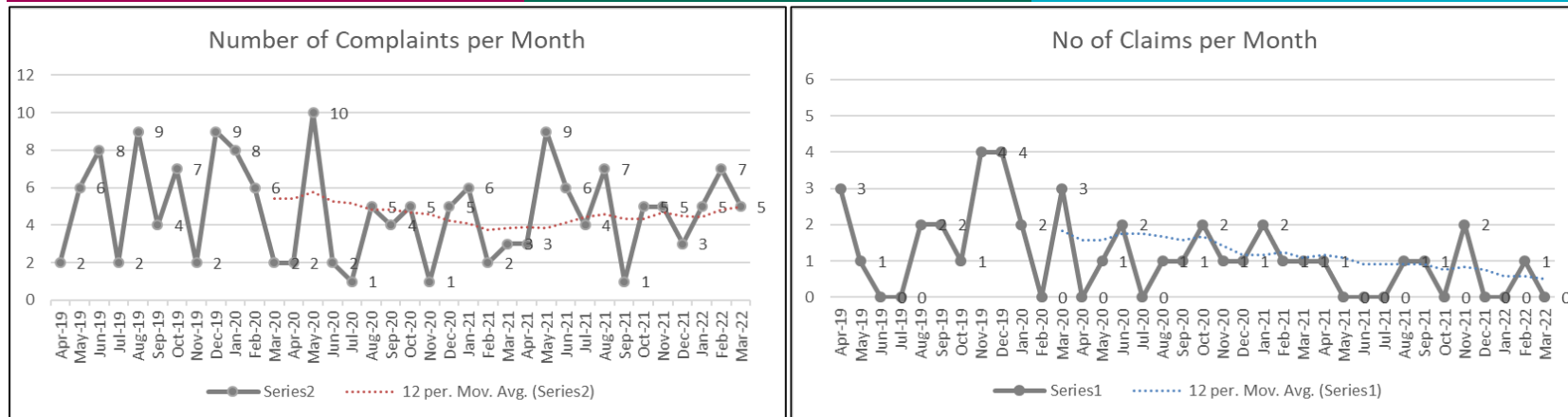
Effective - Performance Indicators



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



Caring - Current Compliance - Complaints and Claims



	Q1 2021/22			Q2 2021/22			Q3 2021/22			Q4 2021/22		
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
Number of complaints	6	4	7	1	5	5	3	5	7	5	5	3
Complaints per 1000 spells	0.31	0.21	0.34	0.05	0.28	0.25	0.16	0.25	0.40	0.27	0.29	0.16
Number of claims	0	0	1	1	0	2	0	0	1	0	5	1
Claims per 1000 spells	0.00	0.00	0.05	0.05	0.00	0.10	0.00	0.00	0.06	0.00	0.29	0.05
Number of cases referred to PHSO	0	1	0	0	0	0	0	0	0	0	0	0

Nursing Workforce - Performance Indicators, Safe staffing data

Peanut ward - Staffing challenges continue. The new matron has joined the team in Peanut. In February there were no overnight cases. There were 10 nights when the ward was staffed but there were no inpatients, and there were 18 occasions when the ward was unable to accept an inpatient overnight. In March there were 4 patients overnight on 3 occasions, there were 25 occasions when the ward was not able to accept an inpatient. There were 3 nights when the ward was staffed but there were no inpatients.

February safe staffing data demonstrates compliance with staff numbers above the 95% threshold. 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							Feb-22							Target 95%		
	Planned staff			Actual staff				Planned staff			Actual staff					
	RN	NA	HCA	RN	NA	HCA		RN	NA	HCA	RN	NA	HCA			
DAY	3772	92	1806	3749	92	1771	Total Hrs Planned and Actual % Planned Hrs Met	3623	57.5	989	3554	57.5	960.3			
				99.4%	100.0%	98%					98.1%	100.0%	97.1%			
			5670			5612	Total Hrs Planned & Actual - Combined reg & support			4669			4571			
						99.0%	% Planned Hrs Met - Combined reg & support							97.9%		
NIGHT																

March safe staffing data demonstrates compliance across all the bands with staffing levels at or above 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			Mar-22	Planned staff			Actual staff		
	RN	NA	HCA	RN	NA	HCA		RN	NA	HCA	RN	NA	HCA
DAY	5037	241.5	2484	4796	241.5	2392	Total Hrs Planned and Actual % Planned Hrs Met	3726	115	1035	3657	115	1012
				95.2%	100.0%	96%					98.1%	100.0%	97.8%
			7763			7429	Total Hrs Planned & Actual - Combined reg & support			4876			4784
						95.7%	% Planned Hrs Met - Combined reg & support						
NIGHT							Total Hrs Planned and Actual % Planned Hrs Met	3726	115	1035	3657	115	1012
				95.2%	100.0%	96%					98.1%	100.0%	97.8%
			7763			7429	Total Hrs Planned & Actual - Combined reg & support			4876			4784
						95.7%	% Planned Hrs Met - Combined reg & support						

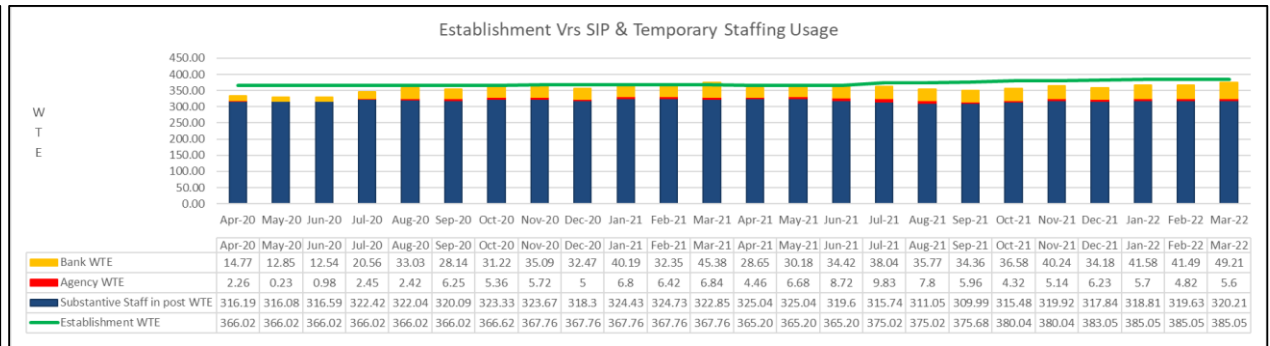
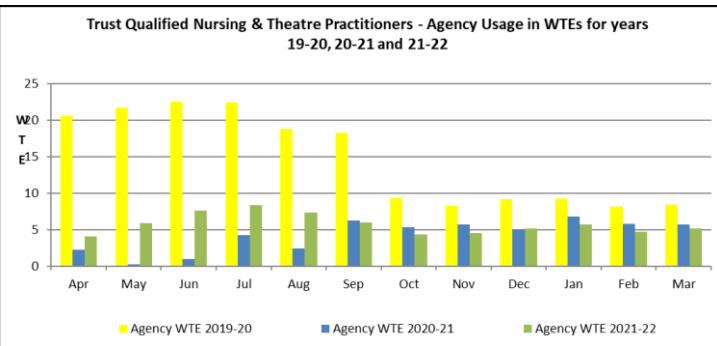


Nursing Workforce - Performance Indicators

ALL QUALIFIED & UQUALIFIED NURSING

Trust Workforce KPIs	Workforce KPIs (RAG Rating) 2020-21 & 2021-22	Mar-21	2020-21												Mar-22	Compared to Previous Month
			Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22			
Establishment WTE <small>(Establishment includes 12% headroom from 01/09/2018)</small>		367.47	365.20	365.20	365.20	375.02	375.02	375.68	380.04	380.04	383.05	385.05	383.05	385.05	▲	
Staff In Post WTE		322.85	325.04	325.04	319.60	315.74	311.05	309.99	315.48	319.92	317.84	318.81	319.63	320.21	▲	
Vacancies WTE		44.62	40.16	40.16	45.60	59.28	63.97	65.69	64.56	60.12	65.21	66.24	63.42	64.84	▲	
Vacancies %	>18% 12% <18% <12%	12.14%	11.00%	11.00%	12.49%	15.81%	17.06%	17.49%	16.99%	15.82%	17.02%	17.20%	16.56%	16.84%	▲	
STARTERS WTE <small>(Excluding rotational doctors)</small>		1.00	6.15	2.00	3.43	0.00	1.41	3.93	4.68	9.97	6.56	2.95	4.32	2.61	▼	
LEAVERS WTE <small>(Excluding rotational doctors)</small>		2.88	3.80	0.87	7.62	3.21	6.76	1.12	1.60	3.61	4.41	3.48	2.80	2.53	▼	
Starters & Leavers balance		-1.88	2.35	1.13	-4.19	-3.21	-5.35	2.81	3.08	6.36	2.15	-0.53	1.52	0.08		
Agency WTE <small>(Data From Healthcast)</small>		6.84	4.46	6.68	8.72	9.83	7.80	5.96	4.32	5.14	6.23	5.70	4.82	5.60	▼	
Bank WTE <small>(Data From Healthcast)</small>		45.38	28.65	30.18	34.42	38.04	35.77	34.36	36.58	40.24	34.18	41.58	41.49	49.21	▲	
Trust rolling Annual Turnover %	>=12% 10% <12% <10%	9.34%	9.33%	8.58%	10.91%	11.36%	12.52%	12.62%	13.32%	12.89%	12.81%	12.62%	13.76%	13.78%	▲	
Monthly Turnover		0.95%	1.26%	0.29%	2.58%	1.09%	2.14%	0.38%	0.53%	1.13%	1.46%	1.15%	0.93%	0.84%	▼	
Sickness Absence %	>=4% 4% <3% <3%	3.30%	2.30%	3.70%	3.81%	3.21%	3.61%	3.98%	4.69%	5.12%	5.29%	6.47%	6.37%	indicia vs 6.37%		

Note 1. 2020/21 budget updated September 20 backdated to April 20 to show most current position. March 20 Establishment updated as queries resolved. Both taken from Finance Ledger
 Note 2. All data taken from ESR unless stated otherwise
 Note 3. Staff included are Qualified Nurses, Emergency Practitioners, Theatre Practitioners, HCA's, Student CPD's, Trainee Nurse Associates, Practitioners, Nurse Associates, Play Specialists, Overseas's Nursing awaiting PIN.
 Dental Nurses included in figures from 14.2020



Medical Workforce - Performance Indicators

Metrics	Q1 2021/22			Q2 2021/22			Q3 2021/22			Q4 2021/22			12 month rolling
	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	
Turnover rate in month, excluding trainees	30%	1%	1%	0%	1%	1%	4%	0%	1%	1%	1%	0%	19%
Turnover in month including trainees 9%	8%	0%	2%	0%	18%	18%	5%	1%	1%	1%	9%	1%	49%
Management cases monthly	0	0	1	0	0	0	0	0	0	0	0	0	1
Sickness rate monthly on total medical/dental headcount	1%	2%	2%	2%	1%	3%	3%	2%	2%	3%	3%	Not Yet available	Not Yet available
Appraisal rate monthly (including deanery trainees)	62%	67%	67%	69%	70%	65%	52%	61%	57%	61%	68%	74%	74%
Mandatory training monthly	83%	85%	84%	82%	82%	80%	79%	81%	82%	82%	80%	84%	82%
Exception Reporting – Education and Training	0	2	1	1	10	5	1	1	1	0	0	0	23
Exception Reporting – Hours	2	2	1	5	10	2	3	3	0	1	1	1	37

Plans are in place for the April induction, which will welcome new trainees in Plastic Surgery and Radiology.

Medical & Dental

Staffing

An application has been made to the Royal College of Surgeons to recognise a Hand and Wrist Post CCT Fellowship at QVH, which will aid with recruitment into the Hand Fellow role.

A Plastic Surgery skills training day for HEE surgical core trainees will be held at QVH on 8 April, giving trainees the chance to improve their knowledge in a number of areas, including nail bed and tendon repair.

An evening course for surgical trainees focusing on Non-Technical Skills for Surgeons will be held on 5 May, with all trainees encouraged to attend. The course will be run by Tania Cubison, Medical Director.

Education

Amendments to the study leave policy, to incorporate changes from HEE and also the new electronic expenses claiming system, have been approved by the LNC and F&P meetings and will go live shortly.

The GMC survey of trainees is currently live, all trainees are required to participate in the survey and its results are taken very seriously by the GMC, HEE and Trusts alike.

COVID-19 UPDATE APRIL 2022

With covid variants still 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 are identifying asymptomatic positive cases on a daily basis and we continue to see high numbers of staff become covid positive but have not seen any staff outbreaks at this stage.

There has been one covid outbreak in a clinical area impacting three patients, this was managed as per guidance and declared to PHE. All the patients have recovered well. This has been our first outbreak in a clinical area during the whole pandemic.

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

Visiting restrictions remain in place and QVH continues to encourage patients and carers to wear masks whilst on site. Visiting restrictions will be reviewed in collaboration with our colleagues in the surrounding Trusts to provide a consistent approach.

Screening and testing requirements have been decreased nationally and QVH has adapted the existing guidance to meet these new measures whilst maintaining patient and staff safety. This process has been managed through the Covid Governance Group.

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

The incident room remains open 7 days per week, it is managed by the Chief Nurse in the week and the on call manager at the weekend.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	5 May 2022	Agenda reference:		74-22	
Report title:	Emergency Preparedness, Resilience and Response assurance outcome				
Sponsor:	Nicky Reeves – Chief Nurse				
Author:	Nicky Reeves – Chief Nurse				
Appendices:	<ul style="list-style-type: none"> Letter Re NHS England EPRR Assurance EPRR assurance process summary of findings 				
Executive summary					
Purpose of report:	To provide Board with an update on the outcome of the Emergency Preparedness, Resilience and Response peer review and assurance process for 2021				
Summary of key issues	<ul style="list-style-type: none"> QVH has achieved substantial compliance during this assurance exercise There are three actions for the main domains, one is already completed There are 5 actions for the deep dive regarding oxygen supply 				
Recommendation:	For information only.				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <i>[Tick which KSO(s) this recommendation aims to support]</i>	KSO1: <input checked="" type="checkbox"/>	KSO2: <input checked="" type="checkbox"/>	KSO3: <input checked="" type="checkbox"/>	KSO4: <input checked="" type="checkbox"/>	KSO5: <input checked="" type="checkbox"/>
	<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:	Any risks to achievement of the action plan will be noted on the relevant BAF				
Corporate risk register:	CRR reviewed and will be updated if required				
Regulation:	Required to meet the CQC regulations				
Legal:	None				
Resources:	Time implications across a range of disciplines to ensure adherence to the targets				
Assurance route					
Previously considered by:	Quality and Governance Committee				
	Date:	25 th April 2022	Decision:	Approved	
Next steps:					

Emergency, Preparedness, Resilience and Response (EPRR) – April 2022

Purpose of Report

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

Background to EPRR assurance requirements

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

The 2021 assurance process reverted to a formal review as opposed to the light touch approach of 2020. The Trust is required to carry out a self-assessment and ensure the QVH Board is sighted on the process and results.

The NHS was still operating in a Level 4 response to the Covid 19 pandemic during this process.

Assurance

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

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

2021 External Assurance Process

The Chief Nurse (Accountable Executive Officer) initially undertook a self-assessment against the core standards for emergency planning. This assessment and the supporting evidence was then reviewed in collaboration with the EPRR leads from the CCG.

Once reviewed, all relevant documents and evidence were uploaded on to the Resilience Direct portal to allow NHSE/I access to review the information.

There are 32 core standards spread across 10 domains applicable to QVH. The table below identifies the compliance measures used.

Compliance level	Definition
Fully compliant	Fully compliant with core standard.
Partially compliant	Not compliant with core standard. The organisation's EPRR work programme demonstrates evidence of progress and an action plan to achieve full compliance within the next 12 months.
Non-compliant	Not compliant with the standard. In line with the organisation's EPRR work programme, compliance will not be reached within the next 12 months.

The Trust demonstrated full compliance in 29 of these (green). Two standards are rated as partially compliant (amber), and one is non-compliant (red) this relates to training for MIU and Burns staff regarding CBRN.

Below is a table indicating how the overall Trust compliance score is assessed:

Percentage of fully compliant core standards	Overall organisational compliance rating
100%	Fully compliant
89-99%	Substantially compliant
77-88%	Partially compliant
76% or less	Non-compliant

Following this assessment and review the Trust compliance rating was recorded as **"Substantial"** (appendix 1).

A summary of the areas for action is contained in the table below and QVH was able to demonstrate overall compliance of **"Substantial"**.

Ref	Standard	Rating	Commentary
8	Duty to risk assess – Risk Management	Partially compliant	The risk management process is described in the EPRR Plan and the trust has a good Risk Management Policy, however it doesn't specifically mention EPRR risks.

Ref	Standard	Rating	Commentary
53	Business Continuity – BC audit	Partially compliant	There is still no list of which departments have a BIA in place and in date and what the plan is for those who don't. Note this was only partially compliant last time and the annual report states work on this is not progressing as it should. Further work needs to be done on auditing compliance with business continuity.
68	CBRN - Staff training – decontamination	Non-compliant	No CBRN decontamination training has been provided on CBRN due to Covid and a lack of trainers. On-line training is available however and should be used to ensure staff are up to date.

In addition, the following recommendations were made which did not impact on the overall result but require attention before the next review:-

- Update Departmental Action Cards or Lockdown Cards - good but a number are noted as 'pending update' on contents list.
- Suggest a debrief is undertaken next time the Heatwave Plan is enacted and more detailed debriefs across the board following any business continuity incident.
- Link all plans to the EPRR Policy and ensure they are security marked and include full details about exercising the plans.
- Logo to be added to SOP for Patient Identification and then republished.
- Social media policy to be amended to specifically refer to the use of social media during an incident.
- Consistent inclusion of critical functions and mitigating actions in all business continuity plans.
- contracting team to carry out a spot check on a sample of suppliers and ask to see their BCP.
- Fit testing training record to be reviewed and updated.

The Trust was also assessed on a “deep dive” item, this year was relating to Medical Gas management and this assessment was carried out in conjunction with the Associate Director of Estates and the Trust Pharmacy lead. A summary of the actions needed contained in the table below. It should be noted this does not contribute to the Trusts overall score.

Deep Dive		
Medical gasses – governance	Partially compliant	Whilst it is likely that the oxygen infrastructure is in place, the policies and procedures are not. They had only recently appointed an Authorised Person and their Medical Gas Committee had yet to meet after ceasing a number of years ago due to lack of engagement and changes in staffing responsibilities of membership. Evidence of recent training had not been provided. No evidence of annual risk assessment having been undertaken.
Medical gasses – planning	Partially compliant	
Medical gasses – workforce	Partially compliant	
Oxygen systems	Partially compliant	
Oxygen systems	Non-compliant	

This result was discussed during the joint assurance presentation by the CCG and AEO at the Local Health Resilience Partnership meeting in March 2022. The slides are contained in **appendix 2**

Below are the national organisational assurance rating definitions and as stated above, QVH is now rated as “Substantial”

The updated action plan is contained in **appendix 3**

Conclusion and recommendations

The current assessment identifies two core standards as amber and one red which require focussed work over the next 6 to 12 months. This gives a current compliance level of **substantial**

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

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

The Board is requested to **note** the increase in compliance to **substantial** and the contents of this report and appendices.

Appendix 1



Nicky Reeves
Interim Director of Nursing
Queen Victoria Hospital
Holtye Road
East Grinstead
West Sussex
RH19 3DZ



Sussex NHS Commissioners
Hove Town Hall
Norton Road
Hove
BN3 4EH

Tel: 01273 238700

sxccg.epr@nhs.net

<https://www.sussexccgs.nhs.uk/>

01 February 2022

Dear Nicky

Re: NHS England EPRR Assurance 2021/22 Queen Victoria Hospital NHS Trust

Firstly, can I thank you for working so closely with the ICS's EPRR team during the assurance process this year.

We were hoping to be able to write to you in December with a formal outcome of NHSE/I's review of Queen Victoria Hospitals NHS Foundation Trust (QVH)'s self-assessment against the 2021 NHS England EPRR core standards following the LHRP Executive meeting on 20 December 2021. Unfortunately, as the ICS was then put into business continuity to allow a focussed response to the Omicron variant, the LHRP Executive Meeting was delayed until 21 March 2022.

We are writing now to provide an interim statement of your compliance against the standards, which will be followed by a formal letter following the meeting next month.

Outcome of the assessment process

As discussed at the final meeting in November 2021 QVH have been assessed as **substantially compliant** against last year's NHS England EPRR core standards.

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

The overall rating has improved from 'partial compliance' in 2019/20 mainly due to additional dedicated resource within the EPRR team, which has enabled time to be spent on improving compliance in a number of areas. QVH are also now compliant with the Data Security Protection Toolkit.

**Working
Together**

NHS Brighton and Hove CCG
NHS East Sussex CCG
NHS West Sussex CCG

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

Ref	Standard	Rating	Commentary
8	Duty to risk assess – Risk Management	Partially compliant	The risk management process is described in the EPRR Plan and the trust has a good Risk Management Policy, however it doesn't specifically mention EPRR risks.
53	Business Continuity – BC audit	Partially compliant	There is still no list of which departments have a BIA in place and in date and what the plan is for those who don't. Note this was only partially compliant last time and the annual report states work on this is not progressing as it should. Further work needs to be done on auditing compliance with business continuity.
68	CBRN - Staff training – decontamination	Non-compliant	No CBRN decontamination training has been provided on CBRN due to Covid and a lack of trainers. On-line training is available however and should be used to ensure staff are up to date.
Deep Dive			
DD1	Medical gasses – governance	Partially compliant	Whilst it is likely that the oxygen infrastructure is in place, the policies and procedures are not. They had only recently appointed an Authorised Person and their Medical Gas Committee had yet to meet after ceasing a number of years ago due to lack of engagement and changes in staffing responsibilities of membership. Evidence of recent training had not been provided. No evidence of annual risk assessment having been undertaken.
DD2 & DD3	Medical gasses – planning	Partially compliant	
DD4	Medical gasses - workforce	Partially compliant	
DD5	Oxygen systems	Partially compliant	
DD7	Oxygen systems	Non-compliant	
Further comments, not impacting on the overall compliance rating			
<ul style="list-style-type: none"> Emergency Plan - Departmental Action Cards or Lockdown Cards - good but a number are noted as 'pending update' on contents list. Suggest a debrief is undertaken next time the Heatwave Plan is enacted and more detailed debriefs across the board following any business continuity incident. Link all plans to the EPRR Policy and ensure they are security marked and include full details about exercising the plans. Logo to be added to SOP for Patient Identification and then republished. Social media policy to be amended to specifically refer to the use of social media during an incident. Consistent inclusion of critical functions, MTPDs, RTOs and mitigating actions in all business continuity plans. contracting team to carry out a spot check on a sample of suppliers and ask to see their BCP. Fit testing training record to be reviewed and updated. 			

Next steps

It would be helpful if you could confirm to us, via the EPRR inbox, (sxccg.epr@nhs.net) when you will be taking the outcome of the core standards assurance process to your Board for review.


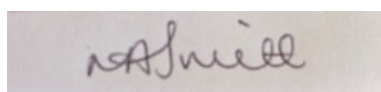
The ICS EPRR team will be working with your EPRR team to agree a SMART action plan to address the comments noted in the table above by the end of February 2022. The action plan will then be reviewed on a quarterly basis to help facilitate significant improvements by the time the core standards assurance process for 2022 begins.

The ICS is looking to build on the EPRR assurance approach to make it more collaborative going forwards. Options include:

- Optimised interactions with health partners throughout the year to reduce the burden when assurance submission is required. Creating a rolling review process.
- Continuing to explore the potential to include peer reviewers into the assurance process (i.e., EPRR Practitioners supporting the assurance process of similar providers)
- Where possible, developing common formats / approaches to EPRR arrangements, such as joint plans, training delivery, etc.

On behalf of the Sussex ICS, our thanks for your help and assistance in completing this year's annual EPRR assurance process.

