Business Meeting of the Board of Directors

Thursday 3 November 2022

Session in public
10.00-12.00

**MEMBERSHIP
BOARD OF DIRECTORS
November 2022**

Members (voting):

Trust Chair	-	Jackie Smith
Senior Independent Director	-	Gary Needle
Non-Executive Directors	-	
		Paul Dillon-Robinson
	-	Kevin Gould
	-	Karen Norman
Chief Executive	-	Steve Jenkin
Medical Director	-	Tania Cubison
Chief Nurse	-	Nicky Reeves
Chief Finance Officer (interim)	-	James Drury

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 (voting)								
Jackie Smith Trust Chair	Chair, Barnet, Enfield & Haringey Mental Health NHS Foundation Trust Chair, Camden & Islington NHS Foundation Trust Former CEO Nursing and Midwifery Council	Director, Wenurses social media platform	Nil	Nil	Nil	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 Association of Governing Bodies of Independent Schools.	From 1/6/21 : Chair of the Audit Risk and Assurance Committee for one of the MoD's Top Level Budget organisations. From 8/11/21 : Non-Executive Director Chair of ARAC, and member of Agency Management Board for Rural Payments Agency, ex-officio member of Defra ARAC Already : Non-trustee member of Finance Risk and Audit Committee of Farm Africa. Shadow governor of Hurst Education Trust. Trustee

							Churchwarden for Parish of Buxted & Hadlow Down, trustee of Friends of St Margaret, and St Marks House School trust.	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 Senior independent director	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	Nil	National Chair of the Emergency Management of severe	Nil	Nil	Spouse (Ian Harper) is the director of welfare for BLESMA (the	Nil

		Medio legal expert. This is as a sole trader, not a limited company.		burns senate (part of the British Burn Association)			military charity for amputees). He is in a salaried post and does signpost people to QVH.	
James Drury Chief Finance Officer (interim)	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Nicky Reeves Chief Nurse	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 Workforce & OD (interim)	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)							
Jackie Smith 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 Senior Independent Director	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
James Drury Chief Finance Officer (interim)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Nicky Reeves Chief Nurse	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 Workforce & OD (interim)	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 3 November 2022
10.00-12.00

Agenda: session held in public			
WELCOME			**Time**
154-22	**Welcome, apologies and declarations of interest** *Jackie Smith, Trust Chair*		10.00
STANDING ITEMS	**Purpose**	**Page**	
155-22	**Patient story**	*Assurance*	-	10.02
156-22	**Freedom to Speak Up Guardian update** *Sheila Perkins, Freedom to Speak Up Guardian*	*Assurance*	10	10.12
157-22	**Guardian of Safe Working update** *Joy Curran, Guardian of Safe Working*	*Assurance*	13	10.17
158-22	**Draft minutes of the public meeting held on 1 September 2022** *Jackie Smith, Trust Chair*	*Approval*	19	10.23
159-22	**Matters arising and actions pending from the public meeting held on 1 September 2022** *Jackie Smith, Trust Chair*	*Review*	-	
160-22	**Chair's report** *Jackie Smith, Trust Chair*	*Assurance*	26	10.25
161-22	**Chief executive's report** *Steve Jenkin, Chief Executive*	*Assurance*	28	10.30
TRUST STRATEGY			
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services			
162-22	**Board Assurance Framework KSO1 & KSO2** *Nicky Reeves, Chief Nurse* *Tania Cubison, Medical Director*	*Assurance*	44	10.40
163-22	**Corporate Risk register (CRR)** *Nicky Reeves, Chief Nurse*	*Review*	46	10.43
164-22	**Quality and Safety report** *Nicky Reeves, Chief Nurse* *Tania Cubison, Medical Director*	*Assurance*	64	10.50
165-22	**Inpatients survey results** *Nicky Reeves, Chief Nurse*	*Information*	75	10.55
166-22	**Quality and Governance assurance** *Karen Norman, Non-executive Director and Committee Chair*	*Assurance*	158	11.00
Key strategic objectives 3 and 4: operational excellence and financial sustainability			

167-22	**Board Assurance Framework KSO3 & KSO4** *Shane Morrison-McCabe, Director of Operations* *James Drury, Interim Chief Finance Officer*	*Assurance*	161	11.05
168-22	**Operational performance** *Shane Morrison-McCabe, Director of Operations*	*Assurance*	163	11.08
169-22	**Financial performance** *James Drury, Interim Chief Finance Officer*	*Assurance*	185	11.15
Key strategic objective 5: organisational excellence				
170-22	**Board assurance framework KSO5** *Lawrence Anderson, Interim Director of Workforce and OD*	*Assurance*	195	11.22
171-22	**Workforce monthly report** *Lawrence Anderson, Interim director of Workforce and OD*	*Assurance*	196	11.25
172-22	**Workforce Race Equality (WRES) and Workforce Disability Equality (WDES) standards analysis report** *Lawrence Anderson, Interim director of Workforce and OD*	*Approval*	205	11.30
173-22	**Financial, operational and workforce performance assurance** *Paul Dillon-Robinson, Non- executive Director and Committee Chair*	*Assurance*	247	11.40
GOVERNANCE				
174-22	**V10b of Trust Constitution** *Clare Pirie, Director of Communications and Corporate Affairs*	*Information*	250	
175-22	**Audit committee assurance** *Kevin Gould, Non- executive Director and Committee Chair*	*Assurance*	252	11.45
MEETING CLOSURE				
176-22	**Any other business (by application to the Chair)** *Jackie Smith, Trust Chair*	*Discussion*	-	11.50
MEMBERS OF THE PUBLIC				
177-22	*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.* *Jackie Smith, Trust Chair*			
178-22	*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.* *Jackie Smith, Trust Chair*			

Report cover-page			
References			
Meeting title:	Board of Directors		
Meeting date:	3/11/2022	**Agenda reference:**	**156-22**
Report title:	Freedom to Speak Up Guardian update		
Sponsor:	Sheila Perkins, Freedom to Speak up Guardian		
Author:	Sheila Perkins, Freedom to Speak up Guardian		
Appendices:	None		

Executive summary				
Purpose of report:	To update the Board on the latest number of speak-ups to the FTSU Guardian highlighting any themes			
Summary of key issues	Majority speak-ups fit into the bullying/unacceptable behaviour from managers/ team leader/colleague category			
Recommendation:	It is recommended that the Board **notes** the contents of the report			
Action required	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	**KSO1:** *Outstanding patient experience*	**KSO2:** *World-class clinical services*	**KSO3:** *Operational excellence*	**KSO4:** *Financial sustainability*	**KSO5:** *Organisational excellence*

Implications	
Board assurance framework:	None
Corporate risk register:	None
Regulation:	The QVH FTSU Guardian works in line with policy and advice from NHSE and the National Guardian's Office.
Legal:	None
Resources:	The FTSU Guardian is allocated 0.5 days per week within the postholder's role

Assurance route				
Previously considered by:	N/A			
	Date:		Decision:	
Next steps:	N/A			

Report to: Board Directors
Agenda item: 156-22
Date of meeting: 3 November 2022
Report from: Sheila Perkins, FTSU Guardian
Report author: Sheila Perkins, FTSU Guardian
Date of report: 26 October 2022
Appendices: None

Freedom to Speak up Guardian update

Month		
Total	May 2022 – October 2022	18

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Staff Demographic	
Nursing	3
Allied Health Professionals	1
Medical / Dental	2
Administrative Staff	11
Additional Clinical Services	1

Themes	
Patient experience (no safety issues)	0
Patient experience potential safety issues	0
Staffing levels	0
HR Issues	0
Bullying/ Harassment from manager/team members	2
Inappropriate treatment from manager / team members	16

1. There has been a higher level of activity in the last six months, primarily in May, June and July of this year. Although just over 50% of the concerns were raised by one team, different issues were raised.

   I have followed up with all the members of that team who spoke up to me and there has been a mixed response. Some members of staff reported that they felt their concerns had been dealt with; some have chosen to leave and one member of staff has come back to me in the last couple of days to say that they feel nothing has changed – I am planning to meet with them as soon as they are available.

2. There is a second team where more than one member raised a concern. This case is still open and is being dealt with by the appropriate person.

3. The other concerns have all been directed to the appropriate person and the cases are now closed. We received some really good feedback from a member of staff whose concern was addressed on the day she raised it.

4. All NHS organizations are required to adopt a new national policy to help normalize speaking up for the benefit of patients and workers; its aim is to ensure that all matters raised are captured and considered appropriately.

   I would hope to work with Clare Pirie and others to see how we can best use this. Ideally we can adapt it to QVH by inserting all the correct contact details and have it on Qnet under the FTSU tile.

5. Training for FTSU Guardians has increased and become mandatory. I have signed up for some further on-line sessions.

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

Sheila Perkins
Freedom to Speak up Guardian

Report cover-page				
References				
Meeting title:	Board of Directors			
Meeting date:	3/11/2022		**Agenda reference:**	**157-22**
Report title:	Guardian of Safe Working update			
Sponsor:	Tania Cubison, Medical director			
Author:	Joy Curran, Guardian of safe working			
Appendices:	None			
Executive summary				
Purpose of report:	Key safety data regarding working of junior doctors and rota in the Trust			
Summary of key issues	Extra hours need to be worked by staff to fill gaps in rota due to a variety of reasons. All gaps have been filled by bank staff. No agency have been employed and no gaps left unfilled at night. Accommodation in Meridian Way has been improved. Concerns regarding plastics rota have been sorted rapidly.			
Recommendation:	Please note the key findings of safe rota, although with high extra hours			
Action required	**Approval**	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	**KSO2:** ***World-class clinical services***	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	**KSO5:** ***Organisational excellence***
Implications				
Board assurance framework:	Assurance of safe working hours			
Corporate risk register:	None			
Regulation:	Links to Care Quality Commission requirements			
Legal:	All trainee doctors continue to work hours that are compliant with their contracts and relevant legislation.			
Resources:	Extra hours are more expensive; implications of spend are not covered in this report.			
Assurance route				
Previously considered by:	Report also sent to LNC but not yet seen by them			
	Date:		Decision:	
Previously considered by:				
	Date:		Decision:	
Next steps:	N/A			

Report to: Board Directors
Agenda item: 157-22
Date of meeting: 3 November 2022
Report from: Joy Curran, Guardian of Safe Working
Report author: Joy Curran, Guardian of Safe Working
Date of report: 26 October 2022
Appendices: None

Quarterly report on safe working hours: doctors and dentists in training Quarter 3 20222 July, August and September

Introduction
This report draws data from junior doctor exception reporting, the junior doctor forum and human resources for the 3rd quarter of 2022 at QVH. Compiled by the Guardian of Safe Working (GOSW) Dr Joy Curran and Ms Kathleen Ally.

High level data for QVH
Number of doctors / dentists in training (total): 60

Number of doctors / dentists in training on 2016 TCS (total): 39

Amount of time available in job plan for guardian to do the role: 0.75 PAs/ 3 hours per week
Admin support provided to the guardian (if any): Ad hoc

Amount of job-planned time for educational supervisors: 0.25 PAs per trainee

a) Exception reports (with regard to working hours)

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Anaesthetics	0	0	0	0
Maxillofacial	0	1	0	1
Orthodontic	0	0	0	0
Plastics	44	26	11	55
Radiology	0	0	0	0
Total	44	27	11	56

Exception Reports for Hours breached

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics	0	
Maxillofacial	1	1
Orthodontic	0	0
Plastics	17	8
Radiology	0	0
Total	18	9

Exception reports for missed Education and Training

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics	0	0
Maxillofacial	0	0
Orthodontic	0	0
Plastics	9	8
Radiology	0	0
Total	9	8

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
F1				
F2				
CT1-2 / ST1-2	0	1	0	1
Total				

For this quarter all the plastics reports were from the senior rota.

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

b)   Work schedule reviews
There were no necessary work schedule reviews this quarter.

c) Locum bookings

i)   Bank

Locum bookings (bank) by department					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Anaesthetics	8.00	8.00	0	75.00	75.00
Maxillofacial	87.00	87.00	0	916.75	916.75
Orthodontics	7.00	7.00	0	42.75	42.75
Plastics	95.00	95.00	0	900.75	900.75
Total	197.00	197.00	0	1,935.25	1,935.25

Locum bookings (bank) by grade					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
CT1-2*	101.00	101.00	0	956.75	956.75
ST3 +*	96.00	96.00	0	978.50	978.50
Total	197.00	197.00	0	1,935.25	1,935.25

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

Locum bookings (bank) by reason*					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Vacancy	30.00	30.00	0	270.50	270.50
Sickness	22.00	22.00	0	259.25	259.25
Increase in workload*	37.00	37.00	0	280.25	280.25
Other**	108.00	108.00	0	1,125.25	1,125.25
Total	197.00	197.00	0	1,935.25	1,935.25

* Increase in workload includes: Additional Clinics/Lists, WLI
** Other includes: Additional Dependency – COVID 19, Annual Leave, On Call,
Special Leave, Study leave,

ii)   Agency

Locum bookings (agency) by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-2	0.00	0.00	0.00	0.00
ST3-8	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00

Locum bookings (agency) by reason**				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	0.00	0.00	0.00	0.00
Sickness	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00

d) Locum work carried out by trainees
We are unfortunately not able to list this in this detail for the time being.

e) Vacancies

Vacancies by month						
Specialty	Grade	Month 1	Month 2	Month 3	Total gaps (average)	Number of shifts uncovered
Anaesthetics	ST3*	0	1	1	0.7	0
Maxillofacial Core	CT1/2	1	1	1	1.0	0
Maxillofacial higher	ST3	1	1	1	1.0	0
Plastic surgery core	CT1/2	0	0	0	0.0	0
Plastic surgery higher	ST3*	0	1	1	0.7	0
Orthodontics	ST3*	0	0	0	0.0	0
Total		2	4	4	3.4	0

The high number of extra shifts reflects in the vacancy in each rota for maxillofacial. The plastic department is probably more effected by extra work, but unfortunately the numbers are not presented by reason for each department.

If the Board would appreciate this we can look at doing that for the next quarter?

f) Fines

Fines by department		
Department	Number of fines levied	Value of fines levied
Plastics	2 (both in July)	499.83

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter (amount in GOSW account)
3137.07	499.83	33.20 for a well-being evening in the mess (plus one invoice outstanding)	3603.70

Qualitative information
The Junior Doctor Forum met in September. We did not have good attendance and we discussed other possible times in the week.

There had been positive changes from the housing association run accommodation following intervention from the CEO and compensation is being given to those who had rented accommodation with poor facilities.

The healthy eating changes were also being actioned and an extension to the canteen time monitored.

Issues arising
Issues with the rota were cropping up again in plastics and there was a lot of concern from trainees about both the long term rota for holidays and the day to day rota. Some exception reports received about this. Those reports are all from the senior plastics rota. I was particularly concerned that some of the Core trainees who started

in August had their rota dates changed on arrival and leave requested prior to their arrival had not been approved despite good notice. Following on from this I believe things have been sorted out and a new rota coordinator appointed.

17 exception reports were raised by the senior plastics rota. 9 were for education. These involved a variety of difficulties, many were for not being able to attend sessions with their Consultant due to last minute request to do other uncovered commitments.

The other 8 were for hours and were for either overrunning elective work or being up at night due to trauma. Fines are only give for certain defined circumstances; for example not getting the minimum 5 hours continuous rest at night in a 24 hour period of on call.

There was a review of the maxillofacial rota with no changes deemed beneficial overall.

Actions taken to resolve issues
The response from the plastics CD and Clinical tutor to the rota issues, when pointed out, was very positive and effective. Happily, I have had no further exception reports of this type of issue since.

We had one maxillofacial exception report this quarter, but they still do not use the system to report issues. I have carried out an information session for both trainees and consultants but sadly this has not resulted in change. Looking at the number of hours carried out by bank working in maxillofacial I would be very concerned that these doctors are exceeding their recommended average working hours from time to time.

For the next changeover of trainees, it seems that we are fortunate to be expecting our full complement of trainees. It is very difficult to get outside doctors to fill any gaps as the doctors are dual qualified and simply do not exist as locums.

Summary
I can confirm that to my knowledge the rotas are working effectively within the 2016 junior doctor contract. I would emphasize that the maxillofacial rota is the most vulnerable to gaps and every effort must be made to fill these.

Questions for consideration
Please note the high numbers of extra hours requested on bank for maxillofacial (916 v 820 in Q2 and 145 in Q1) and plastics (916 v 1210 in Q2 and 498 in Q1)

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

Document:	Minutes (Draft & Unconfirmed)	
Meeting:	**Board of Directors (session in public)** **1pm-3pm 01 September 2022** **Education Centre, QVH**	
Present:	Jackie Smith	Trust Chair (voting) (chair)
	Gary Needle (GN)	Senior independent director (voting)
	Paul Dillon-Robinson (PDR)	Non-executive director (voting)
	Kevin Gould (KG)	Non-executive director (voting)
	Karen Norman (KN)	Non-executive director (voting)
	Steve Jenkin (SJ)	Chief executive (voting)
	Tania Cubison (TC)	Medical director (voting)
	Michelle Miles (MM)	Director of finance (voting)
	Nicky Reeves (NR)	Chief nurse (voting)
	Lawrence Anderson (LA)	Interim Director of workforce (non-voting)
	Shane Morrison- McCabe (SMM)	Director of operations (non-voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
In attendance:	Ellie Simpkin (ES)	Governance Officer (minutes)
	James Drury (JD)	Chief finance officer (observing)
Apologies:	None	
Members of the public:	One public governor	
Welcome		

126-22	**Welcome, apologies and declarations of interest** The Chair opened the meeting, welcoming members of the Board, attendees and members of public in attendance including one public governor and the newly appointed Chief finance officer. It was noted that KN was joining the meeting virtually by exception in order to provide the Board with the necessary assurance from the quality & governance committee meetings which had been held since the last Board meeting. The Chair reminded members of the public that they were invited to observe the meeting in public but not to participate in discussions. There were no apologies. There were no declarations of interest other than those already recorded on the register.
	Standing items
127-22	**Patient story** The patient was unable to attend the meeting on this occasion.
128-22	**Draft minutes of the public meeting held on 07 July 2022** The Board **agreed** that the draft minutes of the public meeting held on 07 July 2022 were a true and accurate record of that meeting and **approved** them on that basis.
129-22	**Matters arising and actions pending from the public meeting held on 07 July 2022** There were two actions on the matters arising report, both of which had been completed since the last Board meeting. Written updates were provided in the report. The Board **noted** the written updates provided for the two completed actions.

130-22	**Chair's report** JS presented the report, commenting on the warm welcome she had received at QVH. There were no questions from the Board. The Board **noted** the contents of the report.
131-22	**Chief Executive's report** SJ presented his report to the Board, highlighting key issues as follows: - Staff awards ceremony had been a huge success, with a significant number of nominees and recognition of some of the real excellence at QVH through the winners. - New modular theatres are in place and expected to see around 140 patients more per month than we were able to treat through the old day surgery theatres, which will improve waiting lists. They had been well received by clinical staff. - July and August had been busy months for the NHS and work is underway on winter planning. A further Covid wave is expected and preparations are underway for Covid boosters and flu vaccines roll out. The Board asked how the NHSE core objectives and key actions to increase capacity and operational resilience in urgent and emergency care fitted with the challenges faced by QVH. SJ explained that there is an expectation that the NHS in Sussex will provide additional beds, and although the Trust was not directly involved in the '100 day challenge' it is supporting primary care providers throughout the challenging winter, for example working with GPs on prevention initiatives. The Board also asked about staff uptake of the flu vaccine and was informed that there is a 90% uptake target, however, actual uptake from staff was usually around 70%. A record of those staff actively choosing to opt out is kept. Focus also remained on ensuring that as many staff as possible are fully vaccinated against Covid. The Board **noted** the contents of the report.

Trust strategy

Key strategic objectives (KSO) 1 and 2: outstanding patient experience and world-class clinical services

132-22	**Board Assurance Framework** NR and TC presented the board assurance frameworks related to KSO1 and KSO2. The Board asked for further information on the issues with the current sterile services provider. This is being closely monitored and staff are engaged with the provider to ensure that improvements are being implemented. The finance & performance committee had reviewed this in detail and is monitoring the situation. The Board **noted** the board assurance frameworks related to KSO1 and KSO2.
133-22	**Corporate Risk register (CRR)** NR presented the CRR to the Board who noted the highest scoring risks which were highlighted on the front cover of the report. The Board noted that consultation on the review of plastics administration had concluded and recruitment is underway. A development plan for the team will be implemented once staff are in post.

	Discussion was had over the significant increased referral numbers to the sleep service. It was noted that an action plan is in place and DMO1 compliance is improving. A sleep technician and consultant are now in post and addressing the waiting list. The Board queried whether the current staffing model is sufficient for the increase in referrals. TC confirmed that she is confident that once the full complement of staff is in place it will be sufficient. The Board **noted** the contents of the report.
134-22	**Quality and Safety report** NR presented the quality and safety report. Highlights were summarised on the cover of the report and included the results in the 2021 Cancer Patient Experience survey. One Never Event had been declared. The Board noted that Covid guidance has changed and the detail as to how it will apply to QVH patients is being considered. With regard to the Never Event, a question was asked as to whether the safe surgery check list had been followed and whether an audit of this area was needed. TC stated that the investigation into the event is ongoing. The Board noted the excellent results for QVH in the recent GMC survey of doctors in training. The Board **noted** the contents of the report.

135-22	**Annual reports**
	The Board received the following reports:
	
	   a) Safeguarding (adults and children) annual report 2021/22
	
	   b) Infection prevention and control annual report 2021/22
	
	   c) Patient experience annual report 2021/22
	
	   d) Emergency preparedness, resilience and response annual report 2021/22
	
	   e) Research and innovation annual report 2021/22
	
	   f) Appraisal and revalidation annual report 2021/22
	
	The Board **noted** the reports.

136-22	**Quality and Governance assurance** KN presented the quality and governance assurance report to the Board, noting that there had been three committee meetings since the last Board meeting and that a number of reports considered by the committee were on the Board agenda. The committee had considered the cancer patient experience results, discussed concerns over growing waiting list numbers and would be receiving a further update on the new CQC framework and a statement of readiness in preparation for the next inspection. The Board **noted** the contents of the report.
**Key strategic objectives 3 and 4: operational excellence and financial sustainability**
137-22	**Board assurance framework** SMM and MM presented the board assurance frameworks related to KSO3 and KSO4. With regard to KSO3 it was noted that theatre capacity at the McIndoe Centre for quarter three is yet to be confirmed however, SJ was working with Horder Healthcare to develop a viable plan for both quarter three and quarter four. The key challenges faced by QVH

include increasing demand, delayed presentation and delays to the pathways into QVH. Waiting list validation is taking place and work is being undertaken with key stakeholders on a waiting list process review. These challenges are not unique to QVH and increases in referrals are also being seen in other acute hospital trusts. Future risks include the impact that a further wave of Covid cases and the winter flu season may have on staffing and waiting lists.

With regard to KSO4, discussion was had over the Elective Recovery Fund (ERF) and the potential for claw-back from commissioners if activity levels are not met. The Board noted that the national position on this is not currently clear. The Trust has so far received allocations in months one to four. There is no expectation of ERF claw-back included in the year-to-date position.

The Board **noted** the board assurance frameworks related to KSO3 and KSO4.

138-22	**Operational performance**

SMM presented the operational performance report to the Board who noted the headlines as set out within the report.

The Board discussed the increase in waiting list numbers, noting that demand is significantly higher than predicted with the most pressured service being plastics which has seen a double in referral numbers. Cancer referrals are also increasing year on year. The Board recognised that this is not unique to QVH and asked whether planning assumptions are being revised and opportunities for additional capacity considered. SMM outlined the actions which are underway including waiting list validation and a review of inclusion criteria which is being undertaken with partner organisations. Opportunities for theatre utilisations both at QVH and partner sites at Sevenoaks and Uckfield are being explored and the new modular theatres are up and running. Theatre utilisation is also being looked at with cancellations, training and annual leave approvals all being reviewed. Increasing capacity and productivity will be key to tackling the increase in demand and a full action plan is being developed. The Board also commented on the effect of workforce challenges and the need to ensure that robust systems and processes are in place. NHS Sussex are being kept informed of the situation.

The Board noted that an additional finance & performance committee meeting had been held in August to specifically consider the issues around operational performance. PDR highlighted the significant risk to achieving the 52 week wait target and added that the committee had discussed the importance of data validation in ensuring that the depth of the issue is fully understood. Theatre productivity and utilisation including further analysis of 'did not attend' cases and cancellations was also an area highlighted by the committee.

The Board highlighted the operational performance challenges as area in need of further assurance and requested that the situation be monitored by the finance & performance committee and reported back to the Board.

The Board **noted** the contents of the report.

139-22	**Community diagnostics centre (CDC) business case**

SMM explained that the full business case had been discussed by the Board in private session for reasons of commercial confidentiality.

The Board agreed that the CDC is a beneficial place based initiative which would improve services for patients and the local community as well being an opportunity for investment in the QVH site. It concluded that whilst it agrees to the CDC in principal, the business case needs to be developed further to address activity and workforce risks. The proposals will be developed further and brought back to a future Board meeting.

	The Board **noted** the summary of work completed to date.
140-22	**Financial performance** MM presented the financial performance report to the Board, highlighting that the month four year-to-date position is breakeven. Efficiencies are currently being met and work is ongoing to ensure that these are sustained. With regard to the capital budget there was an overspend in the region of £500k due to the delivery of the new modular theatres being earlier than expected. The Board asked whether the associated benefit is being finalised or if this is waiting for confirmation of the ERF. MM confirmed that this is being finalised and is expected in September or October. The Board **noted** the contents of the report.

Key strategic objective 5: organisational excellence

141-22	**Board Assurance Framework** LA presented the board assurance framework related to KSO5 and reported that the risk scores were unchanged from the previous update and workforce challenges remained. The Board **noted** the board assurance framework related to KSO5.
142-22	**Workforce monthly report** LA presented the workforce monthly report to the Board. The Board welcomed the new format of reporting and asked whether there are any further improvements which can be made to recruitment processes. LA responded that efficiencies to make processes quicker have been explored however, there are limitations due to candidates and notice periods, for example. Discussion was had over staff sickness and LA commented that there are no particular trends found in the sickness absence figures. The increase in sickness in May to 4.9% was thought to be an anomaly as levels had generally been stable throughout the twelve month period. Overall sickness levels are low compared to other acute providers. It is recognised that the cost of living crisis is likely to deepen and have an impact on staff wellbeing. This has been seen in staff feedback and use of the staff hardship fund. The Board recognised the potential impact that changes to pension contributions may have on some members of staff. The Board **noted** the contents of the report.
143-22	**Workforce Race Equality (WRES) and Workforce Disability Equality (WDES) standards** LA presented the Workforce Race Equality Standards and the Disability Equality Standards data reports for 2021/22 to the Board. A further report with an accompanying action plan will be submitted to the finance & performance committee. A new staff survey will commence in October 2022. The Board discussed how the data links to the outcome of the staff survey and the information presented in item 142-22, particularly around staff experience, inclusion and the figures around bullying and harassment. LA informed the Board that work is being carried out to assess those figures and understand the actions which need to be taken to address them. The Board noted the data included in the report was as at 31 March 2022 and asked whether it would be possible in future to have a more timely look at the information in order to identify 'quick wins' ahead of the national data returns. It was also suggested that further

narrative was needed to support the information on the staff survey responses provided in the workforce monthly report.

The Board asked about engagement with the ethnically diverse staff group. SMM commented as a member that the group is growing in its role of providing feedback and suggesting how cultural differences can be addressed in a practical way. LA added that a large amount of work is being done with the group and agreed that there could be more.

The Board **approved** the contents of the reports.

144-22	**Financial, operational and workforce performance assurance** PDR presented the report to the Board who **noted** the contents of the report.

Governance

145-22	**Audit Committee assurance** KG presented the report to the Board who **noted** the contents.
146-22	**Nomination and remuneration assurance** GN presented the report to the Board who **noted** the contents.

Meeting closure

147-22	**Any other business (by application to the Chair)** The Board recorded its thanks to MM who was leaving QVH to take on a position at another NHS Trust. The Board wished her well in her new role and thanked her for her support and dedication during her time at QVH.

Members of the public

148-22	**Questions from members of the public**
	The Board received four questions in advance of the meeting. CP read out the questions and the Trust's responses to the questions which were as follows.
	
	Question: What Service Level Agreements do we currently have with Brighton and are these now at risk because of recent CQC concerns and their own fragile services?
	
	Response: Royal Sussex County Hospital, Brighton, is part of University Hospitals Sussex and we currently have the following service level agreements with the trust:
	
	Provided by QVH to UHSussex:
	  - Maxillofacial consultant
	  - Community ENT services
	  - Sleep services
	  - Plastics trauma service
	  - Plastics dermatology service
	  - Pressure garments
	
	Provided by UHSussex to QVH:
	  - Cardiology clinic
	  - Head and neck ENT consultant
	  - Intensive care service advice support
	  - Elderly care consultant
	  - Diabetic lead
	  - Radiology PACs manager and imaging services
	  - Pathology services including microbiology support
	  - Paediatric medical workforce and paediatric outpatient clinic support
	  - Maxillofacial consultant

We do not consider any of these service level agreements to be at risk at the current time.

Question: In the appendix to the CEOs report regarding the independent review, it states under item 2 that the options appraisal has not yet been concluded – i.e. no preferred option has yet been identified. Why then is UHSx involved in programme governance (item 3) communications and engagement plan (item 4) resourcing plan (item 6) and clinical engagement (item 7)? Indeed is this not a distraction for them when they have major issues of their own to deal with, including the cessation of major upper G.I. surgery?

In August 2021 the boards of both trusts took the decision to do the detailed work needed to prepare a full business case for possible merger. This requires the clinical engagement etc referred to in the question. The upper GI surgery service at UHSussex is a specialist service, and UHSussex have stated that the suspension of planned surgery has had an immediate impact on a small number of patients - two people who had dates for surgery, with another small group who are on the pathway and who may need operations in future. This is a matter being addressed by UHSussex and is not appropriate for comment from the board of QVH.

Question: What does the ICS specifically want from QVH in terms of long term plans?

Response: The ICB will be producing a five year strategy by the end of March 2023.

QVH has an important role to play in the recovery of elective and cancer care, in supporting emergency care through our MIU and supporting system resilience. Plans for retention and health and well-being of staff will need to be sustained. Delivering system-level financial balance is a key requirement for all ICBs, and strong alignment is required between activity, workforce and finance plans that factor in key elements of quality plans.

QVH will continue to work with the ICB to secure a long term sustainable future for the hospital.

Question: Now that face-to-face Board meetings have resumed, would it be possible for the public to attend remotely?

Response: Our current technology does not provide adequate sound quality or visuals for hybrid meetings or remote observers. We are in the process of seeking funding to update our technology which would mean that members of the public could be able to observe Board meetings remotely in the future. We hope that the technology will be updated before the end of this year.

One of the non-executive directors has joined this meeting virtually on an exceptional basis in order to provide the Board with the necessary assurance from three committee meetings since the last Board meeting.

| 149-22 | **Exclusion of members of the public**
Further to paragraph 39.1 and annex 6 of the Trust's constitution, the Board met in private this morning to discuss issues of a confidential or sensitive nature, such as the full business case for the community diagnostics centre as discussed during item 139-22. |

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	3/11/22		**Agenda reference:**		160-22
Report title:	Chair's report				
Sponsor:	Jackie Smith, Trust Chair				
Author:	Jackie Smith, Trust Chair				
	Clare Pirie, Director of communications and corporate affairs				
Appendices:	None				
Executive summary					
Purpose of report:	To update the Board of Directors on Chair, non-executive director and governor activities since the last meeting				
Summary of key issues	Meetings with QVH governors and Chairs across Sussex and Kent. Recruitment of a director of strategy and partnerships.				
Recommendation:	The Board is asked to **note** the contents of the report.				
Action required	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	Outstanding patient experience	***World-class clinical services***	***Operational excellence***	***Financial sustainability***	***Organisational excellence***
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	N/A				
	Date:		Decision:		
Next steps:	N/A				

NHS
Queen Victoria Hospital
NHS Foundation Trust

Report to:	Board Directors
Agenda item:	160-22
Date of meeting:	3 November 2022
Report from:	Jackie Smith, Trust Chair
Report author:	Jackie Smith, Trust Chair
	Clare Pirie, Director of communications and corporate affairs
Date of report:	26 October 2022
Appendices:	None

Chair's report

This is my second report as Chair since I joined the Trust on 11 July 2022.

I have continued to meet on a one to one basis with our public, stakeholder and staff governors. Conversations have largely focused on the next steps following the Board's decision not to continue work exploring a possible merger with University Hospitals Sussex.

Since the last public Board meeting, I have met with the Chair of the Integrated Care Board, the Chairs of all the Sussex provider trusts and the Chairs of Kent and Medway trusts. I value the support of colleagues across the local healthcare system in addressing the challenges and opportunities for the QVH and their commitment to securing a long term solution for the hospital.

In coming weeks I will be spending time with staff in some of our clinical services, where I am sure I will see examples of the outstanding care and life-changing clinical work for which this hospital is so well-known.

We are in the process of recruiting a director of strategy and partnerships. This will be an important new role, ensuring we develop an effective strategy to secure the long term future of the hospital. In an organisation with financial challenges, we do not take lightly the addition of a senior role. As a Board, we have agreed we need to work to address the significant risks we carry as a small organisation, and build our service and workforce resilience. We need to shape and deliver plans which are understood by our partners, influenced by our patients and local community, and owned by everybody at QVH. This work will require a focussed approach, and the active involvement and engagement of staff as well as external stakeholders.

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

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**03/11/2022**		Agenda reference:		161-22
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) Media summary – August and September 2022				
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	• National inpatients survey • Green Plan launch • Black History month • NHSE new operating framework • Winter plan				
Recommendation:	For the Board to **NOTE** the report				
Action required	Approval **Y/N**	**Information** **Y/N**	Discussion **Y/N**	Assurance **Y/N**	Review **Y/N**
Link to key strategic objectives (KSOs):	KSO1: **Y/N**	KSO2: **Y/N**	KSO3: **Y/N**	KSO4: **Y/N**	KSO5: **Y/N**
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:					
Corporate risk register:	None				
Regulation:	N/A				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	BAF reviewed at EMT				
	Date:	23/08/22	Decision:		
Next steps:					

CHIEF EXECUTIVE'S REPORT
SEPTEMBER 2022

TRUST ISSUES
National inpatient survey
Our hospital has been ranked top in the country in the Care Quality Commission's annual national inpatient survey, jointly with one other trust. This extraordinary achievement is something every member of staff has contributed to, and we should feel very proud of our work.

In questions specifically about nurses, QVH came top in the country. Nurses answered patient questions in ways they could understand, included patients in conversations, inspired confidence and trust.

QVH also came top in the country on care and treatment. We gave patients the right amount of information about their condition and treatment, listened to their worries and fears and did everything we could to control pain.

Our hospital was rated highly on the whole hospital journey from the time on the waiting list before admission, through choice and quality of food, help with eating, wards quiet enough to sleep at night, being involved in decisions, being helped to keep in touch with family and friends, being supported to leave hospital and go home safely.

On such a small site the overall patient experience comes from every single one of our staff and our wonderful volunteers.

Results

Trusts achieving 'much better than expected' results

Nine trusts were classed as 'much better than expected' in 2021.

	Historic result		Overall results			Core service		Overall CQC rating
	2020	2021	Most Positive (%)	Middle (%)[d]	Most Negative (%)	Medical care	Surgical	
Trust average			65	23	12			
Liverpool Heart and Chest Hospital NHS Foundation Trust	B	MB	78	16	6	MB	MB	O
Queen Victoria Hospital NHS Foundation Trust	MB	MB	81	14	5	MB	MB	G
Royal National Orthopaedic Hospital NHS Trust	S	MB	74	20	6	B	B	G
Royal Papworth Hospital NHS Foundation Trust	MB	MB	78	16	6	MB	MB	O
The Christie NHS Foundation Trust	MB	MB	75	18	7	MB	S	O
The Clatterbridge Cancer Centre NHS Foundation Trust	MB	MB	78	17	6	MB	N/A	G
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust	MB	MB	81	13	5	MB	MB	G
The Royal Marsden NHS Foundation Trust	MB	MB	75	18	7	MB	B	G
The Royal Orthopaedic Hospital NHS Foundation Trust	S	MB	75	18	7	N/A	B	G

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

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

Black History Month (October)

October was Black History Month and NHS Sussex, the collaborative of 13 organisations QVH is part of, is reinforcing its commitment to ensuring that ethnically diverse staff working within the Sussex health and care system feel safe and supported. We have signed up to a Sussex-wide anti-racism statement and begun work on a Workforce Race Equality Strategy.

The Sussex anti-racism statement says: "There is no place for racism in Sussex. We recognise the impact that racist behaviours have on our workforce is devastating. We want people to feel safe and to thrive. It is our responsibility to create safe, inclusive and supportive working environments and stamp out racism when we see it. We stand firmly together with our partners in being committed to tackling institutional and interpersonal racism in all its forms. We commit to listening, monitoring and continually evaluating our practice because we recognise that good anti-racist practice for our workforce leads to better care for our patients and our population."

At QVH in The Spitfire restaurant we celebrated diversity and Black History Month. Evelyn Falaye, deputy director of workforce, has been working with our catering team to adorn the restaurant with flags from around 100 different countries as well as a Black History Month display. It featured information about national events, how the month came into being, and key figures from the NHS. As well as the displays, the menu included special extra dishes.

Launch of Green Plan

To celebrate QVH's commitment to becoming more sustainable and reducing our carbon footprint, last week we planted a small orchard. Located around the Learning Development Centre, the 12 fruit trees are a sign of our promise to our Green Plan, and link in with its three core principles: reducing our environmental impact; improving wellbeing of staff and patients; and investing in the future.

The QVH Green Plan sets out the action we need to take to reduce direct emissions by 57% by 2025, and to net zero by 2040 QVH.

Linda Skinner from the League of Friends, helped to plant the final tree, with Sarah Bailey, consultant anaesthetist, who championed the idea, and John Hobden and Kevin Tyrell-Dann our gardeners who made the orchard a reality.

National award

Congratulations to Brian Bisase, our consultant maxillofacial surgeon and clinical lead for head and neck services, who is being awarded a prestigious national award by the British Association of Oral and Maxillofacial Surgeons, in recognition of the significant contribution that he has made to the specialty of Oral and Maxillofacial Surgery. The award recognises Brian's role leading quality improvement work in cancer across Surrey, Sussex and Kent; his record on research and peer reviewed publications; his work encouraging and supporting trainees to research and publish; his significant contribution to education internationally and nationally, ensuring we are training the next generation of expert oral and maxfacs surgeons. The award will be presented at the Annual Scientific Meeting in June 2023.

Clinical careers at QVH

We held an event last month open to A-level or higher education students through to those who are already qualified and want to see what options are available. The interactive event included a chance to speak to members of a variety of our clinical teams, virtual tours of departments and a chance to see simulation training in action.

QVH Charity

Our charity and volunteer team has moved into a new office on Canadian Wing. This central location means Rachael Fox, Camilla Slattery and Emily Willie are more easily available to talk to any patients or visitors who might like to find out more about the charity or volunteering.
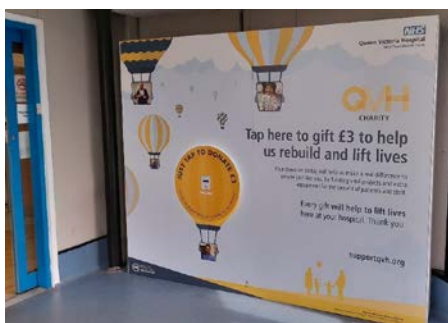
The charity has also recently completed installation of our first contactless donation point. It is based on the walkway to the main outpatients department. The £3,000 to allow us to trial this new technology was donated by a generous patient specifically for this purpose. Donors can simply tap their card on the donation point. The standard donation is £3, and the amount can be changed.

2022/23 Key risks

The Board regularly reviews the three overarching risks to delivering the Trust's corporate objectives and the ongoing safe delivery of clinical services. Since our last Board meeting:

1. Keeping our staff engaged, motivated and supported during a time of great change – continuing briefings by the CEO in both open staff meetings and individual team meetings. Staff survey is now underway.
2. Maintaining patient and staff safety through the pandemic – we continue to respond to updated national guidance, carefully considering the implications for our work. In September CQC published the results of its annual national inpatients survey and QVH once again were rated 'much better than expected'.
3. Securing a sustainable future for QVH – business case now submitted to NHSE for expansion of our community diagnostic offer to our local community. Recruitment of a Director for Strategy and Partnerships will take place next month.

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.

Independent review

As reported in CEO report in May, the 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 was received by the Board and was published in full. The Board is committed to ensuring the recommendations are acted on effectively, with good ongoing engagement with staff and external stakeholders.

Appendix 1 shows an update on progress delivering against the 12 recommendations in the independent review, with only one outstanding to be completed.

Integrated Performance Dashboard Summary

Our Integrated Performance Dashboard (Appendix 2) reflects the M6 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 (25/10/2022) alongside the corporate risk register. KSO 1 and 2 were reviewed at the Quality and Governance Committee, 24/10/2022. KSO 3, 4 and 5 were reviewed 31/10/22 at the Finance and Performance Committee. Changes since the last report are shown in underlined type on the individual KSO sheets.

NATIONAL SCENE

Winter

NHS England wrote to trust and system leaders on 18 October setting out further preparations needed ahead of winter. Their letter was an update of the communication sent in August (covered in my report to September Board) which set out plans to boost capacity, increase resilience and improve patient flow across systems.

NHS England states that new measures are needed given the service remains in a level 3 incident response, with significant pressures across physical and mental health services. Their letter sets out the following plans to go further this winter:

- Better support people in the community – reducing pressures on general practice and social care, and reducing admissions to hospital
- Deliver on ambitions to maximise bed capacity and support ambulance services
- Ensure timely discharge and support people to leave hospital when clinically appropriate
- Winter improvement collaborative
- Elective care – now in second phase of elective recovery plan, need to continue strong operational grip across both overall long waits and care for patients with suspected cancer
- Cancer – key driver is the 62D backlog. Urgent cancer referrals nationally are at 118% of pre-pandemic levels, while cancer treatment and diagnostic activity levels are nearer 100% of pre-pandemic levels. Three pathways including Skin make up two-thirds of long waiting patients. QVH has secured £98k from the Surrey and Sussex Cancer Alliance to support tele-dermatology in the suspected skin cancer pathway (QVH skin referrals chart below).
- Infection prevention and control measures, testing and staff vaccination
- Oversight and incident management arrangements

Skin TWW Referrals Received
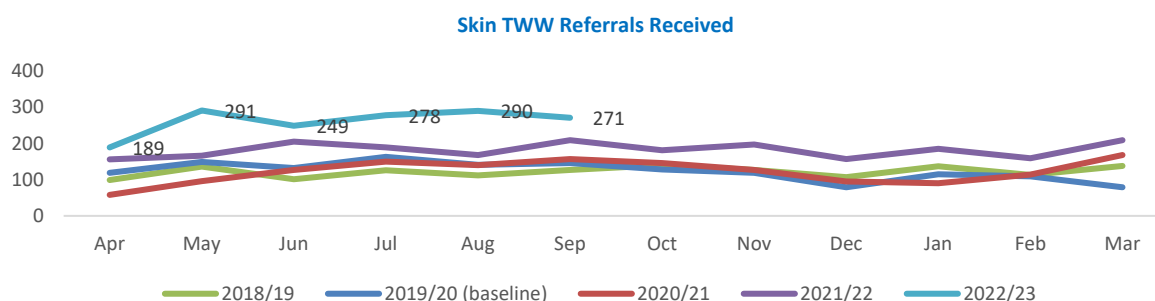
New NHS England Operating Framework

NHS England published a new operating framework on 12 October which sets out how the NHS will operate in the new structure created by the Health and Care Act 2022.

The Health and Care Act formally established Integrated Care Systems (ICSs) on a statutory basis, enabling local systems to plan and deliver health and care services more effectively. The new operating framework sets out the roles that NHS England, ICSs and providers will now play in the new structure. It describes how we would like to work together and shows how accountabilities and responsibilities will work. In summary, the new operating framework:

- Sets out NHSE's role to ensure delivery of high quality services for all, accountable to parliament and Government.
- NHSE will set the national direction; allocate resources; ensure accountability; set the national approach to supporting and developing people; mobilise expert networks; give support to drive improvement; deliver services such as national procurement and digital services; and create the national approach to transformation.
- Integrated Care Boards (ICBs) will provide effective system leadership which balances immediate and longer-term priorities. They will work with providers, local authorities and other partners to create local integrated care strategies and deliver five-year forward plans for their systems.
- ICBs will oversee system health budgets and will account for NHS system financial allocations. Oversight & performance management will be proportionate and streamlined, avoiding duplication or unnecessary bureaucracy.
- Providers will ensure meet their statutory responsibilities for the delivery of safe, effective, efficient, high-quality services. They are responsible for meeting financial and performance requirements as set out in planning guidance and complying with their provider licence and CQC standards.

Care Quality Commission – The state of health care and adult social care in England 2021/22
Published on 21 October, in its assessment of health and adult social care in England in 2021/22, the CQC refers to a system in "gridlock", which is unable to operate effectively. While recognising that providers are doing their best to provide safe and effective care, and that most people are still receiving good care, the report highlights the chronic challenges faced by the health and care system. It points to long-term underinvestment and the absence of sustainable workforce planning as key challenges for the sector, and highlights decreasing levels of satisfaction with the NHS and social care among patients and staff.

The report explores issues around access to care, health inequalities, workforce shortages, and the opportunities for systems to tackle these pressing challenges. It also highlights areas of specific concern, including maternity care, mental health services and care for people with learning disabilities

Steve Jenkin
Chief Executive

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,24/10/2022. KSO 3, 4 and 5 were reviewed at the Finance and Performance Committee on 31/10/2022. 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

	Q1 2022/23	Q2 2022/23	Q3 2022/23	Q4 2022/23	Target risk
KSO 1	15	15	15		9
KSO 2	16	16	15		8
KSO 3	16	16	16		9
KSO 4	20	20	20		16
KSO 5	16	16	16		9

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	Status	Notes
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.	Closed	The work programme was established, with appropriate programme governance including the following workstreams: Legal and corporate governance; Clinical; Finance and performance; Communications and engagement; HR; Organisational development; Information management and technology; Estates.
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.	Closed	A series of workshops were held to review 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 with input from the QVH clinical directors.
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.	Closed	Programme governance included the workstreams reporting to a programme board with multi-professional clinical and financial leadership, prior to Board. The Joint Oversight Group included the Sussex Integrated Care Board (ICB), the NHSEI South East Region, UHSussex and QVH.
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.	Closed	The communications and engagement workstream was overseen by the programme board. The communications and engagement plan was refined with stakeholders and representative staff groups to ensure

Recommendations actions 24/10/2022

	a. The plan should carefully consider each aspect of the process and the necessary stakeholder group(s) to contribute to it. 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. 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. 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.		that it would support an inclusive process for producing the business case as a live document updated as the programme progressed, with themes from the engagement are responded to and reflected in the programme of work as required.
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.	Closed	A seminar with governors was held on 27 June to support governor feedback on the work programme and engagement plan.
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.	Closed	The programme was supported by a programme management office (PMO) team managing and reporting progress against the programme plan, monitoring progress of workstreams, monitoring programme risks and issues. The team work closely with both QVH and UHSussex and resourcing is supported by the ICS (NHS Sussex).
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.	Closed	The clincial workstream at QVH continues. A 'stock take' of QVH clinical and clinical support services has been conducted, bringing together the challenges and opportunities identified by staff working in those services. Next steps include a multi-disciplinary approach, engaging clinical and non-clinical staff in a robust service review process focussed on patient benefit. Independent clinical lead, Dr Edward Rowland who was until recently medical director at Barts Healthcare, is working closely with the medical and nursing directors

Recommendations actions 24/10/2022

			of QVH and their teams, providing oversight and facilitation in the process of clinical review and engagement.
8	The staff Governors should meet with other representative staff groups and be supported to ensure that all staff are engaged in the 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.	Closed	The staff governors and staff ambassadors met and discussed their different roles on 4 April. The staff governors met with the Chair and senior independent director on 6 April. Staff briefings through Connect on existing multiple contact points for staff including staff governors, staff side/unions, staff ambassadors, FTSU guardian, QVH ethnically diverse staff network. Support for staff governors in fulfilling their role including provision of staff governor email address and promotion of staff drop-in sessions.
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.	Pending	An external governance expert was commissioned to develop a procedure for the Trust to follow when responding to any concern raised about a governor's conduct, behaviour or actions. This procedure was discussed with governors at 11 April Council of Governors meeting, and agreement was not reached in the meeting. It is planned that this issue will be considered again in due course by the Council of Governors in the context of the expected new national *Code of governance for NHS provider trusts.*
10	To support Governors to discharge all their statutory responsibilities effectively, and ensure that roles of Governors are clear: 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	Closed	The quarterly Council of Governors meetings were 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.

Recommendations actions 24/10/2022

	c. Governor representation in other meetings of the Board should be brought into line with recognised best practice, and the following arrangements should cease: i. Lead Governor attendance at private meetings of the Board ii. Governor representatives on subcommittees of the Board			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. Work ongoing with governors on promoting 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.	Closed		Workshop for governors delivered 2 September to support governors in developing a fuller understanding of QVH finances with the support of regional and ICB finance colleagues.
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.	Closed		Specialist commissioning and ICB (NHS Sussex) will support QVH in next steps.
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	Closed		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.

Recommendations actions 24/10/2022

Integrated Dashboard Summary
Key indictators at a glance -November 2022 (reporting M6)

NHS
Queen Victoria Hospital
NHS Foundation Trust

KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services

Indicator	Value	Trend
C-Diff	0	⬆⬆
MRSA	0	➡
E-coli	0	➡
Gram-negative BSIs	0	➡
Serious Incidents	0	➡
Never Events	0	⬆⬆
No of QVH deaths	0	⬆⬆
No of off-site deaths	3	⬇
(within 30 days)		
Complaints	3	⬆
Closed <30 days	11	➡
FFT		
In patients	99%	➡
Outpatients	95%	➡
MIU	92%	➡
Day surgery	95%	➡
Hand trauma	89%	⬇

KSO3 Operational Excellence

Indicator	Value	Trend
MIU <4hrs	99.90%	➡
RTT 18 weeks	63.35%	➡
Cancer 2ww	86.80%	➡
Cancer 62 day	91.90%	➡
Diagnsotics <6weeks	75.35%	➡
52ww	296	➡
Recovery activity		
Day case	83.00%	➡
Elective inpatient	91.00%	➡
First outpatients	88.00%	⬆
Follow-up outpatients	-14.00%	➡
Outpatient therapies	113.00%	➡
Non-elective	95.00%	⬇

Key	Improved Performance	Deteriorating Performance	Remains the same
	⬆	⬇	➡

KSO4 Financial Sustainability (YTD)

Indicator	Value	Trend
Income	46,043	➡
Pay expenditure	28,883	➡
Non-pay expenditure	17,160	➡
Surplus/Deficit	0	➡

Income includes ERF paid YTD as at M6.

KSO5 Organisational Excellence

Indicator	Value	Trend
Vacancy rate	2.36%	⬆
Turnover rate	13.38%	⬆
Sickness rate	3.65%	⬇
Appraisal rate	83.74%	➡
MAST	91.89%	➡

National Quarterly Pulse Survey (NQPS)

	Score	
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%

QVH media update – August 2022

Help us to help you
Queen Victoria Hospital was mentioned by [V2 radio](#) in a piece instigated by NHS Sussex urging people to only use emergency services in a true emergency over the August bank holiday weekend. Our minor injuries unit was part of a list of alternatives to A&E amid rising pressures on services across the county.

From a bonfire accident to British Showjumping
One of our patients, Ross Cripps, was interviewed for [Horse & Hound Magazine](#). Three years after the accident where a bonfire exploded and he sustained burns "head to toe" he is competing at British Showjumping events. He received treatment for a number of weeks at Queen Victoria Hospital.

Our burns service was also mentioned in [KentOnline](#) after a rough sleeper was set on fire, leaving him needing surgery for serious burns. The victim received treatment at our hospital.

How would you like your tea?
A research paper published by Queen Victoria Hospital back in 2009 entitled "How would you like your tea, vicar?" receives an unexpected mention on [Stansberry Research's website](#) in an article about whether there is a significant difference between the benefits of hot and cold tea. Our research paper looked at the difference in temperatures of hot beverages and impact on burns depending on what the drinks were, and whether they contained milk or sugar.

Building safety
In response to MP for Lewes, Maria Caulfield, claiming that there are 34 hospitals buildings in England with unsafe reinforced autoclaved aerated concrete in their roofs, [The Argus](#) ran an article about hospitals in Sussex. Queen Victoria Hospital is not affected.

Lessons in history
In an article in the [Northwich and Winsford Guardian](#) about how a historic Cheshire hall was dismantled and re-built in Sussex, Queen Victoria Hospital receives a mention. The Homestall, became an auxiliary to our hospital for officers during WWII thanks to the generosity of the family.

[Surrey Life Magazine's](#) August edition included a feature on East Grinstead including several references to Sir Archibald McIndoe, the Guinea Pig Club and his work at our hospital. McIndoe and his work in East Grinstead was also mentioned in the [Basingstoke Gazette](#) in an article about his cousin Sir Harold Gillies.

[The Londonist's](#) '9 Splendid Days Out In Sussex To Do By Public Transport' includes the Queen Victoria Hospital collection, curated by East Grinstead Museum.

Press releases
In August we did not issue any press releases.

QVH media update – September 2022

Work will not continue on a possible merger with University Hospitals Sussex
[The HSJ](#) (behind the paywall) featured the news that work will not continue on a possible merger of Queen Victoria Hospital with University Hospitals Sussex. The piece summarises the timeline until now, how work had been impacted by the Covid pandemic and recovery, and will continue to be impacted as both organisations respond to the forecast operational pressures. It explains how Queen Victoria Hospital is now taking the time to consider next steps to secure a sustainable long-term future.

Arrangements for the day of the Queen's funeral
A statement we published on our website regarding our team contacting patients with planned appointments or surgery on the day of the Queen's state funeral (Monday 19 September) to make new arrangements, was picked up by national and regional media across the UK. We were one of a number of NHS organisations cited re arrangements for patients on the unexpected Bank Holiday.

QVH comes top in national survey
News of Queen Victoria Hospital again topping the list in the national survey of inpatients at NHS hospitals throughout the country received local media interest. [Sussex Express](#) ran the story on their website and linked to it through their regional titles on Facebook (including the Crawley Observer and Mid Sussex Times). The [InYourArea](#) site also linked to the Sussex Express. [NHS Sussex](#) featured the news on its website and Meridian FM mentioned the achievement on its Friday jobs show.