Yours faithfully



Working Together

Director of EPRR

Terry Willows
Executive Director of Corporate Governance
Accountable Emergency Officer


NHS Brighton and Hove CCG
NHS East Sussex CCG
NHS West Sussex CCG

On behalf of Sussex NHS Commissioners

Working Together

NHS Brighton and Hove CCG
NHS East Sussex CCG
NHS West Sussex CCG

Appendix 2



**EPRR Assurance Process
Summary of Findings**

Presentation to LHRP Executive Group

21/03/2022

EPRR Core Standards Assurance Process 2021 – QVH

Overall Assessment rating	'substantially compliant'
---------------------------	---------------------------

Queen Victoria Hospital	
Top three findings	<ul style="list-style-type: none"> • 1. Increase in compliance • 2. Additional EPRR resources both admin and clinical • 3. Concise overarching emergency planning documents
Top three risks	<ul style="list-style-type: none"> • 1. Requirement for CBRN training for MIU and Burns Unit staff • 2. Business Continuity Plan sections out of date • 3. Consistent approach to recording lessons learned
Key actions to deliver improvement	<ul style="list-style-type: none"> • 1. CBRN Training to be rolled out in new year to relevant staff • 2. Business Continuity Plan under review and update • 3. Internal Audit of Business Continuity Plan in Q2 2022 • 4. Greater and consistent use of datix and after action review for incidents to capture learning


Areas of Good Practice

- (QVH) The emergency plans are all clear and concise and split up into distinct areas to ensure they are easily accessible and readable in an incident. Relevant plans are now linked to the risks on the risk register as controls.
- (QVH) All action cards are in one document, rather than spread across a number of plans, so they are easy to find

High Level Findings of 'deep dive' into Oxygen Supply

- QVH: Whilst it is likely that the oxygen infrastructure is in place, the policies and procedures are not. They have only recently appointed an Authorised Person.

Appendix 3

Overall assessment:										
Ref	Domain	Standard	Detail	Evidence - examples listed below	Organisation Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments
8	Duty to Risk Assess	Risk Management	The risk management process is described in the EPRR Plan and the trust has a good Risk Management Policy, however it doesn't specifically mention EPRR risks.	The organisation has a robust method of reporting, recording, monitoring and escalating EPRR risks.	Risk management Policy " identification, recording and management of EPRR risks" have been noted in there as a responsibility of the Director of Nursing on Page 5.	Compliant	Completed			
53	Business Continuity	BC Audit	There is still no list of which departments have a BIA in place and in date and what the plan is for those who don't. Note this was only partially compliant last time and the annual report states work on this is not progressing as it should. Further work needs to be done on auditing compliance with business continuity.	The organisation has a process for internal audit, and outcomes are included in the report to the board.	Internal Audit planned for Q4 Total rewrite of policy and plan using UHSx model in progress. Meeting to finalise plans 29th April 2022	Partially compliant	Internal Audit planned for Q4 Total rewrite of policy and plan using UHSx model in progress. Meeting to finalise plans 29th April 2022	Jasmin Wagstaff	3 months	
68	CBRN	Staff training – decontamination	No CBRN decontamination training has been provided on CBRN due to Covid and a lack of trainers. On-line training is available however and should be used to ensure staff are up to date.	Staff who are most likely to come into contact with a patient requiring decontamination understand the requirement to isolate the patient to stop the spread of the contaminant.		Non-compliant	Reach out to CCG for On line resources. Face to Face trainign being reviewed	MIU Clinical Lead	3 months	April 2022 update Limited success in finding applicable trainign for MIU and Burns so far

Overall assessment:											
Ref	Domain	Standard	Detail	Evidence - examples listed below	Organisation Evidence	Self assessment RAG Red (not compliant) = Not compliant with the core standard. The organisation's EPRR work programme shows compliance will not be reached within the next 12 months. Amber (partially compliant) = Not compliant with core standard. However, the organisation's EPRR work programme demonstrates sufficient evidence of progress and an action plan to achieve full compliance within the next 12 months. Green (fully compliant) = Fully compliant with core standard.	Action to be taken	Lead	Timescale	Comments	
DD1	Medical Gases	Governance	Whilst it is likely that the oxygen infrastructure is in place, the policies and procedures are not. They had only recently appointed an Authorised Person and their Medical Gas Committee had yet to meet after ceasing a number of years ago due to lack of engagement and changes in staffing responsibilities of membership. Evidence of recent training had not been provided. No evidence of annual risk assessment having been undertaken.	<ul style="list-style-type: none"> Committee meets annually as a minimum Committee has signed off terms of reference Minutes of Committee meetings are maintained Actions from the Committee are managed effectively Committee reports progress and any issues to the Chief Executive Committee develops and maintains organisational policies and procedures Committee develops site resilience/contingency plans with related standard operating procedures (SOPs) Committee escalates risk onto the organisational risk register and Board Assurance Framework where appropriate The Committee receives Authorising Engineer's annual report and prepares an action plan to address issues, there being evidence that this is reported to the organisation's Board 		Compliant	<ul style="list-style-type: none"> Medical Gas committee – This committee has been restarted and we meet on a bi-annual basis. 	Estates and Pharmacy	Completed		
DD2 & 3	Medical Gases	Planning	Whilst it is likely that the oxygen infrastructure is in place, the policies and procedures are not. They had only recently appointed an Authorised Person and their Medical Gas Committee had yet to meet after ceasing a number of years ago due to lack of engagement and changes in staffing responsibilities of membership. Evidence of recent training had not been provided. No evidence of annual risk assessment having been undertaken.	<ul style="list-style-type: none"> The organisation has reviewed and updated the plans and are they available for view The organisation has assessed its maximum anticipated flow rate using the national toolkit The organisation has documented plans (agreed with suppliers) to achieve rectification of identified shortfalls in infrastructure capacity requirements. The organisation has documented a pipework survey that provides assurance of oxygen supply capacity in designated wards across the site The organisation has clear plans for where oxygen cylinders are used and this has been discussed and there should be an agreement with the supplier to know the location and distribution so they can advise on storage and risk, on delivery times and numbers of cylinders and any escalation procedure in the event of an emergency (e.g. understand if there is a maximum limit to the number of cylinders the supplier has available) Standard Operating Procedures exist and are available for staff regarding the use, storage and operation of cylinders that meet safety and security policies The organisation has breaching points available to support access for additional equipment as required The organisation has a developed plan for ward level education and training on good housekeeping practices The organisation has available a comprehensive needs assessment to identify training and education requirements for safe management of medical gases Job descriptions/person specifications are available to cover each identified role Rotating of staff to ensure staff leave/ shift patterns are planned around availability of key personnel e.g. ensuring GC (MGPS) availability for commissioning upgrade work. Education and training packages are available for all identified roles and attendance is monitored on compliance to training requirements Medical gas training forms part of the induction package for all staff. 		Partially compliant	<ul style="list-style-type: none"> Medical Gas Policy – The policy has been reviewed, some minor changes made and this has been circulated to relevant people for comment before it's published. 	Estates and Pharmacy	3 months		
DD4	Medical Gases	Workforce	Whilst it is likely that the oxygen infrastructure is in place, the policies and procedures are not. They had only recently appointed an Authorised Person and their Medical Gas Committee had yet to meet after ceasing a number of years ago due to lack of engagement and changes in staffing responsibilities of membership. Evidence of recent training had not been provided. No evidence of annual risk assessment having been undertaken.	<ul style="list-style-type: none"> SOPs exist, and have been reviewed and updated, for 'stand up' of weekly/ daily multi-disciplinary oxygen rounds Staff are informed and aware of the requirements for increasing de-icing of vaporisers SOPs are available for the 'good housekeeping' practices identified during the pandemic surge and include, for example, Medical Director sign off for the use of HFNO 		Partially compliant	<ul style="list-style-type: none"> AE reports – These are undertaken yearly in line with the HTM 02-01 and these review all site risks, these reports would normally make their way to the Duty Holder & MGPS Committee. 	Estates and Pharmacy			
DD5	Oxygen Supply	Oxygen Systems	Whilst it is likely that the oxygen infrastructure is in place, the policies and procedures are not. They had only recently appointed an Authorised Person and their Medical Gas Committee had yet to meet after ceasing a number of years ago due to lack of engagement and changes in staffing responsibilities of membership. Evidence of recent training had not been provided. No evidence of annual risk assessment having been undertaken.	<ul style="list-style-type: none"> SOPs exist, and have been reviewed and updated, for 'stand up' of weekly/ daily multi-disciplinary oxygen rounds Staff are informed and aware of the requirements for increasing de-icing of vaporisers SOPs are available for the 'good housekeeping' practices identified during the pandemic surge and include, for example, Medical Director sign off for the use of HFNO 		Partially compliant	<ul style="list-style-type: none"> Medical Gas training – The Trust currently has 1 MGPS Trained Authorised Person (Me) who is awaiting formal sign off by our Authorising engineer. The Trust has arranged competent person training for a number of Theatres, Facilities & Estates staff which has been cancelled twice due to covid – last week I contacted the training supplier to seek availability to carry out on site in May/June so hopefully they will get back to me this week. User training is undertaken by the L&D dept on 2 yearly basis as far as I'm aware. 	Estates and Pharmacy			
DD7	Oxygen Supply	Oxygen Systems	Whilst it is likely that the oxygen infrastructure is in place, the policies and procedures are not. They had only recently appointed an Authorised Person and their Medical Gas Committee had yet to meet after ceasing a number of years ago due to lack of engagement and changes in staffing responsibilities of membership. Evidence of recent training had not been provided. No evidence of annual risk assessment having been undertaken.	<ul style="list-style-type: none"> Organisation has a risk assessment as per section 6.6 of the HTM 02-01 Organisation has undertaken an annual review of the risk assessment as per section 6.134 of the HTM 02-01 (please indicated in the organisational evidence column the date of your last review) 		Non-compliant	<ul style="list-style-type: none"> The Risk assessment review (currently showing as non-compliant) – I've had to seek guidance from the Trusts MGPS AE who advised not many Trusts have these high value 100 page surveys carried out anymore (last carried out at QVH in 2008) – the mitigation would be that non-compliances & risks are picked up as part of the AE's Annual Audit – personally I feel the future of this needs to be tabled at the next MGPS committee meeting to decide if these are required. 	Estates and Pharmacy			

<p>Strategic Objective We provide healthcare services that ensure our patients are offered choice and are treated in a timely manner.</p>	<p>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.</p>	<p>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</p>
<p>Risk Sustained delivery of constitutional access standards</p> <p>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.</p>	<p>Rationale for current score</p> <ul style="list-style-type: none"> • Increase of RTT waiting list and patients waiting >52 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] • 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 • Increased demand in immediate breast reconstruction referrals 	<p>Future risks</p> <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 <p>Future Opportunities</p> <ul style="list-style-type: none"> • Closer ICS working • <u>New Modular theatres – July 2022</u> • Closer working between providers including opportunities with Kent & Surrey • Partnership with UHSx
<p>Controls / Assurance</p> <ul style="list-style-type: none"> • Mobilising of virtual outpatient opportunities to support activity during COVID-19 • Transformation Board established, initially focusing on Outpatients • Additional reporting to monitor COVID-19 impact • Recovery planning and implementation ongoing • 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 	<p>Gaps in controls / assurance</p> <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 	

KSO 4 – Financial Sustainability

Risk Owner: Director of Finance & Performance

Committee: Finance & Performance

Date last reviewed 22/04/2022

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 12)

- The Trust submitted a breakeven plan for H2 in line with ICS-As at Month 12 the Trust is reporting a surplus position of £1.7m including technical adjustments at year end.
- ERF changes in H2 to clockstops, no income achievement in H2 in month 10.
- 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:	5 May 2022	Agenda reference:	76-22		
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 25 April, particularly regarding the business planning for 2022/23 – delegated by the board to the committee.				
Summary of key issues	<p>Business planning for 2022/23: Agreed to the submission of the proposed plan, albeit in the light of risks and uncertainties.</p> <p>Operational performance: Sleep behind remedial action plan, ongoing issues with theatre utilisation, late referrals and covid absences.</p> <p>Workforce: absences higher than wanted, appraisals need a focus. Encouraging results from the 2022 staff survey</p> <p>Financial results: Surplus of £1.7m 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:	KS05 – Organisational Excellence – strong indicators of successful management, but aware of critical dependencies KS04 – Financial Sustainability – short-term break-even is the result of national funding, longer-term is not resolved KS03 – Operational Excellence – risk remains high as growth in waiting lists and times				
Corporate risk register:	Committee is looking in detail at allocated corporate risks, on a rotational basis				
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: 5 May 2022
Reference no: 76-22
Report from: Paul Dillon-Robinson, Committee Chair
Report date: 25 April 2022

Financial, operational and workforce performance assurance

Introduction

The finance and performance committee met on 25 April. The main item was to agree the submission of the business plan for 2022/23 to the ICS on 28 April, as delegated by the board.

1. Business Planning

The committee spent the majority of the meeting going through the business plan (operational, workforce and finance), as revised since the March meeting following performance reviews and “star chambers”, as part of the challenge process.

The committee agreed that the plan be submitted, acknowledging areas of risk and uncertainty, and that any significant changes after the meeting should be cleared by email. The final business plan, and associated budget, would need to be revised as the uncertainties are cleared in the next few weeks / months.

Particular risks and uncertainties related to; ERF funding (not included), contracts with a number of commissioners still not agreed (tariff discussions), activity at 103% of 2019/20 weighted activity (as opposed to the 104% required), independent sector capacity, community diagnostic business plan (including increased demand from primary care), delivery of 5% productivity (theatres and outpatients, needing clinical engagement) and workforce (see next).

Workforce required was subject to particular scrutiny and challenge, including posts currently not being worked and the need for a vacancy factor to reflect difficulties and delays in recruiting.

The financial plan was agreed to submit as a deficit of £2.6m, representing, essentially, unfunded inflation pressures. It was noted that other providers in the ICS are unlikely to submit break-even plans. It was also noted that the deficit benefitted from “top-up” funding from the Sussex ICS that would not be available in 2023/24.

It was noted that capital has yet to be agreed between ICS partners.

Assurance was received that the business plan, as proposed, did not cause a risk to patient safety or quality, but that a demand to break-even would require a significant re-planning.

2. Operational performance

The committee noted the one 104ww, now treated, and the ongoing reduction in 78ww and 52ww. The action plan for Sleep is behind trajectory and is being monitored closely.

Theatre utilisation continues to remain outside the KPIs for late starts and early finishes, particularly in the light of the productivity assumptions for 2022/23. There remain ongoing issues with late referrals that impact on the 62 day target, as well as the ongoing impact of covid on staff and patients.

3. Workforce performance

Absence levels remain higher than target, but it is hoped that these will soften as covid (hopefully) lessens. There is some concern that appraisals are close to “red” and will be pushed at performance reviews.

The report on the staff survey was reviewed, and will be an item at the board meeting. The committee was pleased that the results were much better than had been feared, given the circumstances of last year. The main focus was on the importance of action plans being developed and implemented in good time.

4. Financial performance

The year-end out-turn is a £1.7m surplus, under the financial regime, reflecting some end of year adjustments. The committee took assurance that expenditure run-rate remains broadly consistent with the historic trend.

5. Other

The committee reviewed the corporate risk register but, given the time on business planning, did not deep dive on any individual risks. It also received an update on the Plastics service review and agreed a more detailed update next month, after business plans were submitted. The outline business plan for a system wide pathology system (for which QVH represents around 1% activity) was agreed.

The committee was pleased to receive an update on clinical coding and the results of the most recent audit (all over 98%) and the comments from the auditor, reflecting the successful project over the last year, pulling together a number of elements.

Report cover-page

References					
Meeting title:	Board of Directors				
Meeting date:	Thursday 5 May 2022	Agenda reference:	77-22		
Report title:	Operational Performance Report				
Sponsor:	Shane Morrison-McCabe, Director of Operations				
Author:	Operations Team				
Appendices:	None				
Executive summary					
Purpose of report:	To provide an update regarding operational performance and recovery.				
Summary of key issues	Key items to note in the operational report are: <ul style="list-style-type: none"> Operational performance in month 				
Recommendation:	The committee 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): <i>[Tick which KSO(s) this recommendation aims to support]</i>	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	BAF 3				
Corporate risk register:	Risks: As described on BAF KSO3				
Regulation:	CQC – operational performance covers all 5 domains				
Legal:	The NHS Constitution, states that patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, (i.e. patients should wait no longer than 18 weeks from GP referral to treatment) or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'.				
Resources:					
Assurance route					
Previously considered by:	Finance & Performance Committee				
	Date:	25 04 22	Decision:	Noted	
Previously considered by:					
	Date:		Decision:		
Next steps:					

Operational Performance Report

Shane Morrison-McCabe, Director of Operations

April 2022

Trust Board



Contents

		Slide
1.	Headlines and Forward Look	3
2.	Performance Summary	4
3.	Cancer Performance	5
4.	RTT Waits	6
5.	Recovery Activity	7
6.	Recovery Work Streams	8
7.	Diagnostics - CDC	9



Headlines

Cancer:

- Performance **meeting national / local set standards** for 2WW, 62 day, 31 day, faster diagnosis, over 104 day.
- Performance **behind national standard / agreed trajectory** for 62 day backlog, which was behind trajectory by 1 patient.

Diagnostics:

- **DMO1** – Radiology only DMO1 performance is **98.55%**.
- Sleep only DMO1 performance has reduced 2.3% in month to **38.98%**, which is 10.02% behind recovery trajectory. This is due to unplanned staff absence and cancellations. Outsourcing has been implemented and we have had an external review of all patient pathway processes, including DM01 pathway. Report due imminently.

Waiting Lists and Long Waiters:

- Patients waiting over **104** weeks has reduced by 2 in month to 1 patient but remains above plan.
- Patients waiting over **78** weeks has reduced however is above plan.
- Patients waiting over **52** weeks has increased by 1 patient although remains within plan.

Activity Vs Plan:

- **Day case** activity has reduced in month to below plan, driven by reduced theatre capacity.
- **Elective** activity remains consistent and below plan, impacted by sleep.
- **First outpatients** remains consistent and below plan and **follow up outpatients** have reduced in month and remain below plan, driven by staff shortages.

FORWARD LOOK / PERFORMANCE RISKS

- The second and final submission of the trust's 52WW and cancer 2022/23 trajectories are being submitted at the end April for approval.
- Risk to elimination of **104WW** and **78WW** patients ongoing due to complex patient pathways and covid/non covid related delays.
- Anticipated increase in **52WW** due to cancer hub provision and waiting list distribution.
- **62 day/104 day backlog** – remains an ongoing performance risk due to continued challenge of late referrals and patient initiated delays.
- **31 day** – performance challenges continue into March, due to medical delays and theatre skin capacity.
- Sleep staffing position; continued performance risk for **DMO1** and **elective activity**. Ongoing work to address.
- Ongoing risk around patient choice delays / unable to attend for treatment for Covid and Non-Covid reasons.

CANCER NATIONAL POSITION: (Jan-22)	
2WW: 46 out of 142	31 Day: 68 out of 143
FDS: 15 out of 143	62 Day: 7 out of 142

DMO1 NATIONAL POSITION: (look back – Feb-22)	
National DMO1: 76.0%	QVH DMO1: 92.0%

RTT NATIONAL POSITION: (look back – Feb-22)	
National RTT18: 62.6%	QVH RTT18: 67.2%
National % >52WW: 4.8%	QVH % >52WW: 1.5%



Performance Summary

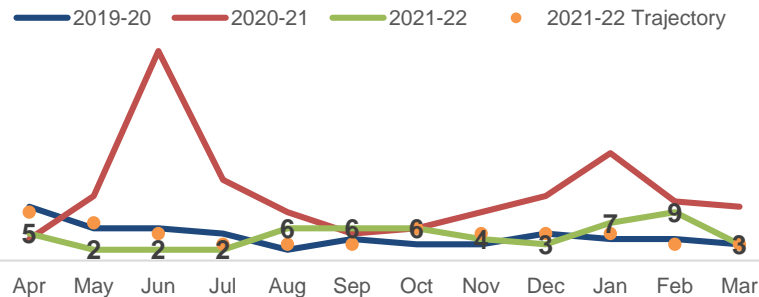
	KPI	TARGET / METRIC	SOURCE	APR21	MAY21	JUN21	JUL21	AUG21	SEP21	OCT21	NOV21	DEC21	JAN22	FEB22	MAR22
CANCER	Cancer 2WW	93%	National	97.8%	98.5%	97.0%	91.2%	89.2%	89.7%	90.2%	88.8%	94.8%	93.0%	93.9%	-
	Cancer 62 day	85%	National	87.5%	89.2%	89.3%	88.4%	91.7%	91.7%	85.5%	88.0%	85.5%	92.3%	90.7%	-
	Cancer 31 day	96%	National	95.5%	97.3%	98.0%	96.7%	95.6%	96.0%	96.5%	94.9%	94.0%	95.3%	96.7%	-
	Faster Diagnosis	75% (by March '24)	National	84.7%	88.9%	85.4%	86.9%	82.5%	80.5%	83.0%	82.1%	88.2%	80.3%	87.4%	-
	Cancer 104 day	Internal trajectory	ICS	5	2	2	2	6	6	6	4	3	7	9	3
	Cancer 62 day backlog	Internal trajectory	ICS	15	12	18	21	28	30	30	28	24	26	21	18
	Cancer 62 day backlog	<5% of PTL	Local	4.6%	2.7%	4.8%	4.3%	5.6%	5.7%	6.0%	5.5%	6.0%	6.6%	4.4%	3.7%
DIAGNOSTICS	DMO1 Diagnostic waits	99% <6 weeks	National	98.88%	97.51%	94.07%	90.76%	86.89%	86.24%	87.88%	91.06%	87.60%	89.70%	92.02%	89.88%
	Histology TAT	90% <10 days	Local	95%	97%	91%	97%	96%	95%	93%	98%	98%	92%	96%	96%
	Imaging reporting	% <7 days	Local	96.8%	99.1%	97.2%	97.0%	97.1%	98.1%	97.2%	95.4%	95.7%	98.0%	95.0%	98.7%
RTT WAITS	Total Waiting List Size	N/A	N/A	10,583	10,487	11,032	11,524	11,242	11,224	11,271	11,438	11,541	12,241	12,711	13,544
	RTT104	0 by March '22	ICS	5	6	4	6	7	4	6	4	6	1	3	1
	RTT78	0 by March '22	Local	126	137	99	103	106	74	49	23	22	15	13	10
	RTT65	0 by March '23	Local	-	-	-	-	-	-	-	-	-	54	56	48
	RTT52	0 by March '23	ICS	715	534	370	310	272	225	213	206	229	192	197	198
	RTT18	92%	National	71.20%	74.14%	77.59%	76.08%	75.52%	73.53%	71.80%	70.31%	67.82%	68.10%	67.16%	65.40%
RECOVERY ACTIVITY	Day Case	Recovery plan (% of)	ICS	100.8%	89%	93%	89%	83%	92%	97%	94%	95%	92%	102%	88%
	Elective	Recovery plan (% of)	ICS	92.6%	104%	93%	89%	76%	107%	94%	88%	89%	96%	85%	86%
	First Outpatients	Recovery plan (% of)	ICS	103.4%	95%	113%	98%	82%	92%	95%	98%	88%	94%	93%	93%
	Follow Up Outpatients	Recovery plan (% of)	ICS	112.8%	103%	102%	97%	89%	100%	98%	99%	93%	97%	94%	90%
	Outpatient Therapies	Recovery plan (% of)	ICS	105.9%	108%	111%	113%	99%	113%	104%	113%	91%	105%	86%	107%
	Non Elective	Recovery plan (% of)	ICS	103.1%	112%	104%	105%	101%	96%	96%	92%	87%	98%	96%	93%
MIU	MIU	95% discharged <4hrs	National	99.9%	99.9%	99.1%	99.9%	99.6%	98.9%	99.5%	99.7%	99.1%	99.7%	99.9%	99.8%
RAG	Deteriorating position or plans / cause for concern			Improving position or plans / local trajectories on track					Delivery of national / local standard						

Cancer

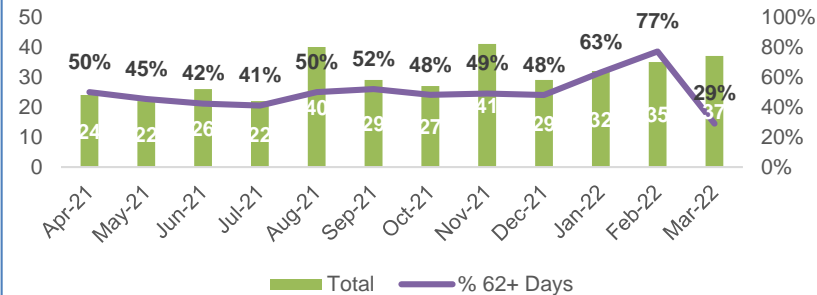
Performance Dashboard / 62 days / 104 day backlog / recovery

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%	88.8%	94.8%	93.0%	93.9%		↑
62 Day Referral to Treat	86.5%	87.5%	89.2%	89.3%	88.4%	91.7%	91.7%	85.5%	88.0%	85.5%	92.3%	90.7%		↓
Faster Diagnosis	77.5%	84.7%	88.9%	85.4%	86.9%	82.5%	80.5%	83.0%	82.1%	88.2%	80.3%	87.4%		↑
62 Day Con Upgrade	90.1%	90.0%	92.3%	83.9%	100%	90.9%	100%	61.5%	78.9%	85.7%	100%	100%		→
31 Day Decision to Treat	93.0%	95.5%	97.3%	98.0%	96.7%	95.6%	96.0%	96.5%	94.9%	94.0%	95.3%	96.7%		↑
31 Day Sub Treat	94.0%	94.4%	100%	87.5%	80.0%	88.9%	93.3%	100%	87.5%	62.5%	89.5%	72.5%		↓

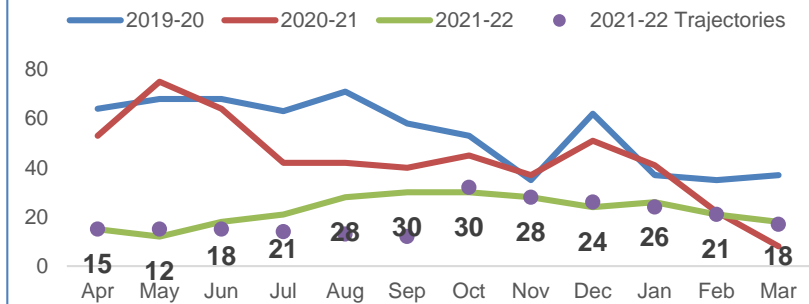
Over 104 Days - Trust Level/Trajectory



62 Days - Late Referrals (>38 days)



Over 62 Days - Trust Level/Trajectory



PERFORMANCE COMMENTARY

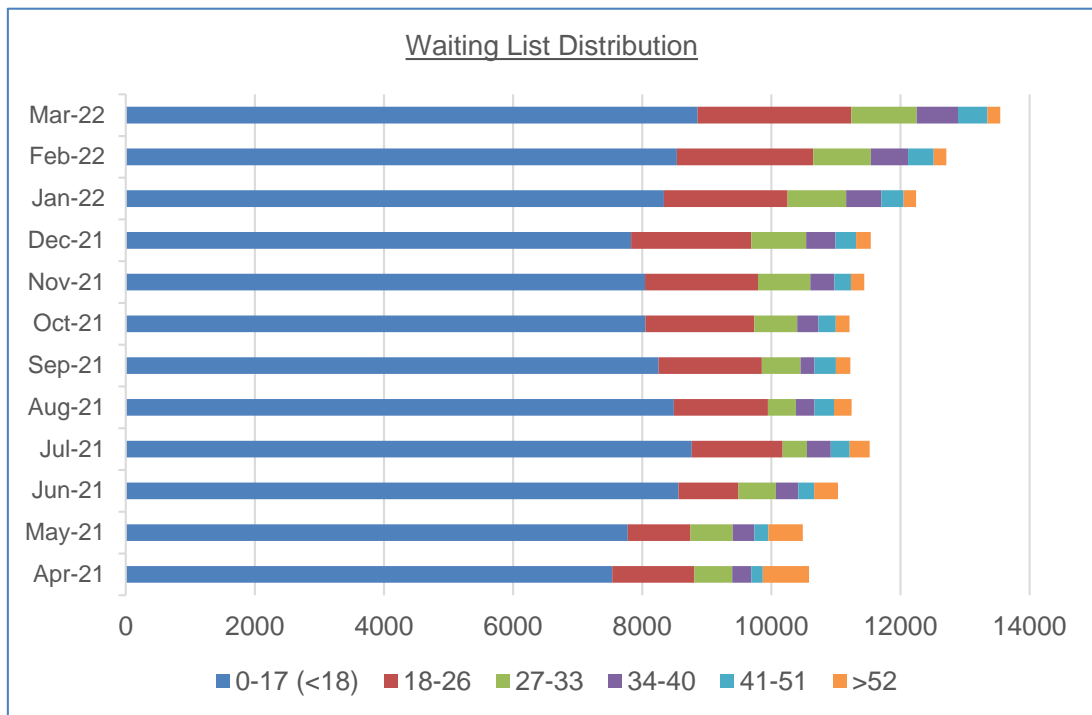
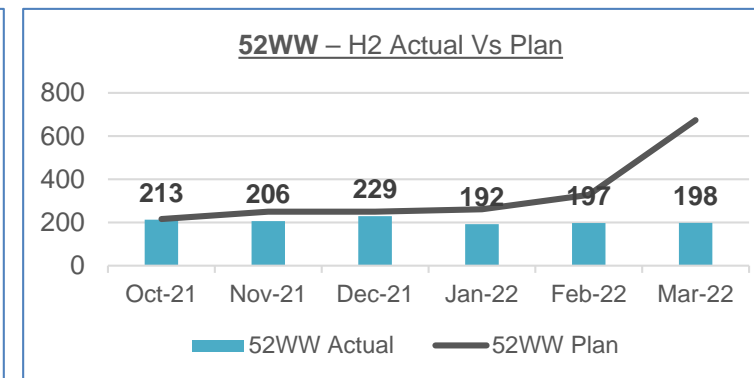
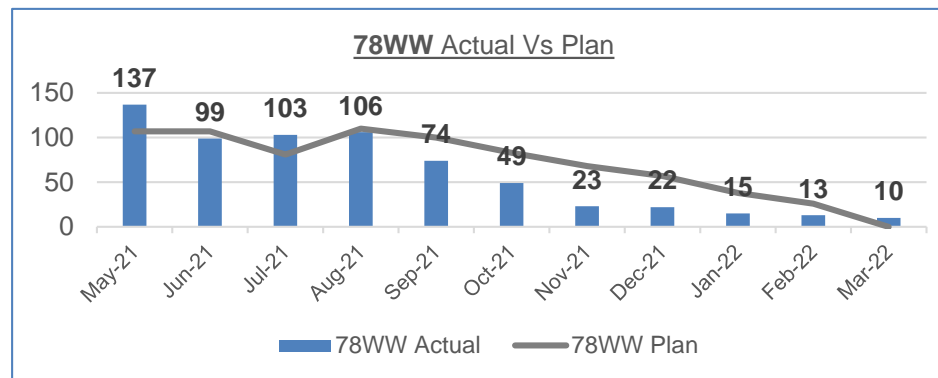
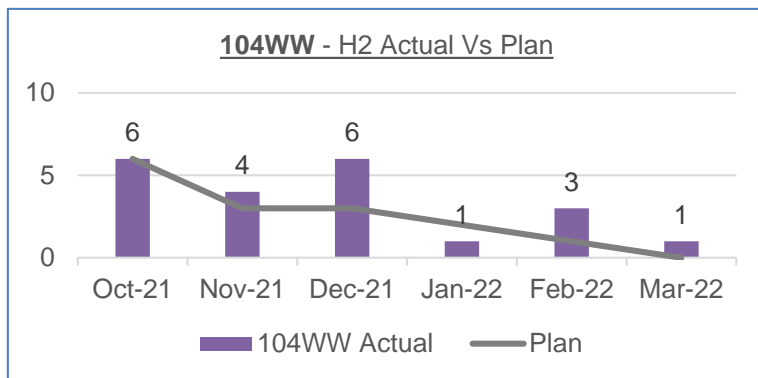
- **2WW** – met standard with 22 breaches; 9 were clinic capacity. The number of patients seen in days 0 to 7 for first outpatient appointment fell to 30.9%.
- **62 day referral to treat** – met standard.
- **Faster diagnosis** – met standard.
- **62 day consultant upgrade** – met standard.
- **31 day decision to treat** – met standard.
- **31 day subsequent** – standard not met, which remains driven by skin.
- **62 day backlog** – trajectory not met and PTL % met (37 late referrals in month of which 29% > 62 days).
- **Over 104 day** – trajectory met with 3 received at 104+ days, which is a reduction from last month.

FORWARD LOOK / PERFORMANCE RISKS

- The unvalidated March performance for **62 day** and **FDS** is above plan.
- The unvalidated March performance for **2WW** and **31 day** is below plan, due to ongoing medical delays and capacity related delays.
- **62 day backlog** – inclusion of late tertiary referrals into the backlog continues to be a risk with 65% of the backlog being late referrals for March. Patient initiated delays remain high.
- **Over 104 day** – late referrals from other trusts continues to be a risk, as well as an increase in complex pathways.
- Current delays where surgery is being cancelled due to medical reasons - Covid and non-Covid.

RTT Waits

104WW / 78WW / 52WW



PERFORMANCE COMMENTARY

- **104WW** – H2 trajectory not met with 1 OMFS patient waiting over 104 weeks, this patient has a TCI booked.
- **78WW** – Trajectory not met, with a reduction of 3 patients waiting over 78 weeks to 10; Corneo - 1, MaxFacs - 2, Plastics – 7. 40% have a TCI/treatment booked which is a reduction from last month; 5 are patient deferred (covid and non-covid).
- **52WW** – Meeting H2 trajectory, increase of 1 patient waiting more than 52 weeks to 198. 33.8% of patients have a TCI booked which is an decrease from last month. Of the total number waiting 68.69% are Plastics, 23.23% are MaxFacs, 7.07% are Corneo and 1.01% are Sleep.

FORWARD LOOK / PERFORMANCE RISKS

- **104WW** – expect to be at zero by end of April 2022.
- **78WW** – continued reduction expected in future months but challenges remain with covid and patient choice.
- **65WW** – monitoring the 65WW position which forms part of 22/23 operational planning targets is ongoing; this has reduced in month by 8 patients.
- **52WW** – An increase in patient and workforce related Covid cancellations is a key risk for performance into April.
- All trajectories exclude patient choice.
- Ongoing PTL validation exercise planned within all services.
- The PTL process continues to robustly manage patients through the weekly meeting.
- Ongoing risk around patients delaying treatment for Covid and Non-Covid reasons.

Recovery Activity

QVH Site / Independent Sector



POD	March 21/22 Activity	Recovery Plan	21/22 Activity Variance against Recovery Plan	21/22 Percentage Variance against Recovery Plan	19/20 Activity	21/22 Activity Variance against 19/20 Activity	21/22 Percentage Variance against 19/20 Activity - Threshold 95%
Day Case	882	1007	-125	88%	698	184	126%
Elective	230	269	-39	86%	268	-38	86%
First Outpatients	3305	3557	-252	93%	2822	483	117%
Follow Up Outpatients	9951	11033	-1082	90%	9032	919	110%
Outpatient Therapies	2372	2225	147	107%	2105	267	113%
Non Elective	569	609	-40	93%	508	61	112%
Grand Total	17309	18700	-1391	93%	15432	1877	112%
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"> March 19/20 activity levels were significantly reduced due to Covid. Day Case – Corneo delivered 102% of 19/20 day cases, with activity numbers reflecting close to average for the year. Limitations to performance continue to be driven by reduced theatre capacity compared to 19/20. Max Fac/ENT delivered 100% of 19/20; however activity numbers fell below the average for the last 12 months. Shortfall driven by the continued loss of sessions to accommodate cancer hub capacity. Plastics delivered 144% with a recovery of case count back to its average for the year, in spite of exceptional volume of Covid related staff sickness. Elective – Corneo delivered 88% of 19/20 activity with a recovery above the yearly average. Max Fac/ENT delivered 124% of 19/20 with a significant increase in case count from last month and above the average for the year. Plastics delivered 87% of 19/20 with a slight improvement in case count; the weighted position, however, is 116% owing to complexity of case mix. Sleep delivered a slightly reduced performance for the 3rd month in a row despite an increase to 57% of 19/20. First Outpatients – Corneo performance improved to 134% of 19/20 with a relative recovery to near average case count for the year. Max Fac/ENT delivered 112% of 19/20 with the second highest case count for the year. Orthodontics delivered 77% owing to staff shortages. Plastics delivered 124% of 19/20 with a continued recovery in case count for the third month running. Sleep delivered 108% of 19/20 with maintenance of case count from last month. Follow Up Outpatients – All service delivered above 100% of 19/20 owing to the impact of Covid. All services demonstrated delivery reflecting the average monthly case count for the year. Non Elective – remains consistent. 	<ul style="list-style-type: none"> Corneo – Performance levels across POD's expected to be maintained with an improvement in daycase numbers from previous months owing to return an anticipated cancellation rate and gaining lists back from cancer hub work. Limited Centre for Sight activity delivered but uncertainty regarding the contract going forwards. Plastics – Delivery of Day Case activity expected to experience a partial down-turn, owing to the reduction in TMC capacity and the shift in POD from day surgery to outpatients for See and Treat. Expectation that in Q2 the position will recover owing to theatre productivity work, modular theatres, and potential TMC theatre hire option. First Outpatient activity numbers expected to continue into April. Performance expected to remain consistent for Elective and Follow Up. Max Fac – Significant increase in daycase activity expected with return of lists given up for cancer hub activity. Outpatient performance expected to remain consistent. Sleep – Activity numbers expected to remain at recent levels contributing to elective underperformance. Ongoing medical and technician shortages continue to drive challenges. Independent sector – Level of capacity will be pivotal in delivery of activity targets into 22/23. Risk to admitted activity delivery continues to be driven by Covid system challenges. Significant increases in staff isolation may continue to have a significant impact on all activity delivery.

Recovery Work Streams

Outpatients



Virtual Consultations:

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

- Continuing to achieve the required standard – 25% for March.
- Ongoing balance with virtual appointments and seeing our long waiting patients.
- System procurement of virtual appointment platform ongoing.



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.

- 81 patients moved to a PIFU pathway in March, which is consistent with last month. This is 0.56% of all outpatient activity.
- Sleep backlog patients – evaluation of pilot undertaken, moving forward with process during April.
- All services exploring PIFU options as part of the 22/23 operational planning targets requirement to achieve a 25% reduction in Outpatient activity.
- Initial discussions around Patient Stratified Follow Up pathway for skin cancer patients; relevant monitoring module not due to be released until Winter.



Referral Optimisation:

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

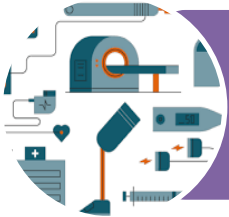
- Planned to report Advice and Guidance (A&G) activity from our Dental e-Referral System from April.

FORWARD LOOK / PERFORMANCE RISKS

- **KPIs** – Outpatient Utilisation KPIs to be presented at May 2022 meeting and remain driven through the new Transformation Board.



Diagnostics - CDC



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.

- The first patients have been referred through the digital platform Bleepa (which connects QVH with primary and secondary care colleagues), for the breathlessness pathway.
- Procurement discussions commenced for long term digital solution to support the CDC.
- QVH leadership team presented CDC H1 plans to the ICS, funding approved for the first half of the year 2022/23.
- Full Business case (FBC) required for H2 and funding over the next 3-5 years. Work is underway.
- Specific KPIs have been identified as part of the pilot, meeting arranged with Bleepa to establish data capture to support this. Work ongoing.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	5 May 2022	Agenda reference:	78-22		
Report title:	Finance Report 2021/22 – Month 12				
Sponsor:	Michelle Miles – Director of Finance and Performance				
Author:	Michelle Miles – Director of Finance and Performance				
Appendices:	Finance Performance Report Month 12 - 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 income and expenditure position is £1.7m surplus to actuals at Month 12. This is £0.5m surplus increase from the £1.2m forecast at M11. The main change to the forecast is the under spend in costs for the community diagnostic centre.</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, with unutilised establishment at M12 102.74 whole time equivalent.</p> <p>Capital spend at Month 12 £0.4m below plan.</p>				
Recommendation:	To note the report				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <i>[Tick which KSO(s) this recommendation aims to support]</i>			KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	KS04 – Financial Sustainability				
Corporate risk register:	KS04 – Financial Sustainability				
Regulation:					
Legal:					
Resources:	No current resources.				
Assurance route					
Previously considered by:					
	Date:		Decision:	N/A	
Previously considered by:					
	Date:		Decision:		
Next steps:					

Financial Performance Report

Michelle Miles, Director of Finance & Performance

March 2022

Finance & Performance Committee



Contents

		Slide
1.	Headlines and Forward look	3
2.	Income & Expenditure Summary	4
4.	Workforce Financial performance	5
5.	Balance sheet	6
6.	Capital	7

Headline Financial performance Month 12

Performance Month 12 YTD £1.7m surplus to actuals

The Trust Outturn at M12 is a surplus of £1.7m, a movement of £0.5m from forecast of £1.2m surplus. The main driver for the change in forecast is CDC £0.4m underspend not clawed back and £0.1m non pay expenditure run rate lower than forecast.

Income

- Block regime continues in H2.
- The Trust is not expecting any further payment for ERF.

Expenditure

- Overall expenditure at M12 remains in line with trend
- Unutilised establishment at M12 of 102.74 wte (9% against budget), mainly within the following staff groups - Nursing 57.03 wte, AHPs 18.70 wte and Admin 24.61 wte.
- Worked establishment at M12 is 1014.14 wte, 30.00 wte higher than the same period in 19/20.

Efficiencies

- Budgets have been set net of efficiencies.

Capital

- The Trust delivered spend of £7.245m, £0.4m below plan. This spend included £3.1m on the modular theatre project.
- The Capital plan for 2022-23 is currently being developed and management of ICS level performance and allocations is being discussed

2022/23 Planning

- The Trust planning process is between December – March with Final plan submission 28th April. The Trust has submitted the 1st draft finance plan on the 17th March with a deficit of £8.7m. The proposed plan for submission £2.6m deficit. The deficit represents the inflationary challenges to the Trust that have not been included with tariff uplift



Income & Expenditure Month 12

	In Month £'000				Year to Date £'000			
	19/20	Plan	Actual	Variance	19/20	Plan	Actual	Variance
Income								
Patient Activity Income	7,885	5,859	17,567	● 11,708	66,784	74,015	80,971	● 6,956
Other Operating Income	(653)	1,565	(14,442)	◆ (16,007)	3,652	15,614	3,812	◆ (11,802)
Total Income	7,232	7,424	3,125	◆ (4,299)	70,437	89,629	84,783	◆ (4,846)
Pay								
Substantive	(3,879)	(4,948)	(2,720)	● 2,228	(45,313)	(57,131)	(50,478)	● 6,653
Bank	(122)	(154)	(348)	◆ (194)	(3,142)	(1,797)	(3,406)	◆ (1,610)
Agency	(286)	(13)	(122)	◆ (109)	(2,387)	(143)	(827)	◆ (684)
Total Pay	(4,287)	(5,115)	(3,189)	● 1,926	(50,842)	(59,071)	(54,712)	● 4,359
Non Pay								
Clinical Services & Supplies	(135)	(476)	2,025	● 2,500	(5,863)	(7,889)	(6,363)	● 1,526
Clinical Services & Supplies	(780)	(593)	(718)	◆ (125)	(7,189)	(6,677)	(6,811)	◆ (134)
Drugs	(115)	(123)	(163)	◆ (40)	(1,472)	(1,479)	(1,435)	● 44
Establishment Expenses	(251)	(257)	(337)	◆ (80)	(3,287)	(2,796)	(2,979)	◆ (183)
Consultancy	(26)	(10)	135	● 145	(214)	(112)	0	● 112
Other non pay	(1,203)	(593)	838	● 1,432	(5,745)	(6,418)	(4,883)	● 1,534
Total Non Pay	(2,511)	(2,052)	1,779	● 3,831	(23,771)	(25,371)	(22,471)	● 2,900
Non Operational Expenditur	(120)	(150)	(137)	● 13	(1,574)	(1,622)	(1,513)	● 109
Non Operating Income	2	0	4	● 4	25	1	6	● 6
Depreciation and amortisati	(359)	(350)	(325)	● 25	(3,447)	(4,271)	(4,175)	● 96
Total Expenditure	(7,275)	(7,667)	(1,868)	● 5,799	(79,609)	(90,334)	(82,864)	● 7,470
Surplus / (Deficit)	(42)	(243)	1,257	● 1,500	(9,173)	(705)	1,918	● 2,623
<i>Adjusted financial performance</i>								
Technical				● 0			(174)	◆ (174)
Adjusted Surplus / (Deficit)	(42)	(243)	1,257	● 1,500	(9,173)	(705)	1,744	● 2,449

QVH PERFORMANCE COMMENTARY

YTD M12 the Trust is reporting £1.7m surplus to actuals. This is a change of £0.5m from the forecast at M11 of £1.2m surplus.

The main changes to the forecast

- CDC underspend £0.4m
- Non Pay run rate lower £0.1m

Income

Expectation of no ERF income for H2 as income is dependent on system achievement. 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.



Workforce Financial performance Month 12



Queen Victoria Hospital

Workforce	In Month WTE					In Month £'000					Year to Date £'000				
	19/20	Plan	Actual	Variance	Total Pay Variance	19/20	Plan	Actual	Variance	Total Pay Variance	19/20	Plan	Actual	Variance	Total Pay Variance
Substantive															
Admin & Clerical	264.36	327.86	274.07	53.79	24.61	(882)	(1,202)	1,400	2,602	2,515	(9,573)	(12,510)	(9,792)	2,718	2,016
Allied Health Professionals & Healthcare Scientists	150.54	179.21	158.96	20.25	18.70	(594)	(698)	(646)	51	36	(6,986)	(8,426)	(7,525)	900	833
Medical	153.44	166.48	162.70	3.78	(2.52)	(1,448)	(1,686)	(2,406)	(720)	(816)	(16,968)	(20,069)	(19,746)	323	(514)
Nursing & Healthcare Assistant	273.62	345.63	270.08	75.55	57.03	(824)	(1,200)	(924)	276	174	(10,163)	(14,187)	(11,673)	2,515	1,857
Support Staff	56.80	64.68	58.39	6.29	4.92	(131)	(162)	(142)	19	17	(1,623)	(1,939)	(1,742)	197	167
Substantive Total	898.76	1,083.86	924.20	159.66	102.74	(3,879)	(4,948)	(2,720)	2,228	1,926	(45,313)	(57,131)	(50,478)	6,653	4,359
Bank															
Admin & Clerical	22.02	0.54	28.72	-28.18		(78)	(14)	(77)	(64)		(774)	(162)	(815)	(653)	
Allied Health Professionals & Healthcare Scientists	5.93	2.08	3.78	-1.70		(34)	(10)	(19)	(9)		(215)	(125)	(185)	(60)	
Medical	2.23	0.85	5.48	-4.63		196	(13)	(61)	(48)		(364)	(156)	(648)	(492)	
Nursing & Healthcare Assistant	40.27	27.21	42.18	-14.97		(202)	(114)	(185)	(71)		(1,718)	(1,307)	(1,688)	(381)	
Support Staff	1.76	1.34	2.30	-0.96		(4)	(4)	(6)	(2)		(70)	(46)	(70)	(24)	
Bank Total	72.21	32.02	82.46	-50.44		(122)	(154)	(348)	(194)		(3,142)	(1,797)	(3,406)	(1,610)	
Agency															
Admin & Clerical	2.56	0.00	1.00	-1.00		19	(2)	(26)	(23)		(333)	(28)	(76)	(48)	
Allied Health Professionals & Healthcare Scientists	3.31	1.00	0.85	0.15		37	(2)	(9)	(6)		(79)	(15)	(22)	(8)	
Medical	0.66	0.00	1.67	-1.67		(328)	0	(47)	(47)		(1,028)	0	(345)	(345)	
Nursing & Healthcare Assistant	6.64	0.00	3.55	-3.55		(9)	(8)	(39)	(31)		(919)	(101)	(378)	(277)	
Support Staff	0.00	0.00	0.41	-0.41		(6)	0	(1)	(1)		(28)	0	(6)	(6)	
Agency Total	13.17	1.00	7.48	-6.48		(286)	(13)	(122)	(109)		(2,387)	(143)	(827)	(684)	
Workforce Total	984.14	1,116.88	1,014.14	102.74		(4,287)	(5,115)	(3,189)	1,926		(50,842)	(59,071)	(54,712)	4,359	

QVH PERFORMANCE COMMENTARY

In Month 12 the Trust has worked establishment of 1014.14 wte inclusive of substantive, bank and agency, this is 30.00 higher than the same period in 19/20.