Patient sustained burns at Reading Festival
Queen Victoria Hospital's burns unit was mentioned in a series of national and regional media after patient Leone Cook from Kent spoke of her "horrific" experience at the Reading Festival. She sustained second degree burns at the music festival when liquid was thrown onto a campfire she was sitting near causing it to explode. Outlets to feature Leone's story included the [BBC News](#); [Reading Chronicle](#); [Yahoo News](#); [MSN News](#); [RDG Today](#); [Topline News](#); and [Segirt](#). The BBC News story was also linked on [Flipboard](#) and [KNews](#).

Chance to find out about clinical careers at QVH
An event promoting clinical careers at Queen Victoria Hospital gained local media interest. Targeted at A-level or higher education student interested in a clinical career, or those already qualified, the event offered an opportunity to visit the hospital and speak to staff.

Liz Blackburn, deputy chief nurse, was interviewed by [Meridian FM for the Sunday Review Show](#), with the piece repeated in other shows in the days leading up to the event.

[Sussex Express](#) ran information about the event on its website (which the [InYourArea](#) website also linked to) and it was listed as an event on [InYourArea](#). We also promoted the event significantly across all of our social media channels.

Pilot extension for Community Diagnostic Centre software firm
News that Feedback Medical had been awarded a 12 month contract to extend the initial pilot working with Queen Victoria Hospital on our Community Diagnostic Centre project, gained a series of mentions in the investor press. Its software is used to digitally connect primary and secondary

care for patients referred to the Community Diagnostic Centre's pathways. Sites to feature the news included Shares Magazine and a subsequent mention; Proactive Investors; Morning Star and a subsequent mention; Market Watch; and You Invest. Feedback Medical's CEO also did an interview for Proactive Investors.

Letter to The BMJ
Clinicians from our plastic surgery team wrote to The BMJ about the governance needed around medical photography using mobile devices. This followed an article in the BMJ about using mobiles for photos.

Ad hoc media
A park in Sheerness, Kent has been named by KentOnline after a series of children have been injured and required medical attention. A previous Queen Victoria Hospital patient is named in two of the stories after his injuries resulted in improvements being made to the park although subsequent children have been hurt there. Link to the second story.

During the month, Surrey and Sussex Healthcare ran a number of posts on their social media promoting our Minor Injuries Unit as an alternative to East Surrey Hospital's Accident and Emergency department for injuries and conditions that are not an emergency.

Press releases
In September we issued the following press releases:

- Careers and recruitment event
- QVH comes top in national survey

We also published the following updates on our website:

- Mask wearing at our hospital – update of standing item
- Our latest visiting guidance – update of standing item
- Work will not continue on a possible merger with University Hospitals Sussex
- Arrangements for Monday 19 September

KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality
Committee: Quality & Governance
Date last reviewed 25th October 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 uncertainty following the decision not to merge with UHSx
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 infection outbreak impacting on clinical care Risk 1220
4) Quality and supply issues with current sterile services provider Risk 1255

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 2021 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. Risk register has been updated to reflect these challenges
- Ongoing issues with sterile services provider. Weekly contract review meetings.

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
- Implementation of a quality improvement methodology during next 3 to 6 months

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. Burns Peer Review planned for November 2022. ICB and Regulators fully aware of this, mitigation in place including divert of inpatient paed burns from 1 August 2019 via existing referral pathway. Inpatient paeds on exception basis.
- QVH simulation faculty to enhance safety and learning culture in theatres
- Burn Case for Change being developed in collaboration with NHSE and specialised commissioners
- Asymptomatic staff screening, comprehensive IPC board assurance document, patient screening pathways revised in line with national guidance. Risk 1210

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: 25th October 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. ~~Restricted facilities to manage some more complex patients~~
2. Potential harm from accepting a patient with higher level of complexity than suitable for QVH to manage
3. Impact of transfer if a complex patient needs a wider range of clinical services than are available on site

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
- 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
- Risk stratification and prioritisiation of patients and loss of routine activity
- Antibiotic stewardship
- Limited access to some secondary support services for paediatrics and ITU

Initial Risk Rating   5(C)x3(L) =15, moderate
Current Risk Rating 3(C)x5(L)=15, 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
- Issues raised by case for change remain with no immediate solution

Future Opportunities
- ICS networks and collaboration
- Efficient team job planning
- Research collaboration within the networks
- Multi-disciplinary education, human factors training and simulation
- QVH-led specialised commissioning
- E-Obs and easier access to systems data
- Better team working with the burns network
- Working with GIRFT process

Controls and assurances:
- Clinical governance leads and reporting structure, Clinical indicators, NICE reviews and implementation
- Relevant staff engaged in risk management of OOH and off site activity
- Service Level Agreements for secondary services such as Paediatrics and ITU with surrounding trusts
- Networks for QVH cover-e.g. burns, surgery, imaging, lower limb and trauma
- Regional discussion of complex patients esp burns before acceptance and to confirming ongoing plan
- Diversion of inpatient paediatric burns patients to alternative network providers
- Training and supervision of all trainees with deanery model
- Local Academic Board, Local Faculty Groups and Educational Supervisors
- Job planning review
- Harm reviews of 52+ week waits and 104 day cancer breeches
- Antibiotic Stewardship meetings and presentations at Joint Hospital Governance Meeting

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
- Antimicrobial prescribing (CRR 1221)

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**3/11/2022**		**Agenda reference:**		**163-22**
Report title:	**Corporate Risk Register: on October 25th 2022**				
Sponsor:	Nicky Reeves, Chief Nurse				
Author:	Karen Carter-Woods, Head of Risk & Patient Safety				
Appendices:	None				
Executive summary					
Purpose of report:	For assurance that the Trust risk management process is being followed; new risks identified and current risks reviewed and updated in a timely way.				

Summary of key issues	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 bought to board for review and discussion
	Key changes to the CRR this period (September to October 25th):
	  ➢ One new corporate risk added: ID1284
	  ➢ Two corporate risks closed: ID968, 1217
	  ➢ No corporate risks rescored
	
	Most notable risks on CRR:
	ID877: Financial sustainability
	ID1250: Additional licence conditions
	ID1264: Risk to operational delivery of Pathology Services: IT systems related
	ID1284: Risk of IT network upgrade capital funding not spent by 31 March 2023				

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:**
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:	The entire BAF has been reviewed by EMT alongside the CRR, The corresponding KSOs have been linked to the corporate risks.				
Corporate risk register:	This document				
Regulation:	All NHS trusts 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:					
31 October 2022	**F&P:** all risks except patient safety risks – as at 3 October 2022				
24 October 2022	**Q&GC**: all patient safety risks – as at 3 October 2022				

Corporate Risk Register Report
September and October 2022 Data

Key updates

Corporate Risks added between 01/9/2022 and 25/10/2022: one

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
4x4=16	1284	Risk of IT network upgrade capital funding not spent by 31 March 2023	Head of IT & Chief Nurse

Corporate Risks closed this period: two

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
3x4=12	1217	Possible merger	Both UHSx and QVH boards agreed not to take forward the full business case for possible merger
4x3=12	968	Paediatrics: Delivery of commissioned services whilst not meeting all national standards/criteria for Burns	Burns paediatric inpatient risk reduced as robust process for management of children with burns via the LSEBN clinical network

Corporate Risks rescored this period: nil

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

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

Risk Register management

There are 84 risks on the Trust Risk Register as at 25 October 2022, of which 31 are corporate, with the following modifications occurring during this reporting period (1 September to 25 October inclusive):

- ➢ One new corporate risk added: ID1284
- ➢ Two corporate risks closed: ID968, 1217
- ➢ No corporate risks rescored

Risk registers are reviewed & updated at the Specialty Governance
Meetings, Team Meetings and with individual risk owners including
regrading of scores and closures; risk register management shows ongoing improvement as
staff own & manage their respective risks accordingly.

Risk Register Heat Map: The heat map below shows the 31 corporate risks open on the Trust
risk register as at the 25 October 2022.
Five corporate risks are within the higher grading category:

	No harm 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Rare 1					
Unlikely 2					
Possible 3				**4** ID: 834, 1210, 1226, 1265	**2** ID:1242, 1259
Likely 4			**10** ID: 1040, 1077, 1240, 1245, 1247, 1249, 1253, 1254, 1255, 1272	**4** ID1250, 1264, 1268, 1284	**0**
Certain 5			**10** ID1189, 1198, 1199, 1221, 1225, 1231, 1238, 1239, 1266, 1267,	**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
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

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

Implications for BAF or Corporate Risk Register
Significant corporate risks have been triangulated with the Trust's Board Assurance Framework.

Regulatory impacts
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
1284	30/09/2022	Risk of IT network upgrade capital funding not spent by 31 March 2023	There is a risk that the capital funding set aside for the Infrastructure Improvement Programme may not be spent before the end of the financial year if the new hardware is not delivered in early 2023. ☐ Non-delivery would be due to international global chip shortage constraints.	1. The approval of the full BC has been aligned to as soon as possible to allow for the hardware to be ordered in early November, to ensure that delivery of all hardware is completed early 2023. 2. Suppliers have been informed as part of the procurement, that the kit needs to be delivered and paid for before the end of the current financial year. 3. A spend profile has been put together to identify the possible capital costs to the trust and the month at which the costs may be applied (Appendix 1). This is subject to change and hardware costs are indicative at this stage. The latest possible hardware delivery dates need to be defined by the Digital Programme Board to ensure that the trust is able to re-allocate the capital funding if the hardware is not delivered in time.	Nicola Reeves	Nasir Rafiq	Finance	16	8	**October 2022** - Business Case reviewed and approved in Board 6th October 2022.	KSO4
1272	12/08/2022	Plastics Administration Team Resources	Challenges in delivering timely/adequate cover of our services such as theatre scheduling, Clinic typing and oncology scheduling and general patient pathway administration.☐	Interim plans with the appointment of Bank staff; band 2, band 3 to support where needed. ☐ Substantive staff undertaking bank hours to help cover the backlog of work.☐ Daily huddle to coordinate priority of workload through team☐ Service Manager assisting at Band 4 level with oncology administrative processes.☐ Support offered by other surgical services to help with scheduling.☐ Service going out to agency, in light of shortage in Bank labour.☐	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	9	**October 2022** - Risk reviewed. Successful recent recruitment. Situation under constant review☐ 24 August 2022: Risk has been reviewed. Rota element taken out as this is already covered in another risk, in which this problem is well represented. The risk remains significant for the service at present, as, whilst there are already 4 vacancies at present, there have been a further 3 resignation (which we may, also, struggle to recruit into).☐ A rolling advert is presently out for the service's Medical Secretaries and Schedulers, in expectation of the fact that we cannot yet know the scale of gaps in the service.	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
1268	19/07/2022	Significantly Increased Referral Numbers to Sleep Service	Referral numbers to Sleep Services have doubled in comparison to previous rates and currently over 600 per month for a sustained period.	Recruiting to new posts, although that in itself is a risk. Outsourcing of some overnight diagnostic tests where clinically appropriate. Consultant triages referrals to prioritise most urgent.	Shane Morrison-McCabe	Philip Kennedy	Compliance (Targets / Assessments / Standards)	16	8	**11.10.22** Issue of increased referral rate to be shared formally as part of Commissioning Intentions letter and to be raised at system assurance meeting in October 22☐ 13/09/22 To confirm dates with external consultant who will lead capacity & demand modelling using established tools and work up a range of options to reflect potential impact of variations in referral rates. ☐	KSO1 KSO2 KSO3 KSO4
1267	19/07/2022	Recruitment Challenges for Sleep Physiology and Technical team	Physiology/Technical team has had significant difficulties in recruiting to vacant posts. Trust has agreed to increase establishment following external review of service and benchmarking tools. Service may have long-standing vacant posts if cannot fill them all.	Seeking to apply Financial recruitment incentive for new starters. have sourced agency staff to support service. Consultant triages new referrals to ensure most urgent cases are prioritised.	Shane Morrison-McCabe	Philip Kennedy	Compliance (Targets / Assessments / Standards)	15	9	**25/10/22** Continuing to explore recruitment & retention options, including agency. Attended QVH careers evening. ☐ 13/09/22 Continuing to run recruitment processes at all bands with variable outcomes. Exploring further use of agency for specific sleep studies and potential shared post with Epsom & St Helier	KSO1 KSO2 KSO3 KSO4
1266	24/06/2022	Ophthalmic electronic patient record (EPR) - absence	The absence of a functioning Ophthalmic EPR prevents us from participating in the RCOphth National Ophthalmology Database (NOD) Audit which allows for quality assurance of NHS cataract surgery.☐ QVH participated in the NOD for the first 3 years, but withdrew from year 4 onwards as free use/licensing of Medisoft (one of the principle Ophthamic EPR systems) was withdrawn.	At present, we perform an annual partial retrospective audit, the most recent covering a 5 month period with an aim to audit PCR rate in line with RCOphth requirement in order to assess quality of care. To identify complications, multiple sources need to be utilized - cataract complications book: checking when vitrectomy used, theatre log books were used to check description of surgeries and the Ophthalmic implants book which is used across all theatres at QVH.	Shane Morrison-McCabe	Andre Litwin	Compliance (Targets / Assessments / Standards)	15	9	**October 22** - Options appraisal being submitted to F&P end f October - prioritization within programme of works required.☐ September 22 - Continuation of the below. Specific next steps need to be defined in order to decide whether this is something that can be prioritized in 23/24. Action with Director of Ops.☐ August 22 - Further to discussions at EMT meeting, the requirement for an electronic solution was discussed at the HMT meeting on 18/07/22. It is agreed in principle, however, further work has been requested and ensuring IM&T are fully engaged. In addition, a series of meetings have been set up to work up the Option with UHSx into a full business case (including clinical pathways and implementation plan).☐	KSO2 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1265	14/06/2022	National remifentanil shortage	Reduced theatre productive due to longer recovery time for patients requiring additional staff input and space.☐ Increased risk of post-operative side effects with older agents.☐ Risk of increased complication rate and mortality rate.☐	1. All anaesthetic staff made aware of shortage. 2. To plan which patients are priority for remifentanil. 3. Ensure that full allocation is ordered each week. 4. Risk assessing feasibility of vial sharing during this period 5. Remifentanil is still available but in smaller quantities. Anesthetists have made changes in practice to ensure there is no total stock outage at QVH 6. Weekly monitoring of total stock in hospital. Information sent to lead anaesthetists. 7. Audit of airway issues to be undertaken by Anaesthetic registrar in recovery to compare to previous results	Nicola Reeves	Judy Busby	Patient Safety	12	8	**October 2022** - SOP in place. Small increase in supplies has eased the situation.☐ 23/08/2022 - Reviewed. Current usage is higher than central allocation. Anaesthetic leads are aware of challenges☐ 9/8/22 Controls in place updated in line with discussion at CGG☐ 5/8/22 Continuous monitoring of the situation. Anaesthetists updated weekly of stock level. Currently still have stock and receiving allocation.☐ 27/07/2022 - ongoing review. ☐ 7/7/22 - Situation being closely monitored. QVH still has stock. Changes in anesthetic practice has reduced use. Pharmacy only supplying one box per order. Did not receive allocation of 1mg or 2mg vials last week as out of stock. SOP for multidosing of vials written but not yet approved.	KSO1 KSO2 KSO3
1264	20/06/2022	Risk to operational delivery of Pathology Services: IT systems related	Risk to operational delivery of Pathology Services and progression of Programme. ☐	Progression of LIMS and MES workstreams: Potential for risk to increase if workstreams are delayed ☐ Limited mitigation until new LIMS in place ☐	Steve Jenkin	Fiona Lawson	Compliance (Targets / Assessments / Standards)	16	8	**25th October 2022**: some loss of funding from NHSE; going out to Tender (short timeframe for procurement process). MD presentation at EMT 25/10/22. ☐ 22nd August 22: Project manager now in post to ensure that QVH has the additional capacity for the pathology network workstream.☐ 1st August 22: Progression of LIMS workstream within NS7 Pathology Network. There is still potential for risk to increase if workstream is delayed as current LIMS is at end of support 1st Jan 2023. There is limited mitigation until new LIMS is in place.	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
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 ☐ Microsoft Defender for Endpoint (MDE)on all Desktops and servers has been enabled ☐ Microsoft Defender Antivirus (MDAV)on all desktops and servers has been enabled☐ Reregister on NHS Digital provided Vulnerability Management Services including Early warning and Web Checker.☐ Ongoing vulnerability scanning of Trust IT Infrastructure	Steve Jenkin	Nasir Rafiq	Information Management and Technology	15	4	01/08/2022: new firewall have been installed. cyber security Screen savers implemented to all desktops.☐ 24/06/22: Active Directory Assessment migration work has started however due to the complexity and risk of managing service impact the changes are taking longer than expected. The firewalls upgrade work is scheduled to start on 11 July and completed by 28th July.☐ new cyber security screen savers will be deployed in July providing guidance to staff. A report will be presented to the IMT group in 12 July with recommendation to minimise the risk score.☐ 16/05/2022: Active Directory Assessment has been completed and work to mitigate security vulnerabilities has starts, work expected to be completed by 30 June 2022. ☐ Secure Boundary will be part of the firewall upgrade works which has already started and expected to be completed by 31 July 2022.☐ 28/04/22:IT continue to review the IT security and the security posture of the IT Infrastructure. new user password policy scheduled to be implemented w/c 2/05/22.☐	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.☐ 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.☐ There are weekly meetings with the decontamination lead, sterile services equipment team leader and general manager from STERIS IMS	Shane Morrison-McCabe	Claire Ziegler	Compliance (Targets / Assessments / Standards)	12	9	05.07.2022 - paper presented outlying the current challenges was presented by Director of Operations at F&P. Outcome was to provide a further details regarding the options available. A paper will be presented to EMT in the week commencing 11th July 2022.	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
1254	16/02/2022	Speech and Language Therapists Staffing (Inpatients and Outpatient/Community Services)	QVH SLT team has significant level of vacancies within substantive staffing.☐ Risks:☐ 1.Will breach local targets for waiting times for non-urgent outpatients 2.Inability to provide indirect clinical services-(training/reviews of policy's/audit) 3.Reliant on Bank and agency staffing 4. High pressure on current SLT staff affecting wellbeing/moral	1. Ongoing additional bank hours of substansive Community SLT - 0.2WTE 2. Patients with Urgent triage are prioritised at weekly caseload meeting 3. Regular team meetings, triage and debrief sessions for staff 4.Targeted recruitment continues for agency cover 5. Resourcing team in collaboration with Therapy manager and Principal SLT looking at boosting advertising of post 7. Clinical staff have delegated roles to admin who is progressing well although new into post 8.Clinial Lead has reduced input in roles internally, AFC panel, mediation etc. 9. Monitoring activity and demand, bi-monthly	Shane Morrison-McCabe	Sarah Holdsworth	Compliance (Targets / Assessments / Standards)	12	9	**10/2022** Current Status-10 Urgent community patients breaching. 5 of these will receive appointments in the next 72hours after re-triaging completed by current clinical status. SLT Inpatient and outpatient service within targets. 8a SLT post for authorisation and advertising. Maximum available bank work continues. Agency request form to be submitted ASAP to cover ENT outpatient caseload for period of recruitment. Meeting scheduled with Principle SLT 28/10 to review and plan establishment for next 18months.☐ 09/2022 Current status 12 Urgent patients breaching, Routine wait 15weeks Weekly caseload meetings for SLT to re-prioritise on risk. Looking actively for agency, maximum bank work continues. Increased caseload size to new maximum limit. 8a Handed in notice leaving 12/22, Error in BP 21/22 need POAP to gain post in budgeted establishment.☐ 08/2022 Bank work still continues. 9 Urgent patients breaching- booked NP appointment 4 patients with June referral date. Community SLT being supported regularly by 8A SLT ☐ 07/2022☐ 0.6 B7 vacancy recruited to. Unable to backfill or cover with agency the B7 Community SLT maternity leave vacancy despite trying. The	KSO1 KSO2 KSO5
1253	15/02/2022	Waiting List managment: Plastics	Patients not added to the Waiting List on Patient Centre.☐ 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. ☐	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. 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	24/08/2022 - sent email querying the status of this risk on the risk register, in light of the quality control (V-Look), that is now in place. 29/06/2022 - risk discussed at Plastic Business Unit Meeting. Service Manager reported that 'V Look-Up' is working well for catching patients who have not been added to the waiting list and the report continues to be distributed twice-a-month. Service Manager is going to present risk status with a view to downgrading/closing. ☐ 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.☐ 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

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1250	24/01/2022	Additional licence conditions	Breach of additional licence conditions.	Interim Chair in post☐ Independent review jointly commissioned by NHSEI and QVH to make recommendations which will help resolve conflict and to build a consensus☐ Communication of the change in licence conditions to all relevant stakeholders and discussion about the implications. ☐ Remedial action will be taken once the results of the review are published. ☐ Discussion at Board and CoG and development of an action plan that will be monitored by the regulator.☐ The objective (target risk) - removal of the licence conditions by regulator☐	Steve Jenkin	Clare Pirie	Compliance (Targets / Assessments / Standards)	16	12	26/9/22: Independent Review action plan included in public Board papers. Work underway on single remaining outstanding action which relates to procedure for responding to any concern raised about a governor's conduct☐ 28/7/22: Substantive Chair now in post - Action taken on recommendations of independent review. Communication of the change in licence conditions to all relevant stakeholders and discussion about the implications☐ 22/06 New chair appointed by CoG starts on 11 July. Action plan from independent review being implemented and discussed monthly with regulator.☐ 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.☐ Recruitment process underway for chair – interviews scheduled for 22 April☐ 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☐ Not enough capacity in theatres & clinics to undertake them all☐	Escalation protocol in place to Service Coordinators to increase capacity.☐ Weekly Review by Service Co-ordinators and Cancer Pathway Trackers☐ Extra Clinics added where possible	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	6	24/08/2022 - concern that this risk has persisted as a problem in spite of extra Saturday lists. Clinical Director and GM to organise urgent meeting to discuss rapid generation of additional capacity, as well as how timely oversight and intervention may be established. ☐ 29/06/2022 - additional lists offered to consultant body for Saturdays and in-week. Some degree of uptake. Additional weekly list for Sentinel node created to support ongoing address of demand. Updated spreadsheet of Sentinel node position created in order to support oversight of position. Conversations underway with other suppliers of nuclear medicine, as there is a degree of unreliability associated with KIMs scanners. ☐ 13/4/22 - Capacity challenges continue. Option of Saturday lists/3 session days being explored. SLNB Task and Finish Group set up.☐ 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.☐	KSO1

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1247	10/01/2022	First appointment delays from tertiary referrals: Plastics (skin)	First appointments not generated upon receipt of referral to QVH.☐ Triage delays: paper copies	Review and improvement of processes ☐ Validation of PTL☐	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	9	24/08/2022 - Evolve Triage Worklist roll-out initiated W/C 15 August. Need to confirm review date, in order to gauge effectiveness of programme.☐ 25/7/22 Delay to roll out of Evolve Triage Worklist due to workload pressures. Updated user guide created and roll out by mid/end August. Incidents still being reported on no first appointments booked for some patients.☐ 29/06/2022 - triage worklist trialed and proved to be a success. The ambition now is to roll it out more widely. At present we are still seeing instances of delayed address of first appointments and the intention is to raise these as incidents so that the problem can continue to be represented. ☐ 04/05/2022 - meeting with Clinical Leads took place to introduce the concept of the triage worklist and trial is due to shortly begin.☐ March 2022: (Service Manager Review)☐ 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.☐ February 2022: (Service Manager review)☐ Improved processes designed by working group led by service manager.☐	KSO3
1245	10/01/2022	Junior Doctor Rota Management: Plastics Surgical	Rota manager on long term sick leave. ☐ No substantive post holder to cover that work and no clear processes/SOP in place. ☐	1. Service co-ordinator is managing rota with assistance of admin support 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 3. Draft SOP initiated PROPOSED ACTION☐ 1.Management of Rota further in advance and formalise processes 2.Create Standard Operating Procedures SOP 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 4.Migration to Healthroster planned for early 2022 5. Review of WTE requirement in department to manage workload	Shane Morrison-McCabe	Phillip Connor	Compliance (Targets / Assessments / Standards)	12	12	25/7/22 - Not been able to appoint in first round of adverts to Rota Coordinator. Current Rota Manager has now resigned and leaves on 26/8 which will leave no substantive rota team in place. Bank cover for 21 hrs p/w to commence by end of July and requires training. Existing Rota Manager sick and this has put rota back and as a consequence of this, and not the 2 x WTE required, we are only 4 weeks out with the rota. Service Co-Ordinator now spending all her time on rota. On top of admin pressures, we have sickness in Registrars which is impacting on staffing the rota. Some activity has had to be suspended.☐ 29/06/2022 - POAP written. Just need a few tweaks before being submitted to EMT. Have now gone out to recruit for band 4 Rota Co-ordinator, as per plan. Trust have agreed to two further SpR WTEs starting in October to support with general consolidation of rota. Work underway to calculate what will now be required with expanded portfolio of theatre capacity. ☐ 04/05/2022 - EMT approval for up-banding of band 3 Rota Co-ordinator to a 4, in order to improve the calibre and coverage in the rota service. Furthermore, a meeting is being	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 ☐	Steve Jenkin	Nasir Rafiq	Information Management and Technology	15	4	**Update 04/10/2022** - a paper was submitted to IMT group in Oct 2022 with an update and recommendation the risk score is reviewed. The risk score has been reviewed with the CIO and the SIRO and recommended the risk be reduced to 6 (2x3)as all mitigation have been fully implemented however there are 3 servers that still have the vulnerable software installed / present but not in use therefore the risk will remain until this has been fully removed in future upgrades.☐ Update 01/08/2022: last IMT meeting was cancelled therefore report will be provided to the IMT group on 09/08/22 with recommendations as to reduce the risk score.☐ Update 24/06/2022: new updated vulnerability scanning software from Qualys has been deployed to provide further reassurance of mitigation. Ongoing work with third party suppliers to mitigate the risk without service impact. A report will be provided to the IMT group on 12/07/22 with recommendations as to reduce the risk score.☐ Update 04/05/2022: External third party cyber security support are still reviewing the remediation put in place. once confirmed update will be provided to the SIRO.☐	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.	Lawrence Anderson	Dominic Bailey	Information Governance	12	6	**24/10/22**: The Trust has undertaken an external Digital Professionalism presentation which was attended by clinical staff. IT and IG now need to decide on a formal agreement process for permitting data sharing apps. Pando was the sharing app that initiated this risk initially and it to be agreed t with a set of strict, clear guidelines on use.☐ 24/06/22: The Mobile Device Management policy and the forthcoming Digital Communications policy may provide some control. Scope is just Trust owned devices, so more required regarding staff using their own devices to install and use apps for PID even if the app is authorised centrally, (NHSEngland). We will consider interpolating a section statement regarding the Trust standpoint on use of apps for PID that are unauthorised at local level on own devices, (already prevented on Trust devices) plus another round of formal communications to all staff focused on clinical. We also have a professional speaker on the topic invited to Trust wide clinical audit in September.☐ 17/02/22: PC's and laptops have AD and group policies in place to prevent users from installing software.☐	KSO3

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1239	02/11/2021	Canadian Wing Staffing	Unable to fulfil the rota requirement	management of activity	Nicola Reeves	Liz Blackburn	Patient Safety	15	6	**October 2022** - reviewed and risk remains moderate☐ 23/08/2022 - reviewed, remains a moderate risk☐ 27/07/2022 - reviewed☐ 22/6/22 - Good uptake of bank shifts, recruitment remains a challenge.☐ 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	Emma Alldridge	Patient Safety	15	6	**October 2022** - improved situation but risk remains at present☐ August 2022 - Twilights not cover for next off duty period remain minimal. Rostering now prioritizing twilights. Staffing situation expected to improve with addition of new nurse and nurse returning from absence. ☐ 27/07/2022 - From 8th August,twilight shifts covered with minimal numbers of shifts vacant. New nurse starting once recruitment checks are complete and a nurse potentially returning from long term sickness. This will help bolster the twilight cover further.☐ 22/6/22 - Interviews in progress for two band 5 posts.☐ 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
1231	04/10/2021	Late tertiary cancer referrals	The trust is receiving up to 26 late cancer referrals a month and around 45-50% are past 62 days. The trust is treating around 90% of patients within 24 days however these patients are on our PTL and in our weekly PTL reported numbers.	unable to control externals late referrals, however:☐ Weekly national/regional reporting. Twice weekly cancer PTL meetings which goes through each individual patient ensuring they have a next step booked within time. Escalations are sent out after each meeting. ☐ PTL is widely distributed across the trust, including admin and clinical staff. ☐ The responsible Committee should be the Cancer Board who meet monthly.	Shane Morrison-McCabe	Victoria Worrell	Compliance (Targets / Assessments / Standards)	15	9	**20/10 update**: late tertiary referrals continues to be a key risk, receiving late referrals from 10 trusts across Kent, Surrey and Sussex. Continuing to closely monitoring the trusts 24 day performance at Cancer Board and in the weekly ICB submissions. ☐ 01/06 update: trust continuing to receive late referrals across Kent, Surrey and Sussex. Detailed reporting is continuing at Cancer Board level. Started to include percentage of late referrals within the backlog, on a weekly basis, communicating this with the Sussex ICS. Continuing to maintain a grip on the 24 day target, compared to 2020/21 the trust has improved its 24 day performance by 7%, reporting a decrease each year of patients breaching the 24 day target.☐ 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.☐ November: ongoing challenge' level of mitigation via weekly escalation calls with key referring providers	KSO3
1226	13/07/2021	Adult Burns - Delivery of commissioned services whilst not meeting all national standards/criteria	-Lack of key services and support functions onsite (renal replacement facilities, and other acute medical specialties when needed urgently) -Potential increase in the risk to patient safety -Potential loss of income if burns derogation lost	-Operating at Unit+ level -Adult Burns inpatient review taking place -Strict admission criteria in place, any patient not meeting criteria will be referred on to a Burns Centre -Low threshold for transferring out inpatients who deteriorate and require treatment not available at QVH -SLA in place with UHS for ITU verbal support	Tania Cubison	Nicola Reeves	Compliance (Targets / Assessments / Standards)	12	8	**October 2022** - Peer review of service to be carried out 09/11/2022. Spec comm awaiting this outcome.☐ June 2022: Specialised commissioners continue to review prior to creation of options appraisal☐ 6/4/22 - no update on options appraisal available☐ February 2022 - Specialised Commissioning continuing to work on case for change and options appraisal for provision of a compliant burns service☐ 15/12/21: NHSE Specialised Commissioning leading work on Case for Change and Options Appraisal☐ 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	**October 2022** - Risk reviewed□ 23/08/2022 - Risk reviewed□ 27/07/2022 - ongoing□ 22/6/22 - Vacancy remains, continue to advertise vacant posts.□ 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	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	**24/10/22** Remains an ongoing challenge. Start Sharp Then Focus programme and Drug chart audits continue. We are considering new approaches to reward and accountability to improve clinician engagement. We are looking at a hybrid solution to provide microbiology support with a plan for fixed time Teams virtual meetings to improve accessibility and continuity for micro advice□ 17/10/22 Brief update given at JHGM. Lack of clinical engagement at stewardship meetings□ 6/9/22 5 minute update to be given at next JHGM□ 5/8/22 New audit regarding indication and duration documentation underway.□ 7/7/22 Audit completed by antimicrobial pharmacist. Reviewing SLA with Brighton regarding microbiologist cover□ 8/6/22 Date for next stewardship meeting arranged□ 20/5/22 Audit being undertaken to identify individuals not complying.□ 28/4/2022 Meeting chaired by MD to discuss action plan and review microbiology SLA□ 24/3/22 Handler has been changed to Chief Pharmacist, although MD leading on risk. Looking at a different ways to engage	KSO1 KSO2

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	**October 2022** - Continue to adhere to national guidance, close review of QVH numbers of positive staff.☐ 23/08/2022 - national guidance continues to be adhered to. ☐ 27/07/2022 - Further reductions in mask wearing and testing paused due to increase in prevalence during July. Under constant review.☐ 22/6/22 - Patient covid testing pathways reviewed and rolled out. Mask wearing guidance reviewed in all areas.☐ 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 IAPCT 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 maintined☐ 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	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	**October 2022** - Risk reviewed and remains as reported☐ 22/09/2022 - Increased sickness absence on top of current vacancy. Daily risk assessments to review staffing and ability to accept level 2 and 3 patients.☐ 23/08/2022 - capacity paper currently with Chief Nurse for review. ☐ 27/7/2022 - reviewed - ongoing, still awaiting outcome of capacity review☐ 22/6/22 - Continued vacancy with CCU, review of staffing and bed capacity being undertaken.☐ 22/4/22: B5 vacancy = 5.81 WTE with 1.0 WTE recruited to. ☐ Out of the 3.53 WTE Band 5s, 2.53 WTE are new to ITU (started within 6 months). ☐ B6 vacancy = -0.09 WTE vacancy with 0.61 WTE to be available from the 8th May 2022☐ Rolling advert out for band 5s and are soon to advertise for PT/FT Band 6 ☐ 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.☐	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.☐	Current Workforce <60 years old/not retired:☐ 1 PA - respiratory and sleep disordered breathing - locum/bank☐ 8 PA - Associate Specialist Registrar sleep disordered breathing and sleep - bank/locum >2 years. Succession/strategy planning underway.	Tania Cubison	Philip Kennedy	Patient Safety	15	9	**11.10.22**☐ New starter onboarded as planned 5.10.22 and another new Bank Consultant also started on same date.☐ Full Time locum post advertised on Trac☐ 23/8/22☐ 10 PA post, shared with Epsom and St Helier offered and accepted, with proposed start date of 5th October.☐ On going development of Consultant Job Plans with aim of advertising in September☐ All locum Drs asked to confirm their availability for remainder of 2022 in order to provide greater stability of service provision and capacity. ☐ 29/6/22: Funding for an additional 19PA Consultant time approved by EMT. Development of Job Plans underway with medical staffing team. One candidate has withdrawn from FT post but will provide remote clinics on Bank. Joint Registrar with EStH has resigned from post. Plans still progressing for one FT post shared with	KSO3
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	Shane Morrison-McCabe	Sarah Solanki	Compliance (Targets / Assessments / Standards)	15	9	**10-10-2022** Trainee Sonographer now in post. Need to start formally onboarding staff for CDC work and future proofing service. Paper being formalised for new DOF. 1 band 6 staff member has retired this month.Updates requested from other staff considering retirement 22-08-2022 Apprentice has start date of 26th Sept. Trainee sonographer post - interviews starting this week. CDC BC funding not yet approved by government. 1 Bank sonographer started last week. I have had 3 people talking about retirement (2 radiographers/ 1 sonographer). 1 radiographer will be leaving ASAP due to retirement. 05-08-2022 Apprenticeship funding from HEE approved. Candidate successfully accepted by Sussex uni. trainee sonographer post shortlisted and interview date offered. Awaiting funding approval for CDC. Bank sonographers - 1 has a start date, 1 is still being onboarded. RTP person starting this month. Several people are talking about retirement. 15-07-2022 Trainee US post out to advert. Apprenticeship successfully appointed to - Uni interview next week. Both Bank sonographers being on-boarded. PACS admin role - JD	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
1077	22/08/2017	Recruitment and retention in theatres	* Theatres vacancy rate is increasing * Pre-assessment vacancy rate is increasing * Age demographic of QVH nursing workforce: 20% of staff are at retirement age * Impact on waiting lists as staff are covering gaps in normal week & therefore not available to cover additional activity at weekends June 2018: * loss of theatre lists due to staff vacancies	1. HR Team review difficult to fill vacancies with operational managers 2. Targeted recruitment continues: Business Case progressing via EMT to utilise recruitment & retention via social media 3. Specialist Agency used to supply cover: approval over cap to sustain safe provision of service / capacity 4. Trust is signed up to the NHSI nursing retention initiative 5. Trust incorporated best practice examples from other providers into QVH initiatives 6. Assessment of agency nurse skills to improve safe transition for working in QVH theatres 7. Management of activity in the event that staffing falls below safe levels. 8. SA: Action to improve recruitment time frame to reduce avoidable delays	Shane Morrison-McCabe	Claire Ziegler	Patient Safety	12	4	**21.10.2022** Update September / October: Leavers B5 X 2. Leavers B6 X 2 all cited the cost of living crisis as part of their decision to leave, moving out of area or positions with HCA attached. Continue to be challenged in HCA recruitment and admin staff☐ 20.09.2022 Update August/September: Continue to be challenged with HCA recruitment, with current advertising. Leavers B5 X 2 Joiner B5 X1. Continue with plan for internal staff training opportunities to fill identified skills gaps. ☐ 22.08.2022 Update July/August. Still a shortfall in HCA's out to advert. B5 resignation and still awaiting on boarding completion B7 Day Surgery and B6 Theatres. ODP shortage, in house apprenticeship training underway and review of nurse anesthetic course availability locally.☐ 20.07.2022 Update June/July Shortfall in HCA out to advert but recent unsuccessful recruitment. Awaiting on boarding B7 Admissions. ☐ 22.06.2022 Update May/June 2022. Recruited into B6 X 3 ODP apprenticeship X 3 B5 AP's X 2 . Lead for recruitment working with long-term workforce plan to retain existing staff and demonstrate career	KSO1 KSO2
1040	13/02/2017	Age of X-ray equipment in radiology	Significant numbers of Radiology equipment are reaching end of life with multiple breakdowns throughout the last 2 year period.☐ No Capital Replacement Plan in place at QVH for radiology equipment	All equipment is under a maintenance contract, and is subject to QA checks by the maintenance company and by Medical Physics.☐ Plain Film-Radiology has now 1 CR x-ray room and 1 Fluoroscopy /CR room therefore patients capacity can be flexed should 1 room breakdown, but there will be an operational impact to the end user as not all patients are suitable to be imaged in the CR/Flouro room. These patients would have to be out-sourced to another imaging provider.☐ Mobile - QVH has 2 machines on site. Plan to replace 1 mobile machine for 2019-2020☐ Fluoroscopy- was leased by the trust in 2006 and is included in 1 of these general rooms. Control would be to outsource all Fluoroscopy work to suitable	Shane Morrison-McCabe	Sarah Solanki	Patient Safety	12	2	**10-10-2022** - This project is now moving into phase 2. We have a new SRO in the DoO. Meetings are now schedules for every 2 weeks. Estates is still the risky area due to lack of higher level staff. CDC BC has supported procurement of replacement of old x-ray room. 22-08-2022 - Moving to phase 2 of MES. Some risk around relevant estates input now head of estates and deputy director are now leaving. 05-08-2022 - moving to phase 2. worked through T&C. Financials have been updated for OBC. Finalised documents with commercial solutions. Really need estates input and assistance for moving forward. 15-07-2022 - T&Cs have been discussed and moving forward with phase 2. New estates lead has now had a meeting with commercial solutions and is in the picture regarding the project. Meeting on Monday with finance/procurement/Radiology to feedback any key points to Commercial solutions. 23-06-2022 - Phase 2 documentation for commercial solutions being finalised. Meetings booked with finance and estates in early July to discuss further. Financials were due to be revised on the BC. Not sure if this	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
877	21/10/2015	Financial sustainability	1) Failure to achieve key financial targets would adversely impact the NHSI "Financial Sustainability Risk rating and breach the Trust's continuity of service licence. 2)Failure to generate surpluses to fund future operational and strategic investment	1) Annual financial and activity plan 2) Standing financial Instructions 3) Contract Management framework 4) Monthly monitoring of financial performance to Board and Finance and Performance committee 5) Performance Management framework including monthly service Performance review meetings 6) Audit Committee reports on internal controls 7) Internal audit plan	James Drury	Jeremy Satchwell	Finance	20	16	September 2022: Month 6 YTD Breakeven and Breakeven Forecast Outturn for year end. Development of in year and longer term financial improvement projects continuing. Efficiency improvement plans to be further worked up with key stakeholders to support longer term financial sustainability. Additional work to evaluate the underlying financial risks and options for mitigation where these are available.￼ August 2022: YTD breakeven position for month 3. Further work is ongoing with regards to forecasting for the year and also review of the planning for 23/25 in line with national guidelines. In addition the Trust has started work on the HFMA checklist which is a national requirement to ensure the Trusts process and governance are reviewed.￼ June 2022:Third submission of the business plan has been submitted with increased levels of efficiencies required to deliver a break even plan. Additional income of £1.3m granted to the Trust to mitigate the increased inflation.￼ was 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. ￼ January 2022: H2 has been submitted. A	KSO4
834	09/09/2015	Non compliance with national guidelines for paediatric care.	Unavailability of a Paediatrician to review a sick child causing ￼ 1. Harm to child 2. Damage to reputation 3. Litigation	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, ￼ 1. Continuous dialogue with consultants and business managers 2. Annual review meeting - Sept/October 2015	Tania Cubison	Dr Sarah Bailey	Patient Safety	12	4	April 2022 - SLA still being reviewed￼ February 2022: HoN reviewing SLA - nil other significant update￼ 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￼ March 2021: r/v DoN and Head of Patient Safety - SLA under review￼ February 2021: r/v DoN and Head of Patient Safety - rescored to CRR￼ January 2021: due to C-19 there are currently no paediatricians onsite at QVH - 24/7 cover for advice by telephone is available.￼ July 2020: meeting held with BSUH & they continue to support this service￼	

NHS
Queen Victoria Hospital
NHS Foundation Trust

Report cover-page					
References					
Meeting title:	**Quality and safety report**				
Meeting date:	**3/11/2022**		**Agenda reference:**		**164-22**
Report title:	Quality & Safety Board Report – November 2022				
Sponsor:	Nicky Reeves, Chief nurse				
Author:	Amy Brownlie, Clinical Audit and Outcomes Specialist				
	Jacqueline O'Mara, Clinical Audit and Outcomes Specialist				
Appendices:	None				
Executive summary					
Purpose of report:	To provide updated quality information and assurance that the quality of care at QVH is safe, effective, responsive, caring and well led.				
Summary of key issues	The Board's attention should be drawn to the following key areas detailed in the reports: - Excellent inpatient survey results - Successful careers evening - Seasonal Flu vaccine campaign has commenced - Antimicrobial Stewardship task & finish continues - Psychological harm review work being expanded across Sussex				
Recommendation:	The Board is asked to **note** assurance re 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:**
	Outstanding patient experience	***World-class clinical services***	***Operational excellence***	*Financial sustainability*	***Organisational excellence***
Implications					
Board assurance framework:		The 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 report provides evidence of compliance with the regulated activities in Health and Social Care Act 2008 and the CQC's fundamental standards.			
Legal:		As above. The report upholds the principles and values of The NHS Constitution for England and the communities and people it serves: patients, public and staff.			
Resources:		The report was produced using existing resources.			
Assurance route					
Previously considered by:		Quality and Governance Committee			
		Date:	24/10/22	Decision:	Approved
Next steps:					

Board Report

Contents

Executive Summary - Domain – Chief Nurse

HIGHLIGHTS

Safety of our patients and staff continues to be the primary focus for the Trust whilst also maintaining a positive patient experience.

Successful Careers evening showcasing all the specialist skills we deliver held with over 90 attendees

QVH has received very pleasing results in the 2021 NHS Inpatient survey and scored top in three sections
• The trust's results were much better than most trusts for 36 questions
• The trust's results were better than most trusts for 10 questions
The trust saw significant increases in 2 scores and significant decreases in 2 scores

Quality Priorities
Q2 - Quality priorities met

CQUINS
Q2 - CQUIN measures met

Flu Vaccine
Trust Flu vaccination programme has been commenced
Covid vaccination booster campaign will commence in late October

Covid
Continue to monitor the Covid numbers locally and nationally. Also benchmarking against partner organisations.

Executive Summary - Domain – Medical Director

HIGHLIGHTS

Antimicrobial stewardship

Remains an ongoing challenge. Start Sharp Then Focus programme and Drug chart audits continue. We are considering new approaches to reward and accountability to improve clinician engagement. We are looking at a hybrid solution to provide microbiology support with a plan for fixed time Teams virtual meetings to improve accessibility and continuity for micro advice.

Clinical harm reviews

New Evolve based clinical harm review process demonstrated to consultants. Starting to record the sub-types of harm that are being standardised across the ICS.

The group email for the clinical review team is working so that there is immediate visibility any severe or moderate harm identified. Automatic referral to Psychology now in place for any identified psychological harm. Automatic email for follow up appointments.

Improving clinician engagement with the process.

Learning from deaths

The process of learning from deaths is being reviewed. Unexpected deaths from referred condition and complications of treatment will be reported separately from deaths from unrelated condition and those on palliative care pathways where there may still be learning for the organisation. May - August 22 there has been one death at QVH. This was a patient who was an expected death from a referred condition. 6 patients   have died from non-related conditions after discharge from QVH, and 1 patient who died after discharge with a related condition. There are ongoing processes to identify learning and ensure that opportunities for learning are fed back to the teams and then embedded into practice.

Out of Hours Operating

There have been 15 operations performed out of hours in the last quarter with average duration 1.7hrs and range 30 mins - 6.5 hours.

14 hand trauma (revascularisation and infections), 1 patient was an elective returned to theatre for bleeding. All cases have been reviewed and deemed appropriate to be operated on out of hours.

Exception Report

None to report

Safe Performance Indicators (1)

Metric Description	Target	Q3 2021/22			Q4 2021/22			Q1 2022/23			Q2 2022/23			12 month total/ rolling average
		Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-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	0	0	0	0	0	0	0	0	2	0	2
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%	95%	96%	98%	95%	98%	93%	98%	97%	98%	99%	99%	97%	97%
MRSA screening - trauma	95%	98%	99%	99%	99%	98%	97%	99%	100%	99%	99%	98%	98%	99%
Incidents														
Never Events	0	0	0	0	0	0	0	0	0	0	1	0	0	1
Serious Incidents	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Theatre metrics														
All patients: Number of patients operated on out of hours 22:00 - 08:00	5	3	2	3	3	3	3	0	3	6*	6*	2	1	23
Paediatrics under 3 years: Induction of anaesthetic was between 18:00 and 08:00	0	0	0	0	0	0	0	0	0	0	0	0	0	0
WHO quantitative compliance		99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%	99%
Non-clinical cancellations on the day		8	23	7	4	29	19	5	8	10	10	8	6	160
Needlestick injuries	0	2	3	2	1	0	2	0	2	2	1	2	2	19
Pressure ulcers (all grades)(Theatre metric)		2	0	0	0	0	1	0	0	0	0	0	0	3
Paediatric transfers out (<18 years)		0	2	0	0	0	2	0	1	0	0	0	1	6
Medication errors														
Total number of incidents involving drug / prescribing errors		11	5	6	4	17	10	6	13	17	19	21	12	141
No & Low harm incidents involving drug / prescribing errors		6	4	5	4	14	8	5	11	13	15	17	8	110
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		3.0	0.6	0.6	0.0	1.9	1.2	0.6	1.1	2.3	2.2	2.2	2.3	1.5
Pressure Ulcers Hospital acquired - category 2 or above		2	1	0	0	1	0	0	0	3	0	1	1	9
VTE initial assessment (Safety Thermometer)	95%	100%	100%	96%	100%	100%	93%	100%	100%	100%	96%	100%	100%	99%
Patient Falls														
Patient Falls assessment completed within 24 hrs of admission	95%	100%	96%	100%	95%	100%	100%	95%	100%	100%	100%	100%	100%	99%
Patient Falls resulting in no or low harm (inpatients)		1	7	1	1	6	1	5	2	3	0	2	3	32
Patient Falls resulting in moderate or severe harm or death (inpatients)		0	0	0	0	0	0	0	0	0	0	0	0	0
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

*All cases reviewed - no inappropriate patients operated on out of hours

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

Board Report - Quality Metric Summary

KPI	Date	Measure	Target	Assurance	Varriation	Comments for the latest period shown for each metric
MRSA - Elective	Sep-22	97%	95%	?	H	We have consitently exceeded our target for the last 8 months.
MRSA - Trauma	Sep-22	98%	95%	?	H	We have consitently exceeded our target for the last 20 months.
Serious Incidents	Sep-22	0	0	P		No cause for concern. Figures are within the expected boundaries.
Total no of incidencts involving drug/prescribing errors	Sep-22	8	0	?		No cause for concern. Figures are within the expected boundaries.
Falls per 1000 bed days	Sep-22	3.5%	0.0%	?		No cause for concern. Figures are within the expected boundaries.
Pressure ulcers per 1000 bed days	Sep-22	1.2%	0.0%	?		No cause for concern. Figures are within the expected boundaries.
Complaints	Sep-22	3	0	?		No cause for concern. Figures are within the expected boundaries.
Mortalities	Sep-22	3	0	?		No cause for concern. Figures are within the expected boundaries.

Effective Performance Indicators (1)

Emergency Re-admissons

QVH Mortalities: on site and elsewhere
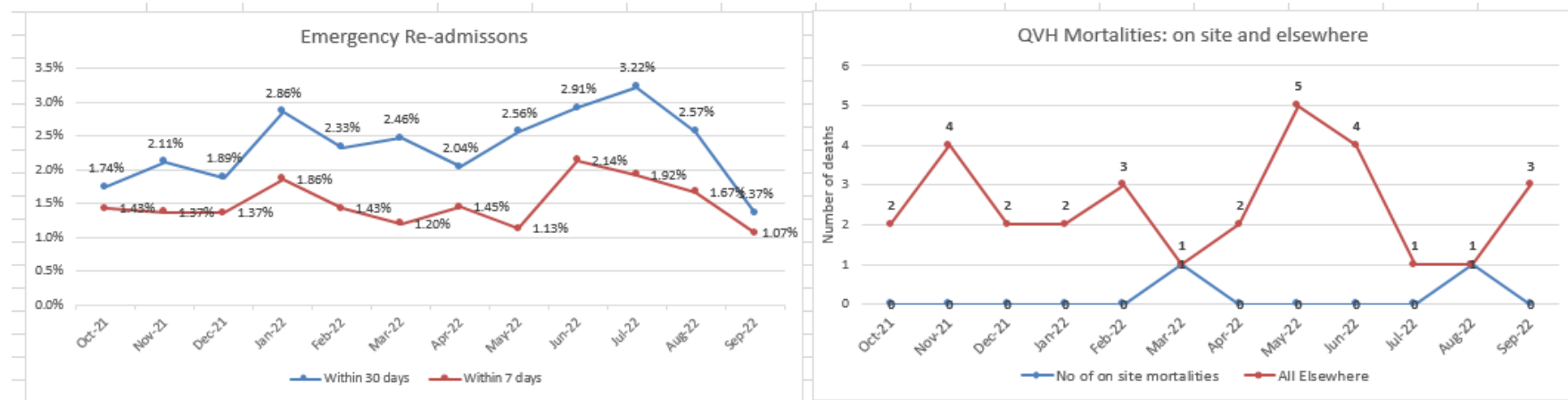
Mortalities Report			Q3 2021/22			Q4 2021/22			Q1 2022/23			Q2 2022/23		
			Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Mortalities within 30 days of an inpatient episode or outpatient procedure	Inpatient	No of on site mortalities	0	0	0	0	0	1	0	0	0	0	1	0
		No of mortalities elsewhere	0	4	2	2	3	0	2	4	4	1	0	2
	Outpatient		2	0	0	0	0	1	0	1	0	0	1	1
	All Elsewhere		2	4	2	2	3	1	2	5	4	1	1	3
Reviews		Completed Preliminary Reviews	0	2	nc	1	1	0	2	1	1	2	2	nc
		No of deaths subject to SJR	0	0	nc	0	0	0	0	1	0	0	0	nc
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
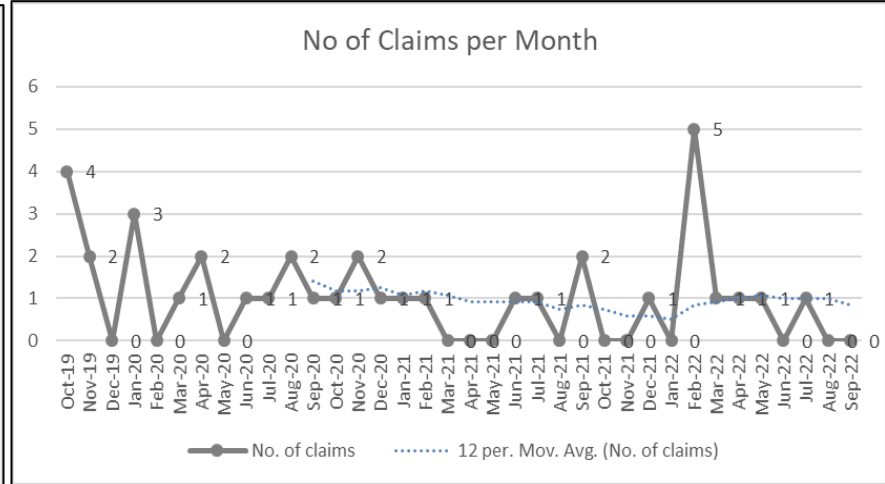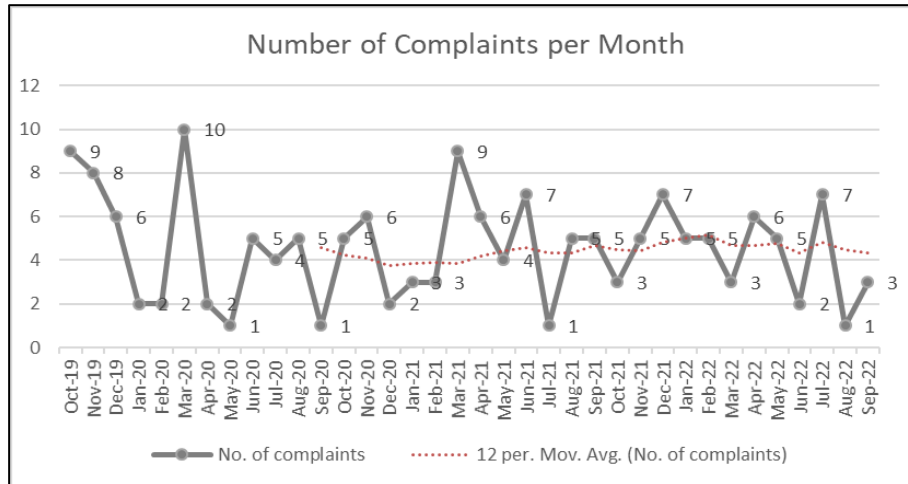
Number of Complaints per Month

No of Claims per Month

	Q3 2021/22			Q4 2021/22			Q1 2022/23			Q2 2022/23		
	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Number of complaints	3	5	7	5	5	3	6	5	2	7	1	3
Complaints per 1000 spells	0.16	0.25	0.40	0.27	0.29	0.15	0.35	0.24	0.11	0.38	0.05	0.17
Number of claims	0	0	1	0	5	1	1	1	0	1	0	0
Claims per 1000 spells	0.00	0.00	0.06	0.00	0.29	0.05	0.06	0.05	0.00	0.05	0.00	0.00
Number of cases referred to PHSO	0	0	0	0	0	0	0	0	0	0	0	0

Nursing Workforce - Performance Indicators, Safe Staffing Data

Staffing significantly improved on Peanut ward, during the month of August there were two nights when there were overnight inpatients. The unit was staffed on the twilight shift on 12 occasions with no inpatients; there were 17 instances where we could not accept an overnight patient. In August there were four overnight inpatients. The unit was staffed on the twilight shift on 17 occasions with no inpatients. There were 10 instances where we could not accept an overnight patient. Staffing for October and November hope to be improved even further.

High sickness levels in Critical care during September have resulted being restricted to admissions. One burn patient was referred on because of staffing levels.

Safe staffing data from both August and September demonstrates compliance with staff numbers above the 95% threshold. Staffing levels continue to be reviewed throughout the day and appropriate redeployment of staff to support areas with any staffing challenges.

Combined Staffing exc. Site — Aug-22 — Target 95%

	Planned staff			Actual staff					Planned staff			Actual staff		
	RN	NA	HCA	RN	NA	HCA			RN	NA	HCA	RN	NA	HCA
DAY	3968	103.5	1932	3933	103.5	1921	Total Hrs Planned and Actual	NIGHT	3588	264.5	1185	3542	264.5	1162
				99.1%	100.0%	99%	% Planned Hrs Met					98.7%	100.0%	98.1%
		6003				5957	Total Hrs Planned & Actual - Combined reg & support			5037				4968
						99.2%	% Planned Hrs Met - Combined reg & support							98.6%

Combined Staffing exc. Site — Sep-22 — Target 95%

	Planned staff			Actual staff					Planned staff			Actual staff		
	RN	NA	HCA	RN	NA	HCA			RN	NA	HCA	RN	NA	HCA
DAY	3784	230	1783	3749	230	1742	Total Hrs Planned and Actual	NIGHT	3841	126.5	1139	3761	126.5	1110
				99.1%	100.0%	98%	% Planned Hrs Met					97.9%	100.0%	97.5%
		5796				5721	Total Hrs Planned & Actual - Combined reg & support			5106				4997
						98.7%	% Planned Hrs Met - Combined reg & support							97.9%

Nursing Workforce - Performance Indicators

	KPI	Sep-21	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Establishment WTE Including Bank & Agency		375.68	385.05	391.90	391.90	391.90	393.92	393.92	393.92
Establishment WTE excluding Bank & Agency		375.68	385.05	341.10	341.10	341.10	343.69	343.69	343.69
Staff In Post WTE		309.99	320.21	323.07	327.55	326.16	326.55	328.13	**332.49**
Agency Total worked in month WTE		5.96	5.60	5.11	3.98	3.19	3.17	3.63	**3.27**
Bank WTE Total worked in month WTE		34.36	49.21	32.61	32.95	33.78	37.11	36.54	**33.62**
Staff in Post Vacancy WTE		65.69	64.84	18.03	13.55	14.94	17.14	15.56	11.20
Vacancies % Including Bank & Agency Usage	8%	6.75%	2.60%	7.94%	7.00%	7.34%	6.88%	6.50%	6.23%
Staff in Post Vacancies %	8%	17.49%	16.84%	5.29%	3.97%	4.38%	4.99%	4.53%	3.26%
Qualified Nurses (NMC) Vacancies WTE							15.05	12.45	**6.93**
Theatre Practitioners (AHP) Vacancies							-1.82	-2.13	**-2.39**
Band 2 & 3 HCSW Vacancies WTE Clinical support to clinical staff							1.87	4.20	**7.80**
Band 2 & 3 HCSW Vacancies WTE Non clinical support to clinical staff							4.22	4.22	**4.54**
Other Unqualified Nursing/Support to Nursing/Support to Theatre Practitioners (including TNA's Nursing Associates, Students, Associate Practitioners/Nurses, Dental Nurse and Student ODP's)							1.07	0.07	**-2.11**
Trust rolling Annual Turnover % Excluding Trainee Doctors	10%	12.52%	13.78%	14.29%	14.30%	12.35%	12.24%	10.52%	**10.41%**
Starters WTE In month excluding HEE doctors		3.93	2.61	6.76	3.00	2.00	1.80	3.80	**4.27**
Leavers WTE In month excluding HEE doctors		1.12	2.53	3.99	1.01	1.51	2.52	1.19	**1.00**
12 month sickness rate (all sickness)	3%	3.84%	4.66%	4.84%	4.80%	4.87%	5.04%	5.06%	**5.09%** Indicitive Figure
Monthly Sickness Absence % All Sickness		3.98%	6.39%	5.05%	3.75%	4.02%	5.01%	4.93%	**4.65%** Indicitive Figure

Medical Workforce - Performance Indicators

Metrics	Q3 2021/22			Q4 2021/22			Q1 2022/23			Q2 22/23			12 month rolling
Medical Workforce	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	
Turnover rate in month, excluding trainees	4%	0%	1%	1%	1%	0%	3%	1%	1%	1%	4%	0%	19%
Turnover in month including trainees 9%	5%	1%	1%	1%	9%	1%	5%	1%	0%	1%	16%	3%	44%
Management cases monthly	0	0	0	0	0	0	0	0	0	0	0	0	0
Sickness rate monthly on total medical/dental headcount	3%	2%	2%	3%	3%	4%	2%	1%	3%	3%	2%	nc	nc
Appraisal rate monthly (including deanery trainees)	52%	61%	57%	61%	68%	74%	70%	69%	69%	67%	71%	75%	nc
Mandatory training monthly	79%	81%	82%	82%	80%	84%	84%	85%	87%	87%	87%	87%	84%
Exception Reporting – Education and Training	1	1	1	0	0	0	1	0	0	0	5	3	12
Exception Reporting – Hours	3	3	0	1	1	1	3	5	7	6	4	4	38

Medical & Dental Staffing	At September induction we welcomed new Dental Core Trainees into OMFS, and offered an extended induction as these trainees are often new to working in a hospital environment. As well as QVH trainees, we provided the extended induction training to trainees from Eastbourne and Brighton, who also come to QVH with their consultants. The final doctors' induction of the year is planned for October.
Education	In August and September we delivered extended hand teaching sessions, not just for trainees but for all clinical staff involved in caring for hand patients, as part of the monthly plastic surgery teaching sessions. The August session was lecture-based and the September session was practical, with support from a number of reps who brought in their equipment for the trainees to practice with. The consultants' mandatory training webinars also took place in September, with good attendance across the day, and some excellent feedback was received for the new Mental Health Act training.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**3/11/22**		**Agenda reference:**		**165-22**
Report title:	**NHS Adult Inpatient Survey results**				
Sponsor:	Nicky Reeves, Chief Nurse				
Author:	Nicola Reeves, Chief Nurse				
Appendices:	Appendix one: NHS Adult Inpatient Survey				
Executive summary					
Purpose of report:	To update Trust Board on the result as of the 2021 Inpatient Experience Survey				
Summary of key issues	• The Trust's results were much better than most trusts for **36** questions. • The Trust's results were better than most trusts for **10** questions • The Trust saw significant increases in **2** scores and significant decreases in **2** scores				
Recommendation:	The Committee is requested to note the contents of the report				
Action required	Approval	**Information**	**Discussion**	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	KSO3:	KSO4:	KSO5:
	Outstanding patient experience	***World-class clinical services***	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:	No impact				
Corporate risk register:	No impact				
Regulation:	Compliance with regulated activities in Health and Social Care Act 2008 and the CQC essential standards of quality and safety.				
Legal:	No impact				
Resources:	No new resources required				
Assurance route					
Previously considered by:	Q&G				
	Date:	24/10/22	Decision:	Approved	
Next steps:					

Report to: Board Directors
Agenda item: XX-22
Date of meeting: 3 November 2022
Report from: Nicky Reeves, Chief nurse
Report author: Nicky Reeves, Chief nurse
Date of report: 25 October 2022
Appendices: Appendix one: NHS adult inpatient survey results

NHS adult inpatient survey results

Introduction
The 2021 survey of adult inpatient's experiences involved 134 NHS acute trusts in England. The CQC received feedback from 62,235 people, with a response rate of 39%. Patients were eligible for the survey if they were aged 16 years or older, had spent at least one night in hospital during November 2021.

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

Twelve trusts across the country have been categorised within the highest bands, with nine identified as 'much better than expected'

Trusts identified as achieving 'much better than expected' results:
Liverpool Heart and Chest Hospital NHS Foundation Trust
Queen Victoria Hospital NHS Foundation Trust
Royal National Orthopaedic Hospital NHS Trust
Royal Papworth Hospital NHS Foundation Trust
The Christie NHS Foundation Trust
The Clatterbridge Cancer Centre NHS Foundation Trust
The Robert Jones and Agnes Hunt Orthopaedic Hospital NHS Foundation Trust
The Royal Marsden NHS Foundation Trust
The Royal Orthopaedic Hospital NHS Foundation Trust

Executive summary for QVH 2021 impatient survey

Respondents and response rate
- 1250 Queen Victoria Hospital NHS Foundation Trust inpatients were invited to complete the questionnaire.
- 542 patients completed the questionnaire
- The response rate for Queen Victoria Hospital NHS Foundation Trust was 44 %

Banding
- The trust's results were much better than most trusts for **36** questions.
- The trust's results were   better than most trusts for **10** questions.
- Specific sections on nursing, care and treatment, leaving hospital, were rated as

top in the country in those particular sections.

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

<u>Comparisons with last year's survey</u>

QVH scores "significantly increased" in two measures:

Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital? +0.6

Q5. Were you ever prevented from sleeping at night by noise from staff? +0.5

QVH scores "significantly decreased" in two measures:-

Q33. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures? -0.6

Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures? -0.2

Further work will be carried out to ensure the two reduced scores are addressed.

Recommendation
The Board is asked to **NOTE**:
- The results of the National Inpatient Survey 2021.
- That this report evidences the outstanding patient care we all deliver at QVH

Appendix 1
The full 2021 QVH inpatient survey results

NHS Adult Inpatient Survey 2021 Benchmark Report

Queen Victoria Hospital NHS Foundation Trust

NHS   CareQuality Commission   Ipsos

Contents

1. Background & methodology	2. Headline results	3. Benchmarking	4. Trust results	5. Trends over time	6. Appendix

3. Benchmarking	4. Trust results	5. Trends over time
Section 1. Admission to hospital	Section 1. Admission to hospital	Section 1. Admission to hospital
Section 2. The hospital and ward	Section 2. The hospital and ward	Section 2. The hospital and ward
Section 3. Doctors	Section 3. Doctors	Section 3. Doctors
Section 4. Nurses	Section 4. Nurses	Section 4. Nurses
Section 5. Your care and treatment	Section 5. Your care and treatment	Section 5. Your care and treatment
Section 6. Operations and procedures	Section 6. Operations and procedures	Section 6. Operations and procedures
Section 7. Leaving hospital	Section 7. Leaving hospital	Section 7. Leaving hospital
Section 8. Feedback on care	Section 8. Feedback on care	Section 8. Feedback on care
Section 9. Respect and dignity	Section 9. Respect and dignity	Section 9. Respect and dignity
Section 10. Overall experience	Section 10. Overall experience	Section 10. Overall experience

This work was carried out in accordance with the requirements of the international quality standard for Market Research, ISO 20252, and with the Ipsos Terms and Conditions which can be found at http://www.ipsos.uk/terms.

Background and methodology

This section includes:

- an explanation of the NHS Patient Survey Programme

- information on the Adult Inpatient 2021 survey

- a description of key terms used in this report

- navigating the report

Background and methodology

The NHS Patient Survey Programme

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

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

As part of the NPSP, the Adult Inpatient Survey has been conducted annually since 2002. CQC will use results from the survey to build an understanding of the risk and quality of services and those who organise care across an area.

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

The Adult Inpatient Survey 2021

The survey was administered by the Coordination Centre for Mixed Methods (CCMM) at Ipsos. A total of 166,318 patients were invited to participate in the survey across 134 acute and specialist NHS trusts. Completed responses were received from 62,235 patients, an adjusted response rate of 39%.

Patients were eligible to participate in the survey if they were aged 16 years or over, had spent at least one night in hospital, and were not admitted to maternity or psychiatric units. A full list of eligibility criteria can be found in the survey sampling instructions.

Trusts sampled patients who met the eligibility criteria and were discharged from hospital during November 2021. Trusts counted back from the last day of November 2021, sampling every consecutively discharged patient until they had selected 1,250 patients. Some smaller trusts, which treat fewer patients, included patients who were treated in hospital earlier than November 2021 (as far back as April 2021), to achieve a large enough sample.

Fieldwork took place between January and May 2022.

Trend data

The Adult Inpatient 2021 survey was conducted using a push-to-web methodology (offering both online and paper completion). There were minor questionnaire changes, including three new questions and changes to question wording. The 2021 results are comparable with data from the Adult Inpatient 2020 survey, unless a question has changed or there are other reasons for lack of comparability such as changes in organisation structure of a trust. Where results are comparable, a section on historical trends has been included.

Further information about the survey

- For published results for other surveys in the NPSP, and for information to help trusts implement the surveys across the NPSP, please visit the NHS Surveys website.

- To learn more about CQC's survey programme, please visit the CQC website.

Key terms used in this report

The 'expected range' technique

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

This report also includes site level benchmarking. This allows you to compare the results for sites within your trust with all other sites across trusts. It is important to note that the performance ratings presented here may differ from that presented in the trust level benchmarking.

More information can be found in the Appendix.

Standardisation

Demographic characteristics, such as age and gender, can influence patients' experience of care and the way they report it. For example, research shows that men tend to report more positive experiences than women, and older people more so than younger people.

Since trusts have differing profiles of patients, this could make fair trust comparisons difficult. To account for this, we 'standardise' the results, which means we apply a weight to individual patient responses to account for differences in demographic profile between trusts.

For each trust, results have been standardised by the age, sex and method of admission (emergency or elective) of respondents to reflect the 'national' age, sex, and method of admission distribution (based on all respondents to the survey).This helps ensure that no trust will appear better or worse than another because of its profile of service users, and enables a fairer and more useful comparison of results across trusts. In most cases this standardisation will not have a large impact on trust results. Site level results are standardised in the same way.

Scoring

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

descriptive (for example Q1) and others are 'routing questions', which are designed to filter out respondents to whom the following questions do not apply (for example Q6). These questions are not scored. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied.

Trust average

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

Suppressed data

If fewer than 30 respondents have answered a question, no score will be displayed for that question (or the corresponding section the question contributes to).

Further information about the methods

For further information about the statistical methods used in this report, please refer to the survey technical document.

Using the survey results

Navigating this report

This report is split into six sections:

- **Background and methodology** – provides information about the survey programme, how the survey is run, and how to interpret the data.

- **Headline results** – includes key trust-level findings relating to the patients who took part in the survey, benchmarking, and top and bottom scores. This section provides an overview of results for your trust, identifying areas where your organisation performs better than the average and where you may wish to focus improvement activities.

- **Benchmarking** – shows how your trust scored for each evaluative question in the survey, compared with other trusts that took part; using the 'expected range' analysis technique. This allows you to see the range of scores achieved and compare yourself with the other organisations that took part in the survey. Benchmarking can provide you with an indication of where you perform better than the average, and what you should aim for in areas where you may wish to improve. Section score slides also include a comparison with other trusts in your region. It may be helpful to compare yourself with regional trusts, so you can learn from and share learnings with trusts in your area who care for similar populations.

- **Trust results** – includes the score for your trust and breakdown of scores across sites within your trust. Internal benchmarking may be helpful so you can compare sites within your organisation, sharing best practice within the trust and identifying any sites that may need attention.

- **Trends over time** – includes your trust's mean score for each evaluative question in the survey shown in a significance test table, comparing it to your 2020 mean score. This allows you to see if your trust has made statistically significant improvements between survey years.

- **Appendix** – includes additional data for your trust; further information on the survey methodology; interpretation of graphs in this report.

How to interpret the graphs in this report

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

The two chart types used in the section 'benchmarking' use the 'expected range' technique to show results. For information on how to interpret these graphs, please refer to the Appendix.

Other data sources

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

- Full national results; link to view the results for each trust; technical document: www.cqc.org.uk/inpatientsurvey

- National and trust-level data for all trusts who took part in the Adult Inpatient 2021 survey: https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2021/. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.

- Information on the NHS Patient Survey Programme, including results from other surveys: www.cqc.org.uk/content/surveys

- Information about how the CQC monitors hospitals: www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals

Headline results

This section includes:

- information about your trust population

- an overview of benchmarking for your trust

- the top and bottom scores for your trust

Who took part in the survey?

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

1,250 invited to take part

542 completed
30% urgent/emergency admission
70% planned admission

44% response rate
39% average response rate for all trusts
52% response rate for your trust last year

Ethnicity

White	92%
Mixed	1%
Asian or Asian British	2%
Black or Black British	2%
Arab or other ethnic group	1%
Not known	3%

Religion

No religion	33%
Buddhist	1%
Christian	60%
Hindu	1%
Jewish	<0.5%
Muslim	1%
Sikh	0%
Other	2%
Prefer not to say	2%
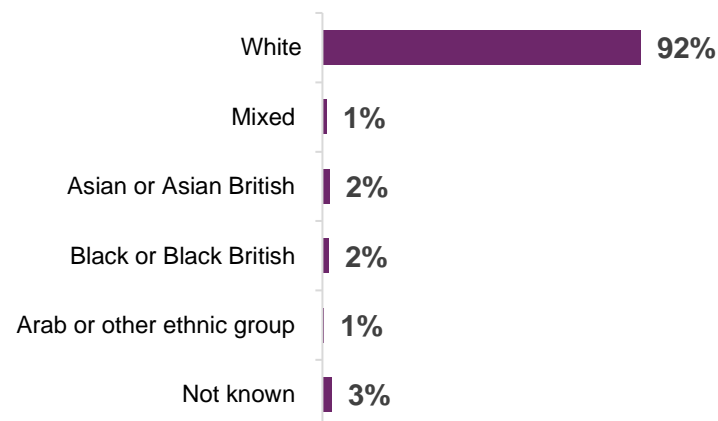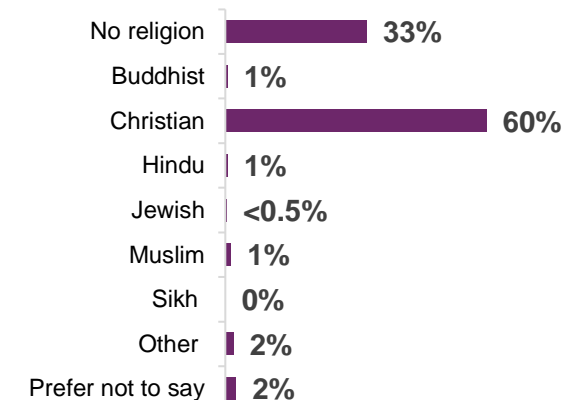
Long-term conditions
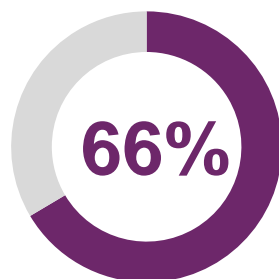
66% of participants said they have **physical or mental health conditions, disabilities or illnesses** that have lasted or are expected to last 12 months or more (excluding those who selected "I would prefer not to say").

Sex

At birth were you registered as…

Female	58%
Male	42%
Intersex	<0.5%
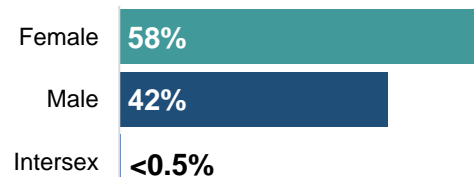
1% of participants said their **gender is different from the sex they were registered with at birth.**

Age

16-35	11%
36-50	17%
51-65	35%
66+	38%
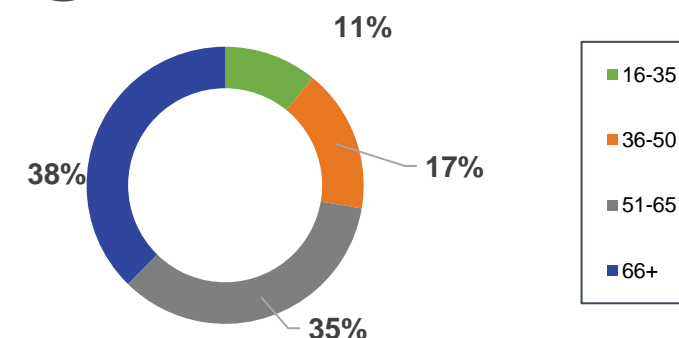
Summary of findings for your trust

Comparison with other trusts

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

Much better than expected	36
Better than expected	10
Somewhat better than expected	0
About the same	0
Somewhat worse than expected	0
Worse than expected	0
Much worse than expected	0
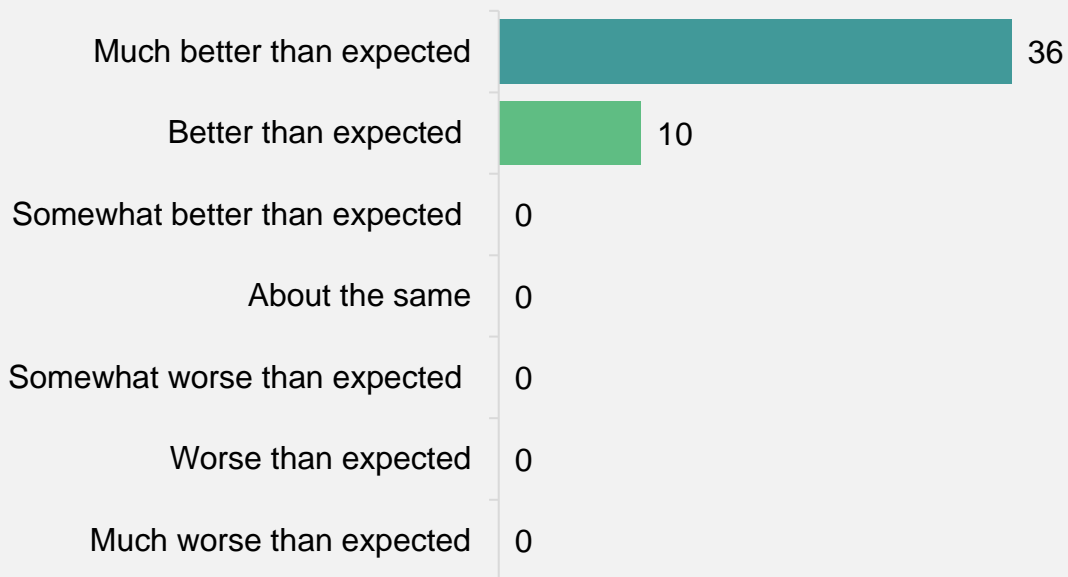
Comparison with last year's results

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2020 results.

Statistically significant increase	2
No statistically significant change	36
Statistically significant decrease	2

For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section "comparison to other trusts". For a breakdown of the questions where your trust showed a statistically significant increase or decrease in scores compared to 2020 results, please refer to the appendix section "comparison to 2020 results".

Best and worst performance relative to the trust average

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

Top five scores (compared with trust average)

Your trust score   Trust average

Category	Question	Score
Admission to hospital	Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	9.2
The hospital and ward	Q14. Were you able to get hospital food outside of set meal times?	8.2
The hospital and ward	Q5. Were you ever prevented from sleeping at night by noise from other patients?	8.3
Your care and treatment	Q27. Were you able to discuss your condition or treatment with hospital staff without being overheard?	8.4
Leaving hospital	Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	9.5

Bottom five scores (compared with trust average)

Your trust score   Trust average

Category	Question	Score
Your care and treatment	Q28. Were you given enough privacy when being examined or treated?	9.8
Leaving hospital	Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	9.4
Operations and procedures	Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures?	9.4
The hospital and ward	Q15. During your time in hospital, did you get enough to drink?	9.9
Doctors	Q18. When doctors spoke about your care in front of you, were you included in the conversation?	9.1

Benchmarking

This section includes:

- how your trust scored for each evaluative question in the survey, compared with other trusts that took part

- an analysis technique called the 'expected range' to determine if your trust is performing about the same, better or worse compared with most other trusts

- a comparison of section scores with other trusts in your region

Section 1. Admission to hospital

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Legend
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- Your trust

Your trust section score = 8.8 (Much better)

NHS trust score (y-axis: 0.0 to 10.0)

Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Queen Victoria Hospital NHS Foundation Trust	8.8
East Sussex Healthcare NHS Trust	7.8
Oxford University Hospitals NHS Foundation Trust	7.6
University Hospital Southampton NHS Foundation Trust	7.6
Royal Surrey NHS Foundation Trust	7.6

Trusts with the lowest scores

Trust	Score
East Kent Hospitals University NHS Foundation Trust	6.3
Dartford and Gravesham NHS Trust	6.3
University Hospitals Sussex NHS Foundation Trust	6.4
Isle of Wight NHS Trust	6.5
Buckinghamshire Healthcare NHS Trust	6.8

Section 1. Admission to hospital (continued)
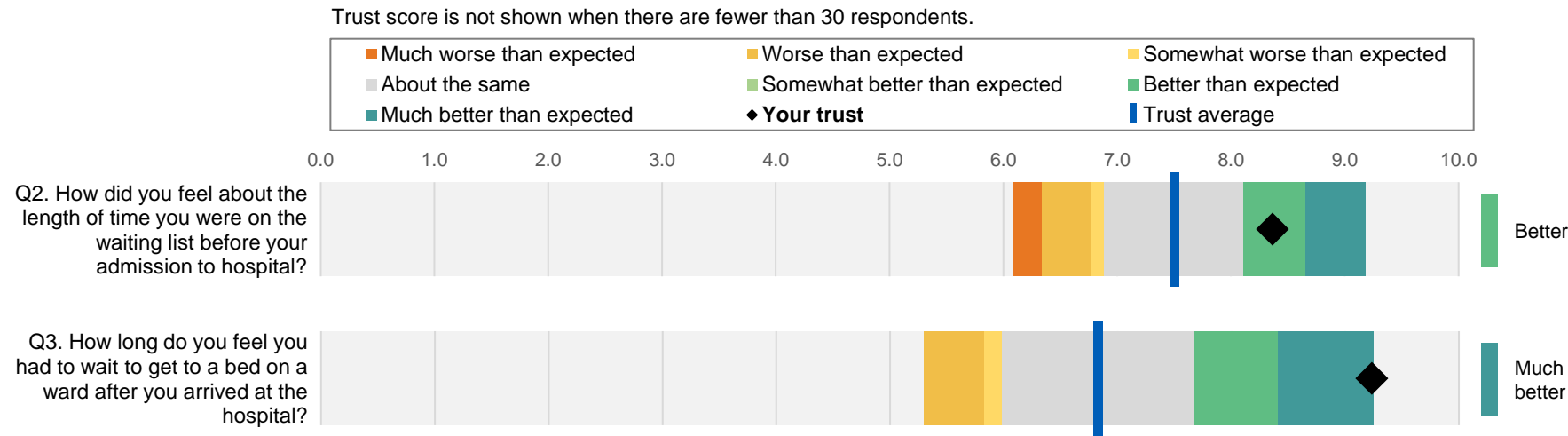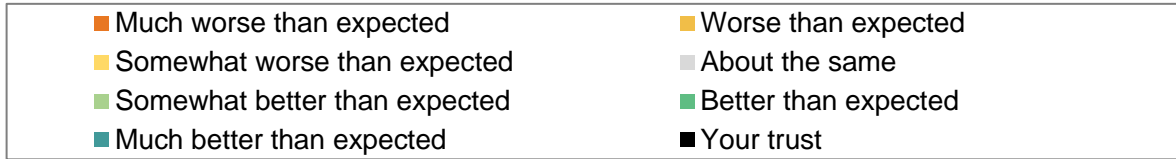
Question scores

Trust score is not shown when there are fewer than 30 respondents.

Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- ◆ Your trust
- Trust average

| | Number of respondents (your trust) | Your trust score | All trusts in England | | |
			Trust average score	Lowest score	Highest score
Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital? — Better	367	8.4	7.5	6.1	9.2
Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital? — Much better	535	9.2	6.8	5.3	9.2

Section 2. The hospital and ward

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

■ Much worse than expected   ■ Worse than expected
■ Somewhat worse than expected   ■ About the same
■ Somewhat better than expected   ■ Better than expected
■ Much better than expected   ■ Your trust

Your trust section score = Not shown for this section due to <30 responses received for a contributing question

NHS trust score

Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

East Sussex Healthcare NHS Trust	7.9
Royal Surrey NHS Foundation Trust	7.7
Royal Berkshire NHS Foundation Trust	7.7
Maidstone and Tunbridge Wells NHS Trust	7.7
Surrey and Sussex Healthcare NHS Trust	7.7

Trusts with the lowest scores

Dartford and Gravesham NHS Trust	7.1
Medway NHS Foundation Trust	7.1
Portsmouth Hospitals University NHS Trust	7.4
East Kent Hospitals University NHS Foundation Trust	7.5
Frimley Health NHS Foundation Trust	7.6

Section 2. The hospital and ward (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- ◆ Your trust
- Trust average

| | Number of respondents (your trust) | Your trust score | All trusts in England | | |
			Trust average score	Lowest score	Highest score
Q4. Did you get help from staff to keep in touch with your family and friends?	308	9.5	7.7	6.4	9.5
Q5. Were you ever prevented from sleeping at night by noise from other patients?	473	8.3	6.0	4.8	9.5
Q5. Were you ever prevented from sleeping at night by noise from staff?	473	9.5	8.1	7.2	9.5
Q5. Were you ever prevented from sleeping at night by hospital lighting?	473	9.2	8.1	7.2	9.4
Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	0	-	6.7	5.3	9.1

Section 2. The hospital and ward (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ **Your trust**
- ▌ Trust average

	Number of respondents (your trust)	Your trust score	All trusts in England		
			Trust average score	Lowest score	Highest score
Q8. How clean was the hospital room or ward that you were in?	535	9.7	9.1	8.4	9.9
Q9. Did you get enough help from staff to wash or keep yourself clean?	328	9.0	8.1	7.2	9.4
Q10. If you brought medication with you to hospital, were you able to take it when you needed to?	314	9.4	8.1	7.3	9.5
Q11. Were you offered food that met any dietary needs or requirements you had?	264	9.3	8.3	6.7	9.7
Q12. How would you rate the hospital food?	468	7.9	7.0	5.9	8.8

Section 2. The hospital and ward (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

Legend
■ Much worse than expected ■ Worse than expected ■ Somewhat worse than expected ■ About the same ■ Somewhat better than expected ■ Better than expected ■ Much better than expected ◆ Your trust ▌Trust average
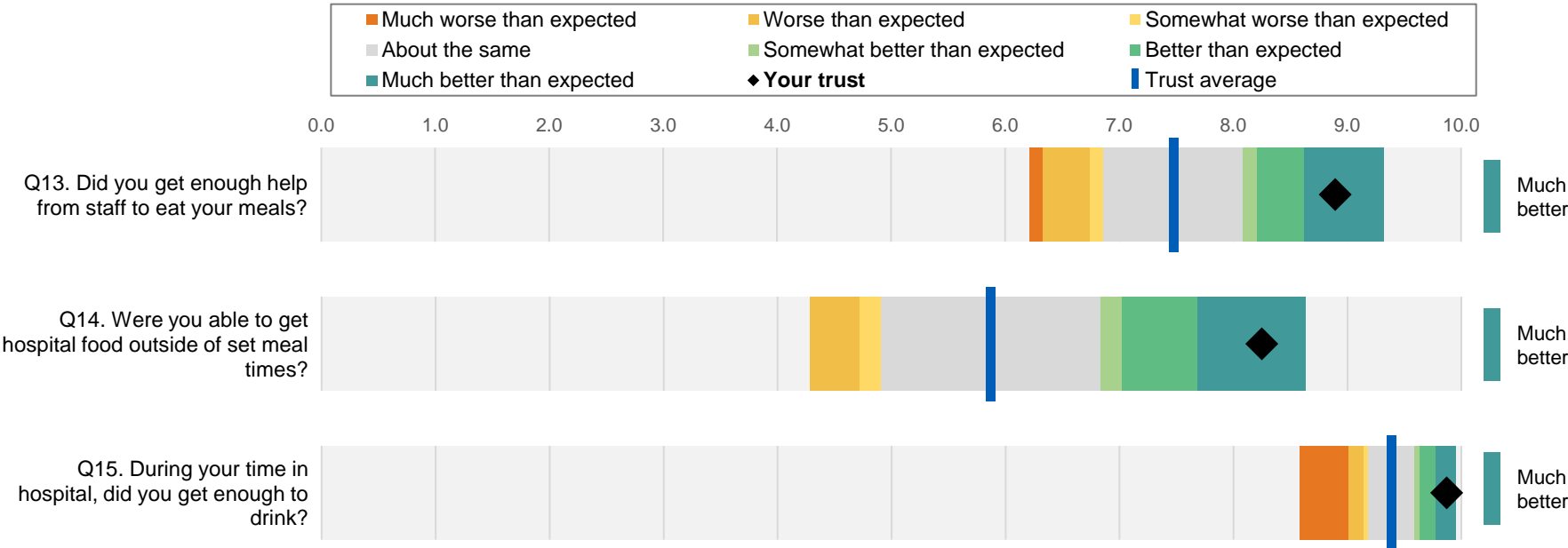
		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
146	8.9	7.5	6.2	9.3
178	8.2	5.9	4.3	8.6
525	9.9	9.4	8.6	9.9

Q13. Did you get enough help from staff to eat your meals? — Much better

Q14. Were you able to get hospital food outside of set meal times? — Much better

Q15. During your time in hospital, did you get enough to drink? — Much better

Section 3. Doctors

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Legend:
- ■ Much worse than expected
- ■ Worse than expected
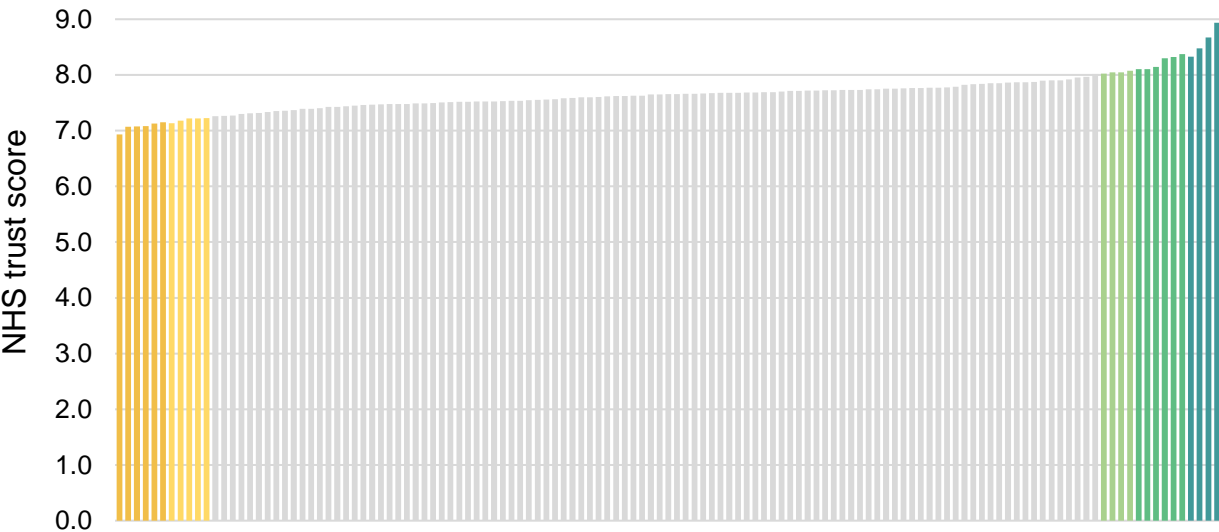- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ■ Your trust

Your trust section score = 9.4 (Much better)

NHS trust score (y-axis: 0.0 to 10.0)

Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Queen Victoria Hospital NHS Foundation Trust	9.4
Royal Surrey NHS Foundation Trust	9.1
Oxford University Hospitals NHS Foundation Trust	9.0
Buckinghamshire Healthcare NHS Trust	8.9
Royal Berkshire NHS Foundation Trust	8.8

Trusts with the lowest scores

Trust	Score
Dartford and Gravesham NHS Trust	8.4
Medway NHS Foundation Trust	8.5
Isle of Wight NHS Trust	8.5
East Kent Hospitals University NHS Foundation Trust	8.6
Frimley Health NHS Foundation Trust	8.6

Section 3. Doctors (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ Your trust
- | Trust average

Q16. When you asked doctors questions, did you get answers you could understand? — Much better

Q17. Did you have confidence and trust in the doctors treating you? — Much better

Q18. When doctors spoke about your care in front of you, were you included in the conversation? — Better
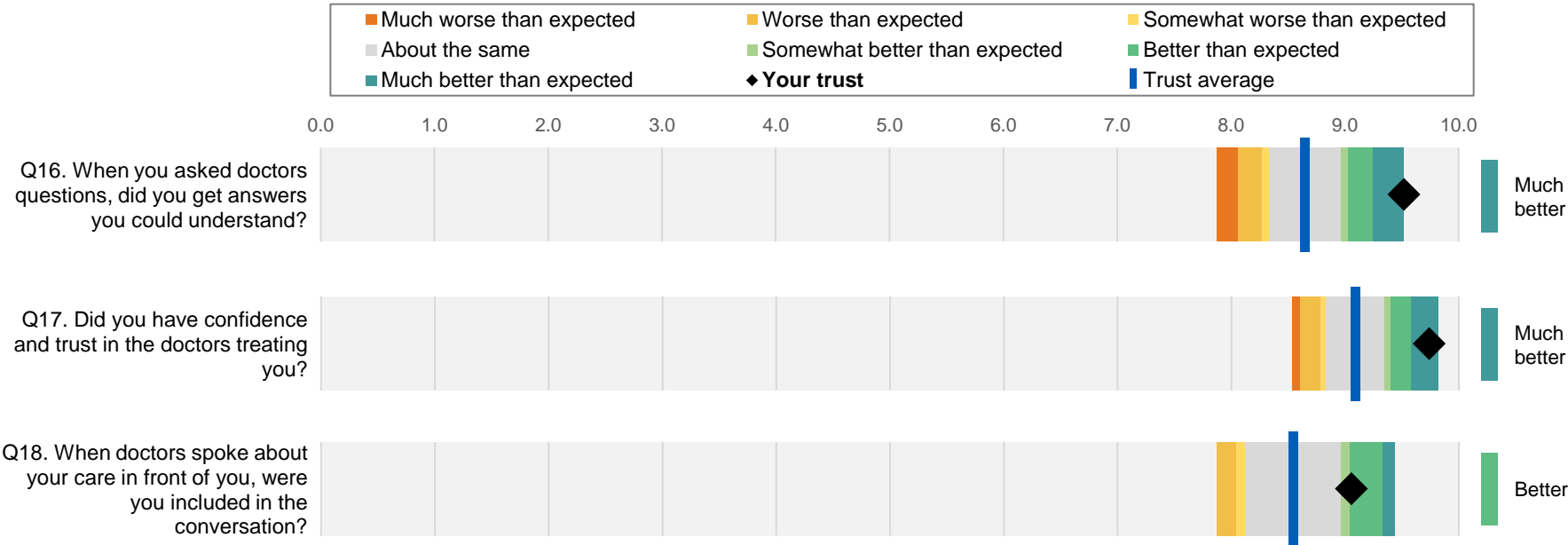
| Number of respondents (your trust) | Your trust score | All trusts in England | | |
		Trust average score	Lowest score	Highest score
476	9.5	8.7	7.9	9.5
535	9.7	9.1	8.5	9.8
526	9.1	8.5	7.9	9.4

Section 4. Nurses

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

■ Much worse than expected
■ Worse than expected
■ Somewhat worse than expected
■ About the same
■ Somewhat better than expected
■ Better than expected
■ Much better than expected
■ Your trust
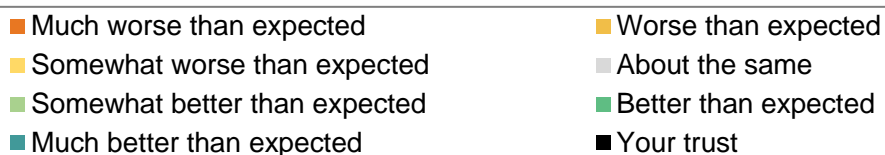
Your trust section score = 9.5 (Much better)
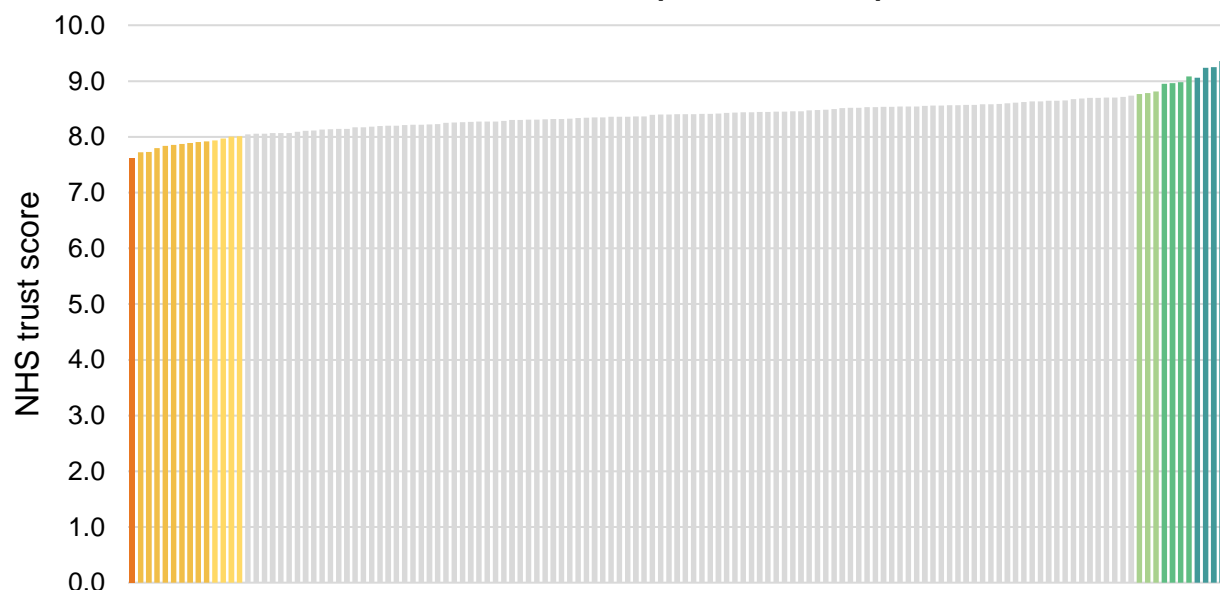
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Queen Victoria Hospital NHS Foundation Trust	9.5
Royal Surrey NHS Foundation Trust	8.7
Hampshire Hospitals NHS Foundation Trust	8.6
Oxford University Hospitals NHS Foundation Trust	8.6
Buckinghamshire Healthcare NHS Trust	8.5

Trusts with the lowest scores

Trust	Score
Medway NHS Foundation Trust	7.8
Dartford and Gravesham NHS Trust	8.0
East Kent Hospitals University NHS Foundation Trust	8.2
Portsmouth Hospitals University NHS Trust	8.2
Frimley Health NHS Foundation Trust	8.3

Section 4. Nurses (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ Your trust
- ▌ Trust average

	Number of respondents (your trust)	Your trust score	All trusts in England		
			Trust average score	Lowest score	Highest score
Q19. When you asked nurses questions, did you get answers you could understand?	511	9.7	8.7	7.8	9.7
Q20. Did you have confidence and trust in the nurses treating you?	539	9.6	9.0	8.2	9.6
Q21. When nurses spoke about your care in front of you, were you included in the conversation?	533	9.5	8.6	7.7	9.5
Q22. In your opinion, were there enough nurses on duty to care for you in hospital?	534	9.1	7.3	5.9	9.1

Q19. Much better
Q20. Much better
Q21. Much better
Q22. Much better

Section 5. Your care and treatment

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

■ Much worse than expected　　　■ Worse than expected
■ Somewhat worse than expected　■ About the same
■ Somewhat better than expected　■ Better than expected
■ Much better than expected　　　■ Your trust

Your trust section score = 9.1 (Much better)

NHS trust score

Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Queen Victoria Hospital NHS Foundation Trust	**9.1**
Oxford University Hospitals NHS Foundation Trust	**8.2**
Maidstone and Tunbridge Wells NHS Trust	**8.1**
Royal Surrey NHS Foundation Trust	**8.1**
Buckinghamshire Healthcare NHS Trust	**8.1**

Trusts with the lowest scores

Trust	Score
Dartford and Gravesham NHS Trust	**7.6**
Medway NHS Foundation Trust	**7.6**
East Kent Hospitals University NHS Foundation Trust	**7.8**
Ashford and St Peter's Hospitals NHS Foundation Trust	**7.8**
Portsmouth Hospitals University NHS Trust	**7.8**

Section 5. Your care and treatment (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ **Your trust**
- | Trust average

	Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
			All trusts in England		
Q23. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	496	8.8	7.9	6.7	8.9
Q24. To what extent did staff looking after you involve you in decisions about your care and treatment?	510	8.1	7.1	6.3	8.5
Q25 How much information about your condition or treatment was given to you?	530	9.7	8.8	8.3	9.7
Q26. Did you feel able to talk to members of hospital staff about your worries and fears?	446	9.2	7.6	6.4	9.2
Q27. Were you able to discuss your condition or treatment with hospital staff without being overhead?	465	8.4	6.3	5.3	9.3

(Each question row shows "Much better")

Section 5. Your care and treatment (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- ◆ Your trust
- Trust average

		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
529	9.8	9.4	9.0	9.9

Q28. Were you given enough privacy when being examined or treated? — Much better

		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
445	9.6	8.8	8.1	9.6

Q29. Do you think the hospital staff did everything they could to help control your pain? — Much better

		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
458	9.4	8.1	7.3	9.4

Q30. Were you able to get a member of staff to help you when you needed attention? — Much better

Section 6. Operations and procedures

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ■ Your trust

Your trust section score = 8.7 (Better)

NHS trust score (y-axis: 0.0 to 10.0)

Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Queen Victoria Hospital NHS Foundation Trust	8.7
Portsmouth Hospitals University NHS Trust	8.3
Buckinghamshire Healthcare NHS Trust	8.3
Maidstone and Tunbridge Wells NHS Trust	8.3
Hampshire Hospitals NHS Foundation Trust	8.3

Trusts with the lowest scores

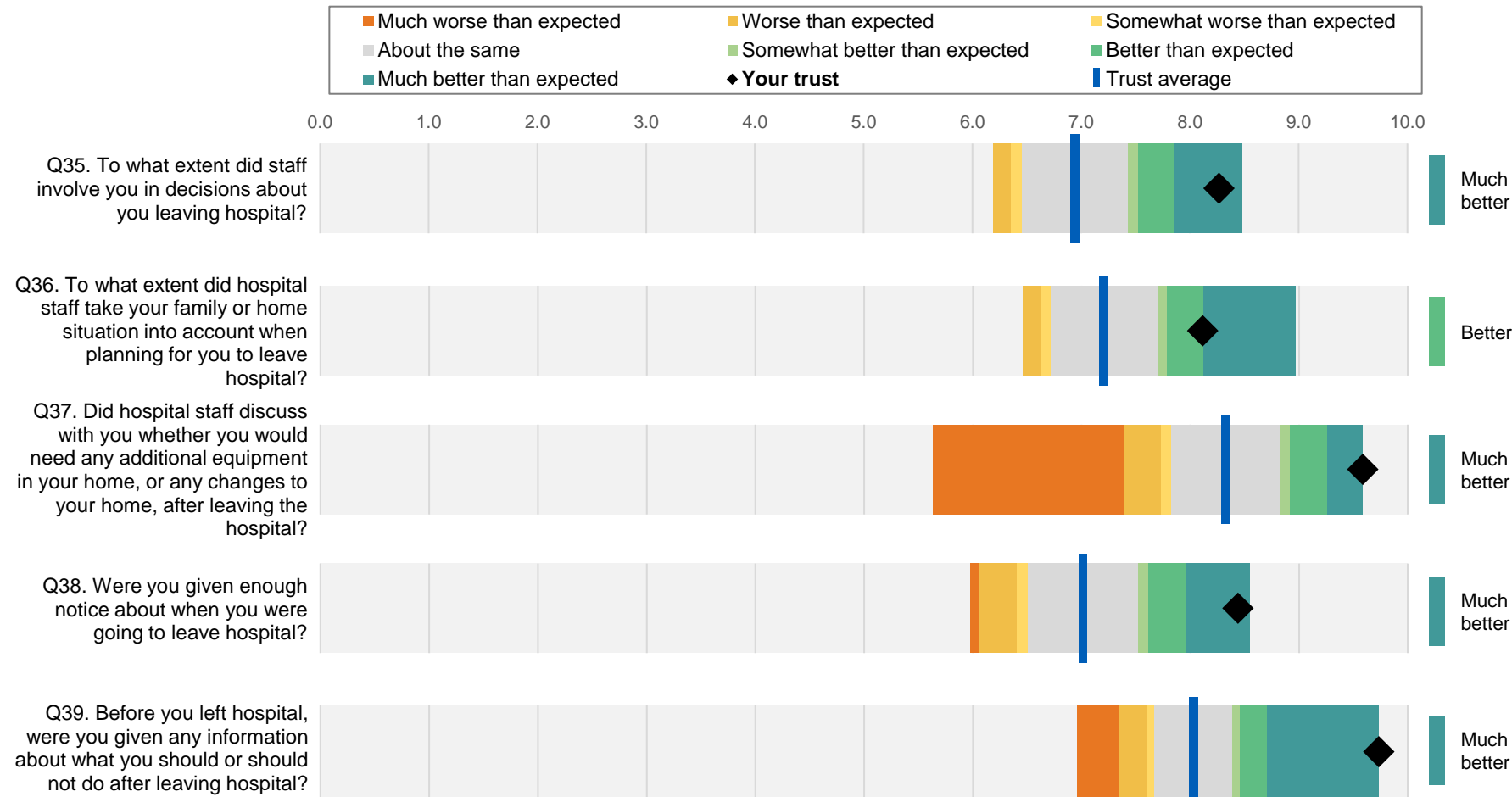| Trust	Score
Surrey and Sussex Healthcare NHS Trust	7.7
Dartford and Gravesham NHS Trust	7.7
Ashford and St Peter's Hospitals NHS Foundation Trust	7.8
Royal Berkshire NHS Foundation Trust	7.9
Frimley Health NHS Foundation Trust	8.0

Section 6. Operations and procedures (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ Your trust
- ▌Trust average

	Number of respondents (your trust)	Your trust score	All trusts in England		
			Trust average score	Lowest score	Highest score
Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures?	429	9.4	8.9	8.2	9.7
Q33. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	438	8.2	7.6	6.4	8.8
Q34. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?	436	8.6	7.9	7.0	9.2

Section 7. Leaving hospital

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ■ Your trust

Your trust section score = 8.6 (Much better)

Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Queen Victoria Hospital NHS Foundation Trust	8.6
Oxford University Hospitals NHS Foundation Trust	7.5
Royal Surrey NHS Foundation Trust	7.5
Buckinghamshire Healthcare NHS Trust	7.4
Royal Berkshire NHS Foundation Trust	7.4

Trusts with the lowest scores

Trust	Score
Dartford and Gravesham NHS Trust	6.6
Medway NHS Foundation Trust	6.8
Portsmouth Hospitals University NHS Trust	7.0
East Kent Hospitals University NHS Foundation Trust	7.0
Ashford and St Peter's Hospitals NHS Foundation Trust	7.1

Section 7. Leaving hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ Your trust
- ▮ Trust average

| | Number of respondents (your trust) | Your trust score | All trusts in England | | |
			Trust average score	Lowest score	Highest score
Q35. To what extent did staff involve you in decisions about you leaving hospital?	512	8.3	6.9	6.2	8.5
Q36. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?	365	8.1	7.2	6.5	9.0
Q37. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	149	9.6	8.3	5.6	9.6
Q38. Were you given enough notice about when you were going to leave hospital?	538	8.4	7.0	6.0	8.5
Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?	512	9.7	8.0	7.0	9.7

Section 7. Leaving hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

Legend:
- Much worse than expected
- Worse than expected
- Somewhat worse than expected
- About the same
- Somewhat better than expected
- Better than expected
- Much better than expected
- ◆ Your trust
- Trust average

		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
480	9.4	9.0	8.5	9.5
370	5.8	4.6	3.6	6.2
517	8.3	6.6	5.3	8.4
511	9.5	7.6	6.2	9.7
239	9.5	8.0	6.0	9.5

Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital? — Much better

Q41. Thinking about any medicine you were to take at home, were you given any of the following? — Much better

Q42. Before you left hospital, did you know what would happen next with your care? — Much better

Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital? — Much better

Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? — Much better

Section 7. Leaving hospital (continued)

Question scores

Trust score is not shown when there are fewer than 30 respondents.

■ Much worse than expected　■ Worse than expected　■ Somewhat worse than expected
■ About the same　■ Somewhat better than expected　■ Better than expected
■ Much better than expected　◆ Your trust　▌Trust average

Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?

Much better

| Number of respondents (your trust) | Your trust score | All trusts in England | | |
		Trust average score	Lowest score	Highest score
225	8.1	6.2	3.9	8.2

Section 8. Feedback on the quality of your care

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ■ Your trust

Your trust section score = 2.7 (Better)

NHS trust score (y-axis: 0.0 to 10.0)

Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Queen Victoria Hospital NHS Foundation Trust	2.7
East Sussex Healthcare NHS Trust	2.4
Isle of Wight NHS Trust	1.9
Royal Berkshire NHS Foundation Trust	1.8
Frimley Health NHS Foundation Trust	1.7

Trusts with the lowest scores

Trust	Score
Medway NHS Foundation Trust	0.7
Buckinghamshire Healthcare NHS Trust	0.7
Dartford and Gravesham NHS Trust	0.9
Ashford and St Peter's Hospitals NHS Foundation Trust	1.0
Portsmouth Hospitals University NHS Trust	1.1

Section 8. Feedback on the quality of your care (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.