Worked WTE	19/20	21/22	Change
Admin & Clerical	288.94	303.79	14.85
Allied Health Professionals & Healthcare Scientists	159.78	163.59	3.81
Medical	156.33	169.85	13.52
Nursing & Healthcare Assistant	320.53	315.81	-4.72
Support Staff	58.56	61.10	2.54
Total	984.14	1,014.14	30.00

QVH FORWARD LOOK / PERFORMANCE RISKS

The Trust unutilised establishment is on average 120 wte per month.

Capital Month 12 : 2021-22 Outturn

Capital Programme 2021-22	21/22 Outturn £'000		
	Plan	Actual	Variance
Estates Projects			
Main theatres heating boilers	120	108	12
Eye bank air handling unit	180	214	(34)
Other	1,283	806	477
Total Estates Projects	1,583	1,128	455
Medical Equipment			
Microvascular/ENT microscope	170	183	(13)
Laser for scar service	150	-	150
Other	458	406	52
Total Medical Equipment	778	589	189
Information Management & Technology (IM&T)			
Windows 10 / Server 2012 Upgrade	250	229	21
Radiology systems (PACS/RIS) reprovion	200	151	49
EDM scanning solution	175	142	33
Patient record system for Ophthalmology	165	53	112
Other	540	481	59
Total Information Management & Technology (IM&T)	1,330	1,056	274
Capitalised staff costs	350	399	(49)
Contingency & Adjustments	70	(36)	106
Total internally funded projects	4,111	3,136	975
DHSC PDC funded projects:			
Cyber security	144	-	144
Diagnostics Imaging - PACS	453	702	(249)
Diagnostics Digital Capability Programme	102	-	102
Community Diagnostics Centres (CDC)	364	109	255
Modular Theatres (Targeted Investment Fund TIF)	2,290	3,117	(827)
Long Term Conditions (LTC) tech platform. (TIF)	60	60	-
MOS (Store Conversion) - (TIF)	30	23	7
Imaging Academies workstations	29	29	-
Reequip Ultrasound	69	69	-
Total external PDC funded projects	3,541	4,109	(568)
Total	7,652	7,245	407

QVH PERFORMANCE COMMENTARY

- Central funding allocations for additional 2021-22 projects increased the capital plan from £4.1m to £7.7m.
- The new major projects that were undertaken were within a short time frame, with supply chain issues and with other resource constraints, therefore there was considerable risk to achievement.
- Significant effort was required by all project managers and procurement specialists to manage and prioritise in order to achieve a close to forecast outturn within the funding window of the last few periods of the finance year.

QVH FORWARD LOOK / PERFORMANCE RISKS

- The Trust total capital outturn of £7.245 Million forecast is close to the Q4 forecast, but below the original plan.
- Slippage and supply issues were managed on a project by project basis with emphasis on material achievable items.
- The Capital programme for 2022-23 is currently being developed and management of ICS level performance and allocations being discussed.



Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	5 May 2022	Agenda reference:	79-22		
Report title:	2022/23 Budget setting				
Sponsor:	Michelle Miles – Director of Finance and Performance				
Author:	Michelle Miles – Director of Finance and Performance				
Appendices:	None				
Executive summary					
Purpose of report:	To provide the Board with an update on the Trust Business Planning for 2022/23				
Summary of key issues	<p>The Trust submitted an operating plan on the 28 April in line with delegated Board approval to Finance and Performance Committee.</p> <p>The plan is a £2.7m deficit which is due to the inflationary impacts over and above tariff uplift and based on delivery of 103% activity levels as compared to 2019/20.</p> <p>The report highlights the plan as compared to the last three years.</p>				
Recommendation:	To approve				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <i>[Tick which KSO(s) this recommendation aims to support]</i>			KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	KS04 – Financial Sustainability				
Corporate risk register:					
Regulation:					
Legal:					
Resources:	No current resources.				
Assurance route					
Previously considered by:	HMT				
	Date:	25 April 22	Decision:	Approved	
Previously considered by:	Finance and Performance Committee				
	Date:	25 April 22	Decision:	Approved	
Next steps:					

2022/23 Budget setting update

Michelle Miles Director of Finance & Performance
Trust Board 05/05/2022



Planning Approach

- 2022/23 Planning will take place between January – March 2022.
- Trust Financial plan which reflects the resources required (Pay and Non pay) to deliver expected activity in 2022/23.
- Triangulation of activity, Pay WTE & expenditure and Non pay
- Meetings with Budget holders to review, agree and sign off plan: Activity, Pay and Non pay
- National Planning Guidance issued 24 December 2021 – technical guidance still awaited

Area	Principles
Activity	Baseline 2019/20 taking into account service changes in H1 2021/22 (expectation of 110% of 2019/20 elective exc. fups)
Income	Patient activity income (API/PbR) Other income Baseline M8 budget
Pay	Baseline M8 budgeted establishment with vacancy factor
Non pay	2021/22 Outturn
Area	Principles
Service developments	Approval by EMT & reviewed at Star Chambers
Cost pressures	Approval by EMT & reviewed at Star Chambers
Efficiencies	£1.4m & 5% productivity
Capital	Estates, Equipment and IMT Approval by HMT



Income & Expenditure	Proposed budget 22/23 £'000	Outturn 19/20 £'000	Outturn 20/21 £'000	FOT 21/22 £'000	Variance against:		
					Outturn 19/20	Outturn 20/21	FOT 21/22
Income							
Patient Activity Income	84,531	66,784	76,109	80,971	17,747	8,422	3,560
Other Income	2,951	4,317	7,215	3,818	(1,366)	(4,264)	(867)
Total Income	87,482	71,102	83,325	84,789	16,381	4,158	2,693
Expenditure							
Pay							
Substantive	(57,322)	(45,313)	(49,505)	(50,478)	(12,008)	(7,817)	(6,844)
Bank	(1,732)	(3,142)	(2,448)	(3,406)	1,409	716	1,674
Agency	(140)	(2,387)	(715)	(827)	2,246	575	687
Total Pay	(59,194)	(50,842)	(52,668)	(54,712)	(8,352)	(6,526)	(4,482)
Non Pay							
Clinical Services & Supplies	(13,255)	(13,052)	(10,950)	(13,180)	(202)	(2,305)	(74)
Drugs	(1,543)	(1,472)	(1,179)	(1,435)	(71)	(364)	(108)
Consultancy	(62)	(214)	(297)	0	152	235	(62)
Other non pay	(9,749)	(9,698)	(10,249)	(8,036)	(51)	500	(1,713)
Non Operational Expenditure	(1,686)	(1,550)	(1,395)	(1,507)	(136)	(291)	(179)
Depreciation and amortisation	(4,650)	(3,447)	(3,570)	(4,175)	(1,203)	(1,080)	(475)
Total Non Pay	(30,944)	(29,433)	(27,639)	(28,333)	(1,511)	(3,305)	(2,611)
Total Expenditure	(90,139)	(80,275)	(80,307)	(83,045)	(9,864)	(9,831)	(7,093)
Surplus/(Deficit)	(2,656)	(9,173)	3,017	1,744	6,517	(5,673)	(4,400)

QVH PERFORMANCE COMMENTARY

Proposed budget deficit £2.7m representing £4.4m increase from 2021/22 outturn.

The deficit represents the inflationary impacts above tariff uplift.

Activity is based upon 103% delivery of 2019/20 activity levels.

Pay & non pay has been reviewed and agreed via star chambers.



KSO5 – Organisational Excellence

Risk Owner: Interim Director of Workforce & OD

Date 19th April 2022

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.
- Impact on workforce confidence in a sustainable future, due to uncertainty or misinformation from outside and inside the Trust related to potential merger

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
- Exploration of overseas nursing recruitment with UHSussex
- Exploring Medical Support Worker initiative to support Medical Vacancies

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

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:	Thursday 5th May 2022	Agenda reference:		81-22	
Report title:	Workforce Report – April Report – March Data				
Sponsor:	Lawrence Anderson, Interim Director of Workforce and Organisational Development				
Author:	Gemma Farley, Employee Relations & Wellbeing Manager Sarah Oliphant, Employee Services and e-Systems Manager Annette Byers, Head of Organisational Development Helen Moore, Medical Education Manager				
Appendices:	N/A				
Executive summary					
Purpose of report:	To provide a monthly update of workforce KPIs and organisational development activity				
Summary of key issues	<p>This month's workforce report provides a look back at the key achievements of the team over the last 12 months.</p> <p>Key highlights of the report show vacancies have slightly reduced, and turnover has stabilised this month following rises since June 2021.</p> <p>Sickness absence has slightly reduced from the previous month, although still registering Red within our own KPI and is at a favourable position compared to nationally.</p> <p>Appraisal rates continue to remain high and mandatory and statutory training rates continue to be consistently over 90%.</p>				
Recommendation:	The Board are asked to note the report				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <small>[Tick which KSO(s) this recommendation aims to support]</small>	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:	KSO5. Trust reputation as a good employer and ensuring there are sufficient and well trained staff to deliver high quality care Engaged and motivated staff deliver better quality care (KSO1)				
Corporate risk register:	Impact of pandemic on workforce availability				
Regulation:	Well Led				
Legal:	n/a				
Resources:	Managed by HR/OD with support from finance, operations and nursing				
Assurance route					
Previously considered by:					
	Date:		Decision:	Information	
Next steps:					

Workforce and Organisational Development Report

Lawrence Anderson, Interim Director of Workforce &
Organisational Development

April 2022 (March 2022 Data)



Contents

		Slide
1.	Headlines and Forward Look	3
2.	Workforce KPIs Summary	4
3.	Goal 1: Engagement & Communication	5
4.	Goal 2: Attraction & Retention	6-9
6.	Goal 3: Health & Wellbeing	10
7.	Goal 4: Learning & Education	11
8.	Goal 5: Talent & Leadership	12-13
9.	Achievements – April 2021 to March 2022	14-16



Headlines

Engagement & Communication:

- 2021 Staff Survey results have been published online and individual meetings set up with general managers to go through reports for each area
- Departments will be asked to complete an Action Plan based on their priorities for 2022/23
- The Q4 2021/22 National Quarterly Pulse Survey of staff (NQPS) results have been published on Qnet (intranet) and Q1 2022/23 has been emailed to staff
- Regular communications continue to be sent to heads of department and all QVH staff on training, development and apprenticeships available

Attraction & Retention:

- Further increase in applications received to 310 for March.
- Reduction in number of adverts placed to 34 with the applicants offered increasing to 50.
- Overall Recruitment KPIs have improved, seeing faster processing of vacancies and candidates into post.
- Staff in post has increased again to 939.56 whole time equivalent (WTE) and our vacancy rate has reduced to 13.01% with our establishment remaining the same.

Health & Wellbeing:

- The Healthy Workplace Allies network continue to meet monthly and a representative attends the monthly Stay Well team meetings to input into the programme alongside a representative from the BAME network.
- Weekly emails throughout March focused on: World Glaucoma Week (6-12 March); World Sleep Day (18 March); and World Oral Health Day (20 March). Ongoing webinars available from Care First (EAP) have been reduced to 3/5 per week and continue to be shared with all staff.
- The work-related stress indicator tool (WRSIT) project continues with many departments already having completed and implementing the actions. Where there are fewer than 10 people in the department/team, paper-based versions of the questionnaire are being undertaken offline. We will be engaging with managers to start the next round in the second quarter of 2022/23.

Learning & Education:

- Overall Stat & Mand compliance is **89.34%** across QVH – increased by 0.43% from last month 88.97% (includes non perm and perm staff)
- Appraisals compliance decreased and is now **82.66%** across QVH (down by 0.18% from last month 82.84%). There is still concern this will fall into the Red RAG rating in the next few months if action is not taken.

Talent & Leadership:

- Apprenticeship uptake has increased to 18 new apprenticeship starts for 2021/22 an 80% increase over the 2020/2021 figure of 10
- 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			Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Compared to Previous Month
Establishment WTE <i>*Note 1</i>				1042.49	1031.34	1031.34	1032.34	1057.51	1057.51	1061.28	1067.59	1068.59	1072.63	1079.63	1080.03	1080.03	◀▶
Staff In Post WTE				934.23	931.78	930.44	930.22	922.66	910.88	919.42	924.62	935.09	939.52	932.11	937.56	939.56	▲
Vacancies WTE				108.26	99.58	100.90	102.12	134.85	146.63	141.86	142.97	133.50	133.11	147.52	142.47	140.47	▼
Vacancies %	>12%	8%<>12%	<8%	10.38%	9.65%	9.78%	9.89%	12.75%	13.87%	13.37%	13.39%	12.49%	12.41%	13.66%	13.19%	13.01%	▼
Agency WTE				10.55	7.46	11.06	12.11	12.89	9.97	8.28	6.83	11.79	10.91	10.44	10.39	10.50	▲
Bank WTE <i>*Note 2</i>				87.81	64.81	64.22	72.64	78.37	71.08	70.05	71.07	77.85	66.63	77.85	77.65	91.93	▲
Trust rolling Annual Turnover % (Excluding Trainee Doctors)	>=12%	10%<>12%	<10%	10.76%	11.55%	10.94%	12.20%	13.15%	14.11%	14.60%	15.02%	15.43%	15.72%	15.23%	15.90%	15.40%	▼
Monthly Turnover				1.45%	1.34%	0.33%	2.03%	1.49%	2.12%	1.25%	1.28%	1.15%	1.31%	1.20%	0.87%	0.90%	▲
12 Month Rolling Stability % <i>*Note 3</i>	<70%	70%<>85%	>=85%	88.91%	88.37%	87.84%	87.11%	85.09%	85.09%	85.43%	85.03%	84.49%	84.10%	83.83%	83.04%	83.43%	▲
Sickness Absence %	>=4%	4%<>3%	<3%	2.75%	2.49%	3.04%	3.63%	3.17%	3.27%	4.13%	4.47%	4.54%	4.24%	4.72%	4.34%	TBC	▼
% staff appraisal compliant (Permanent & Fixed Term staff) <i>*Note 4</i>	<80%	80%<>95%	>=95%	86.32%	86.50%	85.23%	83.72%	85.17%	86.08%	83.93%	82.08%	81.24%	80.36%	80.61%	82.85%	82.66%	▼
Statutory & Mandatory Training (Permanent & Fixed Term staff) <i>*Note 5</i>	<80%	80%<>90%	>=90%	91.65%	92.57%	92.34%	92.35%	91.98%	92.35%	90.92%	90.85%	91.48%	91.39%	91.27%	91.03%	91.05%	▲

**Note 1* - establishment updated monthly from Finance Ledger - excludes bank and agency.

**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 shows % of employees that have remained in employment for the 12 month period.



GOAL 1: Engagement & Communication

NHS Staff Survey 2021:

- Early communications have been shared across the Trust via Connect and an all staff email. Top level results show that QVH is above average on 5 of the 7 People Promise elements, average on 2 and above average on the themes of Staff Engagement and Staff Morale compared to our comparator group (Acute Specialist).

	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.8	6.3	7.3	6.5	5.9	6.7	7.1	7.5	6.3
Your org	7.6	6.3	7.1	6.4	5.7	6.3	6.9	7.4	6.1
Average	7.5	6.1	7.0	6.2	5.6	6.3	6.9	7.3	6.0
Worst	7.1	5.7	6.7	6.1	5.3	5.8	6.5	6.9	5.8

National Quarterly Pulse Survey (NQPS):

- QVH NQPS results for Q4 2021/22 has now been uploaded to the Model Hospital and is available for staff to view on the Staff Survey Qnet page.
- NQPS for Q1 2022/23 is now open has been emailed to staff to complete.

NQPS Score	Data Period	STP Result	QVH Value	Change	Quartile
Employee Engagement Score	Q4 2021/22	6.5	7.5	Improved by 0.4	4 - Highest 25%
Advocacy Score	Q4 2021/22	6.2	8.2	Improved by 0.5	4 - Highest 25%
Involvement Score	Q4 2021/22	6.6	7.2	Improved by 0.7	4 - Highest 25%
Motivation Score	Q4 2021/22	6.7	7.1	Remained the same	4 - Highest 25%

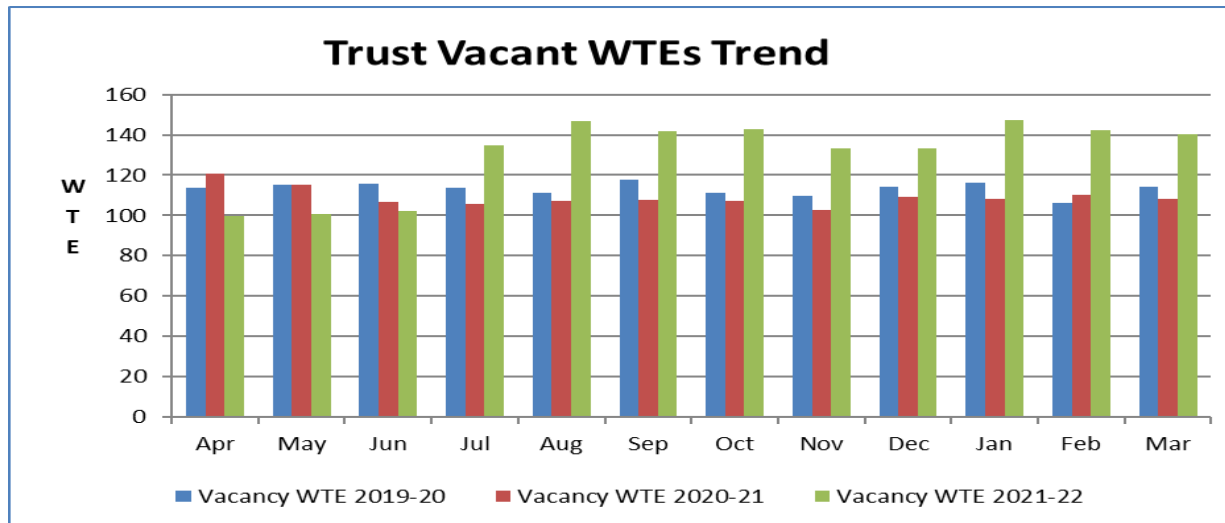
COMMENTARY

- Final QVH Staff Survey 2021 findings show that QVH is above average on 5 of the 7 People Promise elements, average on 2 and above average on the themes of Staff Engagement and Staff Morale compared to our comparator group.

FORWARD LOOK / POTENTIAL RISKS

- Work will now be done within departments to analyse their reports, identify key priorities, and develop and action plan to work on areas that need improvement. Business Units will be expected to update Performance Review on actions taken.

GOAL 2: Attraction & Retention



	Non Medical		Medical	
	Posts advertised this month	Recruits in Pipeline	Posts advertised this month	Recruits in Pipeline
Corporate	7.9	8.88		
Eyes	2	0.2	3	2
Sleep	7.4	4	0	0
Plastics	7	3.59	4	8
Oral	1.6	0.8	3.2	0.2
Periop	10	14	2	0
Clinical Support	6.12	6.29	2	1
Outpatients	3.88	0.67		
Director of Nursing	2.53	2.8		
Operational Nursing	12.61	10.63		
Community Services	0	0	0	0
QVH Trust Total	61.04	51.86	14.2	11.2

VACANCY PERCENTAGES	Jan-22	Feb-22	Mar-22	Compared to Previous Month
Corporate	15.01%	14.71%	14.69%	▼
Eyes	3.27%	-1.93%	1.48%	▲
Sleep	28.26%	29.61%	29.61%	◀▶
Plastics	6.40%	3.73%	4.33%	▲
Oral	8.42%	10.03%	10.14%	▲
Periop	13.18%	13.44%	13.01%	▼
Clinical Support	13.21%	11.58%	9.92%	▼
Outpatients	33.64%	30.93%	25.27%	▼
Director of Nursing	1.61%	3.61%	3.49%	▼
Operational Nursing	18.04%	17.71%	18.45%	▲
Community Services	14.39%	14.39%	7.27%	▼
QVH Trust Total	13.66%	13.19%	13.01%	▼

COMMENTARY

- SIP has increased to 939.56wte in march 2022. Our establishment remains the same which brings our vacancy rate to 13.01%. Sleep continue to have the highest vacancy rate at 29.61%
- Time to hire has reduced in all areas other than an increase in 0.93 days for authorisation of roles – see next slide.
- Over the last year we have increased our staff in post by only 5.33wte whereas the establishment has increased by 37.54wte this has increased our vacancy rate by 2.26% for the year
- Vacancies have risen in Operational Nursing, Eyes, Plastics and Oral.
- 3 Kickstart initiate starters process and started before deadline of 31 March to secure funding.

FORWARD LOOK / POTENTIAL RISKS

- Skills For Health (recruiting from the Armed Forces) pledge received and to be signed by EMT to support armed forces and their families to work at QVH
- Task and finish group set up to look at how we process our bank only starters, focus currently on those that leave and want to remain on the bank
- Close working with Nursing and AHP leads to look at attraction and retention along with training initiatives on starting to develop through roles within QVH.
- Support for Max Fax holding an open evening to attract Dental Nurses and RN's to the department.
- Pending final outcome of internal Audit.

GOAL 2: Attraction & Retention – Recruitment KPI's

Stage	Month on Month improvement			
	KPI	Feb-22	Mar-22	# days reduced by
From Advert open to ready to start (T19)	45	66.57	45.87	20.70
From conditional offer to ready to start (T23)	18	41.37	22.7	18.67
From authorised to ready to start (T16)	53	55.93	50.38	5.55
From authorised to start date (T17)	70	97.73	72.13	25.60
Time to authorise (T1a)	5	5.37	6.3	-0.93
From authorised to advert live (T1b)	2	2.47	1.3	1.17



Stage	KPI	Mar-21	Mar-22	# days reduced by
From Advert open to ready to start (T19)	45	75.73	45.87	29.86
From conditional offer to ready to start (T23)	18	39.77	22.7	17.07
From authorised to ready to start (T16)	53	43.9	50.38	-6.48
From authorised to start date (T17)	70	75.73	72.13	3.60
Time to authorise (T1a)	5	4.83	6.3	-1.47
From authorised to advert live (T1b)	2	1.13	1.3	-0.17

COMMENTARY

- All measures for March 2022 are below or equal to our KPI's bringing the overall measurement of Vacancy Authorised to Candidates booked start date down by 25.60 days to 72.13.
- Only increase (0/93 days) is in time to authorise and this is due to financial management dealing with year end as a priority.
- Time to Recruitment (conditional offer to Ready to Start) shows a fall of 24% in time taken in the last 6 months.

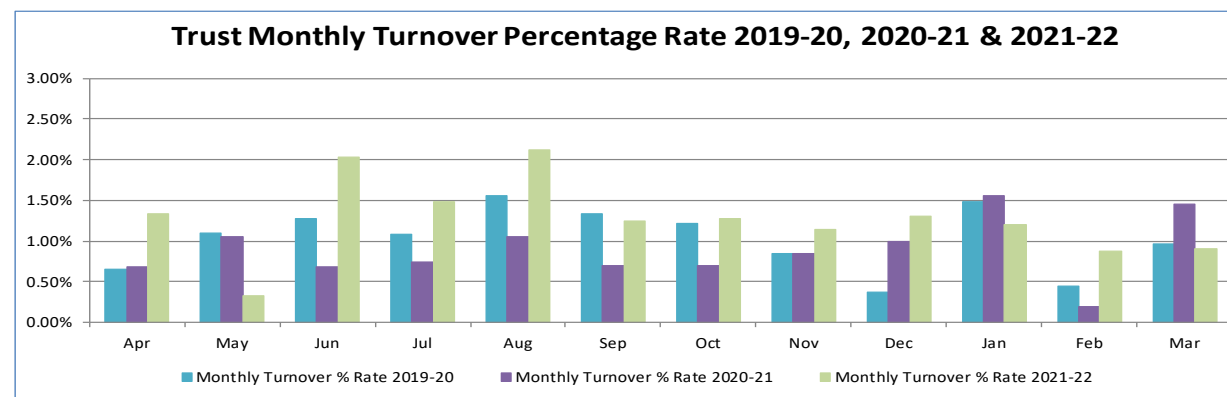
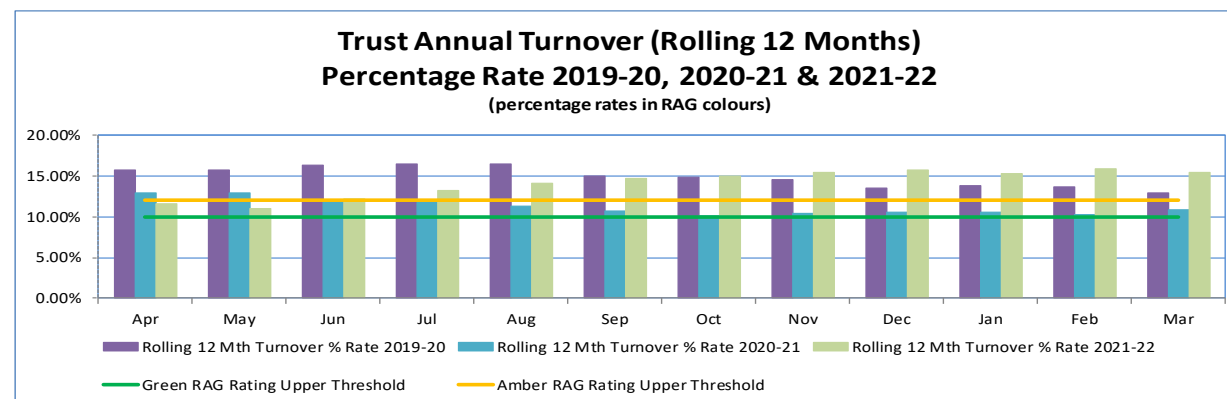
FORWARD LOOK / POTENTIAL RISKS

- Continue to monitor and improve on our time to hire.