	Much worse than expected		Worse than expected		Somewhat worse than expected
About the same		Somewhat better than expected		Better than expected
Much better than expected		◆ Your trust		Trust average

| | | All trusts in England | | |
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
422	2.7	1.4	0.5	3.4

Q49. During your hospital stay, were you ever asked to give your views on the quality of your care? — Better

Section 9. Respect and dignity

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ■ Your trust

Your trust section score = 9.7 (Much better)

Y-axis: NHS trust score (0.0 to 10.0)

Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Queen Victoria Hospital NHS Foundation Trust	9.7
Royal Surrey NHS Foundation Trust	9.4
Oxford University Hospitals NHS Foundation Trust	9.2
East Sussex Healthcare NHS Trust	9.2
Hampshire Hospitals NHS Foundation Trust	9.2

Trusts with the lowest scores

Trust	Score
Medway NHS Foundation Trust	8.6
Dartford and Gravesham NHS Trust	8.7
East Kent Hospitals University NHS Foundation Trust	8.9
Frimley Health NHS Foundation Trust	8.9
Ashford and St Peter's Hospitals NHS Foundation Trust	9.0

Section 9. Respect and dignity (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.

■ Much worse than expected	■ Worse than expected	■ Somewhat worse than expected
■ About the same	■ Somewhat better than expected	■ Better than expected
■ Much better than expected	◆ **Your trust**	▌Trust average

Q47. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Much better

		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
536	9.7	9.1	8.2	9.8

Section 10. Overall experience

Section score

This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' analysis technique used, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust.

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ■ Your trust

Your trust section score = 9.2 (Much better)

NHS trust score (y-axis: 0.0 to 10.0)

Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region

Trusts with the highest scores

Trust	Score
Queen Victoria Hospital NHS Foundation Trust	9.2
Royal Surrey NHS Foundation Trust	8.4
Oxford University Hospitals NHS Foundation Trust	8.3
Royal Berkshire NHS Foundation Trust	8.2
University Hospital Southampton NHS Foundation Trust	8.2

Trusts with the lowest scores

Trust	Score
Medway NHS Foundation Trust	7.5
Dartford and Gravesham NHS Trust	7.8
East Kent Hospitals University NHS Foundation Trust	7.9
Isle of Wight NHS Trust	7.9
University Hospitals Sussex NHS Foundation Trust	7.9

Section 10. Overall experience (continued)

Question score

Trust score is not shown when there are fewer than 30 respondents.

Legend:
- ■ Much worse than expected
- ■ Worse than expected
- ■ Somewhat worse than expected
- ■ About the same
- ■ Somewhat better than expected
- ■ Better than expected
- ■ Much better than expected
- ◆ Your trust
- ▮ Trust average

Q48. Overall, how was your experience while you were in the hospital? — Much better

Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
536	9.2	8.1	7.4	9.4

Trust results

This section includes:

- an overview of results for your trust for each question, including:
  - the score for your trust
  - a breakdown of scores across sites within your trust
- if fewer than 30 responses were received from patients discharged from a site, no scores will be displayed for that site

Admission to hospital

Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **8.4**

Breakdown of scores for sites within your trust:

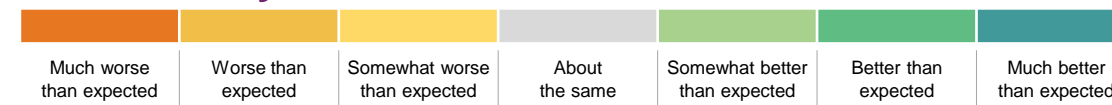This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **8.4**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (367)

Admission to hospital

Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?

Results for your trust
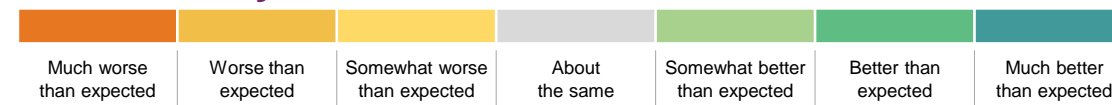
| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.2**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
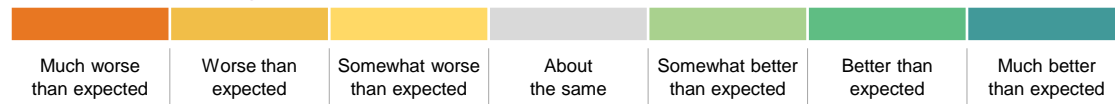
Site #1 **9.2**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (535)

The hospital and ward

Q4. Did you get help from staff to keep in touch with your family and friends?

Results for your trust
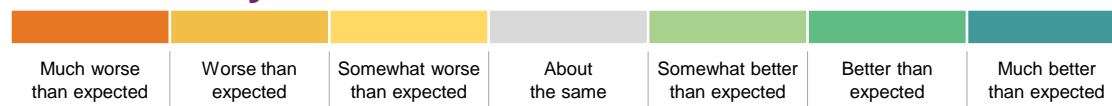
Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.5**

Breakdown of scores for sites within your trust:

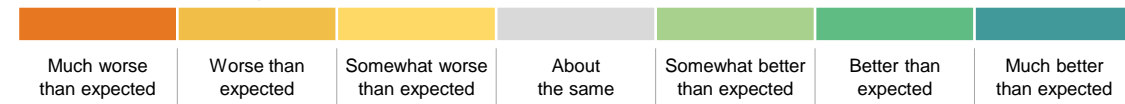This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.5**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (308)

The hospital and ward

Q5. Were you ever prevented from sleeping at night by noise from other patients?

Results for your trust
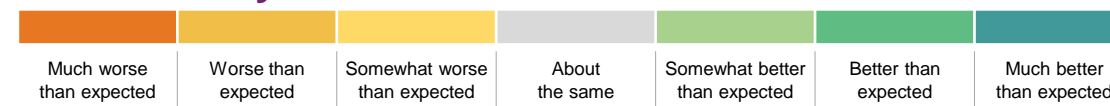
Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **8.3**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
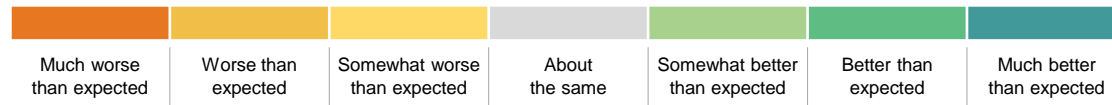
Site #1 **8.3**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (473)

39 Adult Inpatient Survey 2021 | RPC | Queen Victoria Hospital NHS Foundation Trust

The hospital and ward

Q5. Were you ever prevented from sleeping at night by noise from staff?

Results for your trust
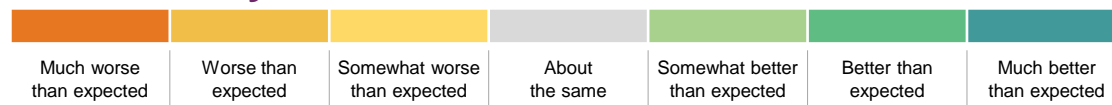
Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.5**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
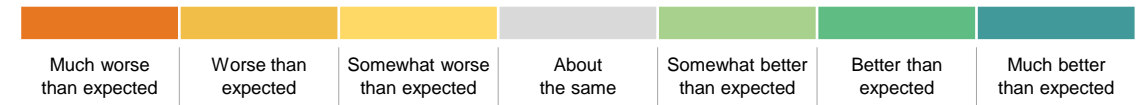
Site #1 **9.5**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (473)

The hospital and ward

Q5. Were you ever prevented from sleeping at night by hospital lighting?

Results for your trust
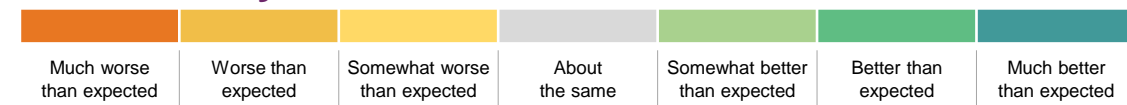
Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.2**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
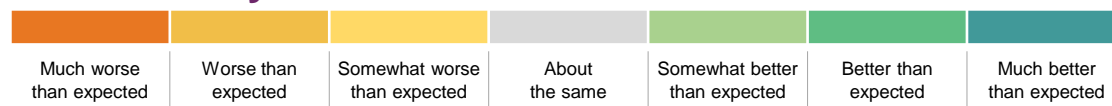
Site #1 **9.2**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (473)

The hospital and ward

Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected
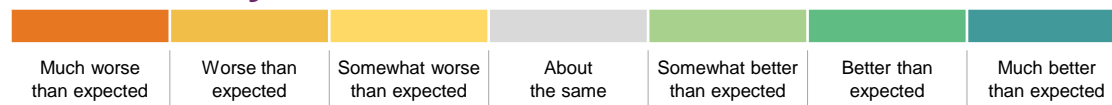
Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (-30)
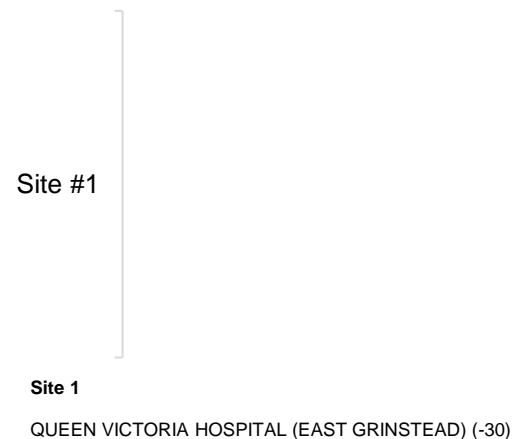
The hospital and ward

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

Results for your trust
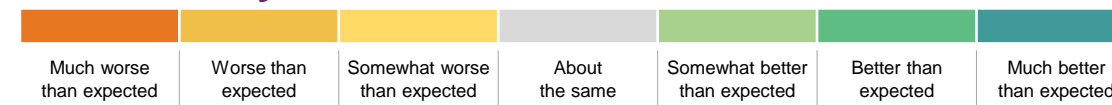
Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust — **9.7**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
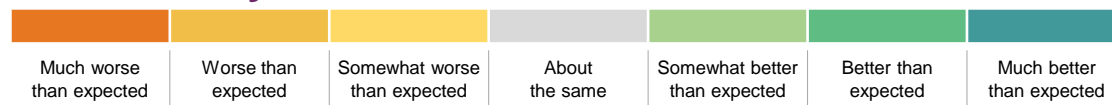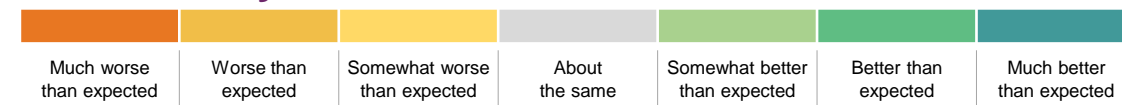
Site #1 — **9.7**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (535)

The hospital and ward

Q9. Did you get enough help from staff to wash or keep yourself clean?

Results for your trust
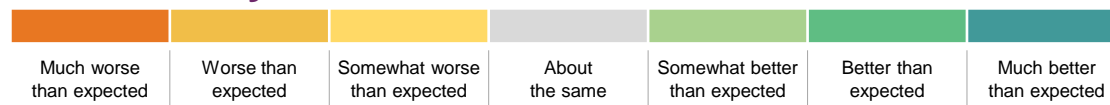
Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

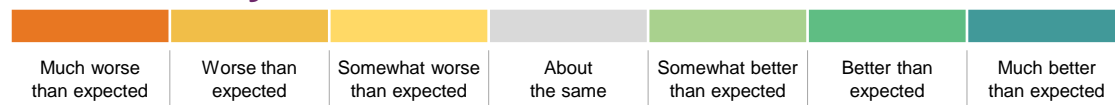| Your Trust	**9.0**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1	**9.0**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (328)

The hospital and ward

Q10. If you brought medication with you to hospital, were you able to take it when you needed to?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust	**9.4**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
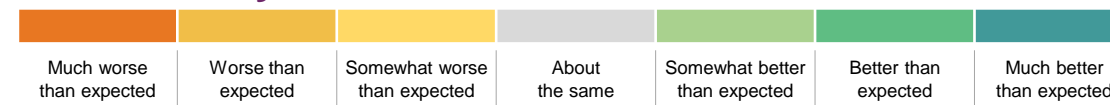
Site #1	**9.4**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (314)

The hospital and ward

Q11. Were you offered food that met any dietary needs or requirements you had?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.3**

Breakdown of scores for sites within your trust:

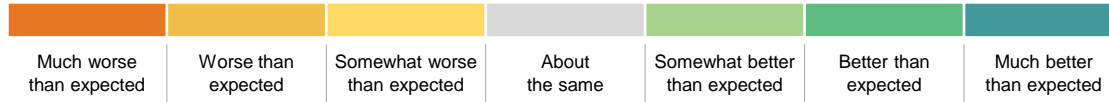This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.3**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (264)

The hospital and ward

Q12. How would you rate the hospital food?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **7.9**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
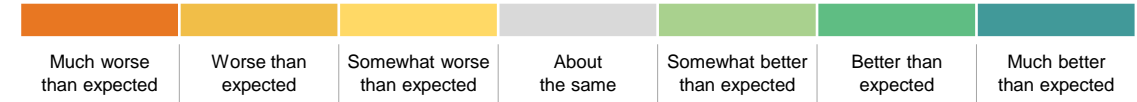
Site #1 **7.9**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (468)

The hospital and ward

Q13. Did you get enough help from staff to eat your meals?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **8.9**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
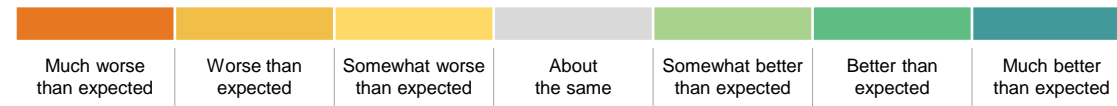
Site #1 **8.9**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (146)

The hospital and ward

Q14. Were you able to get hospital food outside of set meal times?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **8.2**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
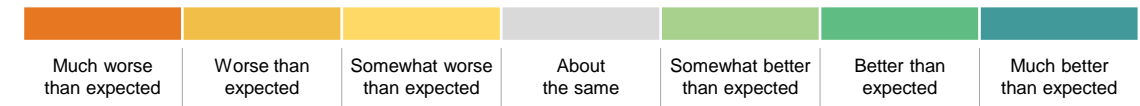
Site #1 **8.2**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (178)

The hospital and ward

Q15. During your time in hospital, did you get enough to drink?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.9**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
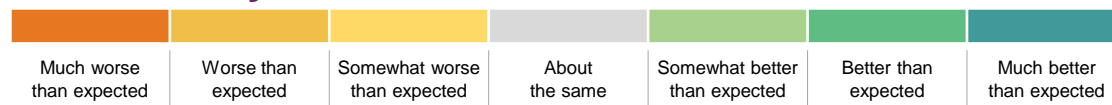
Site #1 **9.9**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (525)

Doctors

Q16. When you asked doctors questions, did you get answers you could understand?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.5**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
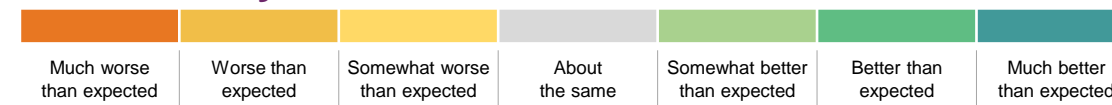
Site #1 **9.5**

Site 1
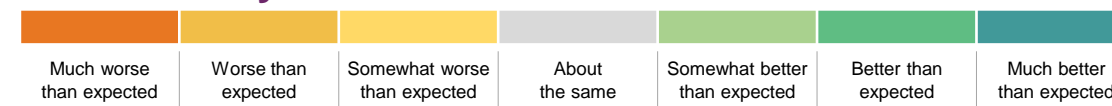
QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (476)

Doctors

Q17. Did you have confidence and trust in the doctors treating you?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.7**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
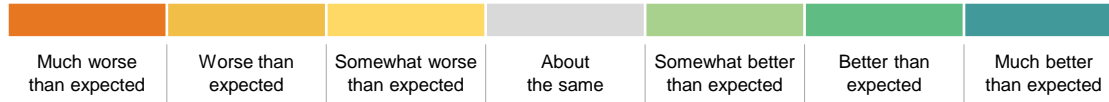
Site #1 **9.7**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (535)

Doctors

Q18. When doctors spoke about your care in front of you, were you included in the conversation?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.1**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
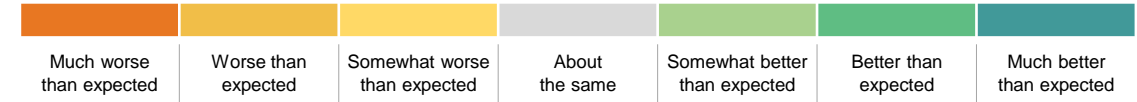
Site #1 **9.1**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (526)

Nurses

Q19. When you asked nurses questions, did you get answers you could understand?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.7**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
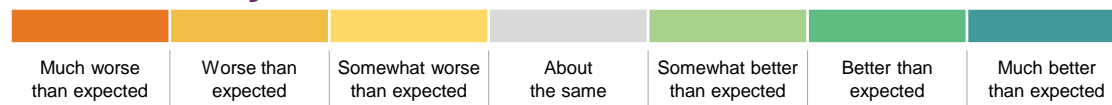
Site #1 **9.7**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (511)

Nurses

Q20. Did you have confidence and trust in the nurses treating you?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.6**

Breakdown of scores for sites within your trust:

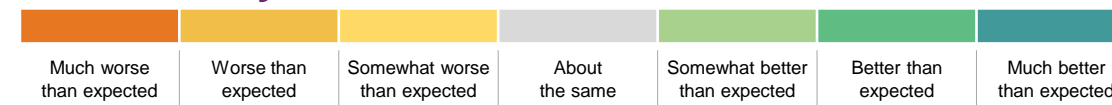This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.6**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (539)

Nurses

Q21. When nurses spoke about your care in front of you, were you included in the conversation?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.5**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.5**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (533)

Nurses

Q22. In your opinion, were there enough nurses on duty to care for you in hospital?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.1**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.1**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (534)

Your care and treatment

Q23. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

| Your Trust | **8.8** |

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
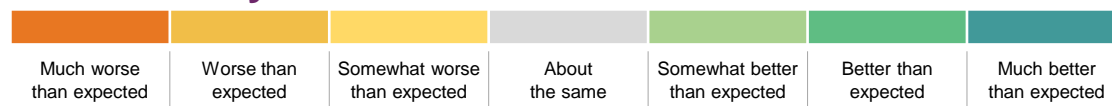
| Site #1 | **8.8** |

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (496)

Your care and treatment

Q24. To what extent did staff looking after you involve you in decisions about your care and treatment?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

| Your Trust | **8.1** |

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

| Site #1 | **8.1** |

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (510)

Your care and treatment

Q25. How much information about your condition or treatment was given to you?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.7**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.7**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (530)

Your care and treatment

Q26. Did you feel able to talk to members of hospital staff about your worries and fears?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.2**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
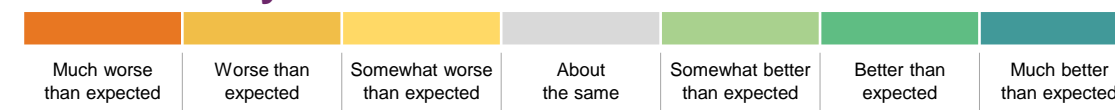
Site #1 **9.2**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (446)

Your care and treatment

Q27. Were you able to discuss your condition or treatment with hospital staff without being overheard?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **8.4**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
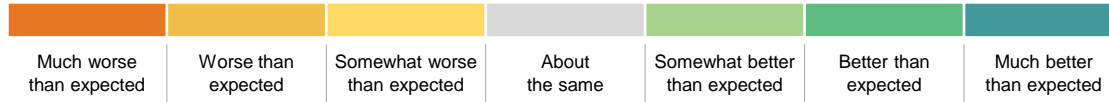
Site #1 **8.4**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (465)

Your care and treatment

Q28. Were you given enough privacy when being examined or treated?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.8**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
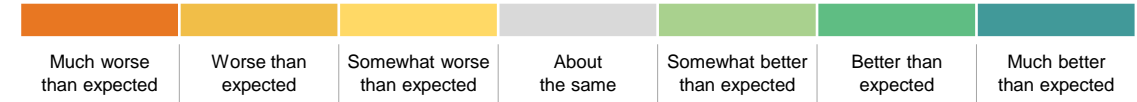
Site #1 **9.8**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (529)

Your care and treatment

Q29. Do you think the hospital staff did everything they could to help control your pain?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.6**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
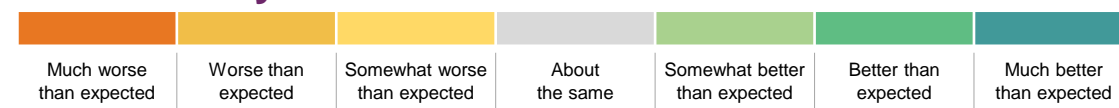
Site #1 **9.6**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (445)

Your care and treatment

Q30. Were you able to get a member of staff to help you when you needed attention?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.4**

Breakdown of scores for sites within your trust:

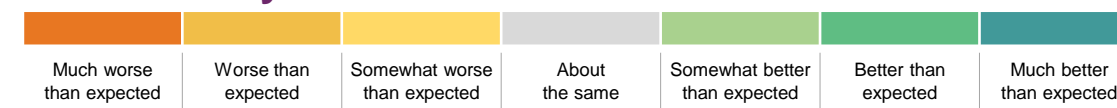This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.4**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (458)

Operations and procedures

Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.4**

Breakdown of scores for sites within your trust:

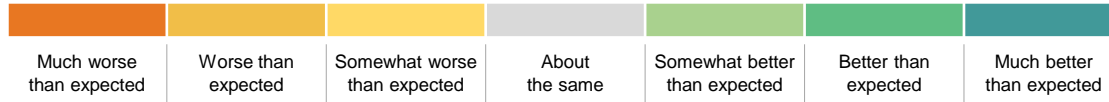This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.4**

Site 1
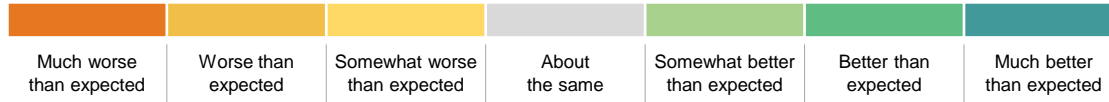
QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (429)

Operations and procedures

Q33. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **8.2**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
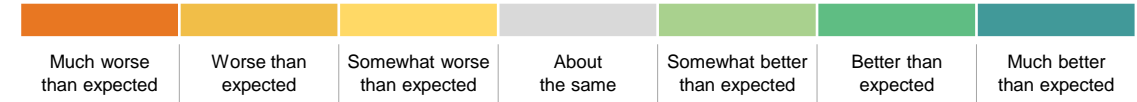
Site #1 **8.2**

Site 1
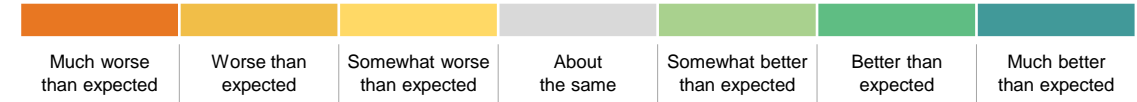
QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (438)

Operations and procedures

Q34. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **8.6**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **8.6**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (436)

Leaving hospital

Q35. To what extent did staff involve you in decisions about you leaving hospital?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **8.3**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
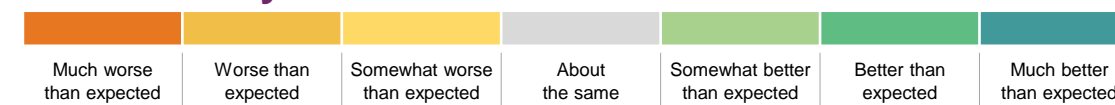
Site #1 **8.3**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (512)
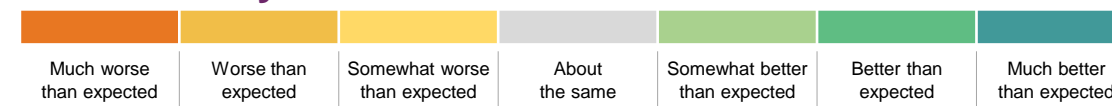
Leaving hospital

Q36. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **8.1**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.
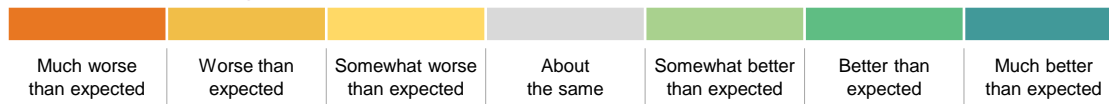
Site #1 **8.1**
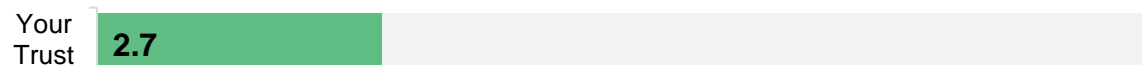
Site 1
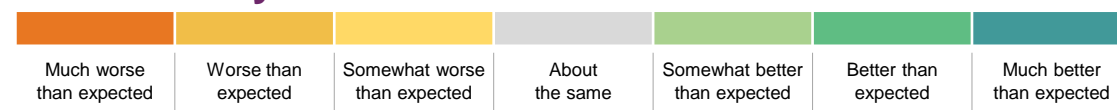
QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (365)

Leaving hospital

Q37. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?

Results for your trust

| Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.6**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.6**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (149)

Leaving hospital

Q38. Were you given enough notice about when you were going to leave hospital?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust: **8.4**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1: **8.4**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (538)

Leaving hospital

Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust: **9.7**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1: **9.7**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (512)

Leaving hospital

Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.4**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.4**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (480)

Leaving hospital

Q41. Thinking about any medicine you were to take at home, were you given any of the following?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **5.8**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **5.8**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (370)

Leaving hospital

Q42. Before you left hospital, did you know what would happen next with your care?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **8.3**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **8.3**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (517)

Leaving hospital

Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.5**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.5**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (511)

Leaving hospital

Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust | **9.5**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 | **9.5**

Site 1
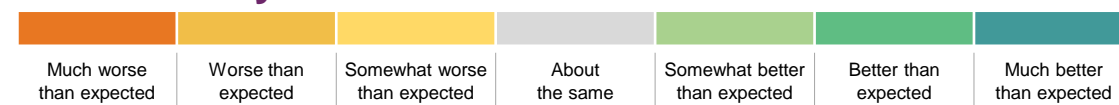
QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (239)

Leaving hospital

Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust | **8.1**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 | **8.1**

Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (225)

Feedback on care

Q49. During your hospital stay, were you ever asked to give your views on the quality of your care?
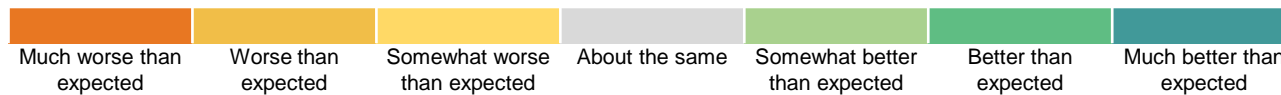
Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **2.7**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **2.7**
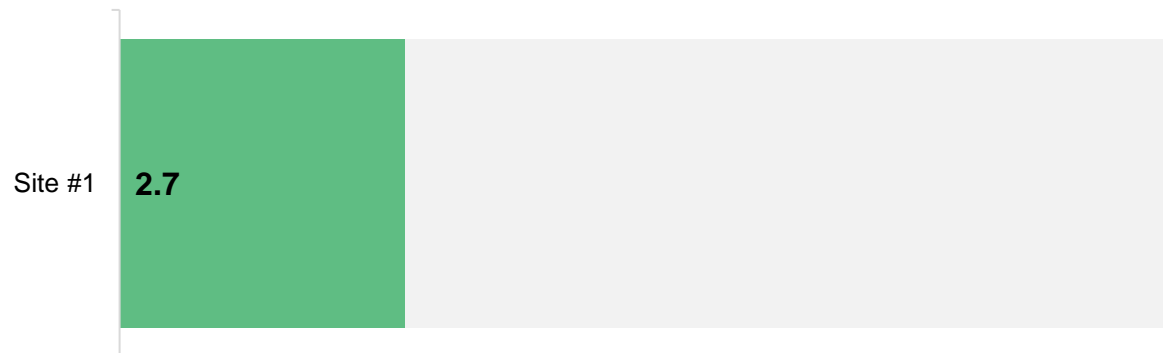
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (422)

Respect and dignity

Q47. Overall, did you feel you were treated with respect and dignity while you were in the hospital?

Results for your trust

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.7**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.7**

Site 1
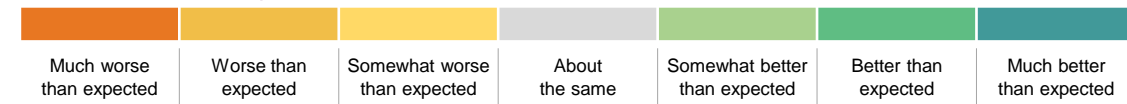
QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (536)

Overall

Q48. Overall, how was your experience while you were in the hospital?

Results for your trust

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

Your trust score compared with all other trusts:

This benchmarking compares the question score for your trust against all other trusts.

Your Trust **9.2**

Breakdown of scores for sites within your trust:

This benchmarking allows you to compare the results for sites within your trust with all other sites across trusts.

Site #1 **9.2**

Site 1
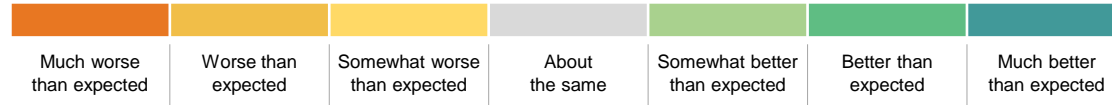
QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (536)

Trends over time

This section includes:

- your mean trust score for each evaluative question in the survey

- where comparable data is available, statistical significance testing using a two sample t-test has been carried out against the 2020 survey results for each relevant question. Where a change in results is shown as 'significant', this indicates that this change is not due to random chance, but is likely due to some particular factor at your trust. Significant increases are indicated with a up arrow and significant decreases are indicated with a down arrow.

- the following questions were new or changed for 2021 and therefore are not included in this section: Q4, Q11, Q12, Q14, Q27, Q40

Trends over time – Admission to hospital

The following table displays changes since 2020, and whether those changes are statistically significant.

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

		Number of respondents	2021 Trust Score	2020 Trust Score
The hospital and ward				
Q2.	How did you feel about the length of time you were on the waiting list before your admission to hospital?	367	8.4	8.6
Q3.	How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	535	9.2	9.1

▼▲   Significant difference between 2021 and 2020

Blank   No significant difference between 2021 and 2020

Trends over time – The hospital and ward

The following table displays changes since 2020, and whether those changes are statistically significant. The following questions were new or changed for 2021 and therefore are not included in this section: Q4, Q11, Q12, Q14.

	Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

		Number of respondents	2021 Trust Score	2020 Trust Score
The hospital and ward				
Q5.	Were you ever prevented from sleeping at night by noise from other patients?	473	8.3	8.3
Q5.	Were you ever prevented from sleeping at night by noise from staff?	473	9.5▲	8.9
Q5.	Were you ever prevented from sleeping at night by hospital lighting?	473	9.2	9.0
Q7.	Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?	0	-	-
Q8.	How clean was the hospital room or ward that you were in?	535	9.7	9.7
Q9.	Did you get enough help from staff to wash or keep yourself clean?	328	9.0	9.1
Q10.	If you brought medication with you to hospital, were you able to take it when you needed to?	314	9.4	9.5
Q13.	Did you get enough help from staff to eat your meals?	146	8.9	8.6
Q15.	During your time in hospital, did you get enough to drink?	525	9.9	9.9

▼▲   Significant difference between 2021 and 2020

Blank   No significant difference between 2021 and 2020

Trends over time – Doctors / Nurses

The following table displays changes since 2020, and whether those changes are statistically significant.

| Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected |
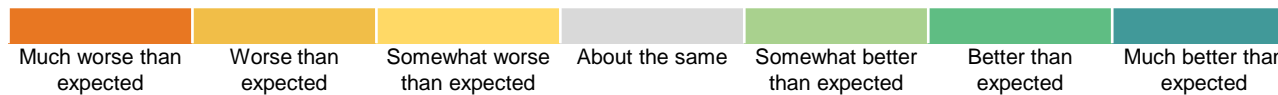
		Number of respondents	2021 Trust Score	2020 Trust Score
Doctors				
Q16.	When you asked doctors questions, did you get answers you could understand?	476	9.5	9.6
Q17.	Did you have confidence and trust in the doctors treating you?	535	9.7	9.8
Q18.	When doctors spoke about your care in front of you, were you included in the conversation?	526	9.1	9.2
Nurses				
Q19.	When you asked nurses questions, did you get answers you could understand?	511	9.7	9.6
Q20.	Did you have confidence and trust in the nurses treating you?	539	9.6	9.7
Q21.	When nurses spoke about your care in front of you, were you included in the conversation?	533	9.5	9.6
Q22.	In your opinion, were there enough nurses on duty to care for you in hospital?	534	9.1	9.3

▼▲   Significant difference between 2021 and 2020

Blank   No significant difference between 2021 and 2020

Trends over time – Your care and treatment

The following table displays changes since 2020, and whether those changes are statistically significant. The following questions were new or changed for 2021 and therefore are not included in this section: Q27.

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

		Number of respondents	2021 Trust Score	2020 Trust Score
The hospital and ward				
Q23.	Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	496	8.8	9.1
Q24.	To what extent did staff looking after you involve you in decisions about your care and treatment?	510	8.1	8.3
Q25.	How much information about your condition or treatment was given to you?	530	9.7	9.8
Q26.	Did you feel able to talk to members of hospital staff about your worries and fears?	446	9.2	9.1
Q28.	Were you given enough privacy when being examined or treated?	529	9.8	9.8
Q29.	Do you think the hospital staff did everything they could to help control your pain?	445	9.6	9.7
Q30.	Were you able to get a member of staff to help you when you needed attention?	458	9.4	9.5

▼▲   Significant difference between 2021 and 2020

Blank   No significant difference between 2021 and 2020

Trends over time – Operations and procedures

The following table displays changes since 2020, and whether those changes are statistically significant.

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

		Number of respondents	2021 Trust Score	2020 Trust Score
Admission to hospital				
Q32.	Beforehand, how well did hospital staff answer your questions about the operations or procedures?	429	9.4▼	9.6
Q33.	Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	438	8.2▼	8.8
Q34.	After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?	436	8.6	8.9

▼▲ Significant difference between 2021 and 2020

Blank No significant difference between 2021 and 2020

Trends over time – Leaving hospital

The following table displays changes since 2020, and whether those changes are statistically significant. The following questions were new or changed for 2021 and therefore are not included in this section: Q40.

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

		Number of respondents	2021 Trust Score	2020 Trust Score
The hospital and ward				
Q35.	To what extent did staff involve you in decisions about you leaving hospital?	512	8.3	8.4
Q36.	To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital?	365	8.1	8.4
Q37.	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	149	9.6	9.4
Q38.	Were you given enough notice about when you were going to leave hospital?	538	8.4	8.4
Q39.	Before you left hospital, were you given any information about what you should or should not do after leaving hospital?	512	9.7▲	9.1
Q41.	Thinking about any medicine you were to take at home, were you given any of the following?	370	5.8	5.9
Q42.	Before you left hospital, did you know what would happen next with your care?	517	8.3	8.7
Q43.	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	511	9.5	9.7
Q44.	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	239	9.5	9.6
Q46.	After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	225	8.1	8.0

▼▲　　Significant difference between 2021 and 2020

Blank　　No significant difference between 2021 and 2020

Trends over time – Feedback on care / Respect and dignity / Overall

The following table displays changes since 2020, and whether those changes are statistically significant.

Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected

		Number of respondents	2021 Trust Score	2020 Trust Score
Feedback on care				
Q49.	During your hospital stay, were you ever asked to give your views on the quality of your care?	422	2.7	2.6
Respect and dignity				
Q47.	Overall, did you feel you were treated with respect and dignity while you were in the hospital?	536	9.7	9.8
Overall				
Q48.	Overall, how was your experience while you were in the hospital?	536	9.2	9.4

▼▲   Significant difference between 2021 and 2020

Blank   No significant difference between 2021 and 2020

For further information

Please contact the Coordination Centre for Mixed Methods:
InpatientCoordination@ipsos.com

Appendix

NHS

CareQuality
Commission

Ipsos

Comparison to other trusts

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

Much worse than expected	Worse than expected
• Your trust has not performed "much worse than expected" for any questions.	• Your trust has not performed "worse than expected" for any questions.

Comparison to other trusts

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

Somewhat worse than expected	Somewhat better than expected
• Your trust has not performed "somewhat worse than expected" for any questions.	• Your trust has not performed "somewhat better than expected" for any questions.

Comparison to other trusts

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

Better than expected	**Much better than expected**
• Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital? • Q8. How clean was the hospital room or ward that you were in? • Q9. Did you get enough help from staff to wash or keep yourself clean? • Q12. How would you rate the hospital food? • Q18. When doctors spoke about your care in front of you, were you included in the conversation? • Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures? • Q33. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures? • Q34. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone? • Q36. To what extent did hospital staff take your family or home situation into account when planning for you to leave hospital? • Q49. During your hospital stay, were you ever asked to give your views on the quality of your care?	• Q3. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital? • Q4. Did you get help from staff to keep in touch with your family and friends? • Q5. Were you ever prevented from sleeping at night by noise from other patients? • Q5. Were you ever prevented from sleeping at night by noise from staff? • Q5. Were you ever prevented from sleeping at night by hospital lighting? • Q10. If you brought medication with you to hospital, were you able to take it when you needed to? • Q11. Were you offered food that met any dietary needs or requirements you had? • Q13. Did you get enough help from staff to eat your meals? • Q14. Were you able to get hospital food outside of set meal times? • Q15. During your time in hospital, did you get enough to drink? • Q16. When you asked doctors questions, did you get answers you could understand? • Q17. Did you have confidence and trust in the doctors treating you? • Q19. When you asked nurses questions, did you get answers you could understand? • Q20. Did you have confidence and trust in the nurses treating you? • Q21. When nurses spoke about your care in front of you, were you included in the conversation? • Q22. In your opinion, were there enough nurses on duty to care for you in hospital? • Q23. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff? • Q24. To what extent did staff looking after you involve you in decisions about your care and treatment? • Q25. How much information about your condition or treatment was given to you? • Q26. Did you feel able to talk to members of hospital staff about your worries and fears? • Q27. Were you able to discuss your condition or treatment with hospital staff without being overheard? • Q28. Were you given enough privacy when being examined or treated? • Q29. Do you think the hospital staff did everything they could to help control your pain? • Q30. Were you able to get a member of staff to help you when you needed attention? • Q35. To what extent did staff involve you in decisions about you leaving hospital? • Q37. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital? • Q38. Were you given enough notice about when you were going to leave hospital? • Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital? • Q40. To what extent did you understand the information you were given about what you should or should not do after leaving hospital? • Q41. Thinking about any medicine you were to take at home, were you given any of the following?

Comparison to other trusts

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

Better than expected	Much better than expected
	• Q42. Before you left hospital, did you know what would happen next with your care?
	• Q43. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
	• Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?
	• Q46. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?
	• Q47. Overall, did you feel you were treated with respect and dignity while you were in the hospital?
	• Q48. Overall, how was your experience while you were in the hospital?

Comparison to 2020 results

The questions in this report where your trust showed a statistically significant increase or decrease compared to 2020 results are listed below.

Significant Increase	Point change	Significant Decrease	Point change
Q39. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?	+0.6	Q33. Beforehand, how well did hospital staff explain how you might feel after you had the operations or procedures?	-0.6
Q5. Were you ever prevented from sleeping at night by noise from staff?	+0.5	Q32. Beforehand, how well did hospital staff answer your questions about the operations or procedures?	-0.2

NHS Adult Inpatient Survey 2021
Results for Queen Victoria Hospital NHS Foundation Trust

Where patient experience is best

- ✓ Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital

- ✓ Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed

- ✓ Noise from other patients: patients not being bothered by noise at night from other patients

- ✓ Privacy for discussions: patients being able to discuss their condition or treatment with hospital staff without being overheard

- ✓ Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital

Where patient experience could improve

- o Privacy for examinations: patients being given enough privacy when being examined or treated

- o Understanding information on discharge: patients understanding the information given about what they should or should not do after leaving hospital

- o Answers to questions: hospital staff answering patients' questions before the operation or procedure

- o Having enough to drink: patients getting enough to drink whilst in hospital

- o Including patients: patients feeling included in doctors' conversations about their care

These topics are calculated by comparing your trust's results to the average of all trusts. "Where patient experience is best": These are the five results for your trust that are highest compared with the average of all trusts. "Where patient experience could improve": These are the five results for your trust that are lowest compared with the average of all trusts.

This survey looked at the experiences of people who were discharged from an NHS acute hospital in November 2021. Between January 2022 and May 2022, a questionnaire was sent to 1250 inpatients at Queen Victoria Hospital NHS Foundation Trust who had attended in late 2021. Responses were received from 542 patients at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

How to interpret benchmarking in this report

Trust level benchmarking

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

- If your trust's score lies in the **dark green section** of the graph, its result is 'Much better than expected'.

- If your trust's score lies in the **mid-green section** of the graph, its result is 'Better than expected'.

- If your trust's score lies in the **light green section** of the graph, its result is 'Somewhat better than expected'.

- If your trust's score lies in the **grey section** of the graph, its result is 'About the same'.

- If your trust's score lies in the **yellow section** of the graph, its result is 'Somewhat worse than expected'.

- If your trust's score lies in the **light orange** section of the graph, its result is 'Worse than expected'.

- If your trust's score lies in the **dark orange** section of the graph, its result is 'Much worse than expected'.

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

Much worse than expected | Worse than expected | Somewhat worse than expected | About the same | Somewhat better than expected | Better than expected | Much better than expected | Your trust

Your trust section score = 7.6 (About the same)

Each vertical line represents an individual NHS trust.
Trust score is not shown when there are fewer than 30 respondents.

Trust score is not shown when there are fewer than 30 respondents.

	Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
Q15. When you asked doctors questions, did you get answers you could understand?	438	9.2	8.8	8.2	9.6
Q16. Did you have confidence and trust in the doctors treating you?	469	9.3	9.2	8.7	9.9
Q17. When doctors spoke about your care in front of you, were you included in the conversation?	467	8.6	8.6	7.9	9.6

How to interpret benchmarking in this report (continued)

Trust level benchmarking

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

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

The question score charts show the trust scores compared to the minimum and maximum scores achieved by any trust. In some cases this minimum or maximum limit will mean that one or more of the bands are not visible – because the range of other bands is broad enough to include the highest or lowest score achieved by a trust this year. This could be because there were few respondents, meaning the confidence intervals around your data are slightly larger, or because there was limited variation between trusts for this question this year.

In some cases, a trust could be categorised as 'about the same' whilst having a lower score than a 'worse than expected' trust, or categorised as 'about the same' whilst having a higher score than a 'better than expected' trust. This occurs as the bandings are calculated through standard error rather than standard deviation. Standard error takes into account the number of responses achieved by a trust, and therefore the banding may differ for a trust with a low numbers of responses.

Site level benchmarking

The charts in the 'trust results' section present site level benchmarking. This allows you to compare the results for sites within your trust with all other sites across trusts. It is important to note that there may be differences between the average score of the sites provided and the overall score for the trust. This may be related to the size of the sites, results for suppressed sites or weighting, as sites and trusts are weighted separately. In addition, if a single site result is presented for a trust, the 'expected range' category may differ: although the score achieved will be the same for both the site and for the trust, the upper and lower boundary levels will differ between the two due to them being calculated differently in each case.

If fewer than 30 responses were received from patients discharged from a site, no scores will be displayed for that site.

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

An example of scoring

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

Calculating an individual respondent's score

The following provides an example for the scoring system applied for each respondent. For question 15 "When you asked doctors questions, did you get answers you could understand":

• The answer code "Yes, always" would be given a score of 10, as this refers to the most positive patient experience possible.

• The answer code "Sometimes" would be given a score of 5, as it is placed at an equal interval along the scale.

• The answer code "No, never" would be given a score of 0, as this response reflects considerable scope for improvement.

• The answer codes "I did not have any questions" and "I did not feel able to ask questions" would not be scored, as they do not have a clear bearing on the trust's performance in terms of patient experience.

Calculating the trust score for each question

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

Calculating the section score

An arithmetic mean of each trust's question scores is taken to provide a score for each section.

Report cover-page			
References			
Meeting title:	Board of directors		
Meeting date:	03/11/2022	**Agenda reference:**	**166-22**
Report title:	Quality and governance committee assurance		
Sponsor:	Karen Norman, Committee Chair		
Author:	Karen Norman, Committee Chair Leonora May, Deputy company secretary		
Appendices:	None		

Executive summary					
Purpose of report:	The purpose of the report is to provide assurance on matters considered and discussed by the quality and governance committee at its meeting on 24 October 2022.				
Summary of key issues	• No serious incidents during August and September 2022 • Weaknesses identified within the CQC preparedness programme: absence of quality improvement framework and clinical strategy, no paediatrician on site 24/7, implementation of PSIRF • Good progress against quality priorities for 2022/23 • Positive inpatient survey results • Further work required to improve risk management at QVH				
Recommendation:	The Board is asked to **note** the contents of the report, the assurance where given and risks identified.				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	KSO3:	KSO4:	KSO5:
	Outstanding patient experience	***World-class clinical services***	*Operational excellence*	*Financial sustainability*	*Organisational excellence*

Implications	
Board assurance framework:	KSO3- outstanding patient experience- quality and supply issues with providers, ongoing workforce challenges KSO2- World class clinical services- restricted facilities to manage more complex patients
Corporate risk register:	Committee deep dives on corporate risks Consideration of whether overarching risks should be added to the CRR Consideration of whether the vacant medical examiner post should be added to the CRR
Regulation:	Health and Social Care Act 2008 CQC standards of quality and safety
Legal:	As above
Resources:	None

Assurance route				
Previously considered by:	Quality and governance committee			
	Date:	24.10.22	Decision:	
Next steps:	N/A			

Report to:	Board Directors
Agenda item:	166-22
Date of meeting:	3 November 2022
Report from:	Karen Norman, Committee Chair
Report author:	Karen Norman, Committee Chair
	Leonora May, Deputy company secretary
Date of report:	24 October 2022
Appendices:	None

Quality and governance committee assurance

Introduction
This purpose of this report is to provide the Board with assurance on matters considered and discussed at the quality and governance committee at its meeting on 24 October 2022.

Clinical quality and patient safety
There had been no serious incidents during August and September 2022. The data showed a peak of patient safety in incidents reported during July 2022 and a review of this has not confirmed any significant areas of concern.

The committee received an update on clinical harm reviews and noted that engagement has improved with the new process, and the output includes easier referrals and visibility for the risk team once a patient is identified. The team are working towards being able to complete clinical harm reviews on prosthetics patients, especially those waiting more than two years.

Good progress has been made against the 2022/23 quality priorities and the committee noted that the number of falls for this quarter was five, compared to 10 during the previous quarter.

CQC Preparedness
The committee received an update on the Trust's CQC preparedness program and the new regulatory framework. The 2019 CQC action plan has been completed but there remain areas of potential weakness for the sustainability of services on the site. Key weaknesses were noted as being the absence of a structured quality improvement program and clinical strategy (currently being developed) and not having a paediatrician on site 24/7, which amounts to non-compliance with national standards.

The implementation of patient safety incident response framework (PSIRF) was also a potential weakness and there is a requirement for resource to identify and analyse any implications of this for the Trust. A project manager will take ownership of this work with the support or the executive team.

Inpatient survey
The committee commended all staff for the positive results. For questions regarding nursing, care and treatment and leaving hospital, QVH was rated as top in the country. Scores had decreased in two areas regarding information provided to patients prior to operations and procedures. These scores are still above national average and work to improve patient information in this area had started.

Infection prevention and control

The committee noted a small increase in Covid-19 cases amongst Trust staff. Staff Covid booster and flu vaccination campaigns are live.

Two cases of clostridium difficile infection (CDI) have been identified. Compliance with the hand hygiene policy had improved to 100% in the latest audit.

Risk

The quality and governance committee and finance and performance committee are considering how they can complete effective deep dives on corporate risks and the quality and governance committee will discuss this in detail at its seminar on 28 November. The committee suggested that the three overarching risks included within the CEO report to Board and BAF's be added onto the corporate risk register to ensure effective scrutiny and oversight. The medical director will consider whether the vacant medical examiner post ought to be added to the corporate risk register until this is resolved.

Other

- The committee have requested an update against the objectives of the Research and innovation strategy at its next meeting
- The committee received the Q2 Guardian of Safe Working report. There were 21 exceptions reports for the quarter, with 17 left over from the previous quarter which amounted to a back log. The committee emphasised the need for timeliness with closing these in the future. For locum work, the Trust's own bank staff are being used rather than agency and there is a risk regarding tiring staff. Further consideration will be given to ways of monitoring this. Jennifer ONeill has been appointed as the new Guardian of Safe Working and will take over from Joy Curran. The lack of time to have an effective handover for this role and others remains an issue.
- 219 Trust policies are in date, with 15 out of date - this is a much improved position from last year, although some had been out of date for some and this will be addressed.

Recommendation

The Board is asked to **note** the contents of the report, the assurance where given and the risks identified.

KSO3 – Operational Excellence

Risk Owner – Director of Operations
Date last reviewed : 21st October 2022

Strategic Objective
We provide healthcare services that ensure our patients are offered choice and are treated in a timely manner.

Risk Appetite The trust has a **low appetite** for risks that impact on operational delivery of services and is working with a range of stakeholders to redesign and improve effectiveness and efficiency to improve patient experience, safety and quality.

Initial Risk 5 (c) x3 (L) =15, moderate
Current Risk Rating 4(C) x 4 (L) = 16
Target Risk Rating 3 (C) x 3 (L) = 9, low

Risk
Sustained delivery of constitutional access standards

Patients & Commissioners lose confidence in our ability to provide timely and effective treatment due to an increase in waiting times and a fall in productivity.

Rationale for current score
- Increase of RTT waiting list and patients waiting >52 weeks
- Increased capacity required at Uckfield, Sevenoaks **. Gatwick Spire capacity being explored**
- Increasing staff gaps due to COVID-19 isolation requirements & sickness absence
- ~~Isolation requirement impact~~
- **DNAs – cost of living pressures**
- **Patient choice across the summer months – delayed procedures**
- 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 elective 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
- **Increased demand in skin referrals**
- **Increased numbers of referrals and current ptl size, mutual aid requests**
- **McIndoe Q2 & Q3 capacity – tbc**
- **Pressures in support services i.e. Prosthetics, therapies, pharmacy**

Future risks
- Further **COVID-19 & Winter Flu** surge
- National Policy changes to access and targets
- **NHS funding ERF** and fines changes & volatility
- Reputation as a consequence of recovery
- Workforce morale and potential retention impact due to ~~merger considerations~~ unclear QVH future
- System service review recommendations and potential risks to services Mutual Aid
- **McIndoe theatre capacity – Q3&4**

Future Opportunities
- Closer ICS working
- New Modular theatres – July 2022
- **Closer working between providers including opportunities with Kent & Surrey**
- ~~Partnership with UHSx~~

Controls / Assurance
- Mobilising of virtual outpatient opportunities to support activity during COVID-19
- Transformation Board established, initially focusing on Outpatients
- **Plastics Recovery Action plan & weekly meetings**
- Additional reporting to monitor COVID-19 impact
- Recovery planning and implementation ongoing
- Weekly RTT and cancer PTL meetings ongoing
- Waiting list process review from Medway and Darrent Valley
- 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

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

KSO 4 – Financial Sustainability

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 5)
- As at Month 4 5 the Trust is reporting breakeven against actuals
- 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 at present unsigned contracts
- Potential changes to commissioning agendas
- Unknown costs of redesigned pathways.
- Increased efficiencies required to respond to convergence adjustment in future financial years to deliver breakeven.

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
- 22/23 is interim contract year between block funding and move to API contracts – reviews of activity delivery against commissioner spend may lead to reduction in income for 23/24 where activities have reduced compared to 19/20
- Risk of convergence adjustment reducing QVH income as Sussex ICB is +6.8% distance from target
- 5% productivity gain in elective PODs required to achieve payment of ERF funding, risk of no ERF funding if productivity gains not realized
- 22/23 Tariff benefit seen for QVH above national 2.4% uplift will not be fully realised in commissioner contract values.
- Capped expenditure process
- Capital resources
- Commissioning intentions – Clinical effective commissioning
- Central control total for the ICS which is allocated to organisations
- Significant development work for the potential merger
- Greater than anticipated Increased costs for inflationary pressures.
- 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.
- Retention and recruitment of staff due to uncertain future with potential merger, loss of local knowledge.

Future Opportunities
- New workforce model, strategic partnerships; increased trust resilience / support wider health economy
- Single Oversight framework – ICB in effect from July 2022, greater system collaboration and partnership
- 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
- Development of increased partnership working through the potential 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.
- Strengthened reporting with triangulated activity, workforce and finance monthly reports
- Finance & Performance Committee in place, forecasting from month 3 onwards subject to caveats with regards to the NHS environmental changes
- New Business case group in place with governance in place.
- 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 years
- Service reviews started and working with a combined lead from the DoO and DoF CFO

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
- Establishment and vacancy control reviews

Report cover-page				
References				
Meeting title:	**Trust Board**			
Meeting date:	**3rd November 2022**		**Agenda reference:**	**168-22**
Report title:	**Operational Performance**			
Sponsor:	Shane Morrison McCabe, Director of Operations			
Authors:	Operations Team			
Appendices:				
Executive summary				
Purpose of report:	To provide an update regarding operational performance and a deep dive into the Sleep improvement plan			
Summary of key issues	Key items to note: • Continued increase in 2WW referrals and elevated levels of patient choice impacting pathways with a rise in clinic cancellations due to COVID • Current Sleep DMO1 position remains a challenge • QVH continues to achieve the 62day cancer target • Improvement in Plastics RTT trajectory however associated risks with unfilled administration vacancies & planned theatre works leading to reduced capacity • Clinical vacancies in Corneo and Orthodontics impacting on activity • Theatre productivity improvement action plan • Spotlight on Prosthetics waiting lists, short, medium and long term options			
Recommendation:	The Board is asked to **note** the contents of the report			
Action required				Assurance	

Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	**KSO3:** ***Operational excellence***	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	**Controls / Assurance:** As described on BAF KSO3				
Corporate risk register:	**Risks:** As described on BAF KSO3				
Regulation:	CQC – operational performance covers all 5 domains				
Legal:	The NHS Constitution, states that patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, (i.e. patients should wait no longer than 18 weeks from GP referral to treatment) or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'.				
Resources:	Nil above current resources				
Assurance route					
Previously considered by:	Executive Management Team				
	Date:		Decision:	Noted	
Next steps:	NA				

Operational Performance Report

Shane Morrison-McCabe, Director of Operations

October 2022

Board of Directors

www.qvh.nhs.uk

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Performance Summary

NHS Queen Victoria Hospital NHS Foundation Trust

	KPI	TARGET / METRIC	SOURCE	OCT21	NOV21	DEC21	JAN22	FEB22	MAR22	APR22	MAY22	JUN22	JUL22	AUG22	SEP22	Change from last month
CANCER	Cancer 2WW	93%	National	90.2%	88.8%	94.8%	93.0%	93.9%	91.2%	83.4%	94.9%	89.5%	92.3%	86.8%	-	↓
	Cancer 62 day	85%	National	85.5%	88.0%	85.5%	92.3%	90.7%	95.1%	87.5%	89.2%	85.1%	89.5%	91.9%	-	↑
	Faster Diagnosis	75% (by March '24)	National	83.0%	82.1%	88.2%	80.3%	87.4%	86.6%	82.4%	85.3%	85.5%	84.5%	86.2%	-	↑
	Cancer 31 day DTT	96%	National	96.5%	94.9%	94.0%	95.3%	96.7%	95.6%	94.4%	94.8%	96.7%	94.0%	90.3%	-	↓
	31 Day Sub Treat	94% (surgery)	National	100%	87.5%	62.5%	89.5%	72.5%	80.0%	83.3%	77.3%	58.3%	70.4%	69.4%	-	↓
	Cancer 104 day	Internal trajectory	ICS	6	4	3	7	9	3	3	7	7	5	3	4	↓
	Cancer 62 day+ backlog	Internal trajectory	ICS	30	28	24	26	21	18	23	23	23	23	32	35	↑
	Cancer 62 day+ backlog	<5% of PTL	Local	6.0%	5.5%	6.0%	6.6%	4.4%	3.7%	4.9%	4.5%	4.2%	4.1%	5.0%	5.8%	↓
DIAGNOSTICS	DMO1 Diagnostic waits	99% <6 weeks	National	87.88%	91.06%	87.60%	89.70%	92.02%	89.88%	87.96%	88.9%	88.7%	72.06%	71.6%	75.35%	↑
	Histology TAT	90% <10 days	Local	93%	98%	98%	92%	96%	96%	96%	95%	83%	97%	96%	92%	↓
	Imaging reporting	% <7 days	Local	97.2%	95.4%	95.7%	98.0%	95.0%	98.7%	90.0%	99.6%	98.1%	98.9%	96.6%	96.4%	↑
RTT WAITS	Total Waiting List Size	N/A	N/A	11,271	11,438	11,541	12,241	12,711	13,544	14,121	14,290	14,782	15,275	15,706	15,718	↑
	RTT104	0 by March '22	ICS	6	4	6	1	3	1	0	0	0	0	0	0	→
	RTT78	0 by March '22	Local	49	23	22	15	13	10	8	6	7	6	5	3	↓
	RTT52	0 by March '23	ICS	213	206	229	192	197	198	200	229	273	301	308	296	↑
	RTT18	92%	National	71.80%	70.31%	67.82%	68.10%	67.16%	65.40%	64.27%	66.63%	65.27%	63.50%	64.31%	63.35%	↓
ACTIVITY	Elective Recovery Increase	22/23 Activity Plan	ICS							93%	101%	98%	94%	95%	95%	→
	Elective Recovery Reduction	22/23 Activity Plan	ICS							-4%	+2%	-4%	-12%	-16%	-14%	↑
	Non Elective Total	22/23 Activity Plan	ICS							108%	111%	116%	115%	98%	95%	↓
MIU	MIU	95% discharged <4hrs	National	99.5%	99.7%	99.1%	99.7%	99.9%	99.8%	99.5%	99.9%	99.2%	99.6%	99.7%	99.9%	↑

RAG — Deteriorating position or plans / cause for concern — Improving position and / or all trajectories on track — Delivery of national / local standard

Cancer

CANCER NATIONAL POSITION: *(Aug-22)*

2WW:	**FDS:**	**62 Day:**	**31 Day:**
56 out of 139	**14** out of 140	**2** out of 140	**104** out of 141

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Trust TWW Referrals Received

414, 554, 470, 495, 517, 510

Legend: 2018/19, 2019/20 (baseline), 2020/21, 2021/22, 2022/23
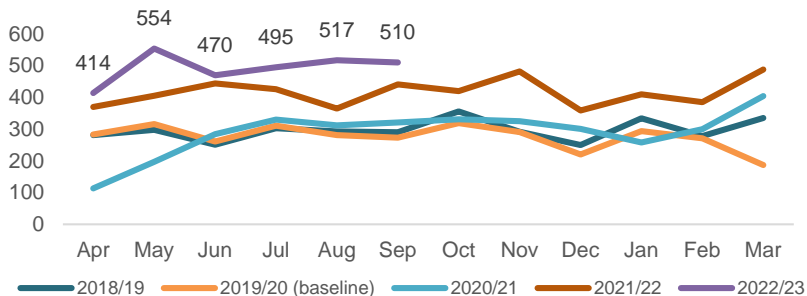
TWW Referrals: Most Deprived

Legend: 2019-20, 2020-21, 2021-22, 2022-23

24, 26, 20, 20, 10
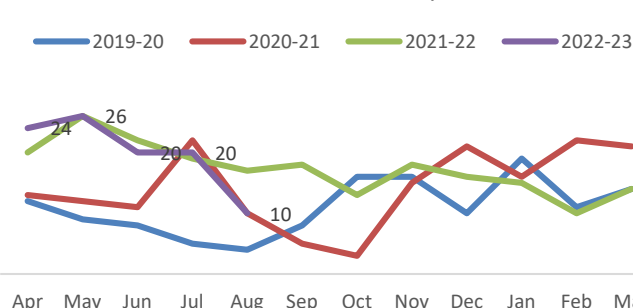
Over 104 Days - Trust Level/Trajectory

Legend: 2019/20, 2020/21, 2021/22, 2022/23, 2022/23 Trajectory

3, 7, 7, 5, 3, 4
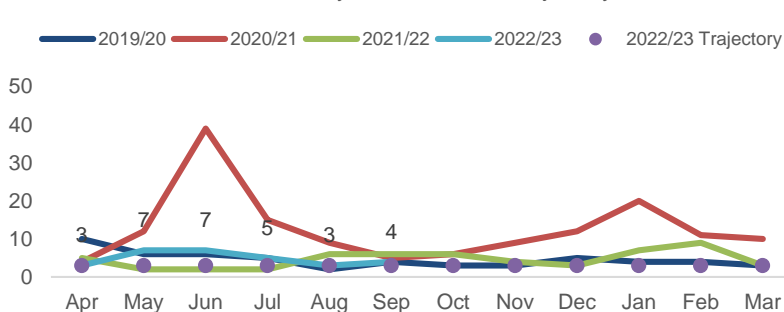
Late referrals to QVH: 24 day target

Legend: Treated >25 days (additional breaches), Treated <24 days (saved breaches), % Treated within 24 days

60.0%, 25.0%, 72.7%, 84.6%, 66.6%, 55.5%, 57.1%, 50.0%, 83.3%, 85.7%, 53.8%, 85.7%
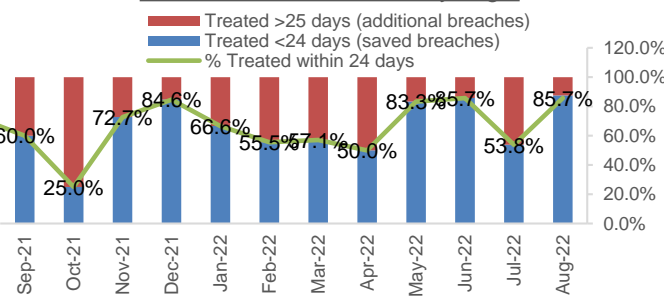
Over 62 Days: Trust Level/Trajectory

Legend: 2019/20, 2020/21, 2021/22, 2022/23, 2022/23 Trajectory

23, 23, 23, 23, 32, 35
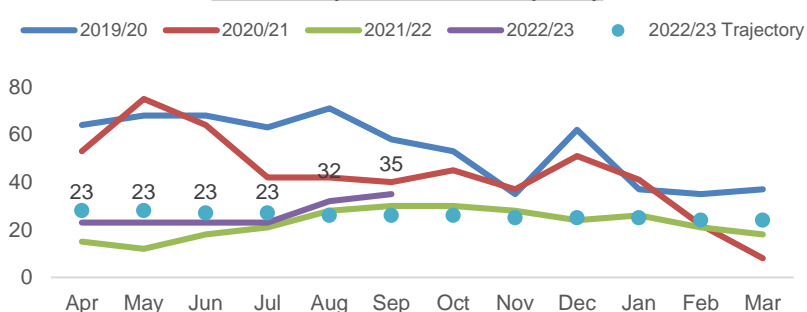
62 Days+ Late Referrals (>38 days)

Legend: Total, % 62+ Days

27, 41, 29, 32, 35, 37, 26, 41, 25, 26, 38, 40
48%, 49%, 48%, 63%, 77%, 29%, 42%, 44%, 40%, 54%, 34%, 43%
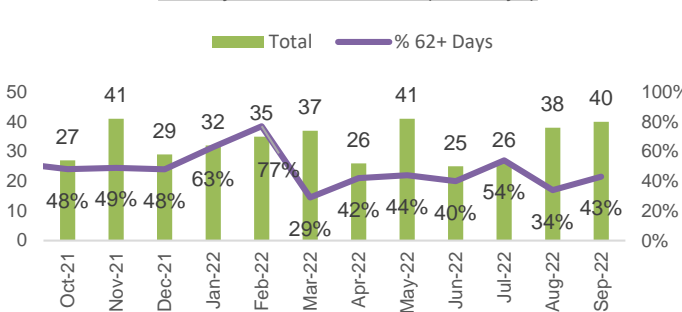
PERFORMANCE COMMENTARY

- **2WW** – standard not met; breaches were 51% capacity, 30% patient choice which is a 34% decrease from last month. Rise in clinic cancellations due to COVID. Patients seen in days 0 to 7 for their first outpatient appointment remains low at 21.7%.
- **2WW referrals** – In month skin referrals reported a slight drop, and head & neck reported a slight increase. Trust has seen a substantial increase of referrals - 72 % compared to baseline 2019-20 amounting to an extra 48 referrals per week.
- **62 day referral to treat** – met standard.
- **Faster diagnosis** – met standard.
- **31 day decision to treat (DTT)** – standard not met, skin reported 8 breaches predominantly theatre capacity, head & neck reported 1 breach as patient tested positive for COVID.
- **31 day subsequent** – standard not met, 15 breaches with skin sentinel lymph node biopsy capacity remaining the main risk with 12 breaches.
- **62 day+ backlog** – trajectory and PTL % not met; driven by skin which makes up 66% of the backlog. Breast reported an increase from last month, impacted by genetic testing, SLNB and patient initiated delays.
- **104 day+** – trajectory not met, of the 4 patients reported in month 2 were late referrals and 2 were complex pathways.
- **Health Inequalities** –2WW referrals received from a most deprived area reported a sharp drop in August, below 2021-22 numbers. Also to note the number of DNAs from a most deprived area remains low, with the majority of DNAs coming from IMD +5

FORWARD LOOK / PERFORMANCE RISKS

- The unvalidated September performance for **FDS** and **62 day** is achieving the standard.
- The unvalidated September performance for **2WW, 31 day DTT** and **31 day subsequent** is below plan, due to patient testing positive for COVID and other medical conditions causing delays (falls, blood pressure).
- **62 day+ backlog** – Skin and Breast are a key risk with challenged referral demand and high surgical conversion rates, along with theatre capacity and surgeon availability.
- **Over 104 day** – Continuing to see complex pathways (cardiology, dementia and Power of Attorney) and an increase in late referrals.

Cancer – Trajectory to year end

NHS Queen Victoria Hospital NHS Foundation Trust

104 Day Performance Against Trajectory

QVH TRUST LEVEL	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Actual 104 Days	3	7	7	5	3	4						
Plan 104 Days	3	3	3	3	3	3	3	3	3	3	3	3

104 Day Performance/Trajectory: Forward Look and Risks

- The total number of patients over 104 days has increased and is outside of the agreed trajectory, skin reporting 1 patient, 1 patient in head & neck and breast reporting 2 patients.
- Continuing to report complex pathways, with patients having multiple comorbidities or patients with complex medical conditions/situations (i.e. cardiology, dementia and POA challenges).

62+ Day Performance Against Trajectory

QVH TRUST LEVEL	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Actual 63+ Days	23	23	23	23	32	35						
Plan 63+ Days	28	28	27	27	26	26	26	25	25	25	24	24
Actual % 63+ Days	4.9%	4.5%	4.2%	4.1%	5.0%	5.8%						
Plan % 63+ Days	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%	5%

62 Day + Performance/Trajectory: Forward Look and Risks

- The number of patients over 62 days reported a further increase compared to last month, with the trust missing the agreed trajectory for a second month, and the 5% target was not achieved.
- Skin continues to be the main speciality reporting the highest number of patients over 62 days, making up 66% of the backlog. Breast have reported a further increase, with delays in the pathways due to genetic testing, SLNB and patient initiated delays. Head & neck reported a decrease compared to last month.
- The total size of the PTL continues to remain high, reporting 51% above baseline (2019/20).

28 Day (FDS) Performance Against Trajectory

QVH TRUST LEVEL	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Actual Performance	82.4%	85.3%	85.5%	84.6%	86.0%							
Planned Performance	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%	80%

28 Day (FDS) Performance/Trajectory: Forward Look and Risks

- <u>Continuing to achieve the 28 day standard</u>, maintaining performance above 80%.
- The volume of FDS clock stops at the first appointment is remaining high, with August reporting 75%.
- The reduction in See and Treat capacity is a key risk to the skin performance with patients now being added to the WL instead of having their excision within the See and Treat clinics.

104+ Days Tertiary Referrals
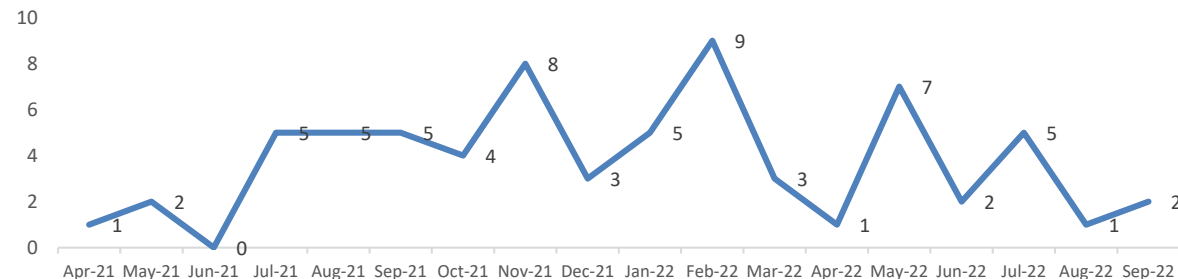
Total PTL size (62D, Upgrade and Screening)

Total size of the PTL — Linear (Total size of the PTL)
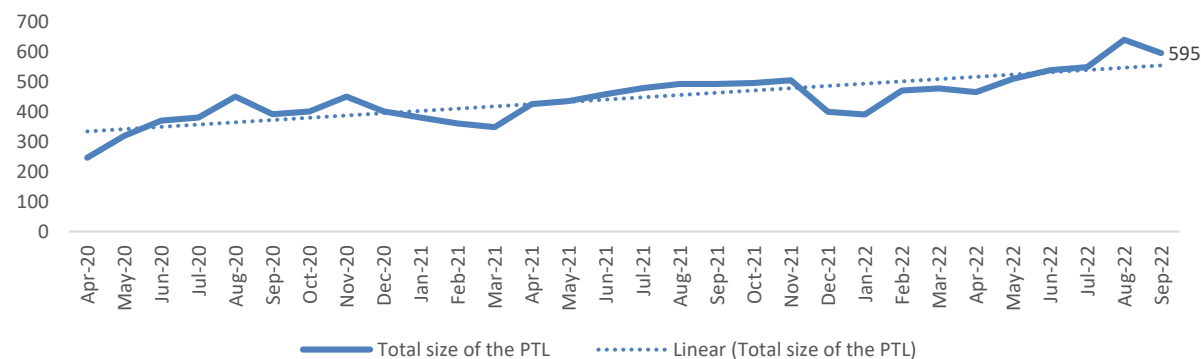
Activity vs. Plan: total number of patients receiving communication
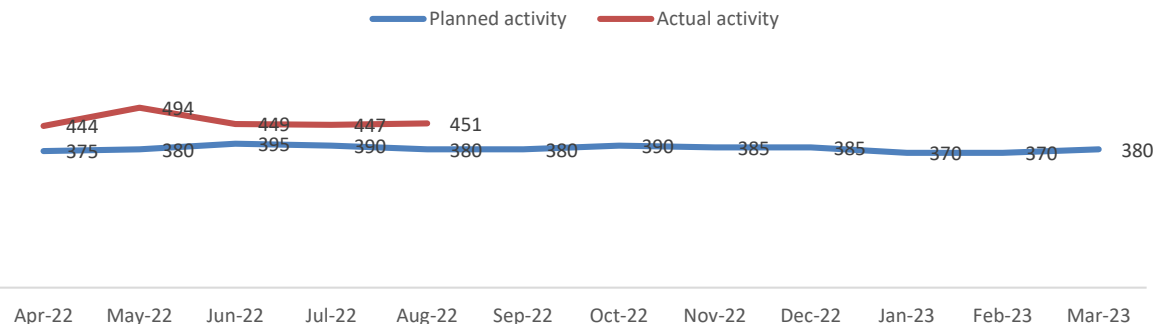
Planned activity — Actual activity

5

Diagnostics

MIU

NHS Queen Victoria Hospital NHS Foundation Trust

DMO1:

- National target not met; impacted by challenges within Sleep.

- Radiology only DMO1 performance is **99.8%**.

- Sleep only DMO1:

    Performance has increased by 11.8% in month to **53%**, however is behind trajectory by 6%. This is primarily down to:

    - On-going pressures with competing priorities for administration staff

    - Use of Bank staff

    - Continued high level of referrals

    Forward Look - work being done to outsource patients waiting for most popular test – if achieved this will significantly reduce breaches and improve performance.
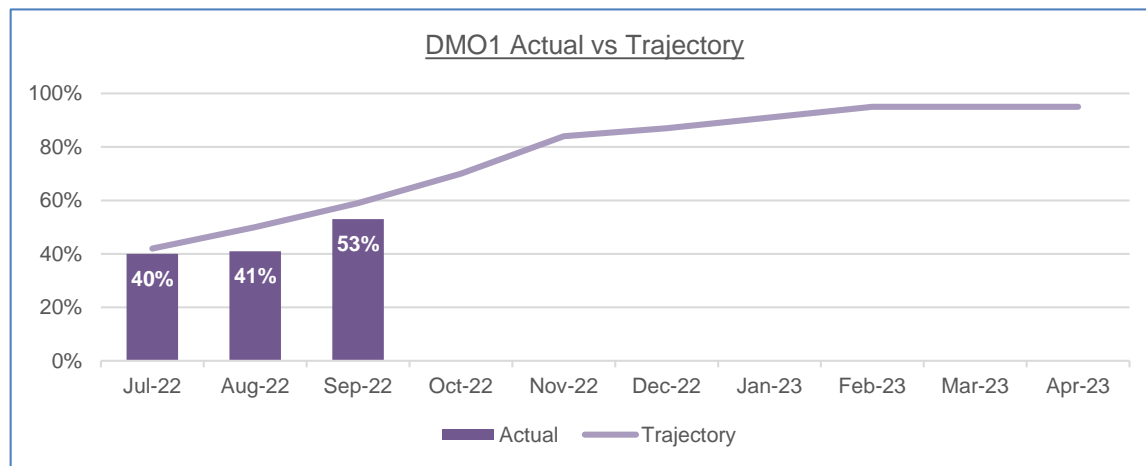
MIU

- MIU attendance have remained at consistently high level, with a slight decrease from last month, and we continue to meet the 4 hour clinical standard.

DMO1 Actual vs Trajectory

MIU Attendance and Performance
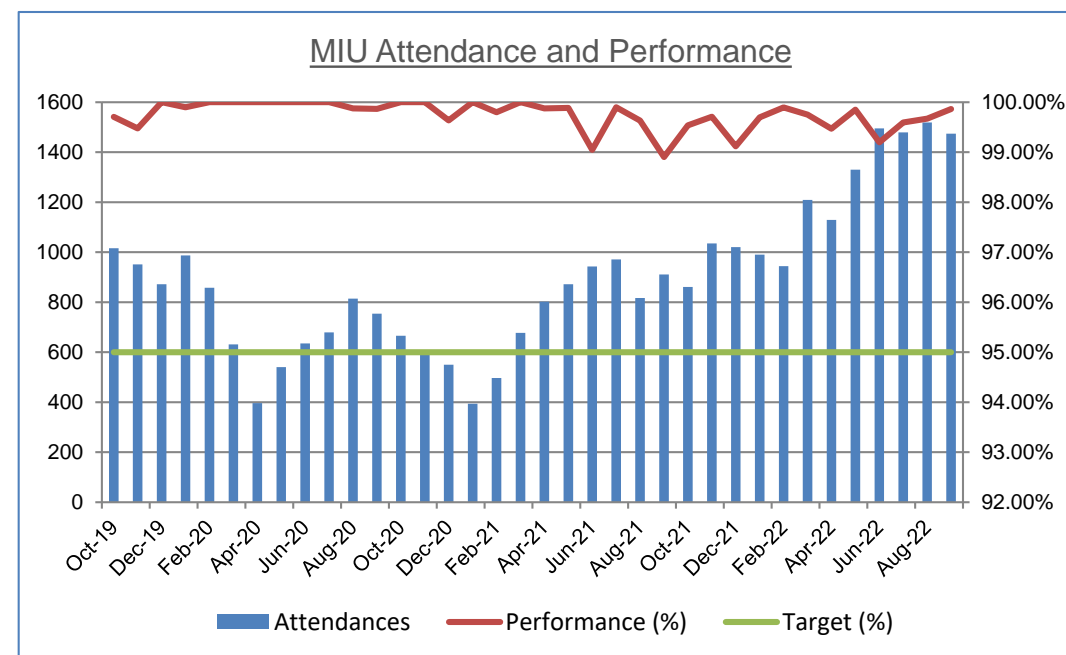
RTT Waits

RTT NATIONAL POSITION: *(look back – Aug-22)*

National RTT18:	QVH RTT18:
60.8%	64.3%

52WW NATIONAL POSITION: *(look back –Aug-22)*

National % >52WW:	QVH % >52WW:
5.5%	1.9%

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Waiting List Distribution

Sep-22 - Weeks Wait and Decision to Admit

52WW Next Steps

78WW Actual vs Trajectory

52WW Actual vs Trajectory

Plastics Update

- Revised trajectory achieved for September. Predicting to achieve revised trajectory for October.
- Continue to work against action plan with key focus on increasing the number of patients with a booked TCI date as well as ensuring rigor around PTL administration.
- Continue to explore capacity within independent sector.

Risks to performance:-
- Unsuccessful recruitment for validator posts.
- Impact of mutual aid requests/cancer hub status and standing down theatre lists for non-essential work from late Nov-mid Dec.
- Staff sickness within management team.

PERFORMANCE COMMENTARY

- **78WW** – Trajectory not met, however a reduction of 2 patient to 3; Max Fac - 1, Plastics – 2.
- **52WW**:
  - Revised trajectory met, in month decrease of 12 patients with Plastics being the main challenge.
  - 32 are patient choice and 29 of these are plastics patients.
  - Increase in the number of COVID delays.
  - Of the total number waiting 64.2% are Plastics, 31.8% are Max Fac, 2.7% are Corneo and 1.4% are Sleep.
  - Max Fac reported an increase from last month but within trajectory and patients without a next event booked increased by 19 patients.
  - The total number of patients in Sept over 52wks reported a decrease compared to last month, and is the first reported decrease for 2022/23.

FORWARD LOOK / PERFORMANCE RISKS

- **78WW** – predicting a increase in the number of patients waiting 78 weeks in October predicting to have 10.
- **52WW** – performance remains challenged into October with a further increase predicting 399 patients waiting more than 52 weeks expected.
- Max Fac met September trajectory however the total number of patients are increasing with challenges in Orthodontics and Max Fac across all sites. Number of patients without a next event booked increased to 19.
- New guidance from National Team on the management of patient's on the waiting list choosing to decline offered treatment dates. Department of Health and Social Care have confirmed an interim operational guidance and support for clinicians on how they may wish to manage this cohort of patients by placing the patient on a period of active monitoring. Comprehensive plan next month.

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RTT Waits – Existing Trajectory
52WW Performance Vs Plan – Specialty Level

Trust	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
52wk service plan	227	249	260	258	250	241	225	205	188	170	154	140
52wk revised trajectory	-	-	-	-	354	373	404	371	341	300	271	244
52wk actual	200	229	273	301	308	296						
78wk service plan	4	3	2	0	0	0	0	0	0	0	0	0
78wk actual	8	6	7	6	5	3						

Corneo	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
52wk service plan	20	20	20	20	19	19	18	16	13	11	10	8
52wk actual	11	12	6	7	14	8						

MaxFacs (inc Orthodontics)	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
52wk service plan	62	84	95	100	100	94	86	75	68	59	51	46
52wk actual	53	63	81	92	81	94						

Plastics	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
52wk service plan	145	145	145	138	131	128	121	114	107	100	93	86
52wk revised trajectory	-	-	-	-	235	260	300	280	260	230	210	190
52wk actual	132	152	178	197	204	190						

Sleep & Clinical Support	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
52wk service plan	0	0	0	0	0	0	0	0	0	0	0	0
52wk actual	4	2	8	5	9	4						

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Activity Vs Plan
QVH Site / Independent Sector

Elective Recovery Group	POD Grouping	M6 Activity Plan	M6 22/23 Activity	% Activity Plan against 22/23 M6 Activity	19/20 M6 Activity Baseline	19/20 Activity Baseline % against 22/23 M6 Activity
Elective Recovery Increase	Day Case Total	1156	957	83%	945	101%
	Elective Total	272	247	91%	326	76%
	Elective (excl Sleep)	*192*	*156*	*81%*	*203*	*77%*
	First Outpatients Total	3939	3480	88%	3455	101%
	Outpatient Procedures Total	2261	2547	113%	2173	155%
Elective Recovery Increase Total		**7628**	**7231**	**95%**	**6891**	**105%**
Elective Recovery Reduction Total	Follow Up Outpatients Total	**10680**	**9209**	**-14%**	**9814**	**-6%**
Non Elective Total		**603**	**574**	**95%**	**543**	**106%**

PERFORMANCE COMMENTARY

- **Day Case** – 83% of plan and 101% of 19/20 baseline delivered as a Trust.
- Delivery in excess of plan seen in Max Fac (102%). Ophthalmology delivered 76% of plan. Shortfall owing to a continued reduction in demand for cataract procedures as well as staff vacancy and therefore lower than planned theatre sessions. Plastics delivered 82% of plan. Underperformance driven by falling short of the elevated plan at both McIndoe and through the modular theatres (78% and 80% of plan respectively). However plastics daycase activity reflects 138% of 19/20 baseline.
- **Elective** – 91% of plan and 76% of 19/20 baseline delivered as a Trust.
- Underperformance against plan seen in all areas other than Sleep and ENT. The 91% of plan represents a shortfall of 25 cases largely in Plastics.
- Elective shortfall compared to 19/20 baseline partially offset by over performance in daycase activity.
- Total Inpatient activity (combined daycase and elective plans) - the Trust delivered activity of 1204 cases against a plan of 1428 (84%) with an indicative value weighted delivery of 90%.
- **First Outpatients** – 88% of plan and 101% of 19/20 baseline delivered as a Trust.
- Underperformance largely driven by Ophthalmology (50%) and Orthodontics (42%). Underperformance in both areas partially due to continued staff vacancy. Improved recording of diagnostics carried out in clinics in Ophthalmology converting first appointments to outpatient procedures causing underperformance (without this change NP delivery would be at c80%). Trauma and Orthopaedics also underperforming. Sleep delivered 106% of plan.
- **Outpatient Procedures** – 113% of plan and 155% of 19/20 baseline delivered as a Trust.
- Over performance against plan seen in Ophthalmology (322% of plan) due to improved recording of diagnostics carried out in clinics as well as Sleep (118% of plan) and Plastics (119% of plan).
- **Follow Up Outpatients** – Trust position at 86% against plan representing a performance of -14% against plan and a 6% reduction against 19/20.
- **Non-Elective** - 95% of plan and 106% of 19/20 baseline delivered as a Trust

FORWARD LOOK / PERFORMANCE RISKS

- **Corneo** – Ongoing risks related to staffing - recruitment ongoing for Fellow, Optometrists and locum consultant. Cataract demand will remain lower than forecast. Daycase and elective underperformance expected until successful recruitment. Underperformance also expected in new patient activity into M7 due to reasons outlined in performance commentary. Over performance in outpatient procedures and a significant reduction in follow up activity owing to improved recording of diagnostics will continue.
- **Plastics** – Expected to continue delivering against 19/20 baseline for M7 with a slight underperformance in daycase and elective against plan. Risks of delivery continues to include an increasing level of demand for cancer.
- **Max Fac** – Delivery of daycase activity against plan expected in M7 with a slight shortfall in elective activity. Recruitment ongoing for vacant junior posts. Ongoing junior vacancy continues to present a challenge.
- **Orthodontics** – Significant workforce challenges continue with multiple vacancies and absences resulting in significant loss of capacity. Recruitment to cover posts continues to be challenging. Fewer WLI evenings and weekends in M5 and 6 leading to underperformance but planning more for M7.
- **Sleep** – Improved staffing levels continue to drive delivery in excess of plan for elective, new patient and outpatient procedures. Continued over performance expected into M7
- **Independent sector** – Level of capacity will determine delivery of activity targets in the later half of 22/23. Potential Uckfield capacity for daycases and Sevenoaks for See and Treat clinic continue to be explored.
- **Theatre** – Essential maintenance works will result in reduced capacity towards the later end of November and the majority of December due to the loss of 2 all day lists.

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Community Diagnostic Centre (CDC)

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PERFORMANCE COMMENTARY

- Referrals continue to be received through the digital platform Bleepa (which connects QVH with primary and secondary care colleagues), for the breathlessness pathway. This is working extremely well, the patient outcome and feedback received from both patients and GP's is positive.
- Patient feedback using LIME survey to gather patient feedback and experience of the pathway is underway, although numbers are small as patient feedback received via email only. Due to the cohort of patients within this pathway digital access can be challenging, this survey can now be sent to patients via text where appropriate. This will hopefully increase the number of responses received, as currently this is very low.
- The Full Business Case (FBC) has been submitted to NHSE and has approval in principle. There are several queries requested, responses to this are underway with the team, due for submission 17 October 2022.
- Working with the CDC team to open up to individualised tests at the beginning of November 2022 for physiological tests.

FORWARD LOOK / PERFORMANCE RISKS

- Work continues at the digital platform task and finish procurement group for the full procurement process the procurement of a long term digital platform. Other task and finish groups continue to meet and action next steps whilst awaiting outcome of the FBC. KPI development remains ongoing.
- Workforce for physiological tests are challenged, despite attempts to substantively recruit.
- Workforce sustainability is key to the delivery of the activity for physiological tests, breathlessness pathway and development of other clinical pathway.
- Request from NHSE to revisit activity and workforce plans for H2, this is currently under development awaiting submission week commencing 17 October 2022.
- Confirmation of activity delivered this year is being provided to commissioners which is based mainly upon the current workforce available to deliver the physiological tests. This has been extremely challenging due to the funding arrangements, where employing substantive staff ahead of the FBC approval has been exceptionally difficult.

Service improvement
Theatre Utilisation

THEATRE KPIs	Definition	Target	Current Trust position	Model Hospital position as at 11.09.22
LIST BOOKING	• The minutes booked (estimated case length plus the ORSOS turnaround time added) over the number of minutes available (planned session start time to planned session finish time less lunch break minutes)	All specialty pre-lists booked to minimum 95%	Trust wide – 101% Maxillofacial – 101% Eyes –99% Plastics –102 %	
TRUST THEATRE ELECTIVE UTILISATION	• The sum of the actual minutes used (arrival in theatre suite to leave theatre) per case over the available minutes. • Sessions available v sessions delivered in month per specialty	>90% for elective	86.5%	**Model Hospital target "good" 85%** Provider value 85% Peer median 75% Provider median 79%
LATE STARTS	• Time difference between planned start time and arrival of the first patient in the theatre suite – to include anything more than 15 minutes	Session start 08:30hrs minimum 90% starting on time using the acceptable slippage of 15 minutes - capturing Late starts as 08:45hrs	15 minutes	Provider value 46 Peer median 34 Provider median 32
EARLY FINISHES	• Time difference between last patient leaving and planned end time of theatre session – to include anything more than 30 minutes	5% Early finishes – captured as anything under 30 minutes from session end of 17:30hrs	18 minutes	Provider value 46 Peer median 73 Provider median 74
ON THE DAY CANCELLATIONS	• On the day cancellation that could have been avoided	5% or less - cancellations on the day	54 patients – 6.3% of all elective activity	

EXCLUSION CRITERIA
TRUST THEATRE ELECTIVE UTILISATION – Excludes; External Breast DVH, SASH, WSHT, MTW, ESHT,BSUH, UHSX, BURNS and all Trauma lists
LATE STARTS – Trauma excluded for reporting purposes
EARLY FINISHES – Trauma excluded for reporting purposes

Service improvement (GIRFT)
Theatre Utilisation – Model Hospital QVH position - Sussex ICB

Uncapped Theatre Utilisation %: Total touch time vs planned session time, National Distribution
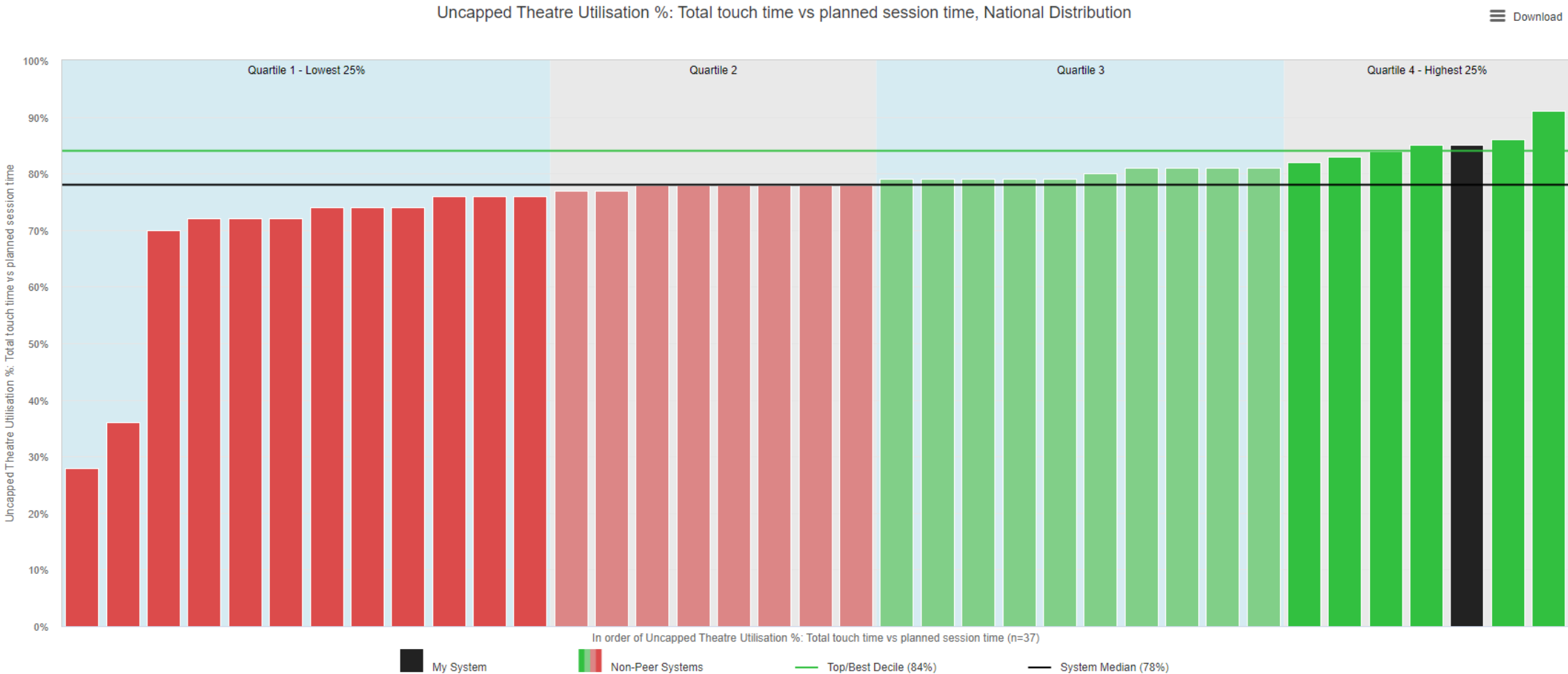
Service improvement (GIRFT)
Theatre Utilisation – Model Hospital all providers

Uncapped Theatre Utilisation %: Total touch time vs planned session time, National Distribution

Service improvement
Theatre Utilisation

Average pre-list booking % September 22

	MaxFacs	Eyes	Plastics	Trust
Average %	101%	99%	102%	101%

Legend: ■ Average % — KPI %

Actual - List Utilisation (%) - Sep - 22

	PLASTICS SKIN	PLASTICS HAND	PLASTICS GENERAL	PLASTICS BREAST	MAX FAC	HEAD&... - ENT	HEAD & NECK	EYES
Actual	79.4	119.3	76.0	106.3	77.1	88.8	98.4	82.0

Legend: ● Actual — KPI

Total Elective Utilisation (%)

Oct - 21	Nov - 21	Dec - 21	Jan - 22	Feb - 22	Mar - 22	Apr - 22	May - 22	Jun - 22	Jul - 22	Aug - 22	Sep - 22
82.1	86.1	79.5	82.6	82.0	82.3	83.2	82.9	84.5	82.8	80.6	86.5

Legend: ● Actual — KPI

PERFORMANCE COMMENTARY

- **Pre-list booking** - all specialties continue to achieve target at list locking.
- **Actual list utilisation**. All services continue to be challenged by estimated and actual times. Work is continuing at service level with clinicians engagement resulting notably in an 7% improvement Max Fac.
- **Total Elective utilisation** – An overall improvement in month and the best position in a 12 month period across the majority of specialities. Plastics general impacted by short notice cancellations.

FORWARD LOOK / PERFORMANCE RISKS

- **Actual list utilisation** – Services continue to engage through 6-4-2 / scheduling to ensure optimum use of all available sessions.
- Work continues at service level via the Surgical Pathway and Performance Group to support clinical engagement and understanding; resulting in the optimisation of potential efficiency/productivity opportunities.
- **Total Elective utilisation** – a risk for October due to services rota and scheduling challenges.

Service improvement
Theatre late starts, early finishes and cancellations

NHS Queen Victoria Hospital NHS Foundation Trust

Elective - Late Starts Average (mins)

Month	Value
Oct - 21	18
Nov - 21	16
Dec - 21	17
Jan - 22	18
Feb - 22	17
Mar - 22	20
Apr - 22	16
May - 22	14
Jun - 22	12
Jul - 22	13
Aug - 22	13
Sep - 22	15
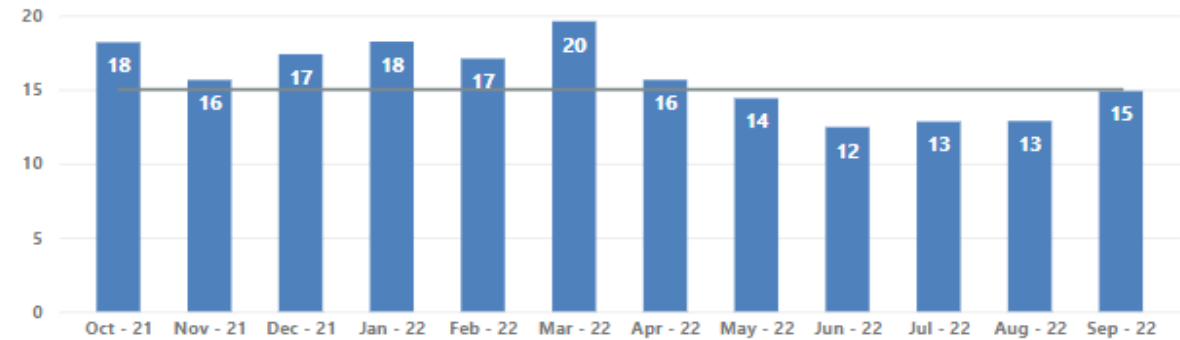
Elective - Early Finish Average (mins)
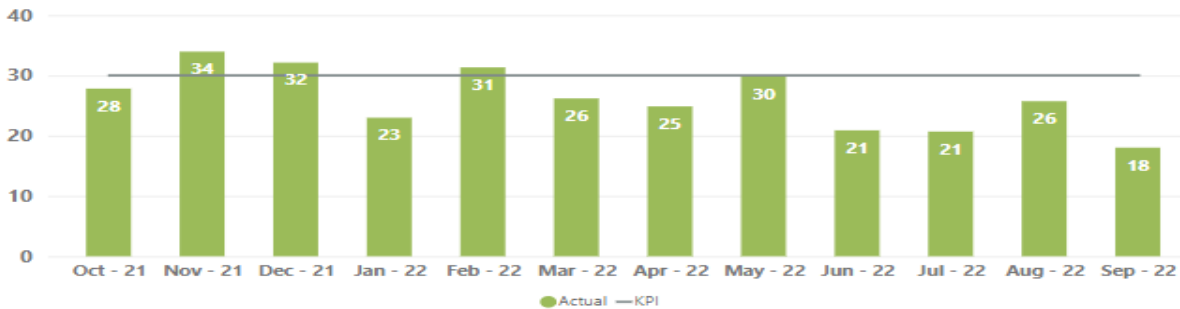
Month	Actual
Oct - 21	28
Nov - 21	34
Dec - 21	32
Jan - 22	23
Feb - 22	31
Mar - 22	26
Apr - 22	25
May - 22	30
Jun - 22	21
Jul - 22	21
Aug - 22	26
Sep - 22	18

● Actual —KPI

On the Day Cancellations

Month	Value
Apr - 22	45
May - 22	46
Jun - 22	39
Jul - 22	34
Aug - 22	42
Sep - 22	54

On the Day Cancellations - % of all elective activity

Month	Value
Apr-22	6.9
May-22	6.1
Jun-22	5.5
Jul-22	4.1
Aug-22	4.5
Sep-22	6.3
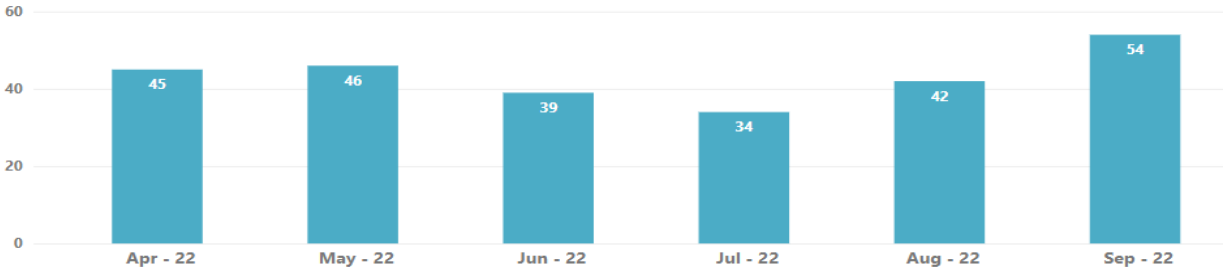
● On the Day Cancellations - % of all elective activity —KPI
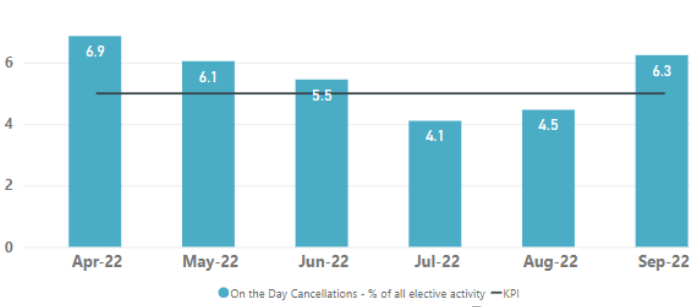
DESCRIPTION	Count of CASE_NO
PATIENT_TRANSPORT FAILED	1
PATIENT - UNWELL	6
PATIENT - OPERATION DECLINED	5
PATIENT - NOT PREPARED FOR SURGERY	1
PATIENT - DID NOT ARRIVE	5
PATIENT - COVID	3
HOSPITAL NON CLINICAL - THEATRES OR ESTATES	3
HOSPITAL NON CLINICAL - NO ITU BED	1
HOSPITAL NON CLINICAL - INSUFFICIENT TIME	1
HOSPITAL NON CLINICAL - HOSPITAL TRANSPORT FAILED	1
HOSPITAL CLINICAL-DIFFERENT PROCEDURE REQUIRED	2
HOSPITAL CLINICAL - UNFIT	2
HOSPITAL CLINICAL - PROCEDURE ABANDONED	1
HOSPITAL CLINICAL - PRE-EXISTING CONDITION SURGEON	3
HOSPITAL CLINICAL - PRE-EXISTING CONDITION ANAES	1
HOSPITAL CLINICAL - PRE-EXISTING CONDITION	9
HOSPITAL CLINICAL - PATIENT NOT PREPARED FOR SURGERY	1
HOSPITAL CLINICAL - OPERATION NOT NEEDED	7
HOSPITAL CLINICAL - COVID RELATED	

PERFORMANCE COMMENTARY

- **Elective late starts** – Continue to meet KPI. The identified delay theme continues to be clinical reasons - surgeon/anaesthetist seeing patients prior to surgery, pre-meds being given, further investigations required. Late starts are reviewed daily to identify repetitive themes and are escalated to service leads.
- **Elective early finish** – Continue to meet KPI. Services review their lists to ensure the maximum use of theatre time, identifying where opportunities may be repeated month on month and work with clinicians to maximise theatre productivity and efficiency.
- **On the day cancellations** – Below KPI in month impacted by the Major Incident in theatres. An increase of "patient unwell" and "operation declined". Continue to see a high number of "operation not needed" and "pre-existing condition" All cancellations on the day continue to be reviewed monthly at service level to understand the missed opportunities and create an action plan for improvement involving the clinicians.

FORWARD LOOK / PERFORMANCE RISKS

- **Elective late starts** – A risk for October is predicted due to scheduling and environmental challenges.
- **Elective early finish** – A continued sustainability below KPI is predicted in October 22 with improved clinician engagement in list sign off.
- A improvement for **on the day cancellations** is a predicted for October 22 with a reduced number of patients cancelling due to being unwell. Cancellations continue to be reviewed weekly to identify themes and associated actions escalating to the services and feeding into service improvement workstreams.

15

Service improvement
Theatre Utilisation, Available Sessions per speciality

September 22
Percentage of sessions delivered

Bar chart values:
- MF: 80.18%
- Ophth: 74.39%
- Plas: 98.58%
- Total: 88.61%
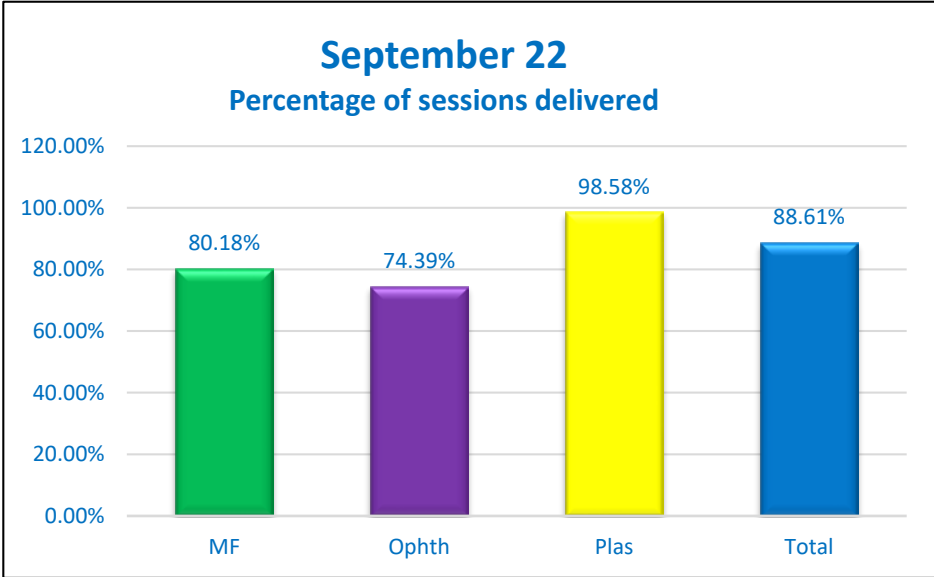
PERFORMANCE COMMENTARY

- **Theatre Template** – Number of sessions available per speciality in month, for September 404
- **Planned Session** – Number of sessions planned to be delivered per speciality in month using the 6-4-2 process and the services activity plan. For September planned 396. Reasons for planned session loss in September include:
  - Medical staff mandatory training – 7 sessions
  - Surgeon Training
  - Vacant consultant posts
  - Rota gaps
  - Consultant AL

All unstaffed sessions are offered to other specialities at 6-4-2

All unstaffed sessions that are unable to be utilised are closed at week 1

- **Unexpected Session Lost** – Number of sessions that have an unplanned loss per speciality in month. Reasons for unplanned session loss in September:
- BH for State Funeral – 18 sessions
- Bereavement

FORWARD LOOK / PERFORMANCE RISKS

- **Theatre Template –** Work continues with the GM's mapping the sessions per speciality against Job Planning and PTL. The Theatre Template is mapped quarterly.
- **Planned Session –** Work continues through the 6-4-2 process to monitor and ensure early identification of any planned session/s loss are offered to other specialities ensuring the maximum use of available sessions.
- **Unexpected Session Loss –** work continues with the services and rota co-ordinators to monitor unexpected loss, reviewing themes to understand if the loss was unavoidable.
- **Theatre Utilisation –** With the continued governance and work at service level through the 6-4-2, Scheduling Group and the Surgical Pathway and Performance Group it is expected that the overall theatre utilisation percentage will remain consistent. It should be noted that there are unavoidable factors that can negativity impact on the overall utilisation in month and the percentage figure should not be considered in silo.

Theatre productivity improvement key actions

Marginal and greater improvements - elevation of theatres & ensuring maximum utilisation

	Proposed action
1. Pre-theatres	Scheduling & list fill
	Workforce – scheduler, theatre operating staff, clinicians etc.
	Patient optimisation pre-operatively
	Cancellation reduction actions
	'Staggered starts' – Covid planning - review
	Theatre start time – 'Golden patient' for all lists (not just trauma
	On the day cancellations improvement plan
	Pre-assessment – capacity and timeliness
	'Golden patient' – trauma lists plus
2. During theatres	Turnaround times analysis & improvement actions – additional patient scheduling
	Early starts
	Finish times
	Full operating list utilisation
3. Outflow from theatres	Discharge processes (Including flow back to the wards)
	Post procedure day case facility – capacity and utilisation
4. Other productivity proposal opportunities	TMC – Q3 Q4 onwards
	3rd session operating day
	Increased weekend operating
	Sessions offered to system peers

Service improvement
Outpatients

OUTPATIENT KPIs	DEFINITION	TARGET	CURRENT POSITION
HOSPITAL CANCELLATIONS	• Reductions in the number of appointments cancelled by hospital with less than 5 days notice. • Reduction in hospital cancellations on the day. • Excludes: EPS QV, OPSQV, TRAUMO, PAC POST, PAC WI	• Reduction in hospital cancellations to 4% target • National average 8.7% (19/20 data) • https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2020-21	4.1%
PATIENT CANCELLATIONS	• Reduction in patient on the day cancellations • Effectiveness of text messaging service • Excludes: EPS QV, OPSQV, TRAUMO, PAC POST, PAC WI	• Reduction in on day patient cancellations to 1% target • National average 7.5% (19/20 data) • https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2020-21	1.4%
PATIENT DNAs	• Count of DNAs against all outpatient appointments. • Reduction in patient DNA rates. • Excludes: EPS QV, OPSQV, TRAUMO, PAC POST, PAC WI	• Reduction in DNA rate to 4% target • National average 6.2% (19/20 data) • https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2020-21	4.6%
PATIENT INITIATED FOLLOW UPS (PIFU)	• Number of patients moved onto a PIFU pathway	• 1.5% by December 2021 and 2% by March 2022 of all outpatient appointments • 5% by March 2023	1.6%
VIRTUAL CONSULTATIONS	• Outpatient appointments delivered by or video or telephone where clinically appropriate	• 25% of all outpatient appointments	27%

Service Improvement
Outpatients

Patient Cancellations on the Day (%)
- April 2022: 1.1%
- May 2022: 1.2%
- June 2022: 1.3%
- July 2022: 1.3%
- August 2022: 1.2%
- September 2022: 1.4%
- * Year 2019-20: 7.5%
- TARGET(1.0%)

Hospital Cancellations within 5 Days of OPA (%)
- April 2022: 3.9%
- May 2022: 3.4%
- June 2022: 4.1%
- July 2022: 4.7%
- August 2022: 3.2%
- September 2022: 4.1%
- * Year 2019-20: 8.7%
- TARGET(4.0%)

DNA Rate (%)
- Apr 2022: 5.1%
- May 2022: 4.9%
- Jun 2022: 4.9%
- Jul 2022: 4.5%
- Aug 2022: 4.8%
- Sep 2022: 4.6%
- 6.2%
- 2019-2
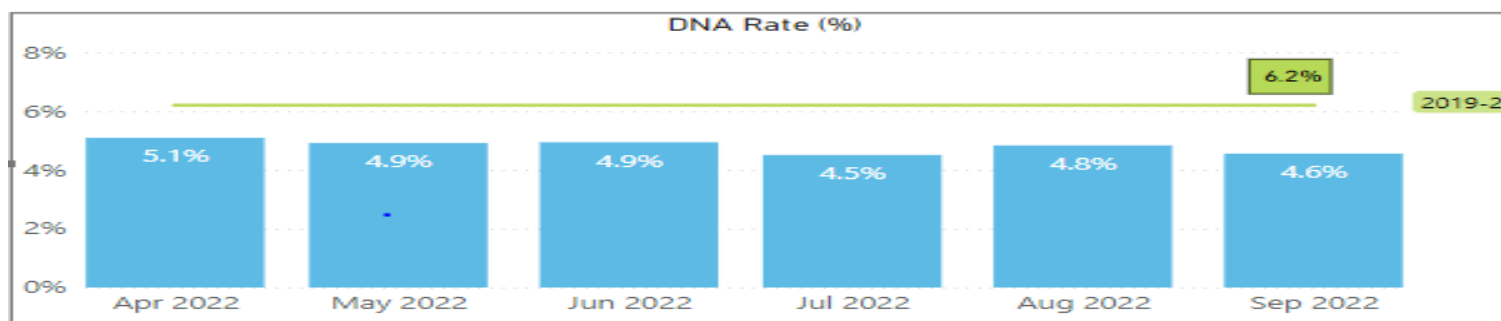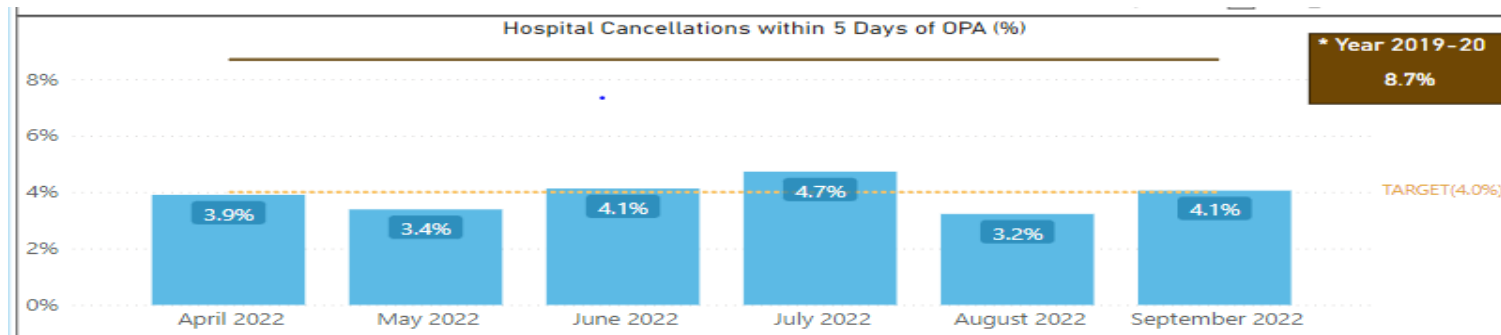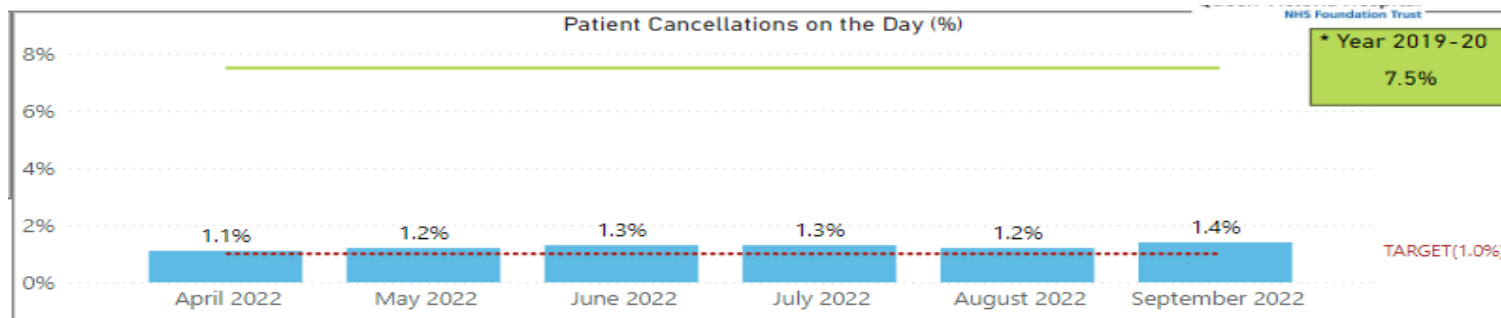
PERFORMANCE COMMENTARY

- Benchmarking for the existing KPI's produced for OPD continues to follow the national outpatient data set - https://digital.nhs.uk/data-and-information/publications/statistical/hospital-outpatient-activity/2020-21
- Benchmarking to NHS data of 19/20 – Pre-COVID data
- **Patient cancellations** slight increase of 0.2% in month. Analysing this data closely to determine issues that may relate to health inequalities due to the recent changes to the economy which may in turn affect patient attendances
- **Hospital cancellations** an increase of 0.9% in month, this is due to the additional bank holiday for the Queen's funeral
- **Patient DNAs –** slight decrease of 0.2% in month.