ANNUAL TURNOVER ROLLING 12 MTHS excl. Trainee Doctors	Jan-22	Feb-22	Mar-22	Compared to Previous Month
Corporate %	14.23%	14.14%	14.58%	▲
Eyes %	45.03%	46.83%	48.45%	▲
Sleep %	25.25%	25.46%	22.65%	▼
Plastics %	22.71%	22.81%	22.57%	▼
Oral %	14.42%	15.70%	13.30%	▼
Peri Op %	10.62%	12.02%	9.85%	▼
Clinical Support %	12.21%	13.18%	12.10%	▼
Outpatients %	7.88%	7.69%	2.84%	▼
Director of Nursing %	9.95%	12.00%	14.20%	▲
Operational Nursing %	15.83%	15.78%	16.92%	▲
Community Services %	4.87%	4.87%	4.66%	▼
QVH Trust Total %	15.23%	15.90%	15.40%	▼

MONTHLY TURNOVER excl. Trainee Doctors	Jan-22	Feb-22	Mar-22	Compared to Previous Month
Corporate %	1.44%	0.00%	1.43%	▲
Eyes %	5.81%	3.10%	3.07%	▼
Sleep %	3.71%	0.00%	0.00%	◀▶
Plastics %	1.86%	0.00%	0.00%	◀▶
Oral %	0.00%	1.31%	0.79%	▼
Peri Op %	0.95%	1.30%	0.00%	▼
Clinical Support %	0.52%	2.02%	0.00%	▼
Outpatients %	0.00%	0.00%	0.00%	◀▶
Director of Nursing %	0.00%	1.70%	2.10%	▲
Operational Nursing %	1.21%	0.49%	1.56%	▲
Community Services %	0.00%	0.00%	0.00%	◀▶
QVH Trust Total %	1.20%	0.87%	0.90%	▲



COMMENTARY

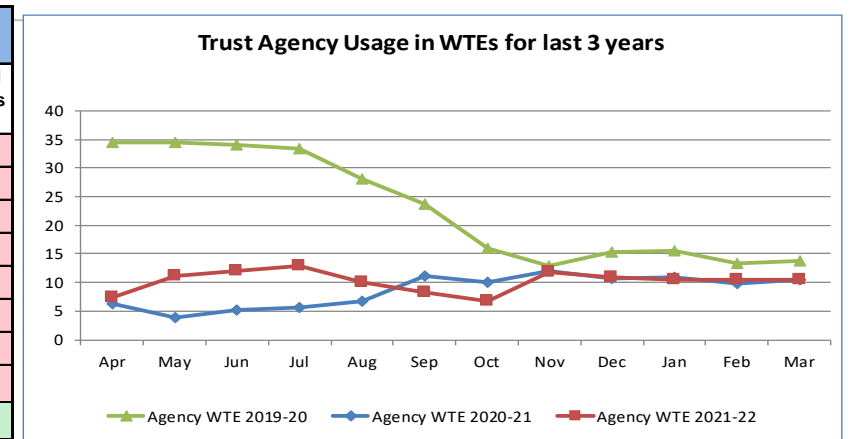
- 12 month rolling turnover has decreased to 15.40% however is still over the trusts KPI. Our trust monthly turnover is 0.90%.
- In the last year our turnover has increased by 4.64% With in total
- There were 11.01wte starters and 7.61wte leavers excluding Dr's in Training in March 22.
- Starters were mostly on Corporate (3.6wte) and Clinical Support (2.33wte) There were 2.61wte Qualified Nurses also start in march
- Leavers came mostly from corporate areas (2.6wte) and Operational Nursing (2.53wte). 0.92wte were qualified nurses and 1.61wte were HCA/clinical nursing support. 1.48wte Retired, 3.92wte left due to promotion/better rewards/lack of opportunity, 1.21wte left due to personal reasons.
- 12 month rolling stability has increased to 83.43% this is a 4.94% increase on last year.

FORWARD LOOK / POTENTIAL RISKS

- Stability should become evidence in turnover with budget setting taking place which will slow any further increases to establishment.

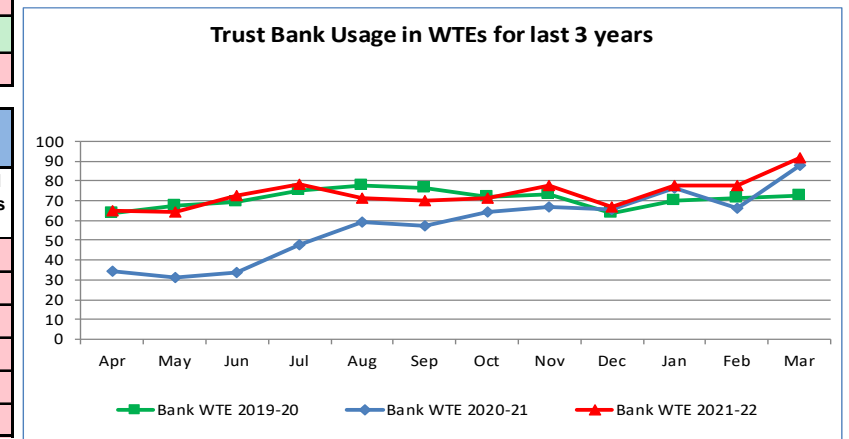
Agency				
BUSINESS UNIT (WTE)	Jan-22	Feb-22	Mar-22	Compared to Previous Month
Corporate	2.99	4.05	3.13	▼
Eyes	0.00	0.00	0.00	◀▶
Sleep	0.41	0.75	0.67	▼
Plastics	0.00	0.00	0.00	◀▶
Oral	0.00	0.00	0.00	◀▶
Periop	2.27	1.57	2.38	▲
Clinical Support	0.67	0.38	0.12	▼
Outpatients	0.00	0.00	0.00	◀▶
Director of Nursing	0.00	0.00	0.00	◀▶
Operational Nursing	4.10	3.64	4.20	▲
Community Services	0.00	0.00	0.00	◀▶
QVH Trust Total	10.44	10.39	10.50	▲

Bank				
BUSINESS UNIT (WTE)	Jan-22	Feb-22	Mar-22	Compared to Previous Month
Corporate	9.40	9.56	10.63	▲
Eyes	2.12	1.93	2.27	▲
Sleep	4.33	5.61	6.18	▲
Plastics	2.09	3.08	4.30	▲
Oral	4.77	3.84	4.10	▲
Periop	20.29	19.10	22.26	▲
Clinical Support	3.06	3.29	4.42	▲
Outpatients	2.06	1.84	1.93	▲
Director of Nursing	2.53	2.86	2.81	▼
Operational Nursing	25.60	25.40	32.50	▲
Community Services	1.61	1.14	0.52	▼
QVH Trust Total	77.85	77.65	91.93	▲



Agency				
STAFF GROUP (WTE)	Jan-22	Feb-22	Mar-22	Compared to Previous Month
Qualified Nursing	5.70	4.75	5.16	▲
HCA's	0.00	0.07	0.44	▲
Medical and Dental	1.08	1.14	1.65	▲
Other AHP's & ST&T	0.67	0.38	0.12	▼
Non-Clinical	2.99	4.05	3.13	▼
QVH Trust Total	10.44	10.39	10.50	▲

Bank				
STAFF GROUP (WTE)	Jan-22	Feb-22	Mar-22	Compared to Previous Month
Qualified Nursing	30.21	31.69	36.77	▲
HCA's	11.36	9.80	12.44	▲
Medical and Dental	4.77	5.44	6.84	▲
Other AHP's & ST&T	3.08	2.70	3.31	▲
Non-Clinical	28.43	28.03	32.58	▲
QVH Trust Total	77.85	77.65	91.93	▲



COMMENTARY

- Agency has increased this month slightly to 10.5wte. this is approximately the same as March 2021 which was 10.36wte. Increases were seen in operational nursing and peri op. all staff groups apart from Other AHP and STT and non-clinical saw increase usage.
- Bank usage has increased considerably since last month with an in month increase of 14.28wte ending the month with 91.93wte used. All business units increased with the exception of Director of Nursing and Community Services. There were increases amongst all staff groups with Nursing being the largest (5.08wte) followed by HCA (2.64wte).
- March's bank usage is typically higher than February however this is the highest ever recorded at QVH (internal records from April 2016 onwards).

FORWARD LOOK / POTENTIAL RISKS

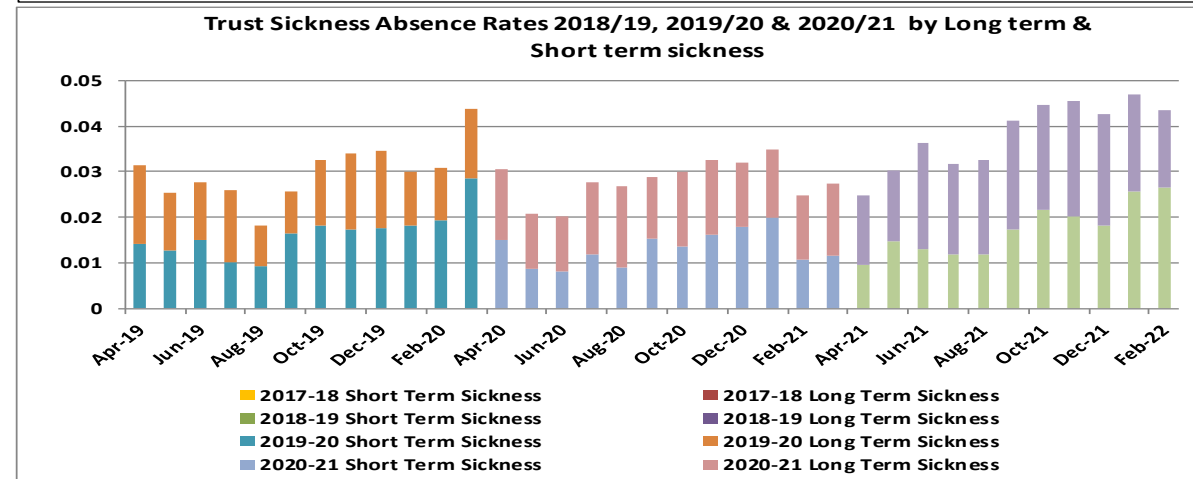
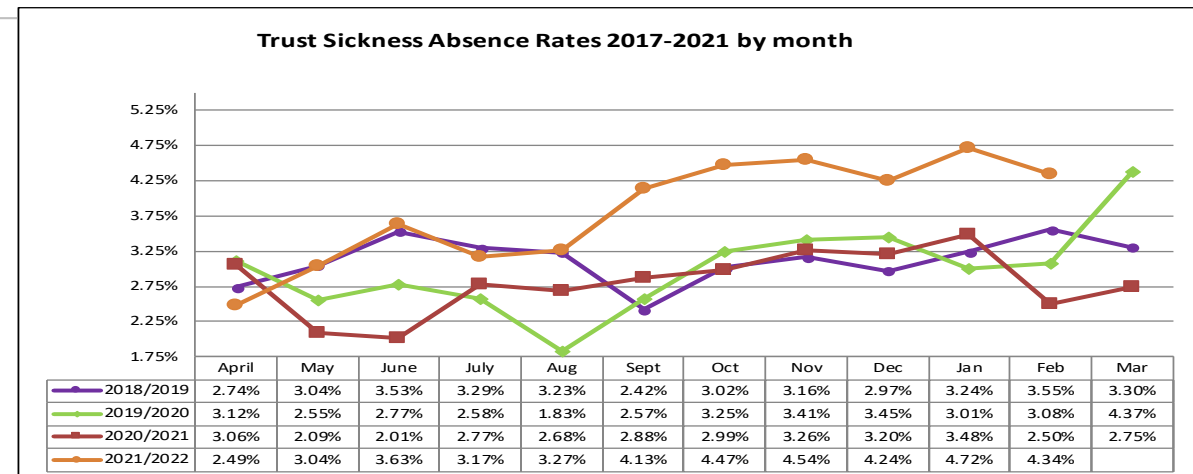
- Enabling easier process to request bank and/or agency staff with Bank Recruitment Task and Finish Group
- Work with managers to fill long term vacancies and reduce bank and agency usage to fill these.

GOAL 3: Health and Wellbeing

SHORT TERM SICKNESS	Dec-21	Jan-22	Feb-22	Compared to Previous Month
Corporate	1.18%	2.71%	1.92%	▼
Clinical Support	3.20%	2.75%	2.86%	▲
Plastics	1.08%	1.43%	2.23%	▲
Eyes	0.61%	1.66%	1.46%	▼
Sleep	2.62%	1.43%	1.79%	▲
Oral	0.92%	1.49%	1.90%	▲
Periop	1.66%	2.50%	2.05%	▼
Outpatients	0.73%	0.59%	0.00%	▼
Director of Nursing	1.37%	2.03%	3.06%	▲
Operational Nursing	2.92%	4.07%	5.16%	▲
Community Services	3.81%	3.87%	0.00%	▼
QVH Trust Total	1.83%	2.56%	2.64%	▲

LONG TERM SICKNESS	Dec-21	Jan-22	Feb-22	Compared to Previous Month
Corporate	2.58%	0.40%	0.52%	▲
Clinical Support	1.06%	0.58%	0.38%	▼
Plastics	1.67%	2.02%	1.11%	▼
Eyes	0.00%	0.00%	0.00%	◀▶
Sleep	4.77%	3.47%	0.00%	▼
Oral	3.01%	2.57%	3.01%	▲
Periop	2.80%	4.00%	3.08%	▼
Outpatients	4.91%	5.09%	5.01%	▼
Director of Nursing	1.15%	1.18%	0.54%	▼
Operational Nursing	3.10%	3.38%	2.24%	▼
Community Services	0.00%	0.00%	8.00%	▲
QVH Trust Total	2.42%	2.15%	1.70%	▼

ALL SICKNESS (with RAG)	Dec-21	Jan-22	Feb-22	Compared to Previous Month
QVH Trust Total	4.24%	4.72%	4.34%	▼



COMMENTARY

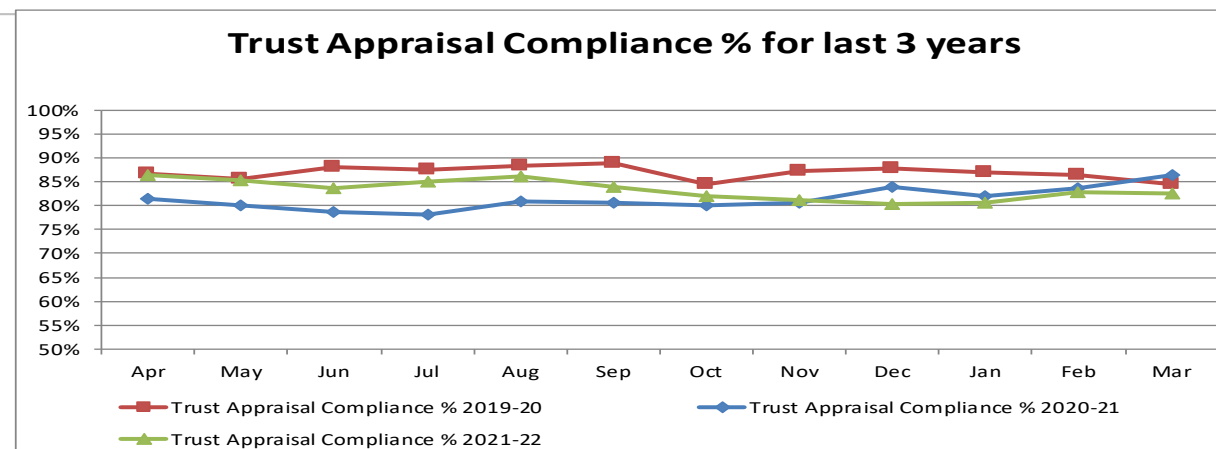
- Sickness absence has remained consistently above 4% for the past 6 months, we saw a marginal decrease between January and February 2022 most significantly in long term sickness absence across the majority of the Business Units.
- Long term sickness has reduced and short term has slightly increased.
- Top 3 absences of short term absence by occurrence are Cold, Cough, Flu; Gastrointestinal problems; Anxiety/stress/depression/other psychiatric illnesses

FORWARD LOOK / POTENTIAL RISKS

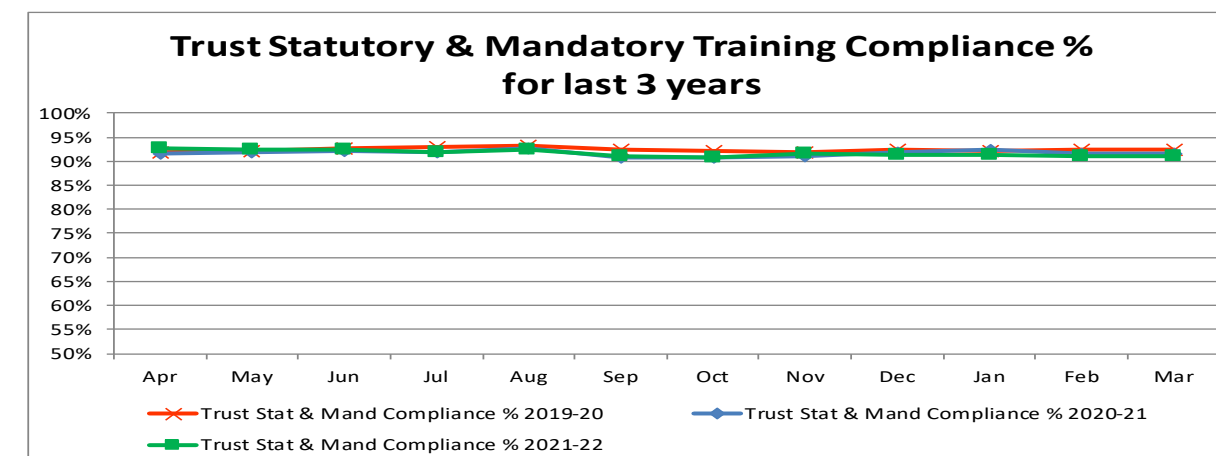
- There will continue to be both formal and informal absence management

GOAL 4: Learning & Education

APPRAISALS	Jan-22	Feb-22	Mar-22	Compared to Previous Month
Corporate	78.71%	81.77%	78.22%	▼
Eyes	75.76%	80.00%	75.00%	▼
Sleep	29.63%	44.44%	70.37%	▲
Plastics	76.67%	70.59%	71.11%	▲
Oral	66.67%	73.33%	76.09%	▲
Peri Op	75.14%	85.38%	87.91%	▲
Clinical Support	91.80%	91.06%	88.62%	▼
Outpatients	91.30%	86.96%	84.00%	▼
Director of Nursing	89.83%	90.00%	88.52%	▼
Operational Nursing	92.79%	90.38%	89.37%	▼
Community Services	69.23%	61.54%	62.50%	▲
QVH Trust Total	80.61%	82.85%	82.66%	▼



MANDATORY AND STATUTORY TRAINING	Jan-22	Feb-22	Mar-22	Compared to Previous Month
Corporate	93.51%	92.33%	91.37%	▼
Eyes	85.47%	83.95%	85.09%	▲
Sleep	91.33%	92.33%	92.33%	◀▶
Plastics	80.15%	79.64%	81.20%	▲
Oral	91.31%	90.37%	91.33%	▲
Peri Op	91.31%	90.50%	88.79%	▼
Clinical Support	96.08%	93.56%	95.10%	▲
Outpatients	95.31%	95.83%	92.38%	▼
Director of Nursing	95.89%	95.52%	94.90%	▼
Operational Nursing	91.21%	93.12%	94.04%	▲
Community Services	89.29%	93.57%	94.38%	▲
QVH Trust Total	91.27%	91.03%	91.05%	▲



COMMENTARY

- 373 course bookings for March 2022
- 195 attendees (52% of all bookings)
- 51 did not attend (14% of all bookings)
- 42 withdrew within 2 weeks of the course (11% of all bookings)
- 46 withdrew more than 2 weeks before the course (12% of all bookings)
- 39 on cancelled courses (11% of all bookings)

FORWARD LOOK / POTENTIAL RISKS

- Appraisals decreased by 0.18% this month and is still a risk as they may potentially drop below 80% and turn red in the RAG rating unless action is taken to ensure staff receive their appraisals. This may also result in staff and managers not meeting the Pay Progression requirements.
- Risk continues as a result of Covid-19 and self-isolation impact on training delivery, compliance levels and staff availability.

GOAL 5: Talent & Leadership

Including Organisational Development & Learning and Medical Education activity

SHCP – Leadership, OD and Talent Group activity:

- Coaching Community of Practice: six bite-size workshops in enhanced Coaching Skills open to anyone who has completed the Foundation Coaching Programme starting 23rd March 2022. A few places remain for later cohorts starting in April and May.
- “Developing Excellence, Together” for new cohorts 11-23: There are 260 participants and a list of attendees have been sent to each organisation. The Cohorts are continuing in March and finishing in June and July.
- “Enhancing Leadership Excellence” for Phase 1 cohorts 1-10: offer has been circulated to everyone who completed phase 1. 75% of have immediately responded to confirm places which is a good reflection on how positive their experience of phase 1 was.
- “Reaching New Heights” for ethnic minority groups programme: two pathways available, the Leadership Development pathway (in partnership with Roffey Park starting 4/5/22) and the Coaching Skills pathway (starting 5/5/22) which includes the ILM level 3 accreditation with 20 funded places available. Applicants will only be able to apply for one programme, not both.
- The SHCP Leadership, OD & Talent group are holding a strategy workshop in May to look at forward planning.

Apprenticeships/KickStarts:

- QVH has 18 new apprenticeship starts for this financial year. There are currently 33 staff undertaking apprenticeships at QVH.
- 3 KickStart placements joined QVH Corporate induction
- Functional skills continues with our new provider (Functional Skills UK) and will be evaluated.

Other activities:

- Organisational development and learning team have been supporting the Sleep team and working with NHS Elect offering a range of interventions.
- Following a discussion with Infection Control, room capacity has slightly increased to allow more participants to attend training
- April corporate induction programme was held for 20 new starters.
- In March the Funding Panel approved 60 applications for learning and development.



GOAL 5: Talent & Leadership

Including Organisational Development & Learning and Medical Education activity

Medical Education activity

Plans are in place for the April induction, which will welcome new trainees in Plastic Surgery and Radiology.

An application has been made to the Royal College of Surgeons to recognise a Hand and Wrist Post CCT Fellowship at QVH, which will aid with recruitment into the Hand Fellow role.

A Plastic Surgery skills training day for HEE surgical core trainees will be held at QVH on 8 April, giving trainees the chance to improve their knowledge in a number of areas, including nail bed and tendon repair.

An evening course for surgical trainees focusing on Non-Technical Skills for Surgeons will be held on 5 May, with all trainees encouraged to attend. The course will be run by Tania Cubison, Medical Director.

Amendments to the study leave policy, to incorporate changes from HEE and also the new electronic expenses claiming system, have been approved by the LNC and F&P meetings and will go live shortly.

The GMC survey of trainees is currently live, all trainees are required to participate in the survey and its results are taken very seriously by the GMC, HEE and Trusts alike.



Goal 1 Engagement & Communication

- Developed and managed the National Quarterly Pulse Survey each quarter
- Organised, planned and extracted data for the annual Staff Survey
 - 2 board reports
 - 2 high level business unit reports and an action plan
 - 26 individual locality 4 reports
 - Worked with the communications team to develop a communications strategy
- Developed/promoted a range of communications for training initiatives across QVH
- Promoted apprenticeship success in Connect, social media and press release including celebrating apprenticeship week

Goal 3 Health & Wellbeing

- Employee relations cases:
 - Grievances: informal n=2, formal n=4
 - Performance Management: informal n=10, formal n=6
 - Disciplinary: informal n=27, formal n=1
 - Flexible working: accepted n=66, rejected n=5
 - Attendance/ sickness management: short term formal n=234, long term n=172, formal meeting/ hearing n=9
- 59 job descriptions evaluated, and 45 job descriptions clustered by the Advisory team
- 84 Equality Impact Assessments undertaken by 4 members of the Workforce & OD team
- 16 Policies written/ reviewed and published by the Workforce & OD teams

Goal 2 Attraction & Retention

- Out of a total of 478 adverts placed over the last 12 months we have sent **519** conditional offers and had **354** new starters (excluding HEE doctors and including internal change)
- On average it has taken 75.97 days from advert live to candidate ready to start with the fast month at 45.87 days being March 22 and the longest at 108.75 in April 21.
- Between April 21 and December 21 we processed 8 Certificate of Sponsorships and this has doubled between January 22 and March 22 to 17.
- Excluding internal changes of role we have had 194 new starters to the trust and 196 leavers.
- The full process from authorisation granted to candidates start date on average over the year has taken 79.58 with November 21 being the quickest at 46 days and February 22 the slowest at 97.72. (this includes notice periods)
- We have filled 21,021 bank shifts and 2,287 agency with a total of 6,388 shifts unfilled by either.



Goal 4 Learning & Education

Organisational Development & Learning:

- Training
 - 95 different courses planned
 - 402 classes organised (MAST & non-MAST)
 - 2899 attendees on courses arranged through OD&L
 - 12 corporate induction programmes, 124 staff welcomed
- Funding Panel
 - 36 Rosemary Wootton applications received benefiting 127 staff: £19,465
 - 42 Charitable Fund applications received benefiting 55 staff: £19,387
 - 79 CPD applications received benefiting 107 staff: £45,053
- Produced monthly BU reports for 12 areas
- Produced trainers reports for 26 separate competencies each month
- Reviewed appraisal process and paperwork and delivered appraisal/appraise training
- Planned, developed and supported departments with various OD interventions including Sleep, Operations and Finance departments

Medical education:

- 85 junior doctors welcomed at junior doctors' induction
- 16 medical students brought on site for elective placements, with numbers increasing for 2022
- Junior doctor relocation and study leave expenses claims submitted to HEE and fully reimbursed
- All claims for study leave and HEE relocation moved into the Trust's new EASY expenses system
- HEE funding for fatigue and facilities, Covid recovery and SAS doctor CPD used to improve access to training and facilities for junior doctors
- Doctors mandatory training delivered in webinar format, has advantages but also presents challenges
- Foundation dentists welcomed to the HEE funded dental skills lab
- Restarted face to face CPD courses

Goal 5 Talent & Leadership

Library:

- Prepared HEE Quality and Improvement Outcomes Framework submission for QVH
- Training received/given in the HEE Knowledge and Library Hub and various new specialist database platforms
- Member of evaluation panel & steering group for new KSS Library Management System
- Involved with various initiatives across the trust including the Pain Team, BAME Network, StayWell and Education and Development Group
- Developed displays for History of QVH, Knowledge and Library Services Awareness Week, Health Libraries Week, South Asian Heritage Month, Black History Month, December Celebrations

Organisational Development & Learning:

- Continued membership of the Leadership, OD and Talent SHCP group
- Secured NHS Elect as our Leadership provider for a further 12 months
- Developed an Admin & Clerical programme for staff at QVH
- 18 apprenticeships commenced (33 currently on programmes)
- 3 KickStart placements commenced
- Planned, developed and promoted leadership opportunities across SHCP
- Managed the Work Experience process/applications

April 2021

Coming out of Lockdown

With the National Lockdown starting to ease, we produced an infographic on how everyone has their own views and feelings with the easing of lockdown.

May 2021

Mental Health Month

We sent out information on Maternal mental health (how expectant/new mothers can look after themselves). Also what support is available for members of staff to access.

June 2021

Community

With carers week in June, we raised awareness of internal policies that are available to support wellbeing. A factsheet was also included with key information on family related policies.

July 2021

Getting outdoors and being active

We shared information on the benefits of being outdoors and ways of getting active with walking.

August 2021

Sun Safety

We promoted information on how to protect from the sun and also travelling safely during the pandemic.

September 2021

Healthy Eating

We sent out eight practical tips to cover the basics of healthy eating.

Stay Well Round Up

April 2021 to March 2022

Quit smoking

October 2021

In October, the Stay Well team put together information on the following topics:

- **Go Sober 2021**
Promoting the benefits of drinking less alcohol
- **Menopause**
Raising awareness of what is Menopause
- **Stoptober**
Promoting the benefits of quitting smoking.



November 2021

In November, the topic for the month was 'Stress Awareness'

- **Stress Awareness**
Promoting tips on how to improve our stress levels.
- **Anti-Bullying**
Examples of bullying and harassment, the effects that bullying has on someone, and resources and support available.



December 2021

In December, we celebrated all things festive within the lead up to Christmas. Topics covered were:

- **Festive Tips, Grief Awareness and Loneliness**
Hints and tips to help those who find the festive period more difficult.
- **Bowel Cancer Awareness**
Ways that individuals could get involved to raise funds in the fight against bowel cancer.
- **Human Rights Day**
Promoting that everyone is equal regardless of their social, cultural and physical backgrounds.
- **Festive Celebrations**
Promoting other festive traditions from around the world.
- **Self-Care at Christmas**
Winter wellbeing tips to look after ourselves.

January 2022

In January, the topic for the month was 'Taking Care of Yourself'

- **Dry January**
Promoting benefits and support available to those who were looking at going alcohol free for January.
- **World Religion Day**
Celebrating the different types of faith that are worshiped globally.
- **Cervical Cancer Awareness**
Promoting the importance of attending the appointments and symptoms



February 2022

In February, the topic of the month was 'Self-Esteem'.

- **Time to talk day**
National day of getting everyone talking about their mental health and end mental health discrimination.
- **Children's Mental Health Awareness Week**
Supporting children's emotional growth and helping them move beyond their comfort zone.
- **Boost your Self-Esteem**
Ways we can improve our own self-esteem
- **Random Act of Kindness Week**
Dedicated to kindness and taking the extra step to brighten somebody's day.
- **Resilience**
What is resilience and how we can build our own personal resilience.



March 2022

In March, the Stay Well team put together information on the following topics:

- **World Glaucoma Week**
Information on what is Glaucoma and the symptoms
- **World Sleep Day**
Promoting the importance of sleep
- **World Oral Health Day**
Promoting the importance of looking after our Oral Health
- **Stay Well Round Up**
Rounding up the information sent out in the last 6 months



Report cover-page

References					
Meeting title:	Board of Directors				
Meeting date:	Thursday 5 th May 2022	Agenda reference:	82-22		
Report title:	QVH 2021 NHS Staff Survey Results				
Sponsor:	Lawrence Anderson, Interim Director of Workforce and Organisational Development				
Author:	Annette Byers, Head of Organisational Development				
Appendices:	<ul style="list-style-type: none"> 2021 Staff Survey Corporate Action Plan 				
Executive summary					
Purpose of report:	To provide data and analysis of the 2021 Staff Survey for QVH, highlighting areas of strength and concern. The report is also accompanied by a corporate wide action plan which is owned by the Workforce Department.				
Summary of key issues	<p>The 2021 staff survey has provided much more positive results than were originally anticipated, in the wake of a challenging year operationally and whilst still restoring and recovering from the COVID-19 pandemic.</p> <p>The 2021 survey has changed from previous years and now is underpinned by the 7 pillars of the NHS People Promise: We are compassionate and inclusive, We are recognised and rewarded, We each have a voice that counts, We are safe and healthy, We are always learning, We work flexibly, We are a team</p> <ul style="list-style-type: none"> Additional themes : Staff Engagement and Morale <p>Early communications have been shared across the trust via Connect and an AllQVH email. QVH is above average on 5 of the 7 People Promise elements, average on 2 and above average on the themes of Staff Engagement and Staff Morale compared to our comparator group (Acute Specialist)</p>				
Recommendation:	The Board are asked to note the report				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <small>[Tick which KSO(s) this recommendation aims to support]</small>	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:	KSO5. Trust reputation as a good employer and ensuring there are sufficient and well trained staff to deliver high quality care Engaged and motivated staff deliver better quality care (KSO1)				
Corporate risk register:	Impact of pandemic on workforce availability				
Regulation:	Well Led				
Legal:	n/a				
Resources:	Managed by HR/OD with support from finance, operations and nursing				
Assurance route					
Previously considered by:					
	Date:		Decision:	Information	
Next steps:					



2021 NHS Staff Survey Results



QVH 2021 NHS Staff Survey Results

Contents

1.	Introduction	2
2.	Headline results	4
3.	Key comparisons	4
4.	People Promise elements and themes in detail	5
	4.1 We are compassionate and inclusive	
	4.2 We are recognised and rewarded	
	4.3 We each have a voice that counts	
	4.4 We are safe and healthy	
	4.5 We are always learning	
	4.6 We work flexibly	
	4.7 We are a team	
	4.8 Staff engagement	
	4.9 Staff morale	
5.	Staff engagement	6
6.	2021 NHS Staff Survey changes for QVH	7
7.	Themes summary	8
8.	Summary ongoing actions	9
9.	Recommendations/next steps	9
	Appendix 1 – Background comparator response rates <small>Error! Bookmark not defined.</small>	10
	Appendix 2 – All QVH results	12
	Appendix 3 – Workforce Race Equality Standards (WRES)	14
	Appendix 4 – Workforce Disability Equality Standards (WDES)	15

QVH 2021 NHS Staff Survey Results

1. Introduction

1.1 The revision of the survey for 2021 is the most significant change for at least a decade. The People Plan 2021/21 committed that the NHS Staff Survey will be redesigned to align with Our People Promise. This was an opportunity to update, modernise and maintain the relevance of the Staff Survey. The scope of the refresh, based on widespread and significant engagement with stakeholders and key data users, covers the following key areas:

- aligning with the People Promise
- increasing participation and inclusivity
- maintaining comparability of survey results for key indicators

1.2 From 2021 the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of our NHS people, the things that would most improve our working experience – like health and wellbeing support, the opportunity to work flexibly, and to feel we all belong, whatever our background or our job. The People Promise is made up of seven elements:



1.3 To improve inclusion, belonging and encourage increased participation, the following changes have been made for the 2021 NHS staff survey:

- Full census - recommend all Trusts should conduct full-census approach.
- Improved eligibility - criteria extended to staff on long-term sickness absence of more than 90 days and staff employed by an NHS organisation working on secondment within another NHS organisation for more than 12 months to complete the NHS Staff Survey.
- Two new demographic questions added - inclusion of new demographic questions support gender identity and international recruitment.
- Improved accessibility to the online survey - addition of QR code to all paper invitations.
- Bank Staff pilot – options being considered for a tailored survey option for Bank staff in 2022 that is fully aligned to the NHS Staff Survey.

1.4 To maintain comparability of survey results for key indicators, all survey questions included in the 2021 survey have been through a rigorous, multi-phase cognitive testing procedure (involving NHS staff) that conforms to best practice in survey development. Some existing questions that had a weak alignment to the People Promise have been removed. The majority of questions and some key indicators have been maintained and historical comparability will be upheld wherever possible to help ensure results are of the highest value and can be compared year on year. Staff Engagement, WRES and WDES indicators remain identical to last year and therefore reporting will remain the same.

1.5 A total of 117 questions were asked in the 2021 survey. Of these 92 can be positively scored, and 56 of these which can be historically compared to 2020 and a further 4 to 2019.

1.6 This year, each of the 9 elements and themes are broken into sub-scores and the table below shows which questions feed into each theme:

People Promise element	Sub-scores	Question
We are compassionate and inclusive	Compassionate culture Compassionate leadership Diversity and equality Inclusion	Q6a, Q21a, Q21b, Q21c, Q21d Q9f, Q9g, Q9h, Q9i Q15*, Q16a, Q16b, Q18 Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	[No sub-scores]	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control Raising concerns	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b Q17a, Q17b, Q21e, Q21f
We are safe and healthy	Health and safety climate Burnout Negative experiences	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
We are always learning	Development Appraisals	Q20a, Q20b, Q20c, Q20d, Q20e Q19a, Q19b, Q19c, Q19d
We work flexibly	Support for work-life balance Flexible working	Q6b, Q6c, Q6d Q4d
We are a team	Team working Line management	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a Q9a, Q9b, Q9c, Q9d
Theme	Sub-scores	Question
Staff Engagement	Motivation Involvement Advocacy	Q2a, Q2b, Q2c Q3c, Q3d, Q3f Q21a, Q21c, Q21d
Morale	Thinking about leaving Work pressure Stressors	Q22a, Q22b, Q22c Q3g, Q3h, Q3i Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a
Questions not linked to the People Promise elements or themes		
Q1, Q10a, Q10b, Q10c, Q11e, Q15 (historical calculation)*, Q16c, Q22d, Q28b		

*Please note: The approach to calculating the results for Q15 has changed for 2021, to include 'don't know' responses. These results feed into the Diversity and equality sub-score and the We are compassionate and inclusive promise element, as well as the WRES and WDES indicators. The Q15 results based on the historic calculation are reported in this section for transparency, but do not feed into any measure.

- 1.7 The People Promise diagnostic tool in Model Health System is also available to enable systems and organisations to compare outcomes over time and benchmark against elements of the Promise elements, an interim version is available for 2020 and a full version for 2021.
- 1.8 Queen Victoria Hospital NHS Foundation Trust (QVH) ran a mixed mode survey based on the 2020 return rates. Once again, specific areas were targeted to receive a paper survey but in 2021, we increased the number of online surveys due to a higher response rate. 2021 showed a **66%** online return rate compared to **50%** in 2020 once ineligible were removed. The table below shows 2021 response rate details compared to 2020:

2021				2020			
Outcome	Paper	Online	Total		Paper	Online	Total
Invited	115	941	1056	Invited	248	811	1059
Blank	0	0	0	Blank	17	2	19
Completed	58	621	679	Completed	121	495	616
Excluded	0	0	0	Excluded	0	0	0
Ineligible	0	0	0	Ineligible	1	2	3
Left organisation	0	3	3	Left organisation	0	7	7
Not returned	57	314	371	Not returned	109	293	402
No further mailings	0	2	2	No further mailings	0	11	11
Opted out	0	1	1	Opted out	0	0	0
Undelivered	0	0	0	Undelivered	0	1	1

- 1.9 QVH surveyed **1056** eligible staff compared to **1059** in 2020. Of these, **679** responded making a **64.5%** return, an increase from **58.7%** the year before. The 2021 benchmarking group for acute specialist trusts has **13** organisations and showed a **54%** return rate overall. See appendix 1 for some background group comparator response rates.

	2017	2018	2019	2020	2021
Highest	62.0%	63.2%	69.6%	65.6%	69.6%
Your org	54.9%	52.2%	58.1%	58.7%	64.5%
Median	52.8%	52.8%	58.1%	56.1%	54.0%
Lowest	38.0%	40.5%	46.3%	38.6%	41.0%

- 1.10 This year OD&L will produce 26 separate reports for departments that received the minimum number of respondents (11).
- 1.11 The QVH People & OD strategy sets out the Trusts vision, ambitions and plans for QVH, through our workforce, and is based around five key Workforce and OD goals which link with many of the themes in the staff survey:

People and OD Goals	People Promise Themes
1. Engagement and Communication	- We are compassionate and inclusive - We have a voice that counts
2. Attraction and Retention	- We are recognised and rewarded - We work flexibly
3. Health and Wellbeing	- We are safe and healthy

4. Learning and Education	- We are always learning
5. Talent and Leadership	- We are a team

2. Headline results

- 2.1 Out of the **56** historically comparable questions asked in the 2021 Staff Survey, **1** was significantly better, **52** had no significant difference and **3** were significantly worse than 2020 (see appendix 2 results).
- 2.2 The core questions which feed into the board report are shown below. QVH has seen a 0.9% increase for Q21a, a slight decrease of 0.5% for Q21c and 0.8% for Q21d. Compared to our comparator group, QVH is above average for Q21a and Q21d and average for Q21c.

	Q21a Care of patients / service users is my organisation's top priority					Q21c I would recommend my organisation as a place to work					Q21d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation						
	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021	2017	2018	2019	2020	2021		
Best	90.9%	92.7%	91.9%	91.8%	90.1%	Best	76.1%	79.5%	80.9%	79.3%	74.0%	Best	93.1%	94.8%	94.9%	95.5%	94.0%
Your org	81.2%	85.3%	88.0%	87.1%	88.0%	Your org	57.8%	63.1%	72.9%	71.2%	70.7%	Your org	87.4%	90.9%	91.7%	93.6%	92.8%
Average	86.7%	86.9%	87.3%	89.3%	87.4%	Average	72.9%	72.5%	73.9%	74.8%	70.7%	Average	89.9%	90.1%	90.0%	91.7%	89.6%
Worst	77.0%	76.8%	83.2%	83.0%	79.0%	Worst	57.8%	59.8%	62.7%	66.0%	56.7%	Worst	80.0%	77.7%	80.9%	82.0%	69.1%
Responses	501	490	574	594	636	Responses	501	491	560	593	637	Responses	500	491	572	594	637

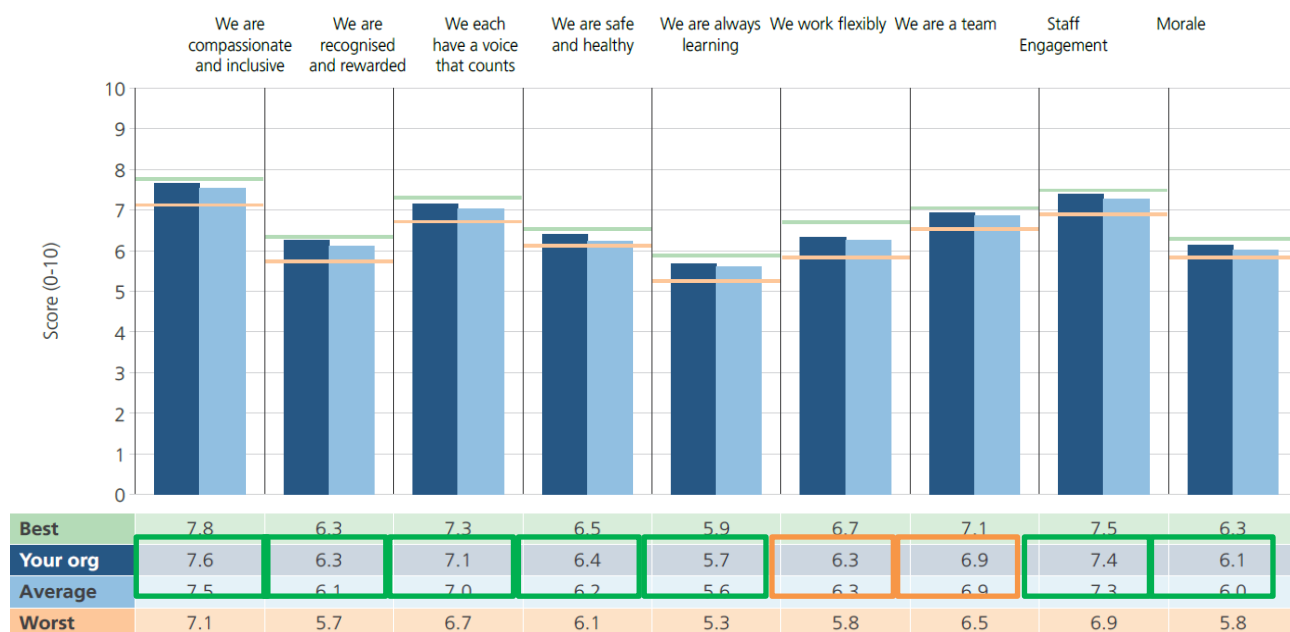
- 2.3 Staff engagement scores are calculated from 9 questions in the survey, grouped into three categories (advocacy, involvement and motivation). The overall QVH engagement score for 2021 is **7.4%**, the same as 2020.
- 2.4 A summary of QVH's most and least improved results for 2021 is shown below. These will be looked at in greater detail in each area to identify any trends.

Most improved scores	Trust 2021	Trust 2020	Most declined scores	Trust 2021	Trust 2020
q13d. Last experience of physical violence reported	75%	55%	q3i. Enough staff at organisation to do my job properly	35%	45%
q11e. Not felt pressure from manager to come to work when not feeling well enough	78%	71%	q22b. I am unlikely to look for a job at a new organisation in the next 12 months	53%	59%
q9c. Immediate manager asks for my opinion before making decisions that affect my work	61%	55%	q22a. I don't often think about leaving this organisation	46%	52%
q9b. Immediate manager gives clear feedback on my work	66%	62%	q4a. Satisfied with recognition for good work	59%	64%
q7b. Team members often meet to discuss the team's effectiveness	59%	56%	q4d. Satisfied with opportunities for flexible working patterns	56%	60%

- 2.5 The 9 survey themes provide a balanced overview of organisational performance on staff experience. All themes are scored on a 0-10pt scale, and reported as mean scores. A higher score indicates a more favourable result.

3. Key comparisons

- 3.1 When compared with the comparator group scores above, QVH can identify key results. Of the **7** People Promise elements, QVH are **above average** on **5** and **average** on **2** of the elements. On the themes of Staff Engagement and Morale, QVH are **above average**.