FORWARD LOOK / PERFORMANCE RISKS

- Further work required with BIU to improve graphic presentation of the current report. Work is underway.
- Transformation Board continues to monitor progress on this.

Service Improvement
Outpatients

% of OP Attendances Moved/Discharged to PIFU

Virtual Attendances
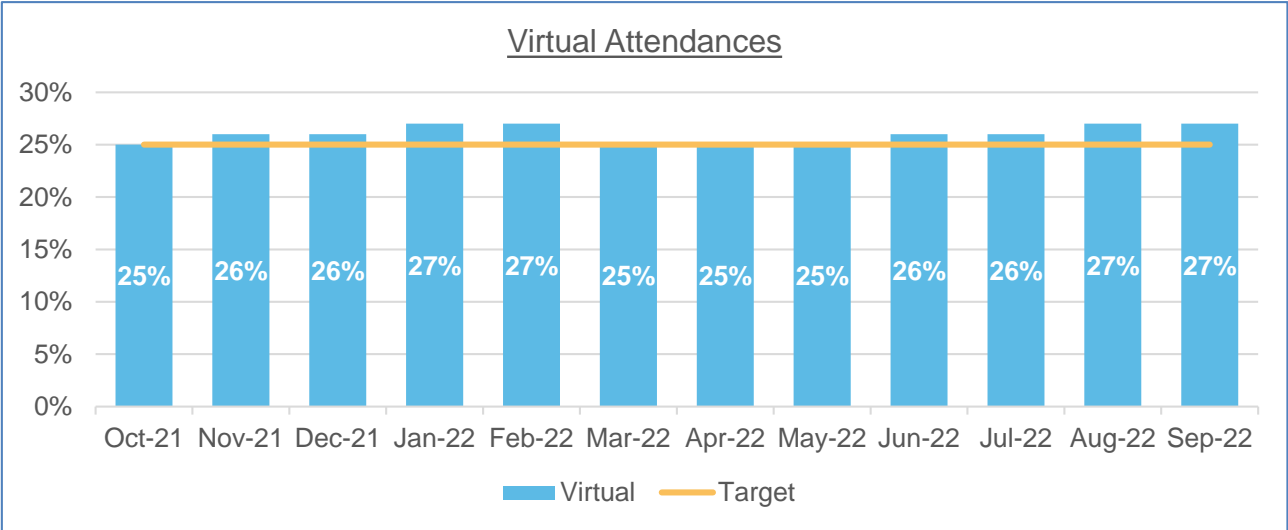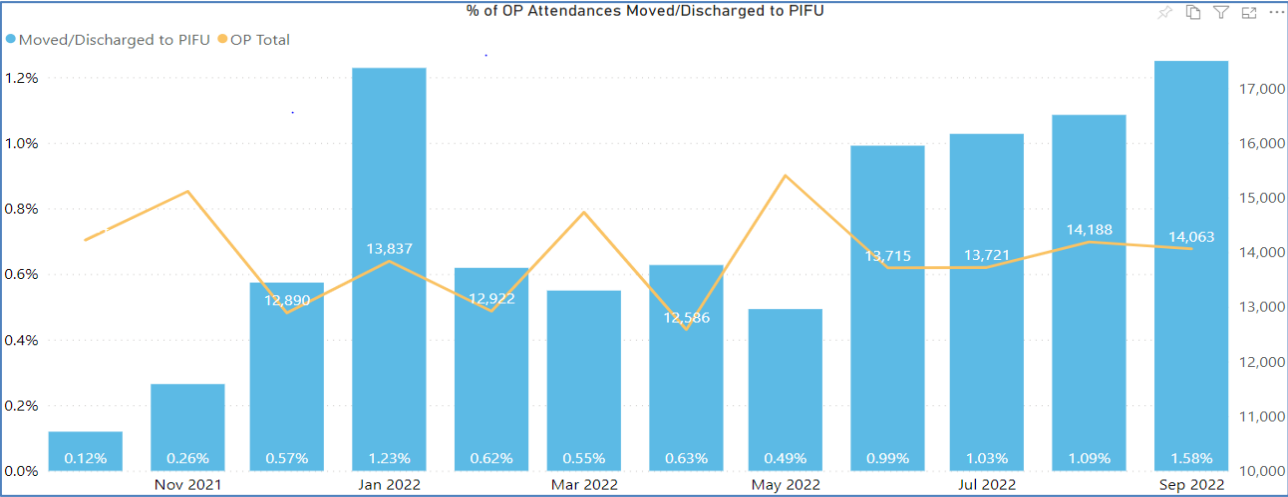
PERFORMANCE COMMENTARY

- **PIFU** - 222 patients moved or discharged to a PIFU pathway in September, which is an increase from last month.
- **Virtual** - Continue to achieve KPI.
  This data can be broken down further into speciality and consultant activity for the service to work with improving where appropriate, and ongoing work to show face to face, telephone and video numbers is being undertaken.

FORWARD LOOK / PERFORMANCE RISKS

- **PIFU** – All services continue to promote PIFU pathways to patients where clinically appropriate, through MSK, sleep, plastics and corneo services. Work streams continue across Sussex ICS to share knowledge and experience. LIMES survey to capture patient feedback requires further attention, work is underway to promote this.

Prosthetics

NHS Queen Victoria Hospital NHS Foundation Trust

Number of patients requiring immediate prosthetic treatment; no device in-situ

- 19
- 54

■ Head and Neck   ■ Somato
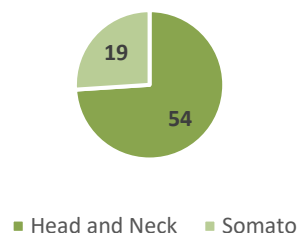
Patients on waiting and care lists (as of 14 July 2022)

■ breast/body/NAC   ■ digit/hand   ■ ear   ■ facial
■ H&N splint/stent   ■ nasal   ■ orofacial   ■ indwelling ocular
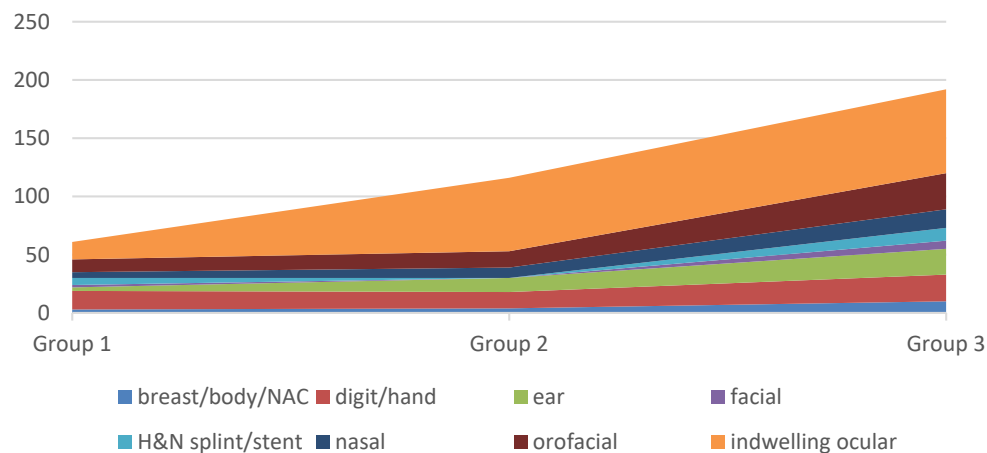
Group 1: patients requiring immediate prosthetic treatment; no device in-situ
Group 2: on care list requiring immediate review-revision; device in-situ with issues
Group 3: on care list pending review-revision; device in-situ no issues

PERFORMANCE COMMENTARY

Longest waiters
- Referred 122 weeks
- Advanced from care list (AFCL) 139 weeks

Overdue revision
- 125 patients

Total on care list
- 364 patients

Total including treatment
- 322 Somato
- 78 Head and Neck

Vacancies
- 3 WTE - 1 Band 8b, 2 trainee Band 6 (HEE funded)

Clinical waiting time
- Letter sent out to all Max Fac clinicians regarding current waiting times to ensure patients are aware of likely waiting times post surgery for their prosthetics.

FORWARD LOOK / PERFORMANCE RISKS

Future Demand:
Increasing number of referrals due to reduction in services at Brighton and Chichester/Worthing and around London and south east during the last 5-10 years.

Expansion Provision Proposal
- Short term 1-2 years – explore with commissioners possibility to reduce or cease accepting non head & neck referrals. Clarify service, capacity and waiting times and which services can support with restorative devices/surgical planning for orthognathic cases.
- Medium term 2-5 years – create a South East of England laboratory and clinical service vision, strategy and plan which includes workforce, training and higher scientific training. Re-assess against national guidance and consider impact of any possible merger to ensure resource at all sites.
- Long term 5 year plus – to have increased medical devise manufacturing capacity and analogous laboratory services and a healthcare scientist workforce strategy with minimal vacancies, professional networks and training rotation programme.

Report cover-page				
References				
Meeting title:	**Board of Directors**			
Meeting date:	**3/11/2022**	**Agenda reference:**		**169-22**
Report title:	**Finance Report 2022/23 – Month 06**			
Sponsor:	James Drury – Interim Chief Finance Officer			
Author:	James Drury – Interim Chief Finance Officer			
Appendices:	Finance Performance Report Month 06 - Report			
Executive summary				
Purpose of report:	To provide the Board with an overview of the Trust's financial performance.			
Summary of key issues	Month 6 YTD The Trust I&E position is breakeven against actuals.			
	Income YTD is £0.9m favourable to plan. No expectation of ERF claw-back from commissioners included with the YTD position. Associates commissioners income under plan as contracts are still to be finalised.			
	Expenditure run rate (both Pay and Non-Pay) is broadly in line with last 12 months averages. Pay expenditure in Month 6 is in line with trend and includes the payment for the agreed pay awards, the Trust has benefited £0.2m from the estimate impact to the actual paid, this may be clawed back by the ICB following validation.			
	Non pay YTD is £1.7m above plan, which is in line with M1-5 run rate. Ongoing review of expenditure is taking place.			
	The cash position of the Trust remains favourable due to the level and timing of the block payments arrangement this year.			
	The Trust position on Debtors and Creditors continues to improve. Work is ongoing with regards to the over 90 day's debtors.			
	The Trust capital plan for the year is £6.5m; YTD M6 capital spend is £0.1m below plan.			
Recommendation:	To note the report			
Action required	Approval	Information	Discussion	Assurance	**Review**
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: ***Financial sustainability***	KSO5: *Organisational excellence*
Implications				
Board assurance framework:	KS04 – Financial Sustainability			
Corporate risk register:	KS04 – Financial Sustainability			
Regulation:				
Legal:				
Resources:	No current resources.			
Assurance route				
Previously considered by:	Finance and performance committee			
	Date: 3/10/22	Decision: N/A		
Next steps:				

Financial Performance Report

James Drury, Interim Chief Finance Officer

September 2022

Trust Board

www.qvh.nhs.uk

NHS
Queen Victoria Hospital
NHS Foundation Trust

Financial Performance Month 6 2023
Income and Expenditure

	In Month £'000				Year to Date £'000				Forecast Outturn		
	21/22	Plan	Actual	Variance	21/22	Plan	Actual	Variance	Plan	Forecast	Variance
Income											
Patient Activity Income	7,291	7,117	7,691	574	33,352	43,085	44,793	1,708	86,226	86,686	461
Other Operating Income	1,407	419	(418)	(836)	2,367	2,126	1,250	(876)	3,601	4,349	748
Total Income	8,698	7,536	7,273	(263)	35,720	45,211	46,043	832	89,827	91,035	1,208
Pay											
Substantive	(4,947)	(4,775)	(4,196)	579	(22,722)	(28,646)	(26,364)	2,281	(56,937)	(51,235)	5,703
Bank	(259)	(158)	(359)	(201)	(1,729)	(946)	(2,011)	(1,065)	(1,891)	(4,265)	(2,374)
Agency	(55)	(9)	(84)	(75)	(1,202)	(56)	(508)	(452)	(112)	(1,278)	(1,166)
Total Pay	(5,261)	(4,942)	(4,639)	303	(25,652)	(29,647)	(28,883)	764	(58,940)	(56,778)	2,162
Non Pay											
Clinical Services & Supplies	(1,167)	(571)	46	618	(3,456)	(3,428)	(4,974)	(1,545)	(6,757)	(8,673)	(1,916)
Clinical Services & Supplies - Med & Surg	(573)	(606)	(778)	(172)	(3,418)	(3,637)	(3,298)	339	(7,275)	(7,410)	(135)
Drugs	(106)	(126)	(118)	8	(742)	(756)	(720)	36	(1,512)	(1,498)	14
Establishment Expenses	(178)	(265)	(310)	(45)	(1,692)	(1,591)	(1,758)	(168)	(3,182)	(3,991)	(809)
Consultancy	(9)	0	0	0	(42)	0	0	0	0	0	0
Other non pay	(366)	(547)	(874)	(327)	(2,297)	(3,139)	(3,558)	(419)	(6,451)	(7,092)	(641)
Total Non Pay	(2,400)	(2,116)	(2,033)	83	(11,647)	(12,552)	(14,309)	(1,757)	(25,176)	(28,663)	(3,487)
Non Operational Expenditure	(142)	(139)	(207)	(67)	(771)	(840)	(831)	9	(1,676)	(1,614)	61
Non Operating Income	0	1	14	13	10	0	55	55	7	36	30
Depreciation and amortisation	(404)	(357)	(428)	(71)	(1,753)	(2,144)	(2,195)	(51)	(4,289)	(4,263)	26
Total Expenditure	(8,206)	(7,554)	(7,293)	261	(39,812)	(45,183)	(46,163)	(980)	(90,074)	(91,282)	(1,208)
Surplus / (Deficit)	492	(18)	(20)	(2)	(4,092)	28	(120)	(148)	(247)	(247)	0
Adjusted financial performance											
Technical		21	20	(1)		125	120	(5)	247	247	0
Adjusted Surplus / (Deficit)	492	3	0	(3)	(4,092)	153	(0)	(153)	(0)	0	0

QVH PERFORMANCE COMMENTARY

Income YTD £0.8m favorable to plan
- Overachievement due to non recurring income in Q1 £0.4m and additional allocation for pay awards settlement higher than 22/23 original plan £0.4m.
- No expectation of ERF claw-back from commissioners included with the YTD position. Associates commissioners contracts are still to be finalized, shortfall against plan for growth and ERF.

Expenditure £1m adverse to plan
- YTD Pay is £0.7m under plan, due to vacancies and service developments not yet started. This underspend is offset by increased pay costs from the pay awards settlement, this increase is offset by additional income.
- From July 2022, Mcindoe increased the sessional price and this has resulted in additional costs of approx. £200k per month above qtr1 run rate for July - September.
- YTD Non pay £1.8m over plan. Further reviews with operations to understand the impact on expenditure of inflationary pressures.

QVH FORWARD LOOK / PERFORMANCE RISKS

Forecast
At M6 The Trust is predicting a year end breakeven position. The block income topup and securing the full ERF from host and specialised commissioners is supporting the Trust yearend forecast breakeven position.
A detailed forecast for the remainder of the year is being developed. This will be reviewed and updated monthly.

Risks
- The trust operational performance is to deliver activity to 104% and ERF income forecast is dependent on this delivery.
- If the current utilisation of Mcindoe capacity continues at current rates, a cost pressure for the remainder of the 2022/23 financial year of £1.2m will arise
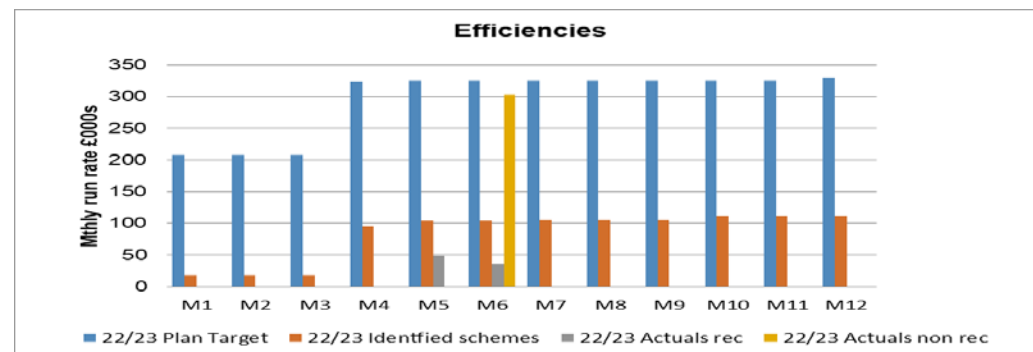- The value of efficiencies delivered may be less than planned with a reliance on non recurrent savings

Mitigations
- Close monitoring of costs through the year to ensure Budgets reflect resources required and are used effectively for delivery of activity performance.
- Ongoing review of efficiencies, with the identification and delivery of recurrent savings.

Efficiencies Month 06

Values							
Summary Performance	No of Schemes.	Annual Contribution FYE £'000	Contribution 2022/23 PYE £'000	RAG RATED Contribution 2022/23 PYE £	YTD Plan Contribution £'000	YTD Achievement £'000	YTD Variance £'000
Red	1	23	12	1	0	0	0
Amber	13	1,934	1,564	782	269	3	(265)
Green	6	303	261	209	88	49	(38)
Blue	2	82	82	82	31	31	0
TBC	11	66	16	0	0	0	0
Non reccurent	1	0	0	0	0	304	304
Grand Total	34	2,409	1,935	1,074	387	387	(0)
Trust Target		3,464	3,464	3,464			
Variance (under)/over Trust Target		(1,055)	(1,528)	(2,389)			

Business Unit performance	No of Schemes.	Annual Contribution FYE £'000	Contribution 2022/23 PYE £'000	RAG RATED Contribution 2022/23 PYE £'000	YTD Plan Contribution £'000	YTD Achievement £'000	YTD Variance £'000
Clinical Support	5	257	202	166	65	48	(17)
Non Clinical Infrastructure	5	156	147	114	55	34	(21)
Operational Nursing	2	15	8	0	0	0	0
Oral, Maxillofacial And Corneo	6	170	155	88	33	0	(33)
Perioperative Care	10	76	23	7	1	1	0
Plastics	3	334	0	0	0	0	0
Trustwide	3	1,400	1,400	700	233	304	70
Grand Total	34	2,409	1,935	1,074	387	387	(0)

Efficiencies chart — Mthly run rate £000s by month M1–M12.
Legend: 22/23 Plan Target, 22/23 Identfied schemes, 22/23 Actuals rec, 22/23 Actuals non rec

QVH PERFORMANCE COMMENTARY

M6 YTD delivery against identified schemes is £84k which is £304k under plan the balance has been delivered through non recurrent measures. Work is ongoing to identify recurrent savings and ensure the delivery of planned target.

The Trust has a total Efficiency target of £3.5m with plan set net of efficiencies:
- Cash releasing £2.1m
- Productivity 5%, activity increase to achieve 104% elective activity target c. £1.4m
- The Trust full year contribution target is £3.5m, to date £1.9m has been identified as impacting in 22/23. The RAG rated contribution of these schemes is however circa £1m.

33 schemes identified to date across the Trust, The financial impact of 11 schemes are to be confirmed and a risk rated value determined.

QVH FORWARD LOOK / PERFORMANCE RISKS

- The Trust continues work to understand how the productivity and efficiencies currently being delivered non recurrently can convert into recurrent savings. Additional effort is being made to support the services in the identification and development of recurrent savings plans.

SOFP - Balance Sheet 2022-23 Month 06

Statement of financial position

£000's	Prior Year End: March 2022	April	May	June	July	August	September	Change In Month	Change In Year
Non Current Assets									
Fixed Assets	59,920	59,558	59,705	59,654	59,875	59,970	59,926	(44)	6
Other Receivables	332	339	339	339	339	339	339	0	7
Total Non Current Assets	**60,252**	**59,897**	**60,044**	**59,993**	**60,214**	**60,309**	**60,266**	**(44)**	**14**
Current Assets									
Inventories	1,154	1,137	1,150	1,137	1,153	1,149	1,164	15	10
Trade and other Receivables	3,440	3,380	3,969	5,363	6,456	6,682	5,661	(1,021)	2,221
Cash and Cash Equivalents	17,547	10,267	9,487	8,763	9,435	10,018	10,212	194	(7,335)
Total Current Assets	**22,141**	**14,783**	**14,607**	**15,264**	**17,044**	**17,849**	**17,037**	**(812)**	**(5,104)**
Current Liabilities									
Trade and other Payables	(17,387)	(9,853)	(10,017)	(10,673)	(12,487)	(12,732)	(12,694)	38	4,693
Borrowings	(888)	(897)	(906)	(863)	(868)	(876)	(884)	(8)	4
Provisions	(52)	(78)	(78)	(78)	(78)	(78)	(78)	0	(26)
Other Liabilities	(644)	(644)	(642)	(682)	(928)	(1,614)	(810)	804	(166)
Total Current Liabilities	**(18,971)**	**(11,473)**	**(11,644)**	**(12,297)**	**(14,361)**	**(15,300)**	**(14,465)**	**835**	**4,506**
Subtotal Net Current Assets	**3,170**	**3,310**	**2,962**	**2,967**	**2,683**	**2,549**	**2,572**	**23**	**(598)**
Total Assets less Current liabilties	**63,422**	**63,208**	**63,006**	**62,960**	**62,898**	**62,858**	**62,838**	**(20)**	**(584)**
Non Current Liabilties									
Borrowings	(2,795)	(2,808)	(2,808)	(2,420)	(2,377)	(2,357)	(2,357)	0	438
Provisions	(1,048)	(1,022)	(1,022)	(1,022)	(1,022)	(1,022)	(1,022)	0	26
Total Non Current Liabilties	**(3,843)**	**(3,830)**	**(3,830)**	**(3,441)**	**(3,399)**	**(3,379)**	**(3,379)**	**0**	**464**
Total assets Employed	**59,579**	**59,378**	**59,176**	**59,519**	**59,499**	**59,479**	**59,459**	**(20)**	**(120)**
Tax Payers' Equity									
Public Dividend Capital	24,546	24,546	24,546	24,546	24,546	24,546	24,546	0	0
Revaluation Reserve	16,004	16,004	16,004	16,004	16,004	16,004	16,004	0	0
Income and Expenditure Reserve	19,029	18,828	18,627	18,969	18,949	18,929	18,909	(20)	(120)
Total Tax Payers' Equity	**59,579**	**59,378**	**59,176**	**59,519**	**59,499**	**59,479**	**59,459**	**(20)**	**(120)**

QVH PERFORMANCE COMMENTARY

- Non current assets: Capital spend YTD of £2.2m is in line with depreciation and slightly below plan by £0.2m

- Other Non Current Receivables: This is matching the provision in relation to the central funding for the clinical pension tax scheme

- Trade receivables: Increase in month reflects accrued NHS income.

- Cash: The reduction in cash year to date of £7m reflects the payment of March invoices including £3m of capital and £4m of revenue credtiros and loan instalment paid.

- Trade payables: have decreased year to date by £5m reflecting the payment of March items (see cash movement).with balance reflecting increase in creditors.

- Borrowings:(current and non current) consist of the theatre capital loan and the outpatient pod finance lease. Instalments on the principal are payable in June and December (£0.4m).

- Provisions: (current and non current) relate to early retirement pension costs and the clinical pension tax scheme.

- Public Dividend Capital: represents the Department of Health's equity interest in the Trust.

- Revaluation reserve: reflects historic estate revaluations

- Income and expenditure reserve: reflects the historic and current statement of comprehensive income.

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Cashflow Report Month 06

NHS Queen Victoria Hospital NHS Foundation Trust

Financial Performance Month 06 2022/23

Cashflow Report

	Actual £'000 Apr 22	Actual £'000 May 22	Actual £'000 Jun 22	Actual £'000 Jul 22	Actual £'000 Aug 22	Actual £'000 Sep 22	Forecast Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Opening Balance	17,547	10,267	9,487	8,764	9,435	10,018	10,212	8,407	7,768	6,648	6,198	5,408
Receipts												
NHS Block & System income	6,724	6,656	6,659	6,859	7,773	8,184	6,807	6,807	6,807	6,807	6,807	6,809
Receipts from other income	553	288	274	197	596	108	237	237	237	237	237	251
Public Dividend Capital Received	0	0	0	0	0	0	0	0	0	0	0	0
PDC Cash Support Received	0	0	0	0	0	0	0	0	0	0	0	0
Total Receipts	7,277	6,943	6,932	7,055	8,369	8,291	7,044	7,044	7,044	7,044	7,044	7,060
Payments												
Payments to NHS Bodies	(4,464)	(582)	(359)	(146)	(373)	(363)	(663)	(602)	(603)	(602)	(603)	(602)
Payments to non-NHS bodies	(5,359)	(2,501)	(2,359)	(1,653)	(2,880)	(1,909)	(3,310)	(2,305)	(2,305)	(2,116)	(2,455)	(2,200)
Net Payroll Payment	(2,736)	(2,434)	(2,475)	(2,575)	(2,527)	(3,041)	(2,575)	(2,575)	(2,575)	(2,575)	(2,575)	(2,575)
Payroll Taxes	(1,275)	(1,478)	(1,293)	(1,293)	(1,273)	(1,265)	(1,578)	(1,478)	(1,478)	(1,478)	(1,478)	(1,478)
Pensions Payment	(723)	(728)	(732)	(717)	(733)	(795)	(723)	(723)	(723)	(723)	(723)	(723)
PDC Dividends Payment	-	-	-	-	-	(726)	-	-	-	-	-	(787)
Loan Interest & Repayment	-	-	(438)	-	-	-	-	-	(481)	-	-	-
Total Payments	(14,557)	(7,723)	(7,656)	(6,384)	(7,785)	(8,098)	(8,849)	(7,683)	(8,165)	(7,494)	(7,834)	(8,365)
Net Cash Movement	(7,280)	(780)	(724)	671	583	193	(1,805)	(639)	(1,121)	(450)	(790)	(1,305)
Closing Balance	10,267	9,487	8,764	9,435	10,018	10,212	8,407	7,768	6,648	6,198	5,408	4,103

QVH PERFORMANCE COMMENTARY

- Cash balances increased in month 6 by £0.2m. Balances remain in line with forecast. Cash is forecast to reduce to meet the capital programme.

- The Trust currently holds a cash balance to meet short term operating expenditure (one and a half month of average spend) over and above that of the monthly income block payments which are received in month.

- Financial services will work with commissioners and other providers to ensure payments are made in a timely manner and older debts controlled.

- The cash position will continue to be reviewed and managed and any future requirements assessed monthly.

QVH FORWARD LOOK / PERFORMANCE RISKS

- Forecast is based on 22/23 plan values.

- Cash balances are expected to reduce in H2 to support capital programme spend.

Debtors Month 06

Financial Performance Month 06 2022/23
Debtors

	Sep 21 £'000	Oct 21 £'000	Nov 21 £'000	Dec 21 £'000	Jan 22 £'000	Feb 22 £'000	Mar 22 £'000	Apr 22 £'000	May 22 £'000	Jun 22 £'000	Jul 22 £'000	Aug 22 £'000	Sep 22 £'000	In Month Change £000
NHS Debtors														
0-30 Days Past Invoice Due Date	474	184	194	402	1,272	1,526	573	294	55	651	1,249	1,280	330	**(950)**
31-60 Days Past Invoice Due Date	12	177	252	116	300	94	97	58	266	24	13	339	1,224	**885**
61-90 Days Past Invoice Due Date	14	11	195	189	53	250	94	97	49	265	8	14	339	**325**
Over 90 Days Past Invoice Due Date	842	939	871	993	1,200	657	610	663	752	630	822	766	726	**(40)**
Total NHS Debtors	**1,341**	**1,311**	**1,511**	**1,699**	**2,825**	**2,527**	**1,374**	**1,111**	**1,122**	**1,570**	**2,091**	**2,398**	**2,619**	**221**
Non NHS Debtors														
0-30 Days Past Invoice Due Date	112	305	14	374	110	130	155	119	42	63	102	60	29	**(30)**
31-60 Days Past Invoice Due Date	79	48	31	26	6	64	4	38	68	6	9	1	27	**26**
61-90 Days Past Invoice Due Date	14	67	57	65	6	`	20	4	1	49	3	2	2	**(0)**
Over 90 Days Past Invoice Due Date	445	367	516	438	486	423	242	256	234	200	249	227	227	**(0)**
Total Non NHS Debtors	**650**	**787**	**618**	**903**	**608**	**617**	**420**	**417**	**345**	**318**	**362**	**290**	**285**	**(5)**
Total Invoiced Debtors	**1,991**	**2,098**	**2,129**	**2,603**	**3,433**	**3,143**	**1,794**	**1,528**	**1,467**	**1,887**	**2,454**	**2,688**	**2,904**	
NHS : Total NHS & Non NHS ratio	*0.67*	*0.63*	*0.71*	*0.65*	*0.82*	*0.80*	*0.77*	*0.73*	*0.76*	*0.83*	*0.85*	*0.89*	*0.90*	

QVH PERFORMANCE COMMENTARY

- The month 06 total debtor balance of £2.9m is 22% higher than the average monthly running balance of £2.3m.

- The month 06 debtor balance is £0.2m higher than reported at M05, with £1.2m of NHS debt moving outside of term to 31-90days. Non NHs debtors reduced overall, although minimally.

- At M06 close, 6 external debtors owed more than £0.1m:-
Health Education England 0.8m
Sussex Integrated Care Board £0.5m
University Hospitals Sussex NHS Foundation Trust £0.5m
Brighton And Sussex University Hospitals NHS Trust - £0.2m
Guy's And St Thomas' NHS Foundation Trust -£0.15m
Medway NHS Foundation Trust £0.1m

QVH FORWARD LOOK / PERFORMANCE RISKS

- Financial Services continue working closely with Business Managers and the Contracting team to ensure billing is accurate, timely and resolutions to queries are being actively pursued.

- Financial services will continue to review Aged Debts with the aim of resolving any disputes and collecting income due. It should be noted that the majority of older debtors were provided for in 2021-22.

Creditors Month 06

Financial Performance 2022/23

Trade Creditors

	Sep 21 £'000	Oct 21 £'000	Nov 21 £'000	Dec 21 £'000	Jan 22 £'000	Feb 22 £'000	Mar 22 £'000	Apr 22 £'000	May 22 £'000	Jun 22 £'000	Jul 22 £'000	Aug 22 £'000	Sep 22 £'000	In Month Change £'000
NHS Accounts Payable Creditors														
0-30 Days Past Invoice Due Date	341	87	93	95	190	83	291	384	86	76	50	258	392	134
31-60 Days Past Invoice Due Date	97	29	2	14	38	33	3	79	51	58	5	0	239	239
61-90 Days Past Invoice Due Date	40	18	17	2	27	31	24	1	11	2	58	3	(25)	(27)
Over 90 Days Past Invoice Due Date	480	497	419	424	358	380	358	517	273	247	239	286	213	(74)
Total NHS Accounts Payable Creditors	**958**	**631**	**530**	**535**	**612**	**527**	**676**	**982**	**421**	**383**	**352**	**547**	**819**	**272**
Non NHS Accounts Payable Creditors														
0-30 Days Past Invoice Due Date	682	454	465	458	772	815	4,215	979	1,100	837	770	799	1,303	504
31-60 Days Past Invoice Due Date	30	29	33	119	67	71	9	54	172	33	119	100	30	(70)
61-90 Days Past Invoice Due Date	34	32	6	25	23	15	37	3	36	140	26	23	48	26
Over 90 Days Past Invoice Due Date	166	153	43	53	46	60	46	50	35	38	179	185	1	(184)
Total Non NHS Accounts Payable Creditors	**912**	**668**	**547**	**657**	**907**	**960**	**4,308**	**1,086**	**1,343**	**1,048**	**1,094**	**1,106**	**1,382**	**276**
Total Accounts Payable Creditors	**1,870**	**1,299**	**1,077**	**1,191**	**1,520**	**1,487**	**4,984**	**2,069**	**1,765**	**1,431**	**1,446**	**1,653**	**2,200**	**547**
NHS : Non NHS ratio	*1.05*	*0.95*	*0.97*	*0.81*	*0.67*	*0.55*	*0.16*	*0.90*	*0.31*	*0.37*	*0.32*	*0.49*	*0.59*	

QVH PERFORMANCE COMMENTARY

- The invoiced creditors balance at month 6 is £2.2m which is £0.3m higher than the annual running average of £1.9m.
- Non NHS balances have increase by £0.5m (CDC Bleeper Digital Platform £0.54m).
- NHS balances increased in month by £0.3m (Invoices raised to Dartford & Gravesham NHST & Medway NHS FT).
- There are 3 creditors with a balance over £0.1m:
  - Medway NHSFT (£0.42m) incl. disputed historic radiology SLA.
  - Dartford & Gravesham NHST (£0.2m)
  - Feed Back Medical -Bleeper CDC (£0.54m).

QVH FORWARD LOOK / PERFORMANCE RISKS

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

Better payment practice code Month 06

Better payment practice code							BPPC	
Compliance target: 95% of invoices being paid within 30 days of receipt	Current YTD	Current YTD	Previous Month YTD	Previous Month YTD	Current Month	Current Month	Prior Year	Prior Year
	September	September	August	August	September	September	2021-22	2021-22
	Invoice Quantity	Invoice Value £000	Invoice Quantity	Invoice Value £000	Invoice Quantity	Invoice Value £000	Invoice Quantity	Invoice Value £000
Non NHS								
Total bills paid	8,945	21,837	7,335	18,517	1,610	3,320	17,865	39,589
Total bills paid within target	8,434	20,660	6,933	17,638	1,501	3,022	17,000	38,156
Percentage of bills paid within target	**94.3%**	**94.6%**	**94.5%**	**95.3%**	**93.2%**	**91.0%**	**95.2%**	**96.4%**
NHS								
Total bills paid	594	5,814	522	5,476	72	337	1,179	5,933
Total bills paid within target	544	5,652	481	5,339	63	313	1,080	5,740
Percentage of bills paid within target	**91.6%**	**97.2%**	**92.1%**	**97.5%**	**87.5%**	**92.8%**	**91.6%**	**96.7%**
Total								
Total bills paid in the year	9,539	27,650	7,857	23,993	1,682	3,657	19,044	45,522
Total bills paid within target	8,978	26,312	7,414	22,977	1,564	3,335	18,080	43,896
Percentage of bills paid within target	**94.1%**	**95.2%**	**94.4%**	**95.8%**	**93.0%**	**91.2%**	**94.9%**	**96.4%**
Compliance target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Above (below) target	(0.9%)	0.2%	(0.6%)	0.8%	(2.0%)	(3.8%)	(0.1%)	1.4%

QVH PERFORMANCE COMMENTARY

- NHSI/E is monitoring BPPC closely. The target is 100% of invoices to be paid within 30 days, with compliance at 95%.
- Trust total creditor performance YTD is as follows;
  - Number of invoices: 94.1 % (0.9% below compliant level)
  - Value of invoice 95.2% (compliant)
- NHSI/E have indicated that the main focus for compliance would be on value and non NHS creditors.
- Performance has deteriorated due to delays in invoice approval as a result of staff absence (sickness leave) impacting compliance.
- The key sub-areas of non compliance are Clinical supplies and services and agency staffing for which additional supporting data or detailed checking processes are required before the budget holder can approve.
- An action plan has been presented to EMT to focus on training and awareness for end users to highlight impact on BPPC when invoice approval is delayed.
- As a note QVH does not hold back any payment for an approved invoice for cash flow reasons.

QVH FORWARD LOOK / PERFORMANCE DEVELOPMENT

- The Trust is performing at above the 95% £value cumulative compliance level whilst also working to resolve some historic issues. The financial services team are continuing review of performance, key factors and reporting analytics which will develop and target the areas of non compliance.

- Financial services are also continuing to review areas where invoice authorisation is delayed in order to target and support training needs with a view of improving performance.

NHS
Queen Victoria Hospital
NHS Foundation Trust

Capital Plan 22/23	CPG Capital Plan 22/23 £k	Plan YTD M6 £k	Spend YTD M6 Sept 2022 £k YTD
Top Slice Staffing	450	185	223
Contingency	250		-36
Non Clinical Refurbishments	75		
Total top sliced	**775**	**185**	**187**
22/23 Impact of 21/22 Plans commenced but incomplete 21/22			
IM&T PACS/RIS/VNA	55	55	57
Patient Comms	220	60	25
Cyber Security	144	144	138
Digital Dictation & Voice Recognition	45	0	0
ICE	37	37	37
Subtotal IMT	**501**	**296**	**257**
Burns ward wall protection	40	40	40
Radiology Pillars	50	18	0
Cashiers office	15	15	17
Main Outpatient walls & Flooring	70	0	70
Theatres Power supply / Phase 1	65	20	65
Subtotal Estates	**240**	**93**	**192**
Equipment Corneal Topographer	76	76	76
Balance on Microvascular - ENT microscope			-13
Subtotal Equipment	**76**	**76**	**63**
Portakabin Theatres	**1,412**	**1,412**	**1,384**
Total 21-22 projects b/f & Top sliced	**3,004**	**2,062**	**2,083**
22/23 Estates			
Car park extensions	120	0	0
Installation of EV points	50	0	7
Replacement of C-Wing flooring & decoration	210	0	0
Theatres - Refurbishment	100	0	0
Theatres - Pendants & Panels	140	0	0
Fire stopping safety	100	25	0
Replacement of air plant - Obsolete - 7 bar	100	0	0
Critical ventilation works All ventilation areas	150	0	0
CCU Dragger Pendants	0	0	0
Roof MOPD	250	0	0
Road Resurfacing	50	10	0
Call off order for Boilers	50	20	0
Call off order for Roofs	50	15	0
Subtotal	**1,370**	**70**	**7**
22/23 IM&T			
Full Network replacement (data centre switches /edge switches / wireless) and DC support	1,600	0	0
Additional datacentre Storage	200	0	0
Project Team to Deliver Low & High level design /Spec / Tender (ITT) / Business case / manage install	250	85	85
System Integration - Patient Knows Best (PKB)	30	30	30
Subtotal	**2,080**	**115**	**115**
22/23 Medical Equipment			
Lung Function Kit Community, Outpatients & S.	0	0	0
Visual Field Machine Corneoplastics	42	0	0
OCT machine Corneoplastics	60	0	0
Additional module for MS39 topographer Corneoplastics	20	0	0
Keratome / AAC Chambers Corneoplastics: Eye Bank	112	0	0
Database Corneoplastics: Eye Bank	75	0	0
Frozen section reporting Clinical Support: Histopatho	30	30	0
ENT clinic camera stack OMFS	25	0	0
Datix system Nursing & Quality	10	10	0
Replace mini C base Perioperative: Theatres	66	0	0
Zeiss Lumera 700iOCT anterior spec Perioperative: Theatres	0	0	0
C-Mac video laryngoscope system Perioperative: Theatres	0	0	0
Ultrasound device for regional anaesthesia Perioperative: Theatres	45	0	0
Zeus Anaesthetic workstation Perioperative: Theatres	122	0	0
Nerve monitor Perioperative: Theatres	22	22	0
Cryotherapy device Perioperative: Theatres	21	22	0
Micro Instruments Perioperative: Theatres	31	31	0
Laser Scar service Plastics, Burns & Trauma	0	0	0
Monitor on Wheels	19	0	0
Subtotal	**700**	**115**	**0**
Total 22-23 programmes	**4,150**	**300**	**122**
Total planned programme: topslice, 21-22 & 22-23 projects	**7,154**	**2,362**	**2,205**
ICS Allocation 22-23	**6,548**		
Management of allocation required (over programming)	**-606**		

QVH PERFORMANCE COMMENTARY

- The 2022-23 ICS original allocation for the Trust was £4,874m. This has now been formally increased by £1,674m to £6,548.

- The allocation is not cash backed but a share of the national DHSC capital expenditure limit. As such cash will be met by the Trust from previous surpluses.

- The position to date shows an underspend against plan of £157k.

- Whilst the allocation approved by the HMT is currently over subscribed concern over the delivery of schemes in future months continues and has again been raised at the September Capital Planning Group (CPG).

- Scheme owners are tasked with working with Finance to produce robust H2 forecasts and expedite those schemes already approved. The outcome will be presented to the October CPG.

- Plans and business cases are underway for Estates and IT and a number of smaller projects have commenced. Equipment business cases are yet to be submitted to CPG or BCRG to initiate schemes.

- The phasing of the 22/23 programmed schemes is still significantly weighted in quarters 3 and 4.

- The Trust has submitted a capital bid for PDC funding (cash backed) to support a new Community Diagnostics Centre £8.4m

QVH FORWARD LOOK / PERFORMANCE RISKS

- The ICS will require Trusts to provide quarterly returns and mitigations for any underspend against plan. Where underspends cannot be mitigated by the Trust the allocation is to return to the ICS for redistribution.

- Delays in the submission of capital bids to the Capital Programme Group, Business Case Review Group and potential Procurement lead times (and finite resources) could impact the Trust in the ability to deliver its capital programme.

KSO5 – Organisational Excellence

Risk Owner: Interim Director of Workforce & OD
Date 21st October 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 high vacancy rates.
- Trust establishment and vacancy levels and ability to meet required activity levels
- Staff Survey results relating to WRES and WDES indicators and Metrics

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
- 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
- Ensuring the National People Promise is being delivered across the organisation
- Staff survey results and SFFT staff engagement have shown stability in a challenging operational environment. The 2021 survey outcome remained stable with improvements seen for team working, however challenges are being seen in our results for our staff with protected characteristics
- Overseas nurses having a positive impact upon workforce and vacancy challenges.
- Workforce KPI's highlight workforce stability over sustained period of time
- Availability and willingness of staff to undertake additional activity with Trust initiatives such as WLI and Bank Shift Supplements
- Ongoing requirement for COVID-19 risk assessments for all vulnerable staff, with heightened risk to BAME workforce

Initial Risk 3(C)x 5(L)=15, moderate
Current Risk Rating 4(C)x 4(L)=16, 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 rely upon single staff/small teams that lack capacity and agility.
- Unknown longer term impact of COVID-19 pandemic on workforce recruitment and retention
- Impact of future waves of the pandemic and associated variants including potential vaccination booster programme requirements
- Impact on workforce confidence in a sustainable future, due to uncertainty or misinformation from outside and inside the Trust related to future of the organisation

Future Opportunities
- Closer partnership working with Sussex Health and Care Partnership - ICS.
- ICB Collaboration amongst Sussex on key areas including Occupational Health, Payroll Services, Equality Diversity and Inclusion with anticipated shared resource potentially available
- Sussex ICB undertaking work to introduce a collaborative bank amongst providers to improve cost and economies of scale along with consistent approach
- Streamlining internal HR processes and procedures

Controls / assurance
- More robust workforce/pay controls as part of business planning and weekly vacancy control
- Leading the Way, leadership development programme to be revisited and launched for our staff with line management responsibilities
- Overseas recruitment successful and will be reviewed as part of business planning, improving picture
- Stay Well Team, health and wellbeing initiative to establish a Trust Wellbeing strategy

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:	**Trust Board**			
Meeting date:	**3 November 2022**		**Agenda reference:**	**171-22**
Report title:	**Workforce Report –October Report – September Data**			
Sponsor:	Lawrence Anderson, Interim Director of Workforce and OD			
Author:	Evelyn Falaye, Deputy Director of Workforce, 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:	• Workforce Report – KPIs and narrative			
Executive summary				
Purpose of report:	To provide a monthly update of Workforce KPIs and Organisational Development activity.			
Summary of key issues	In September our key workforce indicators have shown improvements in many of our key workforce metrics.			
	Our overall Trust vacancy rate has reduced by 1.22% and our establishment utilisation in September including Bank and Agency was 97.64%, bringing us within our KPI. Our Bank and Agency usage reduced in September and we have increased our staff in post by 12.59 WTE since August.			
	We have seen Turnover fall for the 5 month in a row and now sits at 13.38%, still above out target of 10% but has reduced 2.96% since May 2022.			
	The 12 month sickness rate remains over 4% (4.18% for September) however in month sickness reduced compared to the previous month down from 4.53% to 3.65%. During September and October we have a number of Trust- wide initiatives focussed on health and wellbeing for staff.			
	Our statutory and mandatory training rate remains over 90% (over KPI) and appraisal rate at 83.74% (under KPI)			
Recommendation:	The committee is asked to **note** the report			

Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	KSO2:	KSO3:	KSO4:	**KSO5:**
	Outstanding patient experience	***World-class clinical services***	***Operational excellence***	*Financial sustainability*	***Organisational excellence***

Implications	
Board assurance framework:	KSO5. Trust reputation as a good employer and ensuring there are sufficient and well trained staff to deliver high quality care
Engaged and motivated staff deliver better quality care (KSO1)
Corporate risk register:	Impact of pandemic on workforce availability
Regulation:	Well Led
Legal:	n/a
Resources:	Managed by HR/OD with support from finance, operations and nursing
Assurance route	
Previously considered by:	Finance and Performance Committee

	Date:	31/10/2022	Decision:	Information

Workforce and Organisational Development Report

Presented by:
Lawrence Anderson, Interim Director of Workforce &OD

October 2022 (September 2022 Data)

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Workforce KPI Summary

	KPI	Sep-21	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
Establishment WTE Including Bank & Agency		1094.63	1116.88	1057.42	1057.42	1058.16	1057.16	1057.16	1057.16
Staff In Post WTE		919.42	939.56	932.66	938.84	941.24	939.88	938.11	950.70
Agency Total worked in month WTE		8.28	10.50	9.42	8.44	8.14	8.27	10.55	9.22
Bank WTE Total worked in month WTE		70.05	91.93	63.86	66.24	67.79	74.33	74.16	72.25
Staff in Post Vacancy WTE		141.86	140.47	42.30	36.12	85.73	87.09	88.86	76.27
Vacancies % Including Bank & Agency Usage	8%	8.85%	6.71%	4.87%	4.15%	3.87%	3.28%	3.25%	2.36%
Staff in Post Vacancies %	8%	13.37%	13.01%	4.34%	3.70%	8.79%	8.48%	8.65%	7.43%
Band 5 Nurse Vacanies WTE							21.61	21.12	21.12
Band 2 & 3 HCSW Vacancies WTE All clinical and non clinical support to clinical staff							5.09	8.41	12.33
Qualified AHP Vacancies WTE							7.98	9.18	12.18
Trust rolling Annual Turnover % Excluding Trainee Doctors	10%	14.60%	15.40%	15.51%	16.34%	15.28%	15.25%	14.32%	13.38%
Starters WTE In month excluding HEE doctors		21.13	11.01	8.96	10.04	8.85	6.80	14.90	14.71
Leavers WTE In month excluding HEE doctors		10.52	7.61	12.52	10.21	6.45	13.07	9.37	3.47
12 Month Rolling Stability % Remained employed for the 12 month period	85%	85.43%	83.43%	83.61%	83.20%	84.27%	84.44%	84.76%	84.77%
12 month sickness rate (all sickness)	3%		3.90%	4.05%	4.04%	4.03%	4.15%	4.18%	TBC
Monthly Sickness Absence % All Sickness		4.13%	4.70%	4.28%	2.49%	3.55%	4.53%	3.65%	TBC

	KPI	Sep-21	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22
% staff appraisal compliant		86.08%	82.66%	81.69%	82.33%	83.30%	83.21%	84.36%	83.74%
% staff appraisal compliant AfC only	90%	88.00%	84.36%	83.78%	84.75%	86.02%	86.32%	86.50%	85.25%
% staff appraisal compliant M&D		70.27%	73.84%	70.48%	69.28%	68.67%	66.67%	71.23%	75.31%
Statutory & Mandatory Training		92.35%	91.05%	90.69%	91.60%	92.28%	92.54%	92.63%	91.89%
Statutory & Mandatory Training Bank only								81.45%	79.52%
Statutory & Mandatory Training AfC only	90%	94.29%	92.65%	92.14%	93.09%	93.64%	93.94%	93.67%	92.91%
Statutory & Mandatory Training M&D		82.49%	84.35%	84.35%	85.12%	86.30%	86.47%	87.44%	87.23%

Staff Engagement (National Quarterly Pulse Survey)		Qtr 2 7.1	Qtr 4 (145 responses) 7.5 out of 10		Qtr 1 (157 responses) 7.4 out of 10			Qtr2 (159 responses) 7.3 out of 10	

Friends & Family Test - Treatment
Quarterly staff survey to indicate likelihood of recommending QVH to friends & family to receive care or treatment

2020-21 National Survey Of 594 responses: 94% : 2%

Vacancies, Turnover and Stability

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Stage	KPI	Apr	May	Jun	Jul	Aug	Sep	Trend Line
From Advert open to ready to start	45	63.07	84.25	65.03	64.18	72.9	84.47	
From conditional offer to ready to start	18	34.7	56.85	31.77	41.62	45.2	55.4	
From authorised to ready to start	53	64.7	65.92	106	68.5	119.5	62.06	
From authorised to start date	70	82.95	104.8	74.13	75.75	86.9	64.18	
Time to authorise	5	6.18	5.1	5.1	7.71	4.7	1.3	
From authorised to advert live	2	3.73	1.33	4.15	1.92	1	1.5	
Time to shortlist	3				7.05	5.9	12.37	

Trust Annual Turnover (Rolling 12 Months) Percentage Rate 2019-20, 2020-21, 2021-22 & 2022-23 (percentage rates in RAG colours)
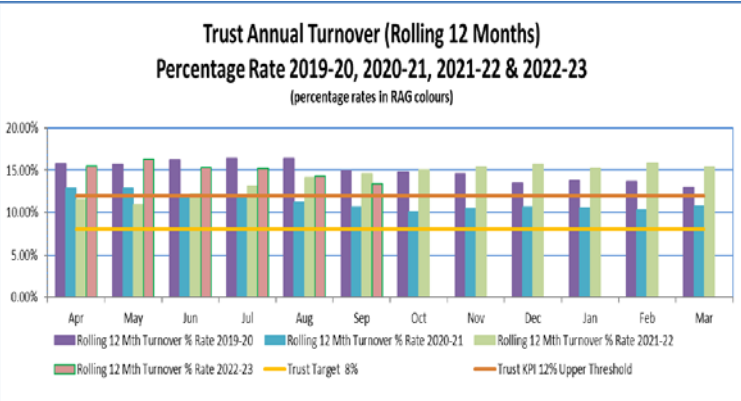
Future initiatives/Successes

Improving and fast tracking vacancy authorisation process - ongoing

Consolidation of forms for ease for users – ECF/Change and EPF - **onhold**

Bank to substantive process to be reviewed - ongoing

Introduction of Digital ID checks – Scoping stage

Faster processing between vacancy raised by manager to advertised due to new process

Highlights

- Another increase in time to hire with ongoing staff absences within the team.
- Quarterly average is at 47.41 days from conditional offer to ready to start.
- There was a further increase in WTE advertised from 49.27 in August to 70.34 in September with the highest in Nursing and Midwifery (12.75 WTE) and Admin & Clerical (12.73 WTE)
- 12 months rolling turnover is at 13.38% a reduction from August but still 3.38% above target
- We had 14.71 WTE starters and 3.47 WTE starters (external only) – reduction of 5.9 WTE leavers from last month
- This month stability rate is 84.77% against target of 85% a non significant variance
- Successfully recruited to Plastics admin roles – 6.62 WTE at offer stage.