4. People Promise elements, sub-scores and themes in detail

4.1 Promise 1: We are compassionate and inclusive

	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Best	8.1	7.3	8.6	7.2
Your org	7.9	7.3	8.4	7.0
Average	7.8	7.1	8.4	7.0
Worst	7.2	6.7	7.6	6.6

Sub-scores and questions:

P1.1: Compassionate culture *q6a, q21 a - d*
P1.2: Compassionate leadership *q9f - i*
P1.3: Diversity and equality *q15, q16a - b, q18*
P1.4: Inclusion *q7h - i, q8b - c*

Rating compared to benchmarking group: *above average*

4.2 Promise 2: We are recognised and rewarded

Sub-scores and questions:

No sub-scores *q4a - c, q8d, q9e*

Rating compared to benchmarking group: *above average*

4.3 Promise 3: We each have a voice that counts

	Autonomy and control	Raising concerns
Best	7.2	7.4
Your org	7.2	7.1
Average	7.1	7.0
Worst	6.8	6.6

Sub-scores and questions:

P3.1: Autonomy and control *q3a - f, q5b*
P3.2: Raising concerns *q17a - b, q21e - f*

Rating compared to benchmarking group: *above average*

4.4 Promise 4: We are safe and healthy

	Health and safety climate	Burnout	Negative experiences
Best	5.9	5.3	8.4
Your org	5.7	5.3	8.1
Average	5.6	5.2	8.1
Worst	5.3	4.9	7.7

Sub-scores and questions:

P4.1: Health and safety climate q3g – i, q5a, q11a, q13d, q14d
P4.2: Burnout q12a - g
P4.3: Negative experiences q15, q16a – b, q18

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

4.5 Promise 5: We are always learning

	Development	Appraisals
Best	6.7	5.1
Your org	6.5	4.8
Average	6.5	4.7
Worst	6.1	4.2

Sub-scores and questions:

P5.1: Development q20a - e
P5.2: Appraisals q19a - d

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

4.6 Promise 6: We work flexibly

	Support for work-life balance	Flexible working
Best	6.7	6.7
Your org	6.4	6.3
Average	6.2	6.3
Worst	5.8	5.8

Sub-scores and questions:

P6.1: Support for work-life balance q6b - d
P6.2: Flexible working q4d

Rating compared to benchmarking group: **average**

4.7 Promise 7: We are a team

	Team working	Line management
Best	6.9	7.2
Your org	6.7	7.1
Average	6.7	6.9
Worst	6.5	6.6

Sub-scores and questions:

P7.1: Team working q7a - g, q8a
P7.2: Line management q9a - d

Rating compared to benchmarking group: **average**

4.10 Additional theme: Staff Engagement

	2017	2018	2019	2020	2021
Best	7.7	7.7	7.7	7.6	7.5
Your org	7.1	7.3	7.5	7.4	7.4
Average	7.4	7.4	7.5	7.4	7.3
Worst	7.0	7.0	7.1	7.1	6.9

Sub-scores and questions:

E.1: Motivation q2a - c
E.2: Involvement q3c - d, q3f
E.3: Advocacy q21a, q21c - d

Change from 2020: **Remained the same**

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

4.11 Additional theme: Morale

	2018	2019	2020	2021
Best	6.5	6.5	6.6	6.3
Your org	5.9	6.4	6.3	6.1
Average	6.3	6.3	6.3	6.0
Worst	5.7	5.6	6.1	5.8

Sub-scores and questions:

M.1: Thinking about leaving q22a - c
M.2: Work pressure q3g - i
M.3: Stressors (HSE index) q3a, q3e, q5a - c, q7c, q9a

Change from 2020: **0.2% decrease**

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

5. Staff engagement

5.1 *Staff groups:* QVH has seen the overall engagement score remain at **7.4** compared to 2020. Although in comparison to our benchmarking group QVH rank above average. The table provides insights into professional groupings engagement scores:

Comparison with All QVH Organisation average	No of respondents	Engagement Score	Often/always look forward to going to work	Often/always enthusiastic about my job	Time often/always passes quickly when I am working	Opportunities to show initiative frequently in my role	Able to make suggestions to improve the work of my team/department	Able to make improvements happen in my area of work	Care of patients/service users is organisation's top priority	Would recommend organisation as place to work	If friend/relative needed treatment would be happy with standard of care provided by organisation
By Staff Groups			Motivation overall 7.2			Involvement overall 7.0			Advocacy overall 7.9		
2021 Results											
2021 Average	659	7.4	6.6	7.4	7.8	7.3	7.3	6.3	8.1	7.1	8.4
2020 Average	616	7.4	6.8	7.5	7.8	7.1	7.3	6.4	8.1	7.2	8.5
2019 Average	586	7.5	6.9	7.7	7.9	7.3	7.5	6.5	8.1	7.2	8.4
2018 Average	501	7.3	6.7	7.5	7.8	7.1	7.3	6.3	7.9	6.7	8.3
Add Prof Scientific & Technic	39	7.2	5.9	6.9	6.9	7.8	7.6	6.6	7.8	6.9	8.4
Additional Clinical Services	72	7.4	7.0	8.0	7.6	7.1	6.8	5.8	8.5	7.6	8.5
Administrative & Clerical	242	7.3	6.4	7.1	8.0	7.3	7.3	6.4	8.1	6.7	8.5
Allied Health Professionals	53	7.7	7.0	7.6	8.0	7.6	7.7	7.1	8.3	7.8	8.2
Estates and Ancillary	42	6.8	6.5	7.2	7.6	6.1	5.9	5.7	8.0	6.9	8.3
Healthcare Scientists	16	7.1	5.3	6.6	6.3	7.8	8.6	7.5	7.7	5.9	8.1
Medical and Dental	80	7.0	6.6	7.3	7.4	6.9	6.9	5.7	7.4	7.0	8.2
Nursing & Midwifery Reg'd	135	7.6	7.0	7.6	8.0	7.6	7.5	6.6	8.3	7.6	8.6

10.0
>0.4 pts above
<0.4 pts below
In between

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

- **Staff groups:** Estates and Ancillary staff are less engaged than other staff groups (6.8 vs 7.4 organisation average)
- **Age:** 66+ age group are significantly less engaged than other groups (6.6 vs org average of 7.4). There has been improvements in the 21–30 age group compared to 2020 (7.2 vs 6.9) but are still below the organisational of 7.4
- **Disability:** Respondents with a disclosed disability are less engaged than those without (7.1 vs 7.4) particularly in the area of motivation
- **Ethnicity:** Staff from a Mixed, Multiple, Asian, Asian British, Black, African, Caribbean, Black British or Other Ethnic Group are slightly more engaged than those from a White background. They are significantly more motivated (7.8 vs 7.2) but feel less involved than their white counterparts (6.6 vs 7.1). In particular, staff from the mixed/multiple ethnic group are significantly less engaged than any other ethnic group (6.6 vs org average 7.4)
- **Gender identity:** Both male and female groups are comparable to the organisation average but those who prefer not to say are significantly less engaged than those who declare (7.4 vs 6.2)
- **Sexual orientation:** Those staff that declare as Gay, Lesbian, Bisexual or Other are significantly less engaged than those who declare as Heterosexual or Straight (6.3 vs 7.4)
- **Religion:** Hindu staff members are more engaged than Christian staff members (8.2 vs 7.5). Staff with no religion or would not prefer to say (7.3/7.0) are lower than the organisation average

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

6. 2021 Staff Survey changes

6.1 Questions/areas of improvement

In addition to comparator group changes (3.2), a more in-depth analysis of the 2021 NHS Staff Survey question data highlights specific questions/areas where QVH has improved:

PP	Q	Description	2020	2021	Change
7	q7b	Team members often meet to discuss the team's effectiveness	55.9%	59.3%	3.4%
7	q9b	Immediate manager gives clear feedback on my work	61.7%	65.6%	3.9%
*7	q9c	Immediate manager asks for my opinion before making decisions that affect my work	55.2%	61.1%	5.9%
N/A	q11e	Not felt pressure from manager to come to work when not feeling well enough	71.3%	78.4%	7.1%
*4	q13d	Last experience of physical violence reported	54.5%	75.0%	20.5%

6.2 Questions/areas for development

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

PP	Q	Description	2020	2021	Change
SE	q2b	Often/always enthusiastic about my job	75.2%	72.1%	3.1%
3	q3f	Able to make improvements happen in my area of work	59.1%	55.5%	3.6%
4	q3h	Have adequate materials, supplies and equipment to do my work	66.9%	63.8%	3.1%
*4	q3i	Enough staff at organisation to do my job properly	44.7%	35.2%	9.5%
2	q4a	Satisfied with recognition for good work	63.6%	58.8%	4.7%
2	q4b	Satisfied with extent organisation values my work	52.9%	49.0%	3.9%
6	q4d	Satisfied with opportunities for flexible working patterns	60.4%	55.8%	4.6%
4	q11d	In last 3 months, have not come to work when not feeling well enough to perform duties	59.5%	55.7%	3.8%
4	q14a	Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public	83.8%	80.4%	3.4%
*M	q22a	I don't often think about leaving this organisation	52.4%	46.1%	6.4%
*M	q22b	I am unlikely to look for a job at a new organisation in the next 12 months	59.1%	52.7%	6.4%

7. Themes summary

7.1 To identify areas of concern, QVH needs to look for questions where the value falls between the benchmarking group average and the worst score. QVH should review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how QVH has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future. When looking for positive outcomes, QVH needs to look at results where we are closest to the benchmarking group best result (remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

7.2 Based on the above findings, overall the Trust has managed to maintain largely positive survey results in comparison to the national picture in a challenging environment. When compared with the comparator group scores above, QVH can identify key results. Of the 7 People Promise elements, QVH are above average on 5 and average on 2 of the elements. On the themes of Staff Engagement and Morale, QVH are above average.

7.3 Additionally, there are a number of areas that QVH have made some improvement within the 2021 NHS Staff Survey but must remain a focus in order to continue enhancing staff

experience. One theme that has shown particular improvement was recognised in the 2020 staff survey as an area for improvement:

- 2021 PP7: We are a team – 2020: Teambuilding and Immediate managers

However, in comparison to our benchmarking group, QVH rank average on this theme and will need continued improvement.

7.4 Looking at the 2021 NHS Staff Survey results, comparing ourselves against ourselves there are areas where QVH requires improvement:

- **PP2 – We are recognised and rewarded:** ranks best in our comparator group (although QVH’s results have gone down in this area since 2020)
- **PP5 – We are always learning:** although above average, is QVH’s lowest score
- **PP6 – We work flexibly:** ranks average in comparison to our benchmarking group
- **PP7 – We are a team:** ranks average on this theme and will need continued improvement
- **M1/M2 – Morale:** all the questions in the sub theme’s of Thinking about leaving and Work pressure have decreased

Over and above the primary areas identified in the survey, other sub-theme areas of concern:

- P1.1: Compassionate culture
- P4:1: Health and safety climate

7.5 Retention: staff were asked if they were looking for another job, the table shows our comparator group results against QVH results for 2020 and 2021. This highlights some of the challenges that QVH and the NHS is facing in the near future.

Q22d If you are considering leaving your current job, what would be your most likely destination?												
	I would want to move to another job within this organisation.		I would want to move to a job in a different NHS Trust /organisation.		I would want to move to a job in healthcare, but outside the NHS.		I would want to move to a job outside healthcare.		I would retire or take a career break.		I am not considering leaving my current job.	
	Avg.	QVH	Avg.	QVH	Avg.	QVH	Avg.	QVH	Avg.	QVH	Avg.	QVH
2020	10.9%	7.9%	20.8%	18%	4.9%	5.1%	7.7%	9.1%	7.1%	10.4%	49%	49.5%
2021	11.3%	7.4%	20.5%	17.3%	2.9%	2.8%	5.9%	5.0%	6.7%	9.0%	53%	58.4%

7.6 QVH will continue to triangulate key findings from the NHS staff survey report, with the Picker report, People & OD Strategy, National Quarterly Pulse Survey (NQPS) and the stay/exit interviews to ensure we effectively listen and respond to staff needs.

8. Summary ongoing actions

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

- Establish and embed an Education and Development Steering Group to discuss priorities and workforce strategy across the year.
- Ongoing promotion of education, learning and development across virtual platforms and as the year progresses offer a more blended approach to learning
- Continued promotion of our successful apprenticeship programmes across the trust
- Continue to promote and develop management and leadership opportunities in house and externally across the wider system including talent management across SHCP
- Working with business units in relation to specific team interventions and staff survey themes
- Continue StayWell initiatives and build upon ongoing promotion of a range of wellbeing events
- Promotion of Trust benefits
- Monitoring the mover/leavers survey to get qualitative and quantitative data to inform future attraction and retention interventions
- Use the People Promise diagnostic tool in the Model Health System to compare outcomes over time and benchmark against elements of the Promise elements

9. Recommendations/next steps

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

- Review comparative data (where possible) to identify improvements and areas to focus on identifying key trends and areas of concern
- Share results with managers/teams within their localities
- Seek ideas to inform improvements
- Departments will be required to develop and implement a joint/agreed action plan which will be monitored at Quarterly Performance Reviews.
- Complete and submit quarterly update on actions/progress made to date at performance review
- Share regular updates/outcomes with teams and EMT on progress

9.2 At a corporate level, initiatives need to include:

- Develop a Workforce plan to take account of the key areas coming out from this year's survey results including Reward and Recognition, Flexible Working and Morale
- Monitoring our approach to agile working on a longer term basis
- Reviewing staff survey data in relation to Equality, Diversity and Inclusion and embed into a fresh action plan for 2022/2023
- Involving the Freedom to Speak up Guardian and BAME network co-chairs by sharing relevant and appropriate narrative to support their programmes of work
- Work in tandem with key Trust strategic aims and communication methods to ensure Staff Engagement remains at high levels and is sustained.

Appendix 1: Background comparator response rates

Gender:

	Male	Female	Prefer to self-describe	Prefer not to say
Your org	76.9%	18.2%	0.6%	4.3%
Average	73.8%	23.1%	0.3%	2.9%
Responses	632	632	632	632

Is your gender your gender identity the same as the sex you were registered at birth?

	Yes	Prefer not to say
Your org	96.6%	3.4%
Average	96.4%	3.4%
Responses	625	625

Age:

	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.6%	8.3%	22.5%	26.2%	39.8%	2.6%
Average	0.4%	15.9%	25.9%	26.2%	30.3%	1.3%
Responses	626	626	626	626	626	626

Ethnicity:

	White	Mixed/Multiple ethnic background	Asian/Asian British	Black/African/Caribbean/Black British	Other ethnic group
Your org	84.9%	2.7%	8.0%	3.5%	0.8%
Average	84.9%	1.9%	8.0%	3.0%	0.8%
Responses	623	623	623	623	623

Sexuality:

	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	90.6%	1.4%	1.3%	0.5%	6.2%
Average	90.6%	2.1%	1.0%	0.4%	5.8%
Responses	629	629	629	629	629

Religion:

	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	Prefer not to say
Your org	35.3%	51.7%	0.2%	1.7%	0.2%	1.3%	0.3%	1.6%	7.8%
Average	35.3%	50.6%	0.6%	1.8%	0.3%	1.9%	0.3%	1.3%	6.0%
Responses	629	629	629	629	629	629	629	629	629

Long lasting health condition or illness:

	Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?
Your org	21.3%
Average	19.6%
Responses	633

Parental/Caring responsibilities:

	Do you have any children aged from 0 to 17 living at home with you, or who you have regular caring responsibility for?	Do you look after, or give any help or support to family members, friends, neighbours or others because of either: long term physical or mental ill health / disability, or problems related to old age?
Your org	43.5%	28.9%
Average	39.0%	28.9%
Responses	632	630

Length of service:

	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	10.5%	14.2%	23.8%	18.2%	12.6%	20.8%
Average	10.4%	15.7%	22.1%	18.4%	11.5%	20.0%
Responses	621	621	621	621	621	621

Recruited from outside UK:

	Yes	No	Prefer not to say
Your org	5.0%	94.4%	0.6%
Average	4.0%	94.5%	0.9%
Responses	620	620	620

Occupational Group:

	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied health professionals	Scientific and technical	Public Health	Commissioning	Admin and Clerical	Central Functions	Maintenance	General Management	Other	Emergency Care Practitioners
Your org	21.9%	6.1%	12.6%	14.1%	5.0%	0.2%	0.2%	23.5%	8.0%	3.5%	2.7%	2.1%	0.2%
Average	23.0%	6.4%	7.7%	14.3%	7.8%	0.2%	0.1%	17.2%	8.0%	3.5%	3.0%	4.5%	0.0%
Responses	625	625	625	625	625	625	625	625	625	625	625	625	625

Appendix 2: All QVH results

Section	Q	Comparator Information	QVH 2020	QVH 2021	Diff
YOUR JOB	q2a	Often/always look forward to going to work	61.8%	59.6%	-2.2%
	q2b	Often/always enthusiastic about my job	75.2%	72.1%	-3.1%
	q2c	Time often/always passes quickly when I am working	78.5%	79.8%	1.4%
	q3a	Always know what work responsibilities are	88.1%	86.3%	-1.7%
	q3b	Feel trusted to do my job	90.6%	91.0%	0.3%
	q3c	Opportunities to show initiative frequently in my role	73.7%	73.9%	0.2%
	q3d	Able to make suggestions to improve the work of my team/department	75.9%	73.6%	-2.4%
	q3e	Involved in deciding changes that affect work	50.2%	51.1%	0.9%
	q3f	Able to make improvements happen in my area of work	59.1%	55.5%	-3.6%
	q3g	Able to meet conflicting demands on my time at work	49.0%	46.5%	-2.5%
	q3h	Have adequate materials, supplies and equipment to do my work	66.9%	63.8%	-3.1%
	q3i	Enough staff at organisation to do my job properly	44.7%	35.2%	-9.5%
	q4a	Satisfied with recognition for good work	63.6%	58.8%	-4.7%
	q4b	Satisfied with extent organisation values my work	52.9%	49.0%	-3.9%
	q4c	Satisfied with level of pay	33.6%	32.9%	-0.6%
	q4d	Satisfied with opportunities for flexible working patterns	60.4%	55.8%	-4.6%
	q5a	Have realistic time pressures	27.3%	27.4%	0.1%
	q5b	Have a choice in deciding how to do my work	55.9%	58.2%	2.3%
	q5c	Relationships at work are unstrained	46.1%	46.5%	0.4%
	q6a	Feel my role makes a difference to patients/service users	91.3%	90.4%	-0.9%
	q6b	Organisation is committed to helping balance work and home life	*	50.2%	
	q6c	Achieve a good balance between work and home life	*	57.0%	
	q6d	Can approach immediate manager to talk openly about flexible working	*	68.5%	
	YOUR TEAM	q7a	Team members have a set of shared objectives	69.0%	72.0%
q7b		Team members often meet to discuss the team's effectiveness	55.9%	59.3%	3.4%
q7c		Receive the respect I deserve from my colleagues at work	69.9%	69.9%	-0.1%
q7d		Team members understand each other's roles	*	73.8%	
q7e		Enjoy working with colleagues in team	*	81.3%	
q7f		Team has enough freedom in how to do its work	*	60.1%	
q7g		Team deals with disagreements constructively	*	54.6%	
q7h		Feel valued by my team	*	70.4%	
q7i		Feel a strong personal attachment to my team	*	68.4%	
PEOPLE IN YOUR ORGANISATION		q8a	Teams within the organisation work well together to achieve objectives	*	53.4%
	q8b	Colleagues are understanding and kind to one another	*	70.5%	
	q8c	Colleagues are polite and treat each other with respect	*	72.4%	
	q8d	Colleagues show appreciation to one another	*	68.9%	
YOUR MANAGERS	q9a	Immediate manager encourages me at work	70.3%	71.7%	1.3%
	q9b	Immediate manager gives clear feedback on my work	61.7%	65.6%	3.9%
	q9c	Immediate manager asks for my opinion before making decisions that affect my work	55.2%	61.1%	5.9%
	q9d	Immediate manager takes a positive interest in my health & well-being	73.5%	71.4%	-2.1%
	q9e	Immediate manager values my work	74.0%	73.4%	-0.6%
	q9f	Immediate manager works with me to understand problems	*	71.6%	
	q9g	Immediate manager listens to challenges I face	*	72.2%	
	q9h	Immediate manager cares about my concerns	*	70.7%	
	q9i	Immediate manager helps me with problems I face	*	67.0%	
	YOUR HEALTH, WELL-BEING AND SAFETY AT WORK	q10b	Don't work any additional paid hours per week for this organisation, over and above contracted hours	64.4%	65.4%
q10c		Don't work any additional unpaid hours per week for this organisation, over and above contracted hrs	43.0%	41.9%	-1.0%
q11a		Organisation takes positive action on health and well-being	*	64.3%	
q11b		In last 12mths, have not experienced musculoskeletal (MSK) problems as a result of work activities	68.9%	68.4%	-0.5%
q11c		In last 12 months, have not felt unwell due to work related stress	61.3%	62.5%	1.3%
q11d		In last 3 months, have not come to work when not feeling well enough to perform duties	59.5%	55.7%	-3.8%
q11e		Not felt pressure from manager to come to work when not feeling well enough	71.3%	78.4%	7.1%
q12a		Never/rarely find work emotionally exhausting	*	26.7%	
q12b		Never/rarely feel burnt out because of work	*	37.8%	
q12c		Never/rarely frustrated by work	*	25.2%	
q12d		Never/rarely exhausted by the thought of another day/shift at work	*	42.4%	
q12e		Never/rarely worn out at the end of work	*	20.6%	
q12f		Never/rarely feel every working hour is tiring	*	59.8%	
q12g		Never/rarely lack energy for family and friends	*	42.9%	
q13a		Not experienced physical violence from patients/service users, their relatives or other members of public	96.3%	95.0%	-1.3%
q13b		Not experienced physical violence from managers	99.5%	99.7%	0.2%
q13c		Not experienced physical violence from other colleagues	98.2%	99.1%	0.9%
q13d		Last experience of physical violence reported	54.5%	75.0%	20.5%
q14a		Not experienced harassment, bullying or abuse from patients/service users, relatives or public	83.8%	80.4%	-3.4%
q14b		Not experienced harassment, bullying or abuse from managers	88.2%	91.0%	2.7%
q14c		Not experienced harassment, bullying or abuse from other colleagues	80.7%	82.8%	2.0%
q14d	Last experience of harassment/bullying/abuse reported	52.1%	50.0%	-2.1%	
q15	Organisation acts fairly: career progression	57.5%	58.5%	0.9%	
q16a	Not experienced discrimination from patients/service users, their relatives or other members of public	96.1%	95.6%	-0.6%	
q16b	Not experienced discrimination from manager/team leader or other colleagues	91.6%	92.5%	0.9%	
q17a	Would feel secure raising concerns about unsafe clinical practice	76.7%	78.9%	2.2%	
q17b	Would feel confident that organisation would address concerns about unsafe clinical practice	64.1%	65.9%	1.9%	
q18	Feel organisation respects individual differences	*	73.0%		
YOUR PERSONAL DEVELOPMENT	q19a	Received appraisal in the past 12 months	*	87.4%	
	q19b	Appraisal helped me improve how I do my job	*	22.8%	
	q19c	Appraisal helped me agree clear objectives for my work	*	34.5%	
	q19d	Appraisal left me feeling organisation values my work	*	36.8%	
	q20a	Organisation offers me challenging work	*	69.1%	
	q20b	There are opportunities for me to develop my career in this organisation	*	48.4%	
q20c	Have opportunities to improve my knowledge and skills	*	70.3%		

	q20d	Feel supported to develop my potential	*	56.3%	
	q20e	Able to access the right learning and development opportunities when I need to	*	63.6%	
YOUR ORGANISATION	q21a	Care of patients/service users is organisation's top priority	86.9%	87.7%	0.9%
	q21b	Organisation acts on concerns raised by patients/service users	80.6%	81.3%	0.7%
	q21c	Would recommend organisation as place to work	71.3%	69.7%	-1.6%
	q21d	If friend/relative needed treatment would be happy with standard of care provided by organisation	93.6%	92.5%	-1.1%
	q21e	Feel safe to speak up about anything that concerns me in this organisation	71.8%	70.7%	-1.1%
	q21f	Feel organisation would address any concerns I raised	*	58.0%	
	q22a	I don't often think about leaving this organisation	52.4%	46.1%	-6.4%
	q22b	I am unlikely to look for a job at a new organisation in the next 12 months	59.1%	52.7%	-6.4%
	q22c	I am not planning on leaving this organisation	64.9%	62.5%	-2.4%
BACKGROUND INFORMATION	q28b	Disability: organisation made adequate adjustment(s) to enable me to carry out work	82.4%	80.7%	-1.7%

This section contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted. Changes to 2021:

- For 2021, the data way in which data for Q15 are reported has changed, with the inclusion of “don’t know” responses in the base of the calculation.
- In 2020, the approach to calculating the benchmark median scores and the way in which data for Q14d are reported also changed.
- All these changes have been applied retrospectively so all historical results for Q14d and Q15 and data shown in the average calculations are comparable across years. However, the figures shown may not be directly comparable to the results reported in previous years.

Full details of how the data are calculated are included in the Technical Document, available to download from our [results website](#).

Appendix 3: Workforce Race Equality Standards (WRES)

This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2017-2021 organisation and benchmarking group median results for q14a, q14b&c combined, q15, and q16b split by ethnicity (by white / BME staff).

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:

	2017	2018	2019	2020	2021
White: Your org	22.7%	24.6%	25.3%	16.0%	20.0%
BME: Your org	30.4%	27.6%	27.4%	18.3%	15.4%
White: Average	22.1%	22.1%	21.0%	16.6%	18.5%
BME: Average	15.6%	18.5%	20.2%	18.6%	17.1%
White: Responses	427	419	483	463	515
BME: Responses	56	58	73	82	91

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months:

	2017	2018	2019	2020	2021
White: Your org	22.1%	24.5%	21.2%	21.4%	19.6%
BME: Your org	17.9%	22.8%	34.2%	34.9%	36.0%
White: Average	22.5%	25.1%	23.2%	21.6%	21.5%
BME: Average	25.3%	27.3%	29.4%	28.7%	27.8%
White: Responses	426	416	481	462	516
BME: Responses	56	57	73	83	89

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion:

	2017	2018	2019	2020	2021
White: Your org	58.6%	61.2%	58.1%	60.2%	60.8%
BME: Your org	53.6%	51.8%	52.8%	48.2%	48.9%
White: Average	63.1%	61.4%	59.7%	62.1%	61.1%
BME: Average	51.7%	50.0%	49.4%	44.3%	44.5%
White: Responses	430	420	480	482	523
BME: Responses	56	56	72	83	92

Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months:

	2017	2018	2019	2020	2021
White: Your org	5.1%	4.1%	5.8%	5.6%	5.3%
BME: Your org	16.1%	13.0%	14.5%	23.2%	18.3%
White: Average	5.9%	6.2%	5.5%	5.7%	6.1%
BME: Average	14.6%	13.2%	13.0%	15.0%	16.7%
White: Responses	428	413	482	485	525
BME: Responses	56	54	69	82	93

Appendix 4: Workforce Disability Equality Standards (WDES)

This contains data for each organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2018-2021 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q28b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

The WDES breakdowns are based on the responses to q28a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more? In 2020, the question text was shortened and the word 'disabilities' was removed but the question and WDES results still remain historically comparable.