Hot Spots

- Put plan in place to address delays in time to recruit with Resourcing team.
- Work with recruiting managers to improve time to shortlist
- Ensure staff are supported through the managing health at work policy

Action Plan

Action Plan	Owner	Due	RAG	Update
Communicate and embed National (6) WRES Actions – Diverse Interview panel (8a and above) value based questions	EF/SO	Sept 22		In progress
Hire A&C bank staff to help with recruitment backlog	SO	Sept 22		In progress
Make contact with local Job Centre for direct recruitment activity for hard to fill admin roles (substantive and bank)	SO	Oct 22		New Job centre portal not live in East Grinstead until Jan 23. Action on Hold
New integrated change forms process	SO	Oct 22		QVH payroll is joining SBS provider in Feb 23. So reviewing forms to see if we can utilise instead of introducing the integrated forms.
Role out new Medical and Dental Recruitment process and responsibilities	SO	Nov 22		In progress

Health and Wellbeing

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Trust Sickness Absence Rates 2021-2023 by month

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
2021/2022	2.49%	3.04%	3.63%	3.17%	3.27%	4.13%	4.47%	4.54%	4.24%	4.72%	4.34%	4.70%
2022/2023	4.28%	2.94%	3.55%	4.53%	3.65%							
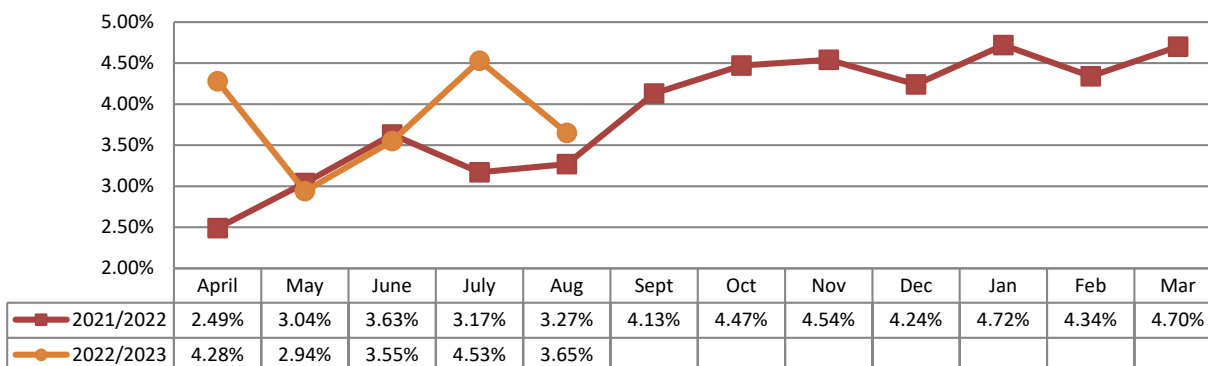
Future initiatives/Successes

Best Place to Work Trust-wide project survey 14th to 30th September 2022

October Wellbeing Week 10th to 14th October 2022

Ongoing engagement with ICS stakeholders for a shared Occupational Health service

Project Wingman arranged 16th to 27th January 2023

To consider whether the Trust's sickness absence target should be reviewed given that the 12 month average is 4.17% (September 2021 to August 2022)

Highlights

- October Wellbeing Week event 10th – 14th October
- Sickness absence has decreased to 3.65% (August 2022) overall and the reduction has been seen in both short and long term absences

Hot Spots

- Sleep Business Unit had the highest sickness absence in August along with Maxfacs/Oral, Perioperative Services, Access & OPD, and Operational Nursing all remaining above the Trust target of 3%

Action Plan	Owner	Due by	RAG	Update
Wellbeing Calendar to be published (April 2022 to March 2023)	GF	30/09/2022		In progress
Advisory team to engage with managers in hot spot Business Units to advise on sickness management	GF	31/10/2022		Advisory team arranged catch up meetings with department managers
Project Wingman visit to QVH to be arranged	GF	30/09/2022		Confirmed for 16-27 January 2023
Wellbeing event in October – Stay Well team in collaboration with Healthy Workplace Allies network	GF	October 2022		Took place 10-14 October
Best Place to Work Trust-wide project launch 12/09/2022	GF/ CC	12/09/2022		Completed 30/09/22; next step to analyse data and determine next steps

OD & Learning (inc. library) and Medical Education

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Compliance summary data up to 30 September 2022

Organisation	Count	Compliance %	Change	PDR Compliance %	Change
All QVH (all perm)	1064	92.81%	0.92%	83.74%	0.6%
Non-perm (excl. hon & locum)	171	79.52%	2.37%	N/A	N/A
AfC (excl. bank)	902	92.91%	0.99%	86.50%	1.25%
Medical & Dental (excl. hon & locum)	162	87.23%	0%	75.31%	4.28%

Future initiatives

- Scheduled 3 bespoke development events and scoping 3 other areas
- Appraisal reassurance for the board in progress
- Discussions underway with HEE to deliver LEEP leadership course at QVH
- Comms being developed to widen participation to apprenticeships at QVH
- 2022 Staff survey launched 03/10/22, response rates to be sent to HoD to increase uptake

Highlights

- 20 invited to September Corporate Induction (16 attended, 1 DNA and 3 W/D)
- Of 730 course bookings, 436 attended (60%) and 154 DNA (20%)
- NHS Staff Survey launched on 3 October 2022. Bank staff also eligible this year
- 6 new apprenticeship started in September including 2 externally recruited
- September Doctors induction successfully completed and excellent feedback
- August and September hand teaching sessions were very well received

Hot Spots

- Library Services manager (LSM) retired. New manager offered and accepted position.
- Medical Education Coordinator interviews early October
- Consultants Mandatory Training day 26 September – well attended despite impact from 19 Sept bank holiday.
- New Guardian of Safe Working Hours appointed, start date TBC. New Surgical Tutor for Plastics will need to be appointed – out for advert, will be appointed in conjunction with School of Surgery.

Action Plan	Owner	Due by	Progress - RAG	Update
MAST policy	KB	23/09/22	🟩	Extension agreed until 19/12/22
2022 Staff survey launched 03/10/22, response rates to be sent to HoD to increase uptake	AB	26/11/22	🟩	In progress
Work Experience policy	AB	Feb 2023	🟩	Working groups looking at process
NHS Elect membership	LA		🟩	Membership agreed on 1/4ly basis

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Staff Experience and Inclusion
People Promise 1: We are Compassionate and Inclusive

We do not tolerate any form of discrimination, bullying or violence.
We are open and inclusive.
We make the NHS a place where we all feel we belong.

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	Theme	2021
WRES (BME)	Bullying & Harassment or abuse from staff /colleagues	29.2% (15.3%)
	Personally experienced discrimination at work from manager or team leader	18.3% (5.3%)
	Bullying and Harassment or abuse from managers	12.9% (2.9%)
	My organisation respects individual differences e.g. culture, backgrounds etc.	66% (74.9%)
WDES	Bullying & Harassment or abuse from staff /colleagues	55.77% (44.3%)
	Extent to which org values my work	59.3% - No
	My organisation respects individual differences e.g. culture, backgrounds etc.	30.6% - No

Future initiatives/Successes

- Complete Gender Pay Gap submission and analysis report (due March 2023)
- Continue to work closely with Sussex Race Equality Transformation board - ICB
- Work closely with the Trust NED for equality and wellbeing
- New role - EDI & HWB co-ordinator out to advert

Highlights

Objective – Tackle areas of poorer work experience for our people to enable them bring their true self to work
- Empower people to speak up – Discussions about Harassment and bullying and anti-racism training program to be rolled out
- Sussex anti-racism statement launched – conversations on how to promote and bring to life in QVH
- Black History Month activities 1st to 31st October
- Irregular pay project – ongoing

Hot Spots

Though on the whole the 2021 staff survey was a very results but some staff are reporting negative experiences that we are looking into to improve poor work experience in the Trust
- Deep dive into the issues faced by 29.2 % of ethnically diverse staff who reported that they are bullied, harassed or abuse by their colleague and 55.72% of our disabled staff reported same.
- Ethnically diverse staff also stated that they have faced discrimination at work from manager or team leader (18.3%) and 12.9% reported that they have faced bullying and harassment from managers

Action Plan	Owner	Due	Progress	Update
Complete Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) analysis reports	GF	Oct 22		1st draft; submitted for F&P review and approval 31/10/22 – to be published 31/10/22
Streamline the Job evaluation process	GF/EF	Nov 22		ongoing
Staff network framework – guidance for staff to be published on Qnet	EF/GF	Oct 22	Closed	Actioned – On Qnet
QVH People Strategy 22-25 – Setting the scene for cultural change program	EF	Nov		1st draft completed
EDI Policy to be published on Qnet October	EF	Oct 22		Staff consultation completed. F&P sign off requested
QVH Pay policy – to provide a framework for consistent approach to salary offered to our people	EF	Nov 22		

Staff Engagement & Staff Survey –
People Promise 3: We have a voice that counts

We all feel safe and confident to speak up. We take the time to really listen – to understand the hopes and fears that lie behind the words

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QVH Most declined scores	Trust 2021	Trust 2020
q3i. Enough staff at organisation to do my job properly	35%	45%
q22b. I am unlikely to look for a job at a new organisation in the next 12 months	53%	59%
q22a. I don't often think about leaving this organisation	46%	52%
q4a. Satisfied with recognition for good work	59%	64%
q4d. Satisfied with opportunities for flexible working patterns	56%	60%

Most improved scores	Trust 2021	Trust 2020
q13d. Last experience of physical violence reported	75%	55%
q11e. Not felt pressure from manager to come to work when not feeling well enough	78%	71%
q9c. Immediate manager asks for my opinion before making decisions that affect my work	61%	55%
q9b. Immediate manager gives clear feedback on my work	66%	62%
q7b. Team members often meet to discuss the team's effectiveness	59%	56%

Future initiatives/Successes

A confidential service that staff can call to speak up that to enable management bring positive changes

Encourage team huddles so managers and team leaders can demonstrate active listening skills

Enable /equip managers to have sensitive and supportive conversations

Electronic thank you cards connected to weekly Connect – from any of the execs

Highlights

- You said we did poster to inform of staff survey action plan distributed across the Trust and on Qnet
- Blog from director of workforce about QVH commitment to continuously listen to staff and empower staff to speak up without fear of retribution. Using the opportunity to introduce 2022 National Staff Survey
- 2022 NHS staff survey launched

Action Plan	Owner	Due	Progress	Update
HRD blog about the importance of staff survey and the commitment to continue to listen to staff	LA	Nov 22		
Investigate Microsoft Teams electronic thank you card option	GF/EF	Nov 22		
Improve staff survey uptake – target 60%	All	Nov 22		
Your voice matters staff confidential service to encourage our people to speak up part of the people strategy	EF	Nov 22		Part of the people strategy 22-25. 1st draft written. With HRD for sign off

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Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**3 November 2022**		**Agenda reference:**		**172-22**
Report title:	**Workforce Race Equality Standards (WRES 2022): Annual Report 2021/22**				
Sponsor:	Lawrence Anderson, Interim Director of Workforce & OD				
Author:	Gemma Farley, Employee Relations & Wellbeing Manager				
Appendices:	None				
Executive summary					
Purpose of report:	The Workforce Race Equality Scheme (WRES) has now been collecting data on race inequality for seven years, holding up a mirror to the service and revealing the disparities that exist for black and monitory ethnic staff compared to white colleagues. This report contains a snapshot comparison between 1 April 2021 and 31 March 2022, and highlights the improvements that have been seen and the areas that may require further action.				
Summary of key issues	The findings are contained in the report with headings; overall workforce, senior workforce representation, junior workforce representation, recruitment, formal disciplinary processes, access to training and development, Trust Board representation, and conclusions. Actions have been drawn and shown in a table. Comments from the ethnically diverse staff network Chairs have been provided.				
Recommendation:	Trust Board are recommended to approve report to be published externally				
Action required	**Approval**	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): *(choose one)*	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:					
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance route					
Previously considered by:	Finance and Performance Committee				
	Date:	31/10/2022	Decision:	TBC	
Next steps:	TBC				

NHS Workforce Race Equality Standards (WRES)

Annual Report 2021/22

Introduction

"Inequalities in any form are at odds with the values of the NHS – the fair treatment of our staff is directly linked to better clinical outcomes and better experience of care for patients"
– Em Wilkinson-Brice, Acting NHS Chief People Officer, March 2022

As at 31 March 2021, the NHS had a workforce of approximately 1.4 million people with over 100 nationalities represented, of which 22.4%[1] were from a black or minority ethnic (BME) background. The total number of BME staff at very senior manager level increased by 48.3% between 2018 and 2021, and there was a 10.0% improvement of board members from a BME background between 2020 and 2021 (12.6%).

The Workforce Race Equality Standard (WRES) programme has now been collecting data on race inequality for seven years, holding up a mirror to the service and revealing the disparities that exist for black and minority ethnic staff compared to white colleagues. The Covid-19 pandemic has put in the spotlight the disadvantage experienced by staff with protected characteristics. As the NHS recovers its services following the pandemic, addressing the issues of equality and inclusion are core to the success for the workforce.

The WRES uses statistical data to demonstrate the experience and outcomes for BME staff compared to white staff through many stages of the employment journey. The standard requires NHS Trusts to develop action plans to address any areas of inequity that the data highlights. It is an annual process to review and improve working conditions for BME staff in the NHS.

The report uses the acronym BME, recognising that within this there are a multitude of ethnic backgrounds and diversity included within the WRES analysis. It does not suggest that the identified issues affect all BME staff equally or that each group's treatment or needs are the same.

This report contains a data snapshot comparison between 1st April 2021 and 31st March 2022, and highlights the improvements that have been seen and the areas that may require further action.

Background information

The total number of staff in the Trust in 2022 was 1,100 compared to 2021 where there were 1,091 staff. Overall in 2022, 98% of the workforce had declared their ethnicity, which is comparable to 2021. This is broken down as below:

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[1] NHS Workforce Race Equality Standard: 2021 data analysis report fro NHS trusts March 2022, accessed 22/06/2022
https://www.england.nhs.uk/wp-content/uploads/2022/04/Workforce-Race-Equality-Standard-report-2021-.pdf

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: September 2022

Total number of staff in the Trust

Chart: Total number of staff in the Trust

- Unknown ethnicity: 2022 = 22, 2021 = 20
- BME staff: 2022 = 212, 2021 = 205
- White staff: 2022 = 866, 2021 = 866

Legend: ■ 2022 ■ 2021
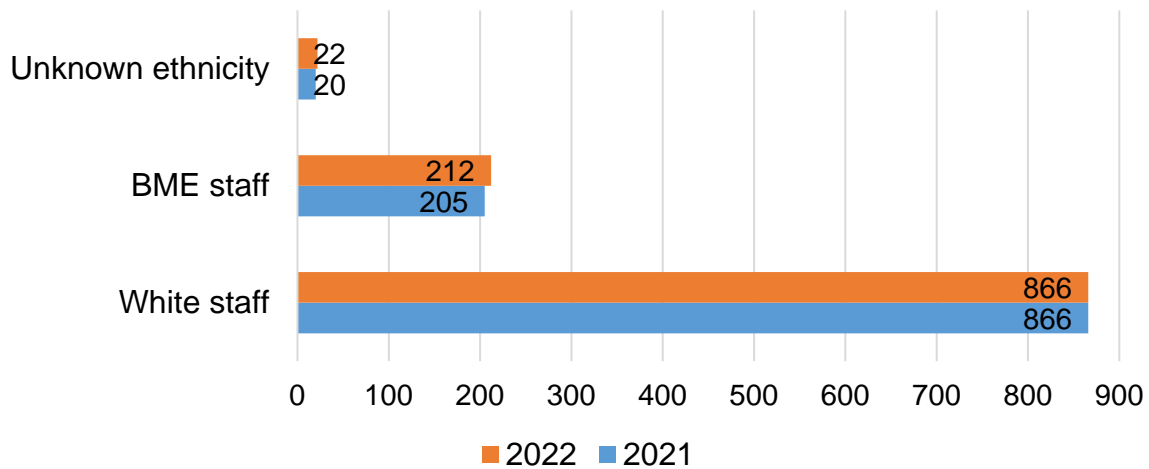
How is BME defined under the WRES?

In line with the categories taken from the 2001 Census:

The BME category includes:	The White category includes:	The unknown category includes:
• D – Mixed white and black Caribbean • E – Mixed white and black African • F – Mixed white and Asian • G – Any other mixed background • H – Asian or Asian British – Indian • J – Asian or Asian British – Pakistani • K – Asian or Asian British – Bangladeshi • L – Any other Asian background • M – Black or black British – Caribbean • N – Black or black British – African • P – Any other black background • R – Chinese • S – Any other ethnic group	• A – White – British • B – White – Irish • C – Any other white background	• Z – not stated • Null (NHS Electronic Staff Records code) • Unknown (NHS Electronic Staff Records code)

Understand how we identify talent in Band 2-7 and support progression and development into more senior roles

Making the recruiting process of promotional roles easier if person identified within department and no other suitable employees. Introduced more use of expressions of interest within specialist areas for new roles.

Further increase staff engagement to disclose their ethnic origin to the Trust

We acknowledge that the disclosure rate is high. We collect information relating to staff ethnicity as part of the recruitment process and staff have access to Electronic Staff Records to update their own personal information at any time. Trust wide communication sent via internal newsletter advising and reminding staff to log into ESR self service to check disclosures and update if changed or input if missing.

Encourage recruiting managers to appoint applicants from BME background

Education to managers around equality and unconscious bias in recruitment. Challenge managers that are not shortlisting candidates who meet essential requirement and are from a BME background.

Encourage BME representation in the shortlisting of roles Band 8a+ and attendance at interview panels

Trust wide communication informing of requirement of EDI representation on all interview panels of 8a and above and all consultant recruitment, training given to all EDI network members in interviewing to enable an active role in the process.

Key findings

+3.41%
19.27% (212) of staff working at QVH were from a BME background. This is an increase from 18.79% in 2021.

+10%
The total number of BME staff at very senior manager level has increased by 10% since 2021

+8.33%
8.33% of board members at QVH were from a BME background which was an improvement of 8.33% between 2020 and 2021

x1.27
White applicants were 1.27 times more likely to be appointed from shortlisting compared to BME applicants; this is a decrease from 1.79 in 2021.

x0.0024
BME staff were 0.0024 times more likely to enter the formal disciplinary process compared to white staff. There are minimal numbers of QVH staff that enter a formal process.

18.3%
18.3% of BME staff had personally experienced discrimination at work from a manager, team leader or other colleagues in 2021

Workforce Race Equality Indicators

The standard compares the metrics for white and BME staff (using declared status).

Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff.

*The overall percentage in the tables is compared to the 19.27% representation of BME staff in the overall workforce.

For non-clinical workforce

Pay banding	White	BME	Unknown ethnicity	Total	White %	*BME %
Under Band 1	0	0	0	0		
Band 1	0	0	0	0		
Band 2	85	10	4	99	85.9%	10.1%
Band 3	77	8	2	87	88.5%	9.2%
Band 4	93	2	0	95	97.9%	2.1%
Band 5	18	4	1	23	78.3%	17.4%
Band 6	22	1	1	24	91.7%	4.2%
Band 7	17	2	2	21	81.0%	9.5%
Band 8a	15	2	0	17	88.2%	11.8%
Band 8b	2	1	0	3	66.7%	33.3%
Band 8c	5	1	0	6	83.3%	16.7%
Band 8d	1	1	0	2	50.0%	50.0%
Band 9	2	0	0	2	100.0%	0.0%
VSM	8	1	0	9	88.9%	11.1%
All non-clinical roles	**345**	**33**	**10**	**388**	**88.9%**	**8.5%**

Historical comparison from previous WRES reports

Non-clinical BME workforce 2019-2022
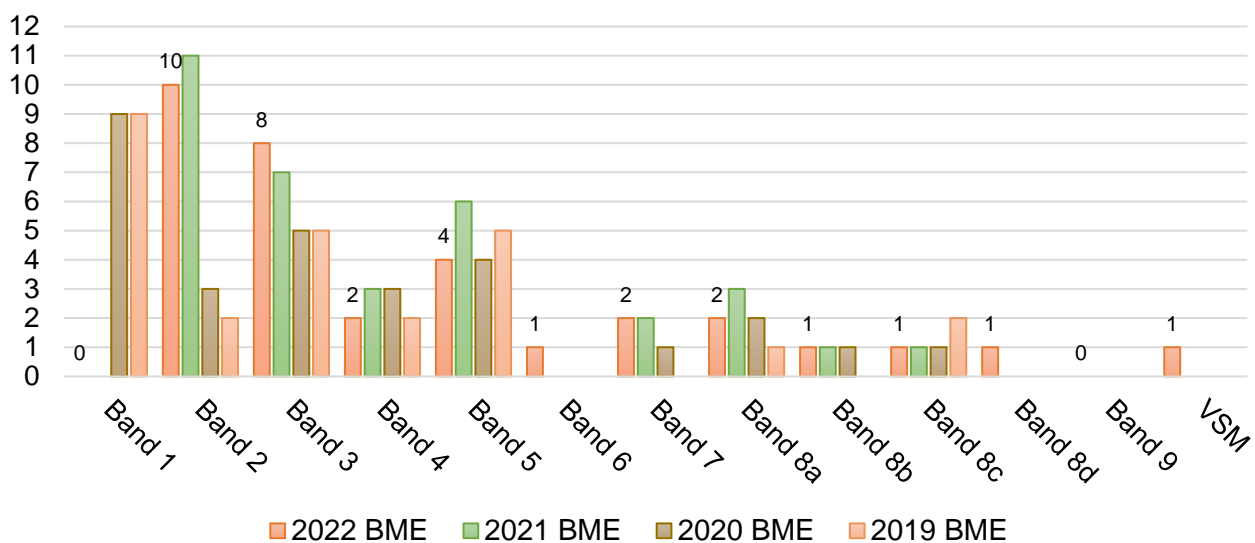
There has been an 83.33% increase in the number of BME staff in non-clinical roles between 2016 to 2022. This reporting period has seen the first BME staff member in a VSM role and Band 8d role. However, across all non-clinical roles there is a low representation of BME staff.

As a result of the NHS AfC (Agenda for Change) terms and conditions of service contract refresh, there was a migration of staff from Band 1 to 2 and therefore these two Bands can be combined when considering previous years.

For clinical workforce

Pay banding	White	BME	Unknown ethnicity	Total	White %	*BME %
Under Band 1	0	0	0	0		
Band 1	0	0	0	0		
Band 2	63	10	2	75	84.0%	13.3%
Band 3	30	5	0	35	85.7%	14.3%
Band 4	30	1	1	32	93.8%	3.1%
Band 5	79	40	1	120	65.8%	33.3%
Band 6	101	30	1	132	76.5%	22.7%
Band 7	85	13	1	99	85.9%	13.1%
Band 8a	18	3	0	21	85.7%	14.3%
Band 8b	8	1	0	9	88.9%	11.1%
Band 8c	4	0	0	4	100.0%	0.0%
Band 8d	1	0	0	1	100.0%	0.0%
Band 9	2	0	0	2	100.0%	0.0%
Of which Medical & Dental						
VSM	1	0	0	1	100.0%	0.0%
Medical: Consultants	57	30	2	89	64.0%	33.7%
**of which Senior medical manager*	*5*	*2*	*0*			
Medical: Non-consultant career grades	11	18	1	30	36.7%	60.0%
Medical: Trainee grades	31	28	3	62	50.0%	45.2%
All clinical roles	**521**	**179**	**12**	**712**	**73.2%**	**25.1%**

**Business Unit Clinical Directors (n=4), Deputy Medical Director & Clinical Director of Strategy (n=1), Clinical Director of IT (n=1), Clinical Director of Research (n=1)

Historical comparison from previous WRES reports

Clinical BME workforce 2019-2022
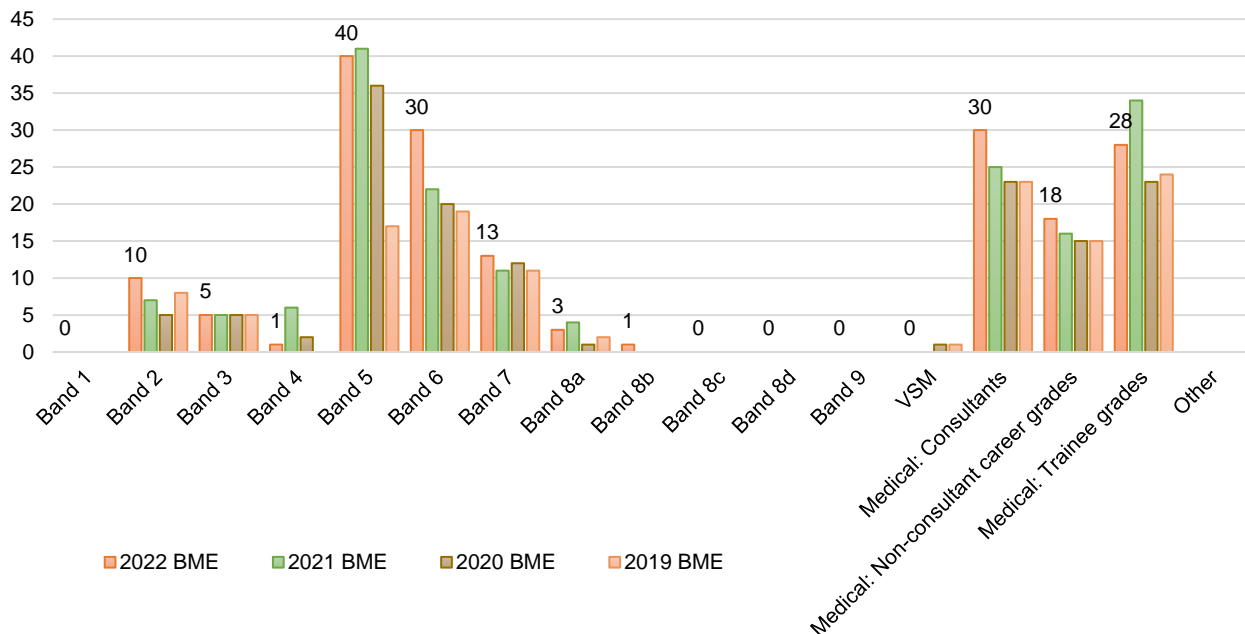
Compared to the overall workforce, there is a higher representation of BME staff in Band 3-4, 5-7 and medical grades. The least number of BME staff are represented in Band 8a to 9. There has been a 58.41% increase in the number of BME staff in clinical roles between 2016 to 2022 which is a year-on-year increase in the representation of BME staff in the overall workforce.

What the data tells us:

- There is a better representation of BME staff in clinical roles (25.1%) compared to non-clinical roles (8.5%).
- There has been an 83.33% increase in the number of BME staff in non-clinical roles between 2016 and 2022. However, representation of BME staff in non-clinical roles is lower than expected at 8.5% (compared to the overall number of BME staff in the workplace at 19.27%).
- Band 8b and 8d in non-clinical roles have a higher level of representation of BME staff compared to the overall number of BME staff in the workplace. However, it is important to note that the number of staff in these roles are lower than other bands (3 and 2 respectively), resulting in small variations appearing more significant than in larger groups.
- There has been a 58.41% increase in the number of BME staff in clinical roles between 2016 and 2022. There is a higher level of representation of BME staff in clinical roles at 25.1% compared to the overall number of BME staff in the workplace.
- Band 5-6 and medical grades in clinical roles have a higher level of representation of BME staff compared to the overall number of BME staff in the workplace.
- Band 8c-9 and VSM have no representation of BME staff in clinical roles. However, it is important to note that the number of staff in these roles are small (each below

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Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: September 2022

Indicator 2 - Relative likelihood of applicants being appointed from shortlisting across all posts

The relative likelihood of white candidates being appointed from shortlisting compared to BME staff is 1.27** times greater. In this instance, the data suggests white candidates are more likely than BME candidates to be appointed from shortlisting.

**calculation is 0.26 (white candidates) / 0.20 (BME candidates)

Applicant ethnicity	White	BME	Unknown ethnicity	Total
Applicants shortlisted	527	242	62	**831**
Shortlisted %	*63.42%*	*29.12%*	*7.46%*	
Applicants appointed	136	49	51	**236**
Appointed %	*57.63%*	*20.76%*	*21.61%*	
Relative likelihood of appointment from shortlisting	25.81%	20.25%	82.26%	
Relative likelihood of being appointed	**0.26**	**0.20**	**0.82**	**1.27**
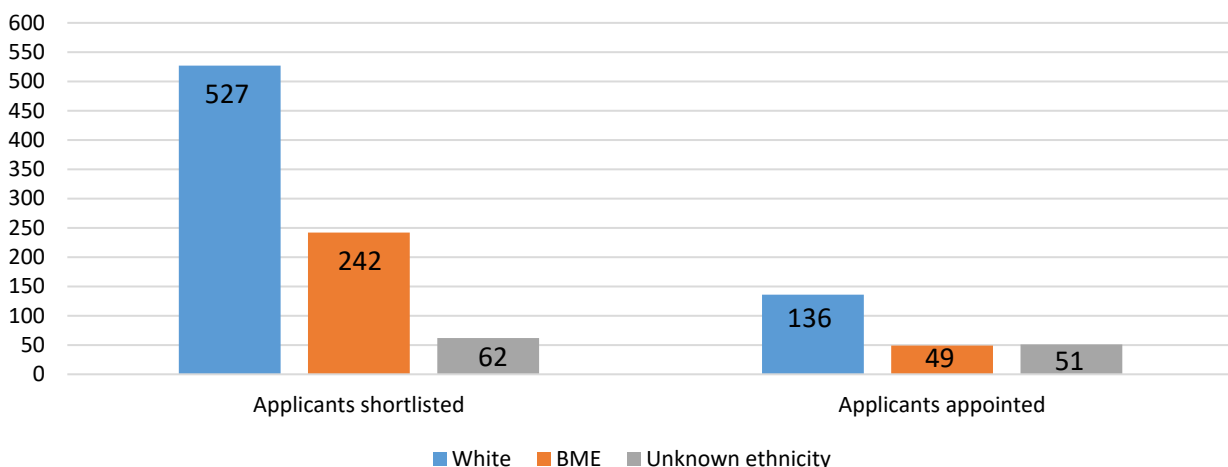
Historical comparison from previous WRES reports

In the chart below, BME applicants have a constant measure of 1.0. Where the BME applicants line is above the white applicants bar, it would suggest that white applicants are less likely to be recruited from shortlisting than BME applicants. Where the BME applicants line is below the white applicants bar, it suggests the converse, in that white applicants are more likely to be recruited from shortlisting than BME applicants.

It can be seen that the relative likelihood of white candidates being appointed from shortlisting compared to BME staff is consistently greater.

The Trust does not share personal or equal opportunities data with managers at the shortlisting stage to remove bias in the recruitment process. However, hiring managers are able to view an applicant's right to work status and country of residence at this stage, as

there are some candidates that cannot be processed in line with the Department of Health & Social Care Code of Practice for the International Recruitment of Health and Social Care Personnel in England and World Health Organisation Health Workforce Support and Safeguard List.
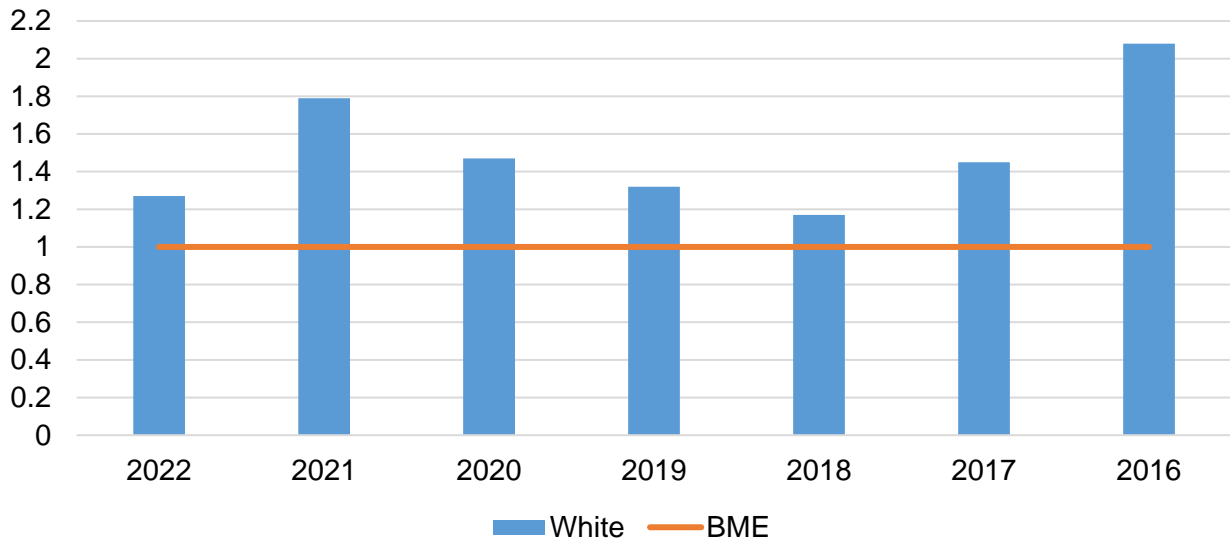
What the data tells us:

- The relative likelihood of white applicants being appointed from shortlisting compared to BME staff has decreased from 2016 (2.08) to 2022 (1.27).
- The data suggests that the relative likelihood of white applicants being appointed from shortlisting compared to BME staff has been consistently greater between 2016 and 2022.

Indicator 3 – Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

Note: this indicator is based on data from a two year rolling average of the current year and the previous year.

The likelihood of white staff entering the formal disciplinary process: 0 / 866 = 0.00%

The likelihood of BME staff entering the formal disciplinary process: 0.5 / 212 = 0.24%

We are unable to state the relative likelihood of BME staff entering the formal disciplinary process compared to white staff in 2022 due to the minimal numbers seen below.

Staff Ethnicity	Number of Disciplinary Procedures	Number in Workforce	Relative Likelihood of entering procedure
White	0	866	0.0000
BME	0.5	212	0.0024 (0.24%)
Unknown	0	22	0.0000

Historical comparison from previous WRES reports

In the chart below, white staff have a constant measure of 1.0. For BME staff, if the bar is below the white staff line, it would suggest that BME staff are less likely to enter the formal disciplinary process than what staff. Where the BME staff bar is above the white staff line, it would suggest that they are more likely to enter a formal disciplinary process.

It can been seen that the relative likelihood of BME staff entering the formal disciplinary process compared to white staff is variable over the seven reporting years.
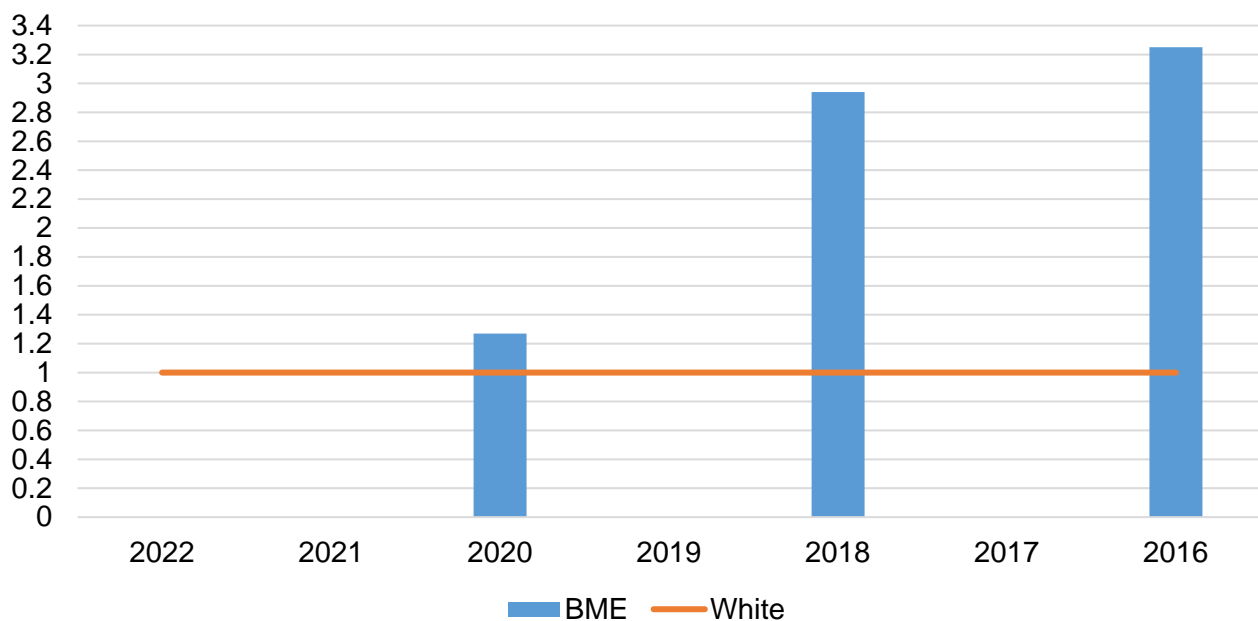
What the data tells us:

- The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has been variable between 2016 and 2022. However, the data over the 7 reporting years suggests that this has reduced between 2016 and 2020 (3.25 and 1.27).

Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD

The relative likelihood of white staff accessing non-mandatory training or CPD compared to BME staff is 0.89*** times greater. In this instance, the data suggests white staff are more likely than BME staff to access non-mandatory training or CPD.

***calculation is 0.75 (white candidates) / 0.84 (BME candidates)

	White	BME	Unknown ethnicity	Total
Number of staff accessing non-mandatory training and CPD	646	178	13	837
Likelihood of staff accessing non-mandatory training and CPD	74.60%	83.96%	59.09%	
Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff	**0.75**	**0.84**	**0.59**	**0.89**
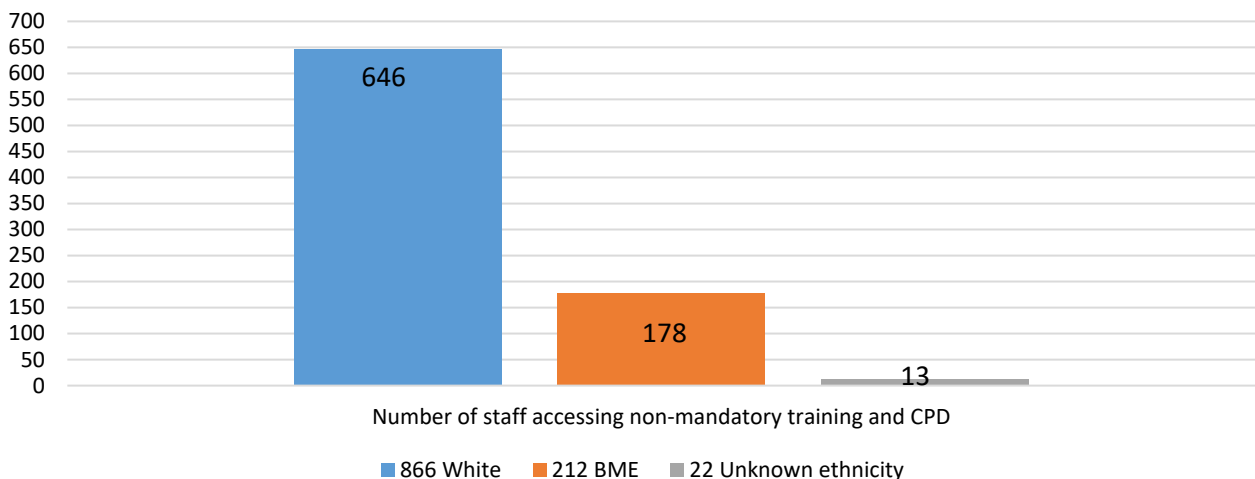
Historical comparison from previous WRES reports
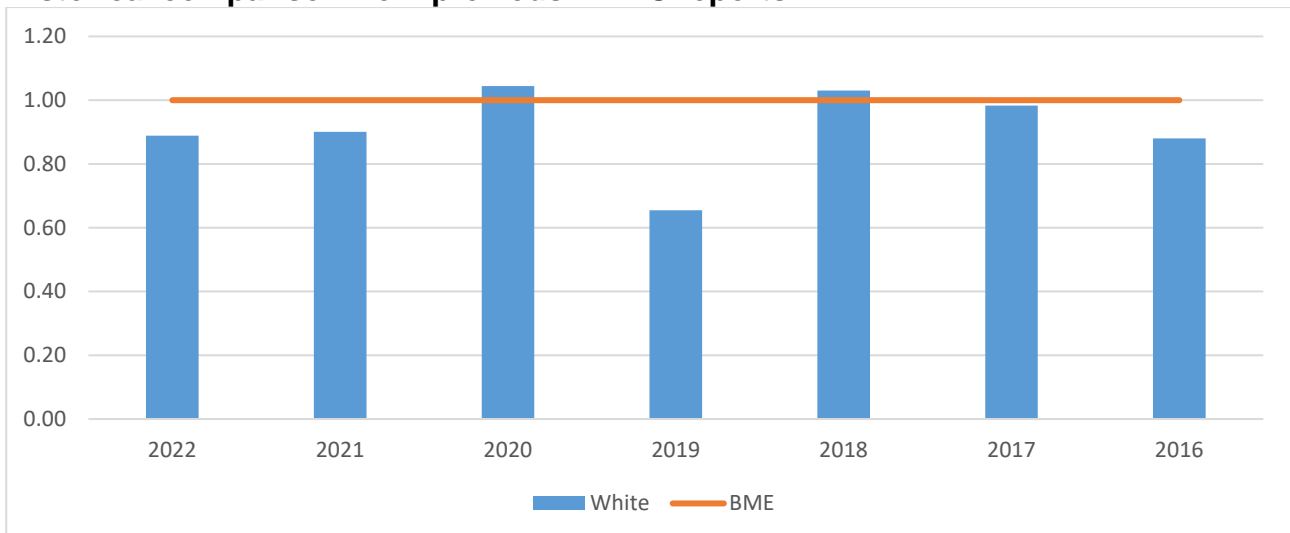
Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: September 2022

In the chart above, BME applicants have a constant measure of 1.0. Where the BME staff line is above the white staff bar, it would suggest that white staff are less likely to access non-mandatory training and CPD than BME staff. Where the BME staff line is below the white staff bar, it suggests the converse, in that white staff are more likely to access non-mandatory training and CPD than BME staff.

It can be seen that the relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is greater or comparable year on year.

What the data tells us:

- The data suggests that the relative likelihood of white staff accessing non-mandatory training and CPD is 0.89 times greater compared to BME staff.
- The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is greater than or in line with the previous 7 reporting years.

Indicator 9 – Percentage difference between the organisations' Board voting membership

Note: only voting members of the Board are included when considering this indicator.

There was no BME representation of voting Board members in 2022 or 2021.

	White	BME	Unknown	Total
Total Board members	11	1	0	12
of which voting	4	0	0	4
of which non voting	7	1	0	8
Total Board members:	11	1	0	12
of which Exec	6	1	0	7
of which Non-Exec	5	0	0	5

	White	BME	Unknown
Number of staff in overall workforce	866	212	22
Total Board members - % by Ethnicity	91.7%	8.3%	0.0%
Voting Board Member - % by Ethnicity	100.0%	0.0%	0.0%
Non-Voting Board Member - % by Ethnicity	87.5%	12.5%	0.0%
Executive Board Member - % by Ethnicity	85.7%	14.3%	0.0%
Non-Executive Board Member - % by Ethnicity	100.0%	0.0%	0.0%
Overall workforce - % by Ethnicity	78.7%	19.3%	2.0%
Difference (Total Board - Overall workforce)	12.9%	-10.9%	-2.0%

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: September 2022

What the data tells us:

- There was no BME representation among voting Board members in 2021-2022. This demonstrates a -19.3% difference compared to BME representation in the workplace at 19.3%.
- There is a low level of representation of BME staff in the Board overall at 8.3% compared to the overall number of BME staff in the workplace. However, it is important to note that the Board is comprised of only 12 members, with 4 voting executive members.

NHS Staff Survey

QVH surveyed 1056 eligible staff in September 2021 compared to 1059 in 2020. Of these, 679 responded making a 64.5% return, an increase from 58.7% the year before.

The following indicators (5-8) include the 2017-2021 organisation results (for q14a, q14b&c combined, q15, and q16b) split by ethnicity (by white and BME staff).

Indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months

The percentage of white staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months was 20% which is 4.6% more than BME staff (15.4%). Although overall 80.4% of the workforce at QVH have not had experience of bullying, harassment or abuse from this group, it is unacceptable that 19.6% have this experience. Compared to 2017 there has been an improvement in response to this question from 70% of our workforce stating that they had not experienced bullying, harassment or abuse from this group.

Not experienced harassment, bullying or abuse from patients/service users, their relatives or members of the public
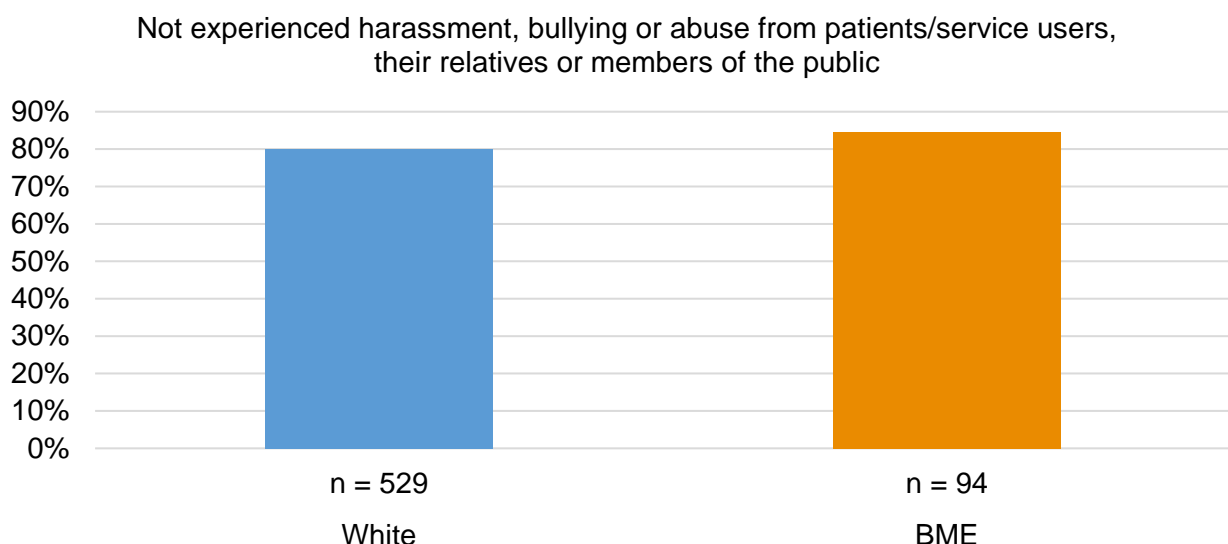
Unfortunately staff incident reporting records (Source: Datix) have not seen any reports of harassment, bullying, or abuse from this group which would enable the Trust to take action at the time of the incidents.

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: September 2022

Historical comparison from previous Staff Survey results
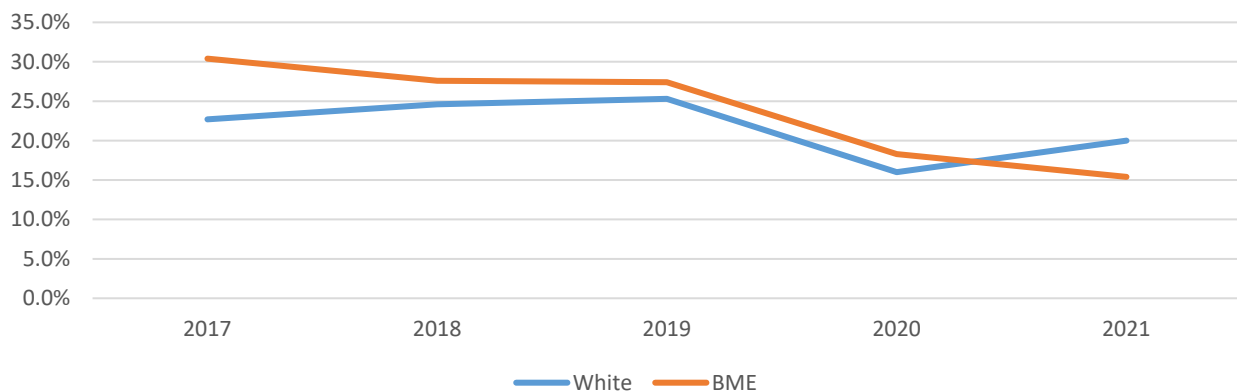
In the chart above, there has been a significantly greater percentage reduction over the 5 year period (15.0%) for BME staff experiencing harassment, bullying or abuse from this group in the last 12 months.

What the data tells us:

- Fewer BME survey respondents have reported experiencing bullying, harassment or abuse from patients, relatives or the public in the last 12 months (15.4%) compared to white respondents (20%).
- In the previous 5 years, there has been a marked reduction (15%) in the number of BME respondents reporting experience of bullying, harassment or abuse from patients, relatives or the public in the last 12 months.

Indicator 6 – Percentage of staff experiencing harassment, bullying, or abuse from staff in the last 12 months

Note: this indicator combines the responses to two questions in the staff survey.

The percentage of BME staff experiencing harassment, bullying, or abuse from staff in the last 12 months was 36.0% which is 16.4% more than white staff (19.6%). This is a significant number of staff.

Not experienced harassment, bullying or abuse from managers or colleagues

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: September 2022
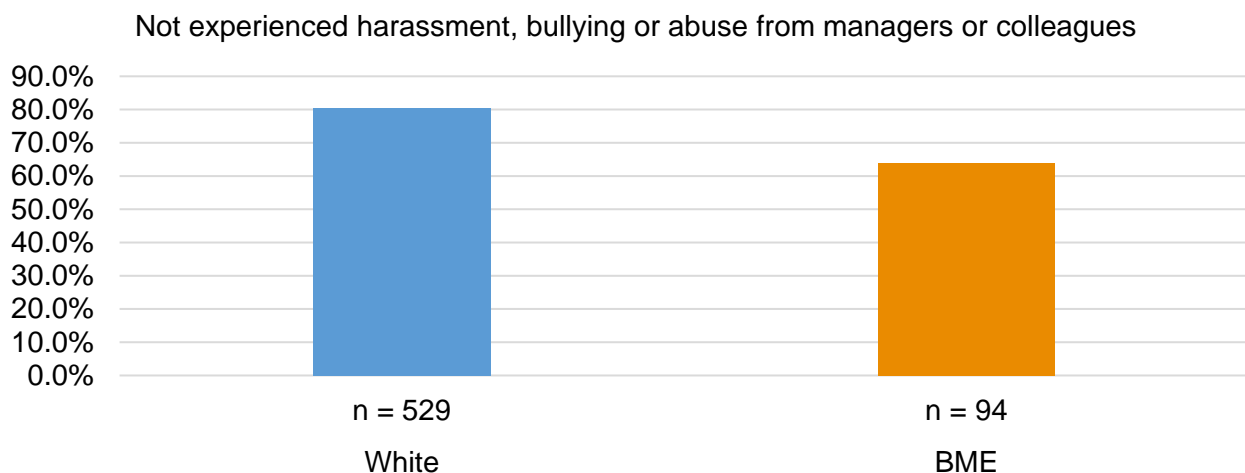
Unfortunately there was no record of BME staff reporting harassment, bullying or abuse in the last 12 months when looking at the employee relations casework records (Source: ESR) and therefore the Trust has not had the opportunity to address any incidents at the time of occurrence.

Historical comparison from previous Staff Survey results
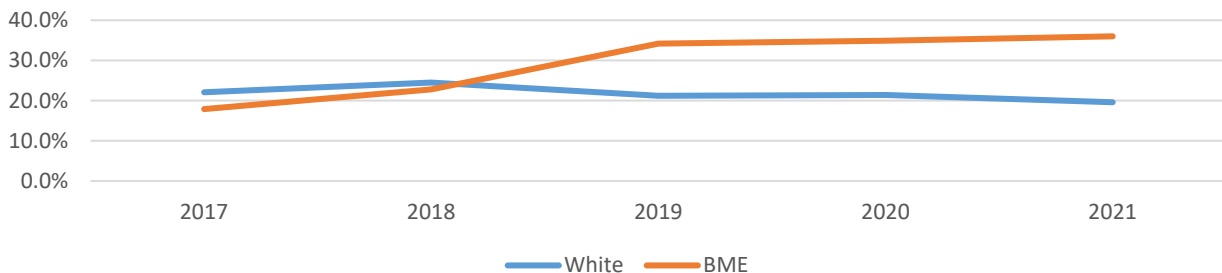
It is concerning to see in the chart above that whilst there has been a marginal decrease in the number of white staff experiencing harassment, bullying or abuse from staff over a 5 year period, there has been noticeable increase in the number of BME staff answering they have had this experience in the workplace.

What the data tells us:

- The number of BME survey respondents reporting experience of bullying, harassment or abuse from staff in the last 12 months (36.0%) was 16.4% higher than white respondents (19.6%).
- Since 2017, there has been a marginal decrease (2.5%) in the number of white respondents reporting experience of bullying, harassment or abuse from staff in the last 12 months.
- Since 2017, there has been a marked increase (18.1%) in the number of BME respondents reporting experience of bullying, harassment or abuse from staff in the last 12 months.

Indicator 7 – Percentage believing that the Trust provides equal opportunities for career progression or promotion

There is a disparity in the equality of opportunities for career progression or promotion between white and BME staff, where the percentage of white staff is 11.9% higher than BME staff.
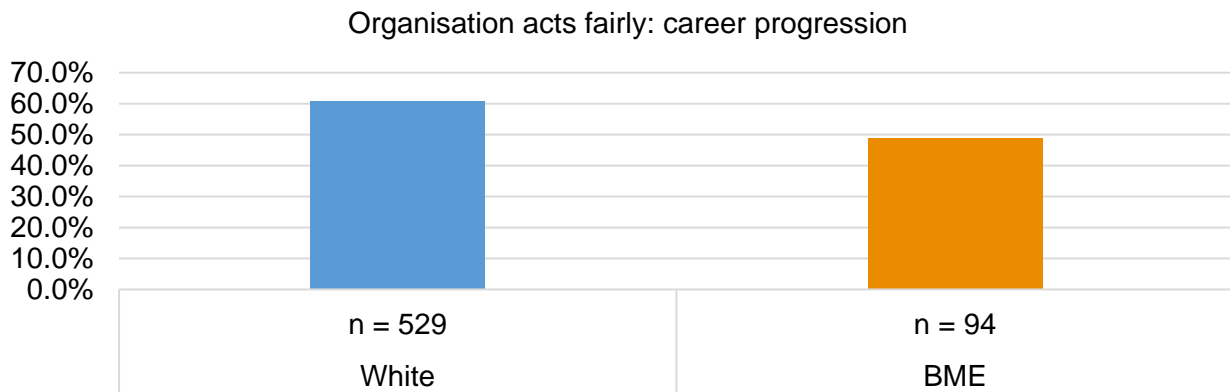
Organisation acts fairly: career progression

The graph below shows the number of staff that were recruited through open competition (source: Trac) and therefore promoted internally. It can be seen that 21.8% were BME staff compared to 78.2% white staff.