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months:

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	24.7%	31.0%	18.6%	30.1%
Staff without a LTC or illness: Your org	24.9%	23.8%	16.2%	16.6%
Staff with a LTC or illness: Average	25.4%	27.8%	21.9%	24.1%
Staff without a LTC or illness: Average	20.0%	19.0%	16.3%	17.3%
Staff with a LTC or illness: Responses	89	126	113	133
Staff without a LTC or illness: Responses	398	437	444	483

Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months:

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	19.5%	12.8%	20.0%	13.5%
Staff without a LTC or illness: Your org	10.2%	7.3%	9.9%	7.9%
Staff with a LTC or illness: Average	22.1%	15.1%	18.7%	16.6%
Staff without a LTC or illness: Average	11.0%	10.0%	9.8%	9.1%
Staff with a LTC or illness: Responses	87	125	110	133
Staff without a LTC or illness: Responses	392	436	443	482

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months:

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	24.1%	27.2%	21.4%	22.6%
Staff without a LTC or illness: Your org	16.0%	15.4%	18.5%	15.6%
Staff with a LTC or illness: Average	30.5%	27.3%	25.4%	26.5%
Staff without a LTC or illness: Average	16.4%	16.6%	16.6%	16.5%
Staff with a LTC or illness: Responses	87	125	112	133
Staff without a LTC or illness: Responses	393	434	443	482

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it:

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	57.9%	53.4%	53.7%	55.8%
Staff without a LTC or illness: Your org	59.6%	47.5%	52.1%	47.3%
Staff with a LTC or illness: Average	54.8%	53.4%	49.3%	54.0%
Staff without a LTC or illness: Average	46.9%	47.7%	48.4%	48.8%
Staff with a LTC or illness: Responses	38	58	41	52
Staff without a LTC or illness: Responses	136	120	117	129

Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion:

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	53.4%	61.3%	54.8%	57.8%
Staff without a LTC or illness: Your org	61.6%	56.1%	58.1%	58.9%
Staff with a LTC or illness: Average	53.2%	52.3%	51.2%	52.3%
Staff without a LTC or illness: Average	60.1%	58.9%	59.3%	59.3%
Staff with a LTC or illness: Responses	88	124	115	135
Staff without a LTC or illness: Responses	398	437	461	492

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties:

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	29.3%	33.3%	38.0%	31.8%
Staff without a LTC or illness: Your org	25.3%	27.8%	25.5%	17.7%
Staff with a LTC or illness: Average	30.8%	26.7%	29.8%	29.8%
Staff without a LTC or illness: Average	21.7%	20.6%	21.6%	20.4%
Staff with a LTC or illness: Responses	58	87	71	85
Staff without a LTC or illness: Responses	178	194	149	181

Percentage of staff satisfied with the extent to which their organisation values their work:

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	39.3%	43.2%	41.9%	40.7%
Staff without a LTC or illness: Your org	52.0%	57.1%	55.9%	51.8%
Staff with a LTC or illness: Average	45.8%	44.3%	44.3%	39.1%
Staff without a LTC or illness: Average	56.3%	56.1%	55.6%	48.9%
Staff with a LTC or illness: Responses	89	125	117	135
Staff without a LTC or illness: Responses	396	436	465	496













Percentage of staff with a long lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work:

	2018	2019	2020	2021
Staff with a LTC or illness: Your org	77.4%	73.7%	82.4%	80.7%
Staff with a LTC or illness: Average	75.2%	76.5%	77.0%	71.4%
Staff with a LTC or illness: Responses	53	76	74	83





Staff engagement score (0-10):

	2018	2019	2020	2021
Organisation average	7.3	7.5	7.4	7.4
Staff with a LTC or illness: Your org	6.8	7.3	6.9	7.1
Staff without a LTC or illness: Your org	7.4	7.6	7.5	7.4
Staff with a LTC or illness: Average	7.2	7.2	7.1	6.9
Staff without a LTC or illness: Average	7.5	7.6	7.5	7.4
Organisation Responses	496	580	607	652
Staff with a LTC or illness: Responses	89	126	117	135
Staff without a LTC or illness: Responses	401	440	465	498


2021 Staff Survey Corporate Action Plan

Action	People Promise Theme	Lead	Target Date for Completion	Comments
Establish and embed an Education and Development Steering Group to discuss priorities and workforce strategy across the year	 We are always learning	Lawrence Anderson	June 2022	The inaugural meeting has taken place of this group in Spring 2022 with Terms of Reference established and work streams allocated.
Ongoing promotion of education, learning and development across virtual platforms and as the year progresses offer a more blended approach to learning	  We work flexibly We are always learning	Annette Byers	March 2023	This is an ongoing action which is promoted throughout the year.
Continued promotion of our successful apprenticeship programmes across the trust	   We are compassionate and inclusive We work flexibly We are always learning	Katharine Bond	March 2023	
Continue to promote and develop management and leadership opportunities in house and externally across the wider system including talent management across SHCP	   We are compassionate and inclusive We are a team We are always learning	OD&L	March 2023	
Ensure Appraisal documentation is reviewed and promotion of qualitative appraisal discussion and process is undertaken with each member of staff	   We are compassionate and inclusive We are always learning We are a team	OD&L	March 2023	



<p>Working with business units in relation to specific team interventions and staff survey themes</p>	 <p>We are a team We each have a voice that counts</p>	<p>OD&L</p>		
<p>Continue StayWell initiatives and build upon ongoing promotion of a range of wellbeing events</p>	 <p>We are safe and healthy We are recognised and rewarded</p>	<p>Gemma Farley</p>		
<p>Promotion of Trust benefits for staff to help improve attraction and staff retention including (NHS pension, contractual leave entitlements, and local trust salary sacrifice schemes</p>	 <p>We are recognised and rewarded We are safe and healthy</p>	<p>Advisory Team</p>		
<p>Monitoring the mover/leavers survey to get qualitative and quantitative data to inform future attraction and retention interventions</p>	 <p>We are always learning We are compassionate and inclusive We each have a voice that counts</p>	<p>Advisory Team</p>		
<p>Use the People Promise diagnostic tool in the Model Health System to compare outcomes over time and benchmark against elements of the Promise elements</p>		<p>Annette Byers</p>		



<p>Individual Business Units to develop priorities for own areas following receipt of departmental results with a quarterly update required through Quarterly Performance Reviews</p>		<p>Lawrence Anderson</p>		
<p>Ensure the Trust's Equalities Action Plan is reviewed along with WRES and WDES data in preparation for the submission of 2022 data and reporting</p>		<p>Gemma Farley</p>	<p>September 2022</p>	



Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	5 May 2022	Agenda reference:	83-22		
Report title:	NHS Provider Licence Conditions				
Sponsor:	Clare Pirie, Director of communications and corporate affairs				
Authors:	<ul style="list-style-type: none"> • Clare Pirie, Director of communications and corporate affairs • Michelle Miles, Director of finance and performance 				
Appendices:	<ol style="list-style-type: none"> 1. Notice of imposition of additional licence conditions 2. QVH self-certification for 2022 to be published on public website 				
Executive summary					
Purpose of report:	The Board is required to self-certify that it is assured that it has complied with the NHS Provider Licence and NHS Acts, and has had regard to the NHS Constitution.				
Summary of key issues	<p>The Board is asked to CONFIRM that:</p> <ul style="list-style-type: none"> • It has complied with the standard and additional NHS provider licence conditions • It has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3)) • It has complied with required governance arrangements (Condition FT4(8)) • It has a reasonable expectation that required resources will be available to deliver the designated Commissioner Requested Services (Condition CoS7(3) over the next financial year but specific factors may cast may doubt on this 				
Recommendation:	The Board is asked to approve the Trust's self-certification statement				
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:	<ul style="list-style-type: none"> • NHS Provider Licence • NHS Acts • NHS Constitution. 				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
Next steps:	Publication of self-certification statement to QVH website <ul style="list-style-type: none"> • G6/CoS7 before 31 May 2022 • FT4 before 30 June 2022 				

Report to: Board of Directors
Meeting date: 5 May 2022
Reference number: 83-22
Report from: Clare Pirie, Director of communications and corporate affairs
Authors: Clare Pirie, Director of communications and corporate affairs
Michelle Miles, Director of finance and performance

Appendices: Notice of imposition of additional licence conditions and website self-certification
Report date: 20 April 2022

Self-certification of NHS Provider licence conditions

1. Introduction

NHSEI requires trusts to consider and self-certify whether or not they have:

- complied with the NHS provider licence condition
- taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))
- complied with required governance arrangements (Condition FT4(8))
- If providing commissioner requested services, the provider has a reasonable expectation that required resources will be available to deliver the designated service (Condition CoS7(3))

These self-certifications need to be made by 31 May for Condition G6(3) and 30 June for Condition FT4(8).

It is up to providers how they carry out this process. Any process should ensure that the provider's board understands clearly whether or not the provider can confirm compliance.

2. Requirements for compliance

The standard NHS licence conditions can be found online [here](#) and cover essential requirements such as registration with the Care Quality Commission, financial reporting and good governance processes.

Condition G6 requires NHS foundation trusts to have processes and systems that identify risks to compliance, and to take reasonable mitigating actions to prevent those risks and a failure to comply from occurring.

Condition FT4 requires that NHS foundation trusts certify compliance with required governance standards and objectives.

3. Additional licence conditions

On 20 October 2021, following a referral made by the Trust, QVH received a notice of imposition of additional license conditions from NHS Improvement under section 111 of the Health and Social Care Act 2012. These related to the need for the Council of

Governors to implement arrangements to work effectively with the Board and to ensure that the Trust has sufficient and effective Board leadership, capacity and capability. The notice of imposition of additional licence conditions is appended to this paper.

NHS Improvement's notice identified a deterioration in the relationship between the Board and the Council of Governors following a motion passed on 19 July 2021 for the Board to pause work on merger proposals. It highlighted that '*the Council and Board appear no longer to have a fully effective working relationship*' and that further actions by the Council to prevent or hinder development of a sustainable long term plan could '*destabilise the Trust's management, governance and services.*'

NHS Improvement identified a risk that the Trust would fail to comply with one or more of the conditions of its Licence, in particular conditions, CoS3, FT4.3 and FT4.5(a), (d), (f) and (g) and FT4.6(a).

4. Evidence of compliance with the standard NHS licence conditions

Evidence to support Trust compliance with the standard NHS licence conditions includes:

- Board Reports include accurate, comprehensive, timely and up to date information to support decision-making and consideration of issues
- Regular sub-committee meetings covering quality, performance, finance and workforce monitor compliance against relevant legal and regulatory requirements and include consideration of risks and issues
- The Board Assurance Framework identifies risks against the delivery of the Trust's strategic objectives
- Most recent CQC inspection report and well-led inspection report
- The Trust's underlying deficit is well understood by regulators and commissioners, and the Trust is engaged in system working to secure the long-term sustainable future of QVH.

5. Evidence of compliance with the additional licence conditions

Following the imposition of additional licence conditions, the Trust appointed Anita Donley as interim Chair. Subsequently, following a recruitment process during March and April 2022, the Trust has appointed a new Chair on a three year contract.

An independent review was commissioned of the Trust's handling of challenges encountered in progressing the merger proposal, which reported in February 2022. This considered the processes for engaging with staff and governors, handling of external stakeholders and clarity on decision making roles between the Board and governors.

The Trust Board has fully accepted the recommendations of the independent review and these are being implemented in full. The board and council of governors are working to ensure interactions and relationships are appropriate and effective going forwards.

6. Commissioner requested services

Condition CoS7 only applies to NHS foundation trusts designated as providing commissioner requested services; this includes QVH. Commissioner requested services are services commissioners consider should continue to be provided locally even if a provider is at risk of failing financially and which will be subject to regulation by NHS Improvement.

Providers can be designated as providing commissioner requested services because there is no alternative provider close enough; removing the services would increase health inequalities or removing the services would make other related services unviable.

QVH is commissioned by NHS England to provide the following specialised services which have commissioner requested service designation:

Trauma and Head

- D/06/S/a Specialised Burns Care
- D/10/S/a Specialised Orthopaedics (Adult)
- D/12/S/a Specialised Ophthalmology (Adult)
- D/12/S/b Specialised Ophthalmology (Paediatrics)

Women and Children

- E/02/S/a Paediatric Surgery: Surgery (and Surgical Pathology, Anaesthesia and Pain)

The template requires the Trust to select 'confirmed' for one of three declarations about the resources required to provide these designated services:

- a) the required resources will be available over the next financial year
- b) the required resources will be available over the next financial year but specific factors may cast may doubt on this
- c) the required resources will not be available over the next financial year.

Required resources include: management resources, financial resources and facilities, personnel, physical and other assets. Only one declaration should be confirmed with the reasons for the chosen declaration in the free text box provided.

The Director of Finance has recommended that QVH should confirm option b, that is that the required resources will be available over the next financial year but specific factors may cast may doubt on this. The reason for this is that the QVH burns service does not meet the national specification and the Trust has a significant underlying deficit; both these factors are well understood by commissioners and regulators.

7. Recommendation

The Board is asked to **CONFIRM** that:

- 4.1 It has complied with the standard and additional NHS provider licence conditions
- 4.2 It has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))
- 4.3 It has complied with required governance arrangements (Condition FT4(8))
- 4.4 It has a reasonable expectation that required resources will be available to deliver the designated Commissioner Requested Services (Condition CoS7(3)) over the next financial year but specific factors may cast may doubt on this.

NOTICE OF IMPOSITION OF ADDITIONAL LICENCE CONDITION PURSUANT TO SECTION 111 OF THE HEALTH & SOCIAL CARE ACT 2012

TO:

The Queen Victoria Hospital NHS Foundation Trust (“**the Licensee**”)
Holtye Road
East Grinstead
West Sussex
RH19 3DZ

PROPOSAL:

On the basis of the grounds set out below, and having regard to its Enforcement Guidance, NHS Improvement has imposed the additional licence conditions specified below on the Licensee pursuant to its powers under section 111 of the Health and Social Care Act 2012 (“the Act”).

In this notice, “NHS Improvement” means Monitor.

THE LICENCE WOULD BE AMENDED AS FOLLOWS:

After Condition FT4 (NHS Foundation Trust governance arrangements), insert:

“Additional licence conditions 1 and 2 – Additional governance arrangements

- 1) The Licensee must ensure that it has in place sufficient and effective board leadership capacity and capability, in particular a suitably experienced and effective chair, as well as an effectively functioning Council of Governors, to enable it to address:
 - a. the issues faced by the Licensee in relation to its financial position and long term sustainability; and
 - b. any other issues relating to governance or operations that have caused or contributed to, or are causing or contributing to, or will cause or contribute to, the breach of the conditions of the Licensee’s licence.

- 2) The Licensee’s Council of Governors must ensure it implements arrangements to work effectively with the Licensee’s Board, in particular with a view to securing long term sustainability of the Licensee’s services and ensuring that they:
 - a. at all times comply with applicable requirements of the Licensee’s constitution;

- b. operate in accordance with their respective statutory roles and responsibilities; and
- c. have regard to relevant guidance issued by NHS Improvement in relation to governance of NHS foundation trusts.”

ANTICIPATED EFFECT OF THE ADDITIONAL CONDITION:

NHS Improvement anticipates that the effect of imposing the additional condition(s) will be as set out in paragraph 2.29 below in the section headed ‘Grounds’.

INCIDENTAL OR CONSEQUENTIAL MODIFICATIONS REQUIRED AS A RESULT OF THE IMPOSITION OF THE ADDITIONAL CONDITION(S):

No incidental or consequential modifications are required to the Licensee’s licence.

GROUND

1. Licence

The Licensee is the holder of a licence granted under section 87 of the Act.

2. Power to impose additional licence conditions

2.1. NHS Improvement is satisfied that the governance of the Licensee is such that the Licensee will fail to comply with one or more of the conditions of its Licence, in particular conditions, CoS3, FT4.3 and FT4.5(a), (d), (f) and (g) and FT4.6(a).

2.2. Need for action:

2.2.1. The Licensee is a very small NHS provider and its Board has identified it is unsustainable in its current form; in particular, the Licensee will continue to incur material financial deficits each year. In response to this, the Licensee has developed a case for change, with University Hospital Sussex NHS Foundation Trust as a strategic partner and candidate for merger.

2.2.2. On 19 July 2021 the Licensee’s Council of Governors (“the Council”) passed a motion demanding that the Board and executive of the Licensee pause all further work on the proposals until certain steps had been taken, which would substantially delay work on a long term plan for a sustainable future for the Licensee’s services.

2.2.3. When the Board indicated that it would refuse to comply with the motion, on reasonable grounds, some Governors indicated that they would ask the Council to consider a vote of no confidence in the chief executive of the Licensee, despite the Council having no function in legislation or guidance in relation to

the dismissal of executive directors. In addition, in a written communication on 9 September, some Governors alleged, without reasonable basis in the view of NHS Improvement, that there was a serious failure of the financial function at the Licensee and that the non-executive directors of the Licensee had failed to comply with the Licensee's constitution, the ethics of foundation trust governance and applicable laws.

2.2.4. The Council and Board appear no longer to have a fully effective working relationship, in particular in connection with the issue of the Licensee's long term future.

2.2.5. Further actions by the Council to prevent or hinder the Licensee taking reasonable steps to develop a sustainable long term plan may destabilise the Trust's management, governance and services.

2.2.6. In light of these matters and other available and relevant evidence, NHS Improvement is satisfied that the Council is failing to secure compliance with the Licensee's licence conditions and/or failing properly to take steps to reduce the risk of non-compliance.

2.2.7. In addition, the Licensee's Chair reached the end of her term on 30 September 2021. At the date of this notice, no replacement, either interim or permanent, has been appointed.

2.2.8. In light of the above, NHS Improvement is satisfied that the governance of the Licensee is such that the Licensee is failing or will fail to comply with the conditions of its licence.

2.2.9. NHS Improvement considers that the imposition of the conditions specified above is appropriate for reducing the risk of non-compliance identified above.

3. Appropriateness of additional licence condition

In considering the appropriateness of imposing the additional conditions proposed in this case, NHS Improvement has taken into account its Enforcement Guidance.

The requirements of the additional licence conditions are without prejudice to:

(a) the requirements of any enforcement undertaking given by the Licensee; and

(b) the requirement on the Licensee to ensure that it is compliant with all the conditions of its licence including those relating to:

- *compliance with the health care standards binding on the Licensee;*
- *effective financial decision-making, management and control;*
- *compliance with all requirements concerning quality of care.*

Any failure to comply with either or both of the additional licence conditions would render the Licensee liable to further formal action by NHS Improvement.

NHS IMPROVEMENT

Dated: Wednesday 20th October 2021

Signed:

A handwritten signature in blue ink, appearing to read 'Anne Eden', with a horizontal line underneath the name.

Anne Eden
Regional Director, South East, and
Chair of the South East Regional Support Group
NHS England and NHS Improvement

QVH self-certification 2022

NHS foundation trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with governance requirements.

The standard NHS licence conditions can be found online [here](#) and cover essential requirements such as registration with the Care Quality Commission, financial reporting and good governance processes.

Commissioner requested services are those services identified by commissioners as needing protection of continuity of service in the NHS provider licence, for example because there is no alternative provider close enough. QVH has five specific commissioner requested services related to the Trust's specialist services, in burns, orthopaedics, ophthalmology (adult and paediatric), and paediatric surgery.

On 20 October 2021, following a referral made by the Trust, QVH received a notice of imposition of additional licence conditions from NHS Improvement under section 111 of the Health and Social Care Act 2012. These related to the need for the Council of Governors to implement arrangements to work effectively with the Board and to ensure that the Trust has sufficient and effective Board leadership, capacity and capability. The notice of imposition of additional licence conditions can be found online [here](#).

At its public meeting on 5 May 2022, the QVH Board of Directors confirmed:

- It had complied with the standard and additional NHS provider licence conditions
- It had taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))
- It had complied with required governance arrangements (Condition FT4(8))
- It had a reasonable expectation that required resources would be available to deliver the designated Commissioner Requested Services (Condition CoS7(3)) over the next financial year but that specific factors may cast doubt on this

The specific factors referred to above are that the burns service does not meet the national specification and that the Trust is in an underlying deficit position. Both these factors are well understood by commissioners and regulators.

After publication, additional evidence of QVH compliance with the NHS provider licence conditions will be located in the 2021/22 Annual Report and Accounts.

Report cover-page

References					
Meeting title:	Board of Directors				
Meeting date:	5 May 2022	Agenda reference:		85-22	
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 16 March 2022				
Summary of key issues	The Committee received a report on external audit planning, updates from Internal Audit and Counter Fraud and approved the Internal; Audit plan for 2022/23.				
Recommendation:	The Board is asked to NOTE the contents of this report.				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <i>[Tick which KSO(s) this recommendation aims to support]</i>	KSO1: <i>Outstanding patient experience</i> <div style="text-align: center;">√</div>	KSO2: <i>World-class clinical services</i> <div style="text-align: center;">√</div>	KSO3: <i>Operational excellence</i> <div style="text-align: center;">√</div>	KSO4: <i>Financial sustainability</i> <div style="text-align: center;">√</div>	KSO5: <i>Organisational excellence</i> <div style="text-align: center;">√</div>
Implications					
Board assurance framework:	Internal audit reports were received				
Corporate risk register:	None				
Regulation:	External audit plan was received				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	None				

Report to: Board of Directors
Meeting date: 5 May 2022
Reference number: 85-22
Report from: Kevin Gould, Chair
Author: Kevin Gould, Chair
Appendices: N/A
Report date: 25 April 2022

**Audit Committee report
Meeting held on 16 March 2022**

1. The Committee approved its work programme for the following year.
2. KPMG provided an update on the planning for the external audit. Risks for the financial audit are similar to the previous year. Their risk assessment for the Value-for-Money (VFM) commentary was not yet complete, and given the licence conditions imposed on the trust will result in some additional considerations, it was decided to hold a further meeting in April inviting other board members.
3. RSM presented the proposed internal audit plan for 2022/23 and an update to the internal audit charter. This was discussed and approved.
4. RSM presented an update on the Internal Audit plan. Two reports had been completed since the previous meeting:
 - Financial Systems – Accounts Receivable (Substantial Assurance, no High priority actions)
 - Payroll (Substantial Assurance, no High priority actions)The Committee reviewed and discussed the outstanding management actions, noting the good progress that continues to be made.
5. The Committee received a report on the progress of Counter Fraud activity.

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

Report cover-page

References					
Meeting title:	Board of Directors				
Meeting date:	27 April 2022	Agenda reference:		86-22	
Report title:	Nomination and remuneration committee assurance update				
Sponsor:	Anita Donley, Trust Chair				
Author:	Clare Pirie, Director of communications and corporate affairs				
Appendices:	NA				
Executive summary					
Purpose of report:	To provide assurance to the board in relation to matters discussed at the nomination and remuneration committee meeting on 3 March 2022.				
Summary of key issues	The committee met to ratify recent Board appointments.				
Recommendation:	The Board is asked to NOTE the contents of this report.				
Action required <i>[highlight one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <i>[Tick which KSO(s) this recommendation aims to support]</i>	KSO1: <i>Outstanding patient experience</i> √	KSO2: <i>World-class clinical services</i> √	KSO3: <i>Operational excellence</i> √	KSO4: <i>Financial sustainability</i> √	KSO5: <i>Organisational excellence</i> √
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	None				

Report to: Board of Directors
Meeting date: 5 May 2022
Report from: Anita Donley, Trust Chair
Author: Clare Pirie, Director of communications and corporate affairs
Appendices: N/A
Report date: 27 April 2022

**Nomination and remuneration committee assurance report
Meeting held on 3 March 2022**

The Nomination and remuneration committee met on 3 March 2022 to formally ratify the appointment and remuneration of three executive directors.

Shane Morrison-McCabe was appointed as director of operations following a process of national advertisement, shortlisting, stakeholder groups and interview.

Tania Cubison, consultant plastic surgeon and previously deputy medical director, was appointed as medical director, following a formal interview process.

Nicky Reeves, previously interim director of nursing, was appointed as Chief Nurse following a formal interview process supported by the Chief Nurse for Sussex ICS.

The committee formally ratified these appointments.