Internal promotions through open recruitment competition
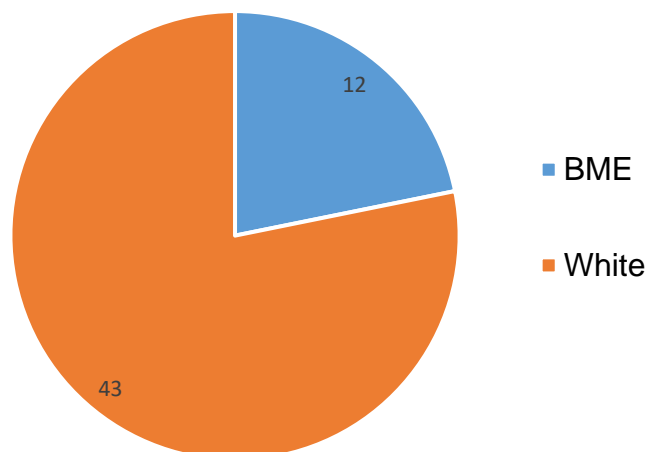
Historical comparison from previous Staff Survey results

Although there has been a marginal variance for white staff and BME staff over a 5 year period, the chart below shows the disparity between white and BME staff where white staff believe they are provided with opportunities for career progression or promotion on average 8.7% more.
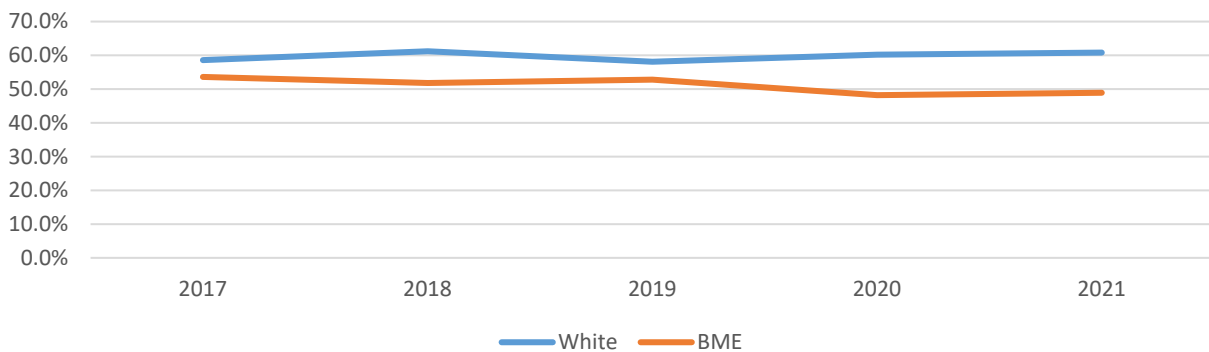
What the data tells us:

- 11.9% fewer BME survey respondents reported a belief that the Trust provides equal opportunities for career progression and promotion (48.9%) compared to white respondents (60.8%).
- On average, 8.7% more white respondents have reported a belief that the Trust provides equal opportunities for career progression and promotion when compared to BME respondents over the previous 5 years.
- Of the internal promotions that were recruited by open competition, it can be seen that 78.2% were offered to white staff compared to 21.8% of BME staff. However, it is important to note that not all internal promotions are recruited in this manner and therefore may not be captured within this data.

Indicator 8 – Percentage of staff experiencing discrimination at work from manager/ team leader or other colleagues?

There is a greater disparity in the percentage of BME staff (18.3%) experiencing discrimination at work from managers/ team leaders or other colleagues compared to white staff (5.2%). This is a significant variance of 13%.

Not experienced discrimination from manager/team leader or other colleagues

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: September 2022

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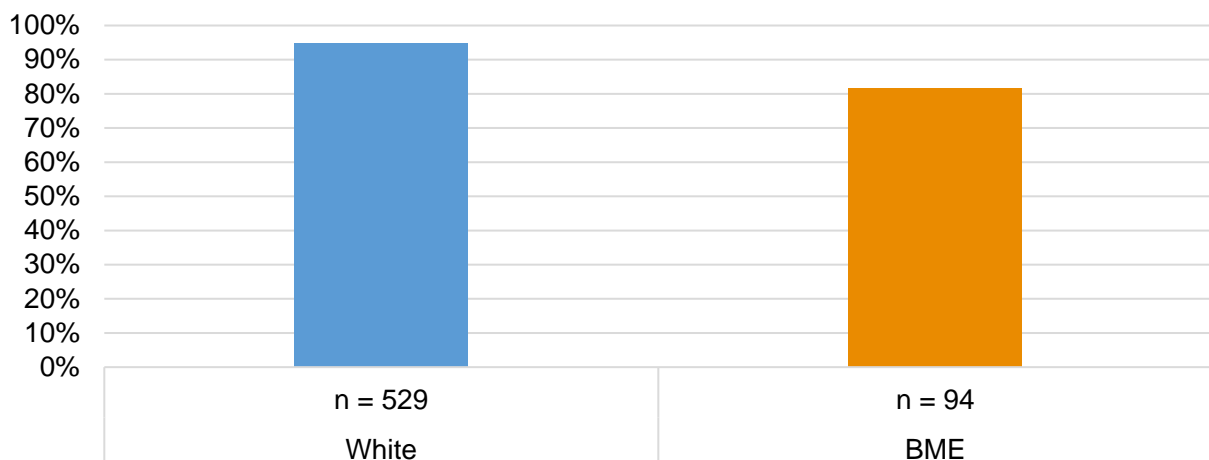
Historical comparison from previous Staff Survey results

The graph below shows the significant disparity over a 5 year period where BME staff are experiencing discrimination at work from managers/ team leaders or other colleagues compared to white staff on average 11.8% more.
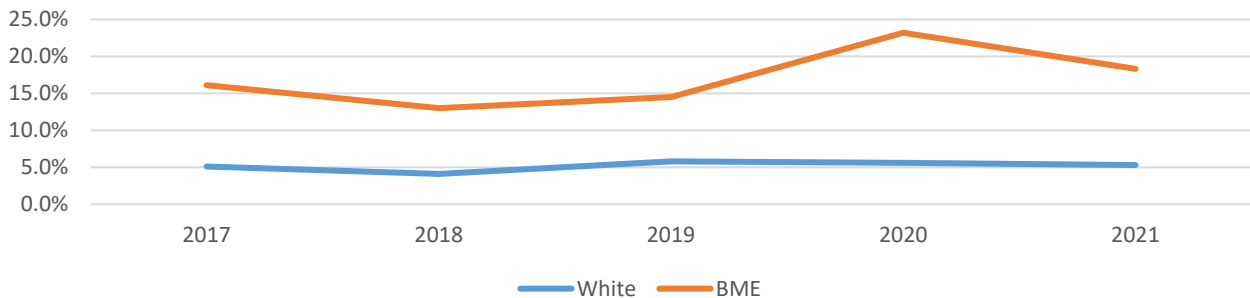
What the data tells us:

- The number of BME survey respondents reporting experience of discrimination from managers, team leaders or other colleagues (18.3%) was 13% higher than white respondents (5.2%).
- The data suggests that the incidence of discrimination experienced by BME staff from managers or team leaders has reduced from 2020 (23.2%) to 2021 (18.3).
- Since 2017, there has been a marginal increase (0.2%) in the number of white respondents reporting experience of discrimination from managers or team leaders.
- Since 2017, there has been a marginal increase (2.2%) in the number of BME respondents reporting experience of discrimination from managers or team leaders.
- In the previous 5 years, BME staff have consistently reported a significantly higher incidence of discrimination from managers or team leaders (an average of 11.8% more).

Conclusions

It is encouraging that there has been an 83.33% increase in the number of BME staff in non-clinical roles and a 58.41% increase in the number of BME staff in clinical roles between 2016 and 2022. This reporting period also saw the recruitment of the first BME staff member in a Band 8d and VSM role. The lower level of representation of BME staff in clinical and non-clinical roles at Band 8a-9 and VSM remains a concern, however it is important to consider the statistical relevance as there are fewer roles at these levels.

The concern remains in respect of the number of incidences of bullying, harassment or abuse from staff experienced by BME staff. To address this, the Trust has promoted anti-bullying awareness and support available for staff experiencing bullying in the workplace. Additionally, a number of departmental managers issued a statement to staff emphasising the Trust's commitment that bullying and harassment will not be tolerated and encouraging concerns to be raised.

It is apparent that staff may not be using the Trust systems in place to report incidents such as through incident reporting (Datix), the Freedom to Speak Up Guardian, and the

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: September 2022

Guardian of Safe Working at the time that it occurs. The Trust would benefit from initiatives to encourage staff to speak up.

Finally, the concern in respect of the number of shortlisted and appointed BME applicants' remains, however, it is important to note that not all internal promotions are recruited in this manner and therefore may not be captured within this data.

Action plan

Action	Timeframe
Trust to launch the ICB anti-racism statement and promote throughout QVH	September 2022
Monitor shortlisting process to ensure equal opportunities given and challenge managers where candidates not shortlisted	September 2023
Develop equality and unconscious bias training as a mandated requirement for all managers	September 2023
Introduction of developmental roles including direct appointment	September 2023
Implement NHS People Promise – compassionate and inclusive - All staff diversity and inclusion training to close the reality gap - All staff bullying, harassment and incivility in the workplace training	September 2023
Build closer working relationships with Freedom to Speak Up Guardian and Guardian of Safe Working.	September 2023
To increase workplace satisfaction of BME staff through initiatives such as: Encouraging staff to have a voice – Ethnically Diverse Staff (EDS) network and confidential helpline, etc.	September 2023

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: September 2022

Report cover-page					
References					
Meeting title:	**Trust Board**				
Meeting date:	**3 November 2022**		**Agenda reference:**		**172-22**
Report title:	**Workforce Disability Equality Standards (WDES 2022): Annual Report 2021/22**				
Sponsor:	Lawrence Anderson, Interim Director of Workforce & OD				
Author:	Gemma Farley, Employee Relations & Wellbeing Manager				
Appendices:					
Executive summary					
Purpose of report:	The Workforce Disability Equality Scheme (WDES) is a set of ten metrics that aim to compare the workplace and career experiences of Disabled and non-disabled staff through stages of the employment journey. This report contains a data snapshot comparison between 1 April 2021 and 31 March 2022, and highlights the improvements that have been seen and the areas that may require further action.				
Summary of key issues	Metrics 1-10 are referred to in this report and include a historical comparison: metrics 1, 2, 3, and 10 relate to WDES data; metrics 4, 5, 6, 7, 8, and 9 relate to NHS Staff Survey data. The key findings and conclusions are drawn from all metrics. Steps taken in the last reporting period are detailed against Actions 2021 and Actions for 2022 have been listed in a table. The report also includes answers to the Survey questions that were included as part of the National WDES submission.				
Recommendation:	Trust Board are recommended to approve report to be published externally				
Action required	**Approval**	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): *(choose one)*	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:					
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance route					
Previously considered by:	Finance and Performance Committee				
	Date:	31/10/2022	Decision:	TBC	
Next steps:	TBC				

NHS Workforce Disability Equality Standards (WDES)

Annual Report 2021/22

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022

Introduction

As at 31 March 2021, the NHS had a workforce of approximately 1.4 million people and in a pivotal position to lead the way in the employment of Disabled people in England.

The Workforce Disability Equality Standard (WDES) is mandated for all Trusts in England with the aim of furthering equality and inclusion for Disabled staff in the NHS. Introduced in 2019, it has now been collecting data on disability inequality for four years, highlighting the collective experiences of Disabled NHS staff and shines a light on disparities between Disabled and non-disabled staff.

The WDES is a collection of 10 metrics that aim to compare the workplace and career experiences of Disabled and non-disabled staff through stages of the employment journey. The standard requires NHS Trusts to develop action plans to address any areas of inequity that the data highlights. It is an annual process to review and improve working conditions for Disabled staff in the NHS.

The report uses a capital 'D' when referring to Disabled staff. This is a conscious decision, made to emphasise that barriers continue to exist for people with long-term conditions. The capital 'D' also signifies that Disabled people have a shared identity and are part of a community that continues to fight for equality.

The evidence set out in the first three data analysis reports for the WDES in the NHS overall highlights that Disabled NHS staff continued to experience inequalities across all of the metrics. The data provides a robust evidence-base and reinforces the need for the WDES to act as a catalyst for change in creating a fairer and more equal NHS.

The WDES is referenced in the NHS People Plan[1]. Published in 2021, the Plan sets out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care. The Plan makes clear that the NHS must welcome all, building understanding, encouraging and celebrating diversity in all its forms.

The WDES helps to demonstrate compliance with:

- The UK Government's pledge to increase the number of Disabled people in employment – made in November 2017

- The NHS Constitution – relating to the rights of staff

- The 'social model of disability' – recognising that it is the societal barriers that people with disabilities face which is the disabling factor, not an individual's medical condition or impairment

- The Equality Act 2010 – specific requirements not to discriminate against workers with a disability, advancing equality and fostering good relations

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[1] https://www.england.nhs.uk/ournhspeople/ Accessed 08/07/2022

Author: Gemma Farley, Employee Relations and Wellbeing Manager
*Date: October 2022*

- 'Nothing about us without us' - a phrase used by the disability movement to denote a central principle of inclusion: that actions and decisions that affect or are about people with disabilities should be taken with disabled people.

- 'Disability as an Asset' – refers to the benefits of employing Disabled staff and the positive impact that disability inclusion can have in the workplace, developing a culture in which people can speak openly and positively about disability and bring their lived experience into work.

Reporting period for this report

This report contains a data snapshot comparison between 1st April 2021 and 31st March 2022, and highlights the improvements that have been seen and the areas that may require further action.

Background information

The total number of staff in the Trust in 2022 was 1,100 compared to 2021 where there were 1,091 staff. Overall in 2022, 95.7% of the workforce had declared their Disability status, compared to 94.2% in 2021. This is broken down as below:

Total number of staff in the Trust

Category	2021	2022
Disability unknown	63	47
non-disabled	977	994
Disabled	51	59
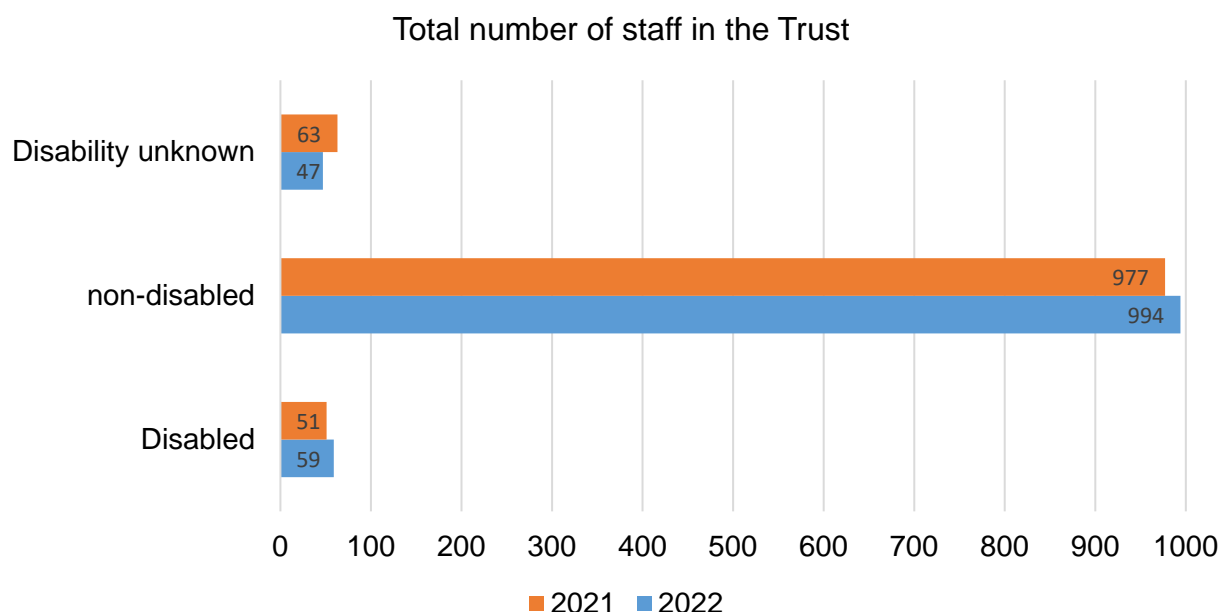
How is disability defined under the WDES?

One of the challenges in monitoring workforce disability within the NHS is that the definitions of disability used within the NHS Electronic Staff Record (ESR), NHS Staff Survey and NHS Jobs are not the same. These definitions also vary when compared to the legal definition of disability, as set out in the Equality Act 2010. Under the Act, a person is considered as having a disability if they have a physical or mental impairment that has a

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'substantial' and 'long-term' negative effect on their ability to do normal daily activities. Work is ongoing centrally in the NHS to align definitions of disability with the Equality Act's definition, as well as set up cross-system, agreed disability question(s).

It should be noted that within the WDES metrics the term 'Disabled compared to non-disabled', analyses the differences in experience between those staff who have responded 'Yes' and 'No' to monitoring questions about whether they have a disability. The label "Unknown" is used to refer to the other options recorded on ESR, namely "Prefer not to answer", "Not declared" and "Unspecified".

Steps taken in the last reporting period against Actions 2021

Further increase staff engagement to disclose their disability status to the Trust, including changes to status

We acknowledge that the disclosure rate is high at 95.7%. The Trust has seen a year on year improvement in disclosure since 2016, which is an overall 12% increase. We collect information relating to staff Disability status as part of the recruitment process and staff have access to Electronic Staff Records to update their own personal information at any time. The Trust has promoted through internal communications (e.g. staff emails, intranet) ESR self-service to encourage staff to update details, and on the staff Intranet there is equality information and forms for staff to update their details manually.

Further increase line management engagement in supporting employees with a declared disability through reasonable adjustments in the workplace

Line managers have been encouraged to contact the Advisory team for support and advice where an employee declares a disability. Anecdotally, the Advisory team reports having seen a marked improvement in line manager engagement in supporting employees with a declared disability by encouraging Occupational Health reviews, seeking advice on reasonable adjustments and supporting with the implementation of these. Staff and managers are reminded of the Trust's independent and confidential Employee Assistance Programme available 24/7, and a leaflet details all support available.

Ensure the Trust's Disability Confident status is retained and renewed

Current Disability Confident Employer level 2 expires in September 2023, and the Trust aspires to achieve level 3 to become a Disability Confident Leader before current level expires.

Encourage recruiting managers to consider reasonable adjustments to enable appointment of applicants with a declared disability

Communications sent to wider Trust via internal newsletter reminding of relevance of Disability Confident scheme, and revision of the recruitment policy and procedures. The Trust's jobs website has been refreshed to encourage Disabled applicants and guaranteed interviews for Disabled staff who have declared under the 'two ticks' scheme as part of the application process.

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022

Key findings

+0.7%
Disability Workforce Representation
2022 data shows an increase of 0.7 percentage points to 5.4% of the total workforce

8%
Board representation
2022 data shows a 0% increase in the number of Disabled Board members which remains at 8% of the total Board (25% of voting Board membership)

7.1
Staff engagement
The overall engagement score for Disabled staff in 2021 was 7.1 and for non-disabled staff it was 7.4.

x0.0030
Non-disabled staff were 0.0030 times more likely to enter the formal capability process compared to Disabled staff. There are minimal numbers of QVH staff that enter a formal process.

x0.68
Recruitment
Non-disabled candidates were 0.68 times more likely to be appointed from shortlisting compared to Disabled candidates

-1.1%
Career progression or promotion
There is a nominal 1.1% difference between Disabled and non-disabled staff believing that the organisation provides equal opportunities for career progression or promotion

Workforce Disability Equality Metrics

The standard compares the metrics for Disabled and non-disabled staff (using declared status).

Metric 1 - Percentage of staff in AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce

Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff, and presented in Pay banding clusters as defined by the NHS WDES team.

*The overall percentage in the tables is compared to the 5.4% representation of Disabled staff in the overall workforce.

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022

For non-clinical workforce

Pay banding	Disabled	non-disabled	Unknown	Total	*Disabled %	non-disabled %
Under Band 1	0	0	0	0		
Band 1	0	0	0	0		
Band 2	8	85	6	99	8.1%	85.9%
Band 3	4	81	2	87	4.6%	93.1%
Band 4	4	90	1	95	4.2%	94.7%
Band 5	1	21	1	23	4.3%	91.3%
Band 6	1	23	0	24	4.2%	95.8%
Band 7	3	17	1	21	14.3%	81.0%
Band 8a	2	15	0	17	11.8%	88.2%
Band 8b	0	3	0	3	0.0%	100.0%
Band 8c	0	6	0	6	0.0%	100.0%
Band 8d	0	2	0	2	0.0%	100.0%
Band 9	0	1	1	2	0.0%	50.0%
VSM	0	9	0	9	0.0%	100.0%
Other	0	0	0	0		
Cluster 1 (Bands 1-4)	16	256	9	281	5.7%	91.1%
Cluster 2 (Bands 5-7)	5	61	2	68	7.4%	89.7%
Cluster 3 (Bands 8a-8b)	2	18	0	20	10.0%	90.0%
Cluster 4 (Bands 8c-9 & VSM)	0	18	1	19	0.0%	94.7%
All non-clinical roles	**23**	**353**	**12**	**388**	**5.9%**	**91.0%**

Historical comparison from previous WDES reports

Non-clinical Disabled workforce 2019-2022

■ 2022 Disabled   ■ 2021 Disabled   ■ 2020 Disabled   ■ 2019 Disabled
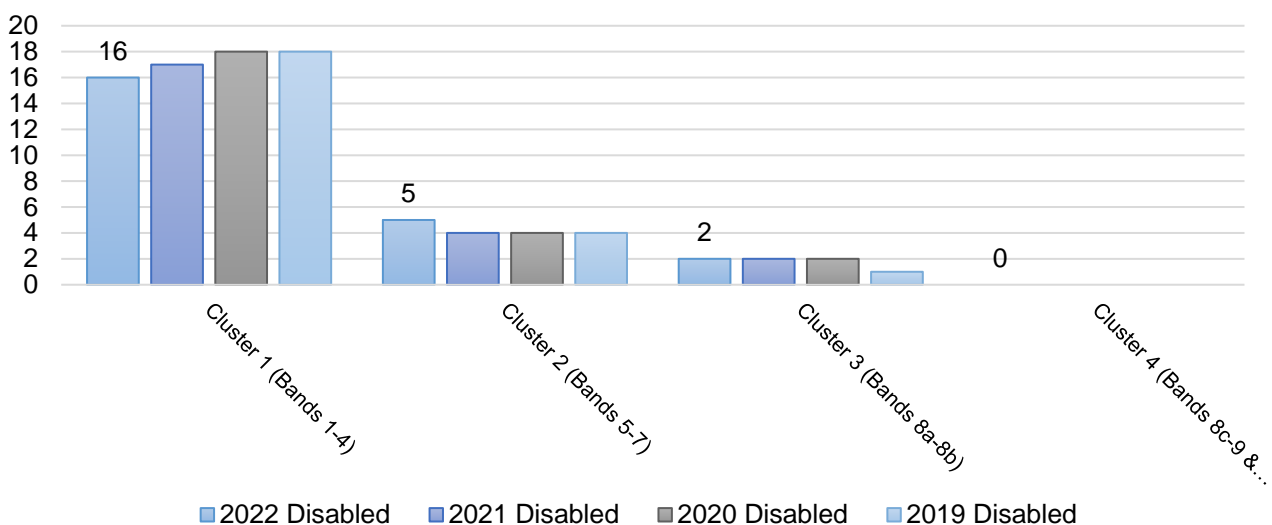
Compared to the overall workforce, in the non-clinical workforce there is a higher representation of Disabled staff in 2022 in Cluster 1. The least number of Disabled staff are represented in Cluster 4.

For clinical workforce

Pay banding	Disabled	non-disabled	Unknown	Total	*Disabled %	non-disabled %
Under Band 1	0	0	0	0		
Band 1	0	0	0	0		
Band 2	7	68	0	75	9.3%	90.7%
Band 3	1	34	0	35	2.9%	97.1%
Band 4	1	31	0	32	3.1%	96.9%
Band 5	6	106	8	120	5.0%	88.3%
Band 6	7	120	5	132	5.3%	90.9%
Band 7	7	90	2	99	7.1%	90.9%
Band 8a	0	21	0	21	0.0%	100.0%
Band 8b	0	8	1	9	0.0%	88.9%
Band 8c	0	3	1	4	0.0%	75.0%
Band 8d	0	1	0	1	0.0%	100.0%
Band 9	1	1	0	2	50.0%	50.0%
VSM	0	1	0	1	0.0%	100.0%
Other	0	0	0	0		
Cluster 1 (Bands 1-4)	9	133	0	142	6.3%	93.7%
Cluster 2 (Bands 5-7)	20	316	15	351	5.7%	90.0%
Cluster 3 (Bands 8a-8b)	0	29	1	30	0.0%	96.7%
Cluster 4 (Bands 8c-9 & VSM)	1	6	1	8	12.5%	75.0%
Total clinical	**30**	**484**	**17**	**531**		
Medical & Dental: Consultants	2	74	13	89	2.2%	83.1%
Medical & Dental: Non-consultant career grades	0	27	3	30	0.0%	90.0%
Medical & Dental: Trainee grades	4	56	2	62	6.5%	90.3%
Cluster 5 (M&D: Consultants)	2	74	13	89	2.2%	83.1%
Cluster 6 (M&D: Non-Consultant career grades)	0	27	3	30	0.0%	90.0%
Cluster 7 (M&D: trainee grades)	4	56	2	62	6.5%	90.3%
Total Medical and Dental	**6**	**157**	**18**	**181**		
All clinical roles	**78**	**1439**	**88**	**1605**	**4.9%**	**89.7%**

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022

Historical comparison from previous WDES reports

Clinical Disabled workforce 2019-2022

Legend:
- 2022 Disabled
- 2021 Disabled
- 2020 Disabled
- 2019 Disabled
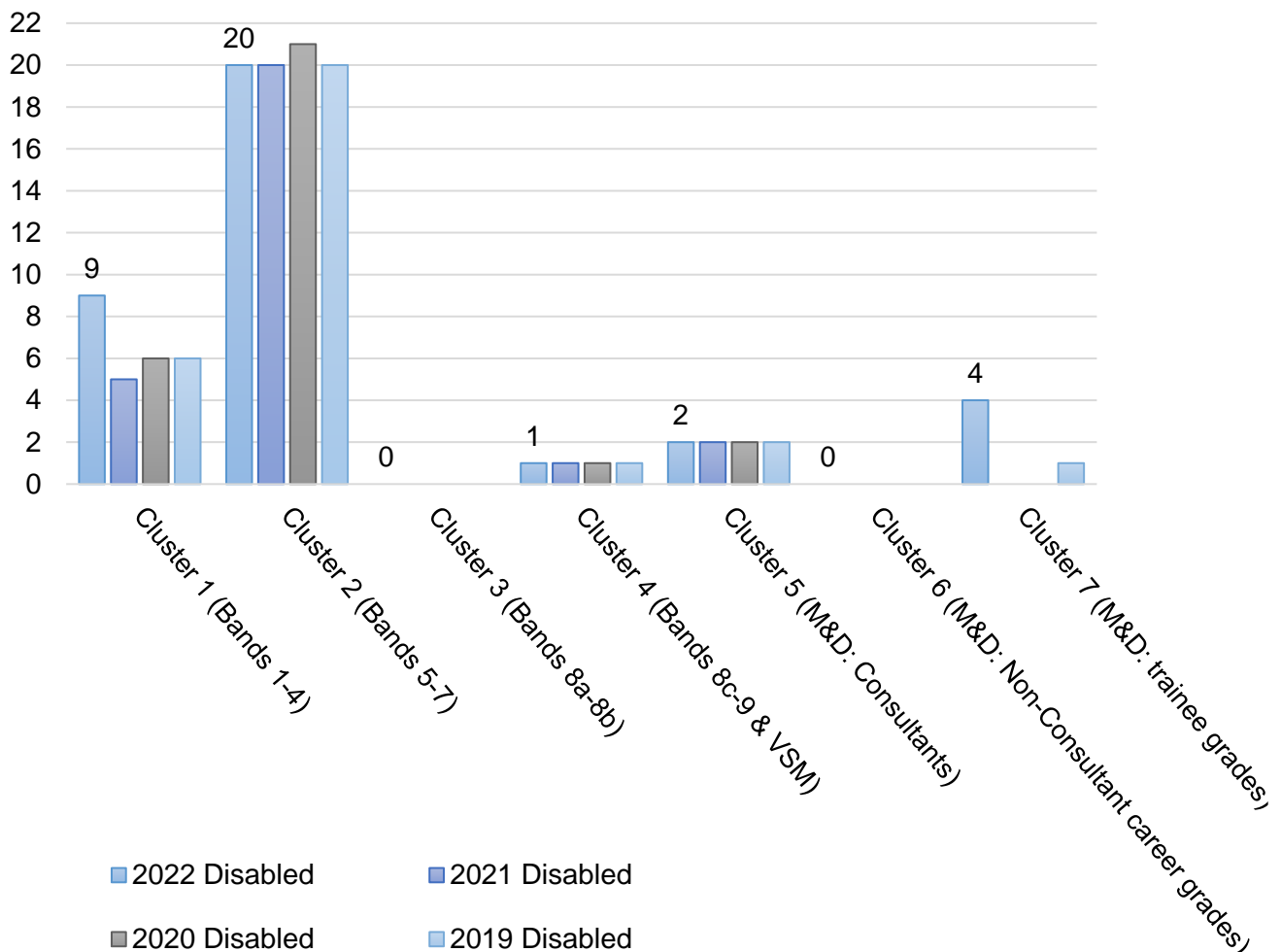
In 2022, compared to the overall workforce, there is a greater representation of Disabled staff in the clinical workforce Cluster 2. The least number of Disabled staff are represented in Cluster 3 and Cluster 6.

What the data tells us:

- There is a better representation of Disabled staff in the non-clinical roles (5.9%) compared to clinical roles (5.1%)
- Clusters 1 and 2 in both clinical and non-clinical roles have a higher than expected level of representation of Disabled staff (compared to the overall number of Disabled staff in the workplace at 5.4%)
- Cluster 4 in clinical roles has the highest level of representation of Disabled staff in the clinical workforce, which is a higher than expected level of representation compared to the overall number of Disabled staff in the workplace
- There has been minimal change to the number of Disabled staff in non-clinical roles between 2016 (6.2%) and 2022 (5.9%)
- There has been a marked increase to the number of Disabled staff in clinical roles between 2021 (4.0%) and 2022 (5.1%)

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022

Metric 2 - Relative likelihood of non-disabled applicants compared to Disabled being appointed from shortlisting across all posts

The relative likelihood of non-disabled candidates being appointed from shortlisting compared to Disabled candidates is 0.68** times greater. In this instance, the data suggests non-disabled candidates are more likely than Disabled candidates to be appointed from shortlisting.

**calculation is 0.16 (non-disabled candidates) / 0.24 (Disabled candidates)

	Disabled	Non-disabled	Unknown	Total
Applicants shortlisted	46	718	67	**831**
Shortlisted %	*5.5%*	*86.4%*	*8.1%*	
Applicants appointed	11	117	48	**176**
Appointed %	*6.3%*	*66.5%*	*27.3%*	
Relative likelihood of appointment from shortlisting	24%	16%	72%	
Relative likelihood of being appointed	**0.24**	**0.16**	**0.72**	**0.68**
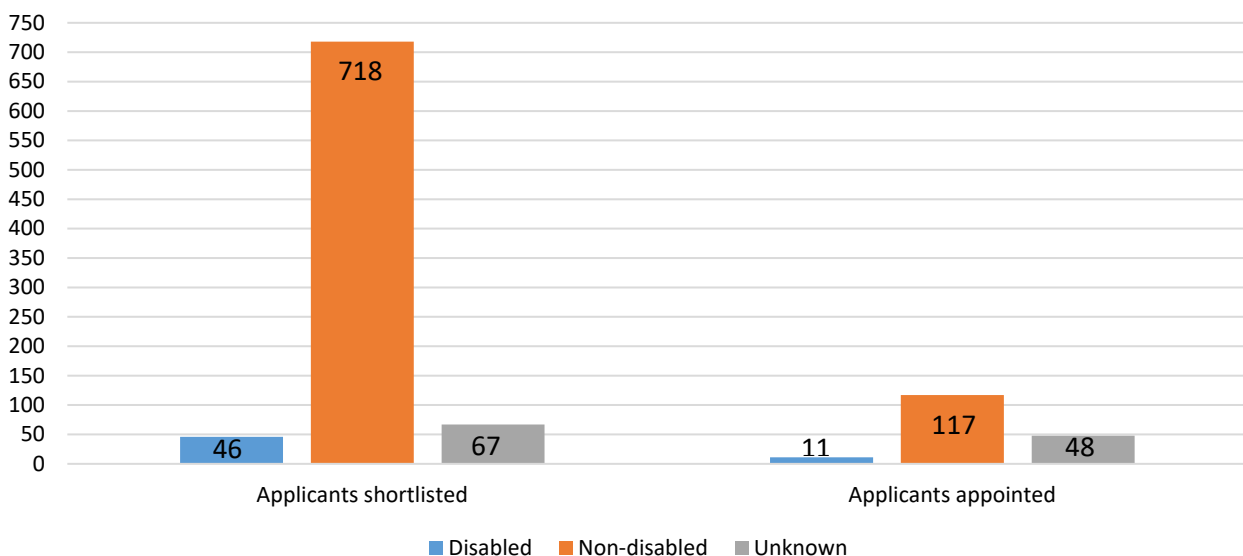
Historical comparison from previous WDES reports

In the chart below, Disabled applicants have a constant measure of 1.0. Where the Disabled applicants line is above the non-disabled applicants bar, it would suggest that non-disabled applicants are less likely to be recruited from shortlisting than Disabled applicants. Where the Disabled applicants line is below the non-disabled applicants bar, it suggests the converse, in that non-disabled applicants are more likely to be recruited from shortlisting than Disabled applicants.

The graph below shows that the relative likelihood of non-disabled candidates being appointed from shortlisting compared to Disabled staff was consistently greater in 2019, 2020 and 2021. However, in 2022 there was a relative likelihood of Disabled candidates being appointed from shortlisting.

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022
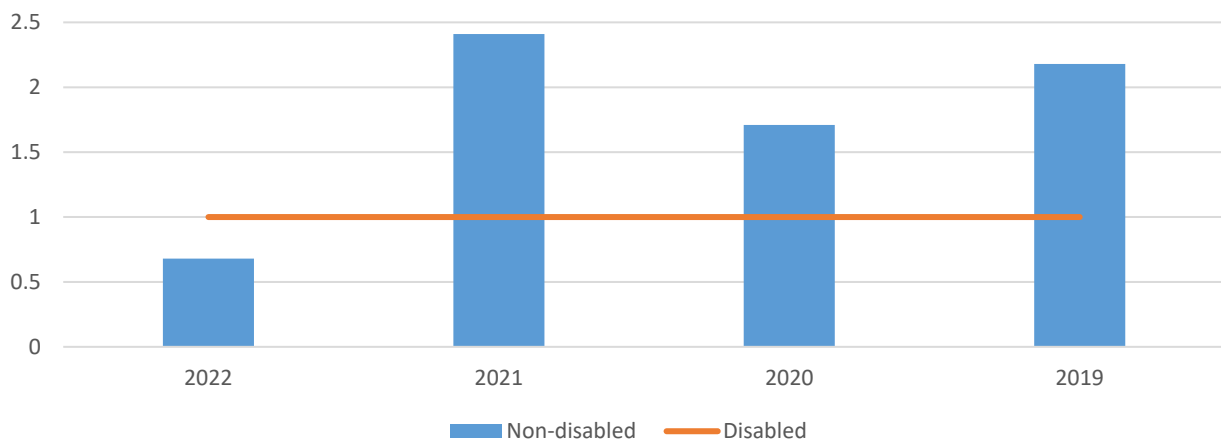
What the data tells us:

- The 2022 data suggests that non-disabled applicants are 0.68 times more likely to be appointed from shortlisting than Disabled applicants.
- The relative likelihood of non-disabled applicants being appointed from shortlisting has been greater than Disabled candidates in previous years. However, the data indicates an improvement in this in 2022 as there is a greater relative likelihood of Disabled candidates being appointed from shortlisting.

The Trust does not share personal or equal opportunities data with managers at the shortlisting stage to remove potential bias in the recruitment process. Applicants are however able to apply under the guarantee interview scheme (Two Ticks); meaning if an applicant meets all essential requirements in the person specification for a role they are invited to interview. Appointing managers are alerted when they complete shortlisting if they have not moved an applicant who has applied under this scheme through to interview, to allow them to review the application if required.

Disability Confident Employer Scheme

Queen Victoria Hospital became a disability confident employer (Level 2) in February 2020 to show our commitment to equal opportunities to all applicants. The disability confident scheme supports QVH to attract Disabled candidates in our local community by promoting our membership on all recruitment adverts, public website and recruitment paperwork. The scheme also provides us with the tools to help support an employee who may become disabled whilst employed by us.

Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into a formal capability procedure

Note: this metric is based on data from a two year rolling average of the current year and the previous year. This metric looks at capability on the grounds of performance, rather than ill-health, and for 2022 how many of these were on the grounds of ill-health.

*** calculation is:
The likelihood of Disabled staff entering the formal capability process: 0 / 59 = 0.00%
The likelihood of non-disabled staff entering the formal capability process: 3 / 994 = 0.30%

	Number of Formal Capability Processes	On the grounds of ill-health	Number in Workforce	***Relative Likelihood of entering procedure
Disabled	0	0	59	0.0000
Non-disabled	3	0	994	0.0030 (0.30%)
Unknown	0	0	47	0.0000

We are unable to state the relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff in 2022 as there were no Disabled staff being managed in line with a formal capability process.

Historical comparison from previous WDES reports

In the chart below, non-disabled staff have a constant measure of 1.0. For Disabled staff, if the bar is below the non-disabled staff line, it would suggest that Disabled staff are more likely to enter the formal capability process than non-disabled staff. Where the Disabled staff bar is above the non-disabled staff line, it would suggest that they are less likely to enter a formal capability process.

It can been seen that the relative likelihood of Disabled staff entering the formal capability process was less likely in 2019, 2021 and 2022 compared to non-disabled staff. 2020 was an exception where Disabled staff were more likely to enter a formal capability process; however it is important to note over a two year period the average number of Disabled staff that entered a formal capability process was 1 compared to an average of 3 non-disabled staff in 2020. The average numbers for 2020 were as follows:
The likelihood of Disabled staff entering the formal capability process: 1 / 54 = 0.03%
The likelihood of non-disabled staff entering the formal capability process: 3 / 937 = 0.00%

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022
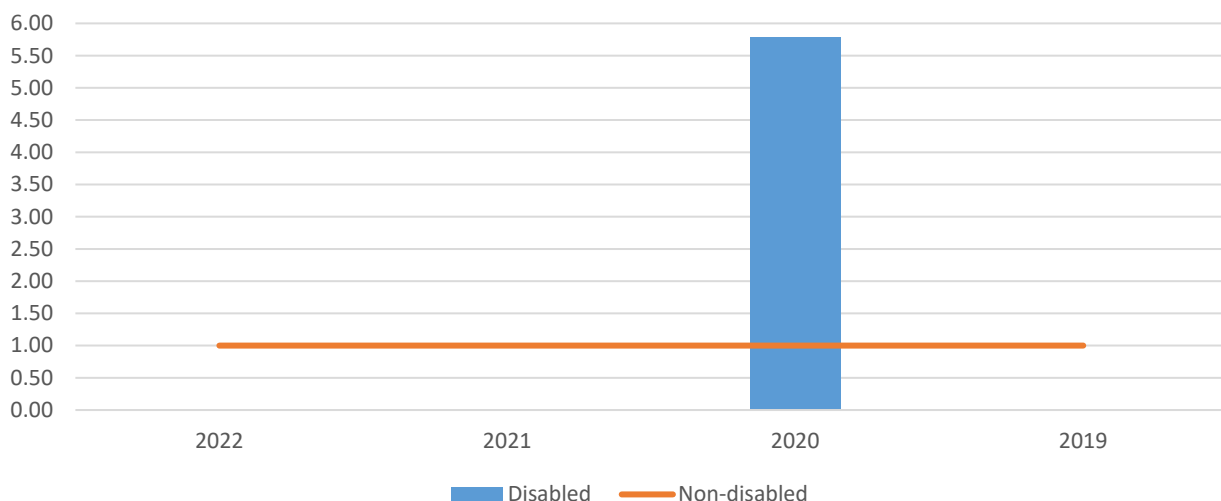
Metric 10 – Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated

There was one Disabled staff representation of voting Board members in 2022 which was the same as in 2021.

	Disabled	Non-disabled	Unknown	Total
Total Board members	**1**	**11**	**0**	**12**
of which voting	*1*	*3*	*0*	*4*
of which non-voting	*0*	*8*	*0*	*8*
Total Board members	**1**	**11**	**0**	**12**
of which Executive	*1*	*6*	*0*	*7*
of which Non-Executive	*0*	*5*	*0*	*5*

	Disabled	Non-disabled	Unknown
Number of staff in overall workforce	59	994	47
Total Board members - % by Disability	8%	92%	0%
Voting Board Member - % by Disability	25%	75%	0%
Non-Voting Board Member - % by Disability	0%	100%	0%
Executive Board Member - % by Disability	0%	100%	0%
Non-Executive Board Member - % by Disability	20%	80%	0%
Overall workforce - % by Disability	5%	90%	4%
Difference (Total Board - Overall workforce)	3%	1%	-4%
Difference (Voting membership – Overall workforce)	20%	-15%	-4%
Difference (Executive membership – Overall workforce)	-5%	10%	-4%

What the data tells us:

- There is a better representation of Disabled staff among the total Board (8%) in 2022 when compared to the overall workforce (5%).
- There is a significantly better percentage representation of Disabled staff among the voting members of the Board (25) when compared to the overall workforce.
- However, when considering these statistics it is important to remember that the Board consists of just 12 members, with 4 voting members. Therefore, any variations will appear more significant than they otherwise would in larger groups.

NHS Staff Survey

QVH surveyed 1056 eligible staff in 2021 compared to 1059 in 2020. Of these, 679 responded making a 64.5% return, an increase from 58.7% the year before.

The following metrics (4-9a) include the 2018-2021 organisation results (for q4b, q11e, q14a-d, q15, and q28b) split by staff with a long lasting health condition or illness (Disabled) compared to staff without a long lasting health condition or illness (non-disabled). It also shows results for the staff engagement score for staff with a long lasting health condition or illness (Disabled), compared to staff without a long lasting health condition or illness (non-disabled) 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?'

It should be noted that within the NHS Staff Survey metrics the term 'staff with a long term condition or illness' is referred to as Disabled, and the term 'staff without a long term condition or illness' is referred to as non-disabled.

'Disabled compared to non-disabled', analyses the differences in experience between those staff who have responded 'Yes' and 'No' to questions about whether they have a disability.

Metric 4 – a) Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:

i) Patients/ service users, their relatives or other members of the public (patients, etc.)
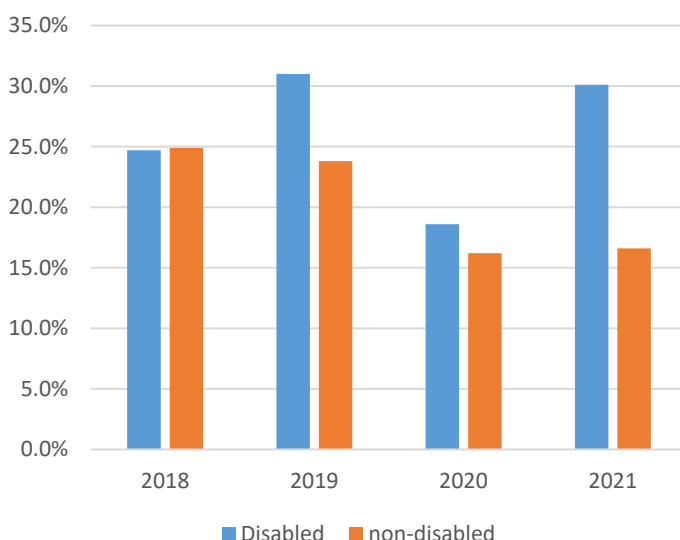
The percentage of Disabled staff that experienced harassment, bullying or abuse for this category in 2021 was 30.1% which is considerably more (13.5%) than non-disabled staff where 16.6% responded that they had this experience.

The graph shows that over the 4 year reporting period, Disabled staff experience harassment, bullying or abuse for this category on average 5.7% more than non-disabled staff.

Author: Gemma Farley, Employee Relations and Wellbeing Manager
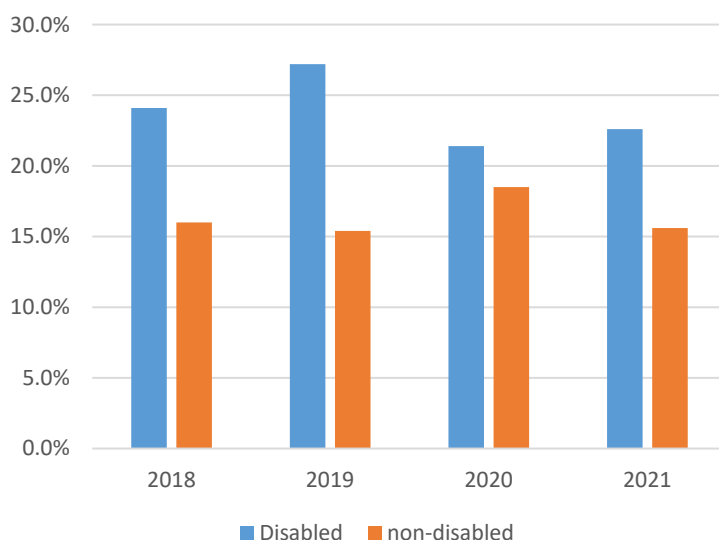*Date: October 2022*

ii)   Managers

The percentage of Disabled staff that experienced harassment, bullying or abuse from managers in 2021 was 13.5% which is 5.6% more than non-disabled staff where 7.9% responded that they had this experience.

The graph shows that over a 4 year reporting period, Disabled staff experience harassment, bullying or abuse from managers on average 7.6% more than non-disabled staff.
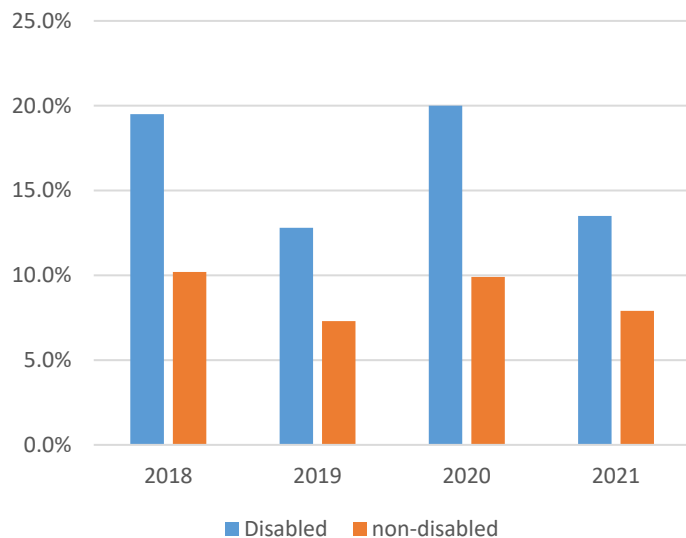
iii)   Other colleagues

The percentage of Disabled staff that experienced harassment, bullying or abuse from other colleagues in 2021 was 22.6% which is 7% more than non-disabled staff where 15.6% responded that they had this experience.

The graph shows that over a 4 year reporting period, Disabled staff experience harassment, bullying or abuse from other colleagues on average 7.5% more than non-disabled staff.

What the data tells us:

- Although there are comparatively small percentage differences in the experience between Disabled and non-disabled staff in the data above, it is unacceptable that Disabled staff experience harassment, bullying or abuse from patients, etc, managers and other colleagues more than non-disabled staff.

Metric 4 – b) Percentage of Disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
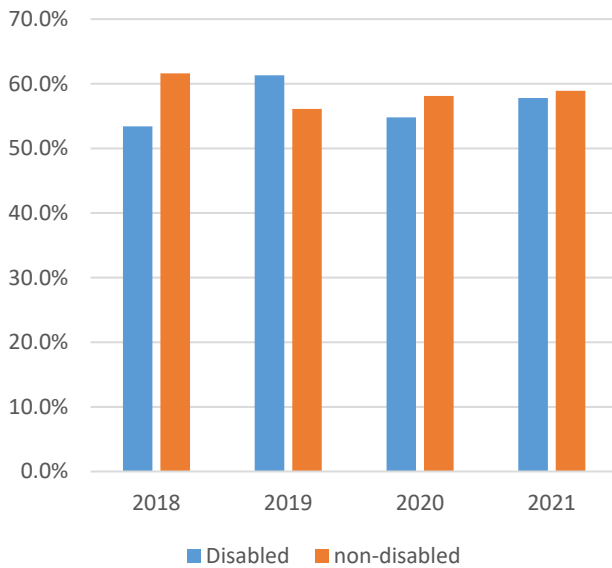
The percentage of Disabled staff that said the last time they experienced harassment, bullying or abuse at work they or a colleague reported it in 2021 was 55.8% which is significantly less by 8.5% compared to only 47.3% of non-disabled staff who responded.

The graph shows that over a 4 year reporting period, Disabled staff said that the last time they experienced harassment, bullying or abuse at work they or a colleague reported it on average 3.6% more than non-disabled staff.
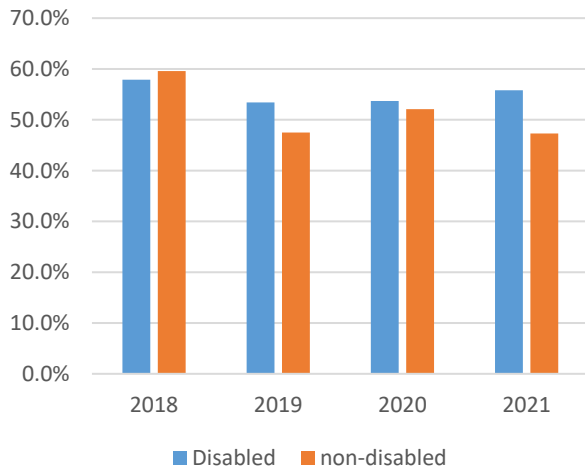
In the period there were no employee relations casework records (Source: ESR) of staff having raised allegations of discrimination at work from manager/ team leader or other colleagues.

What the data tells us:

- Although it is encouraging that Disabled staff said they or a colleague have report experiences of harassment, bullying or abuse at work, it is not acceptable that they have had this experience in the workplace.

Metric 5 – Percentage of Disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion

The percentage of Disabled staff believing that the organisation provides equal opportunities for career progression or promotion in 2021 was 57.8% which is a nominal 1.1% less than non-disabled staff (58.9%).

The graph shows that over the 4 year period, Disabled staff believe that their organisation provides equal opportunities for career progression or promotion on average a minimal 1.9% more to non-disabled staff.

The graph below shows the number of staff that were recruited through open competition (source: Trac) and therefore promoted internally. It can be seen that 1.9% were Disabled staff compared to 98.1% non-disabled staff.

Internal promotions through open recruitment competition
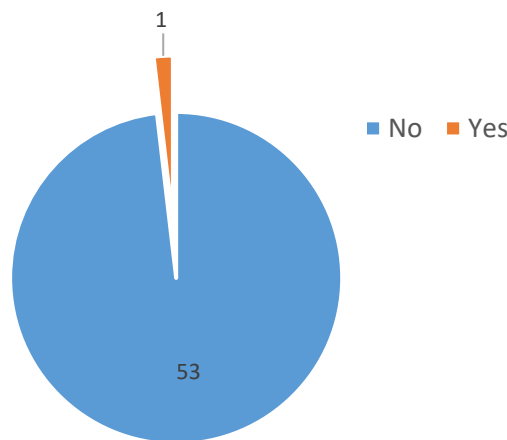
What the data tells us:

- It is encouraging to see that staff are saying that they feel that there is equal opportunity for promotion and progression in the staff survey however this is not being supported when analysed against the data for internal promotions through open recruitment competition (source; TRAC)

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022

Metric 6 – Percentage of Disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

The percentage of Disabled staff that said they had felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, in 2021 was 31.8% which is significantly higher (14.1%) than non-disabled staff where 17.7% responded they had felt pressure.

The graph shows that over a 4 year reporting period, Disabled staff said that they had felt pressure from their manager to come to work, despite not feeling well enough to perform their duties on average 9% more than non-disabled staff.
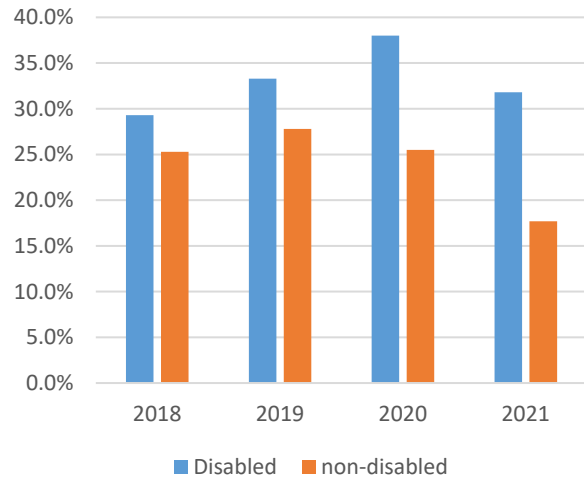
What the data tells us:

- It is unacceptable that Disabled staff and non-disabled staff have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties. It is concerning that Disabled staff have felt more pressure compared to non-disabled staff to come to work when not feeling well enough.

Metric 7 – Percentage of Disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work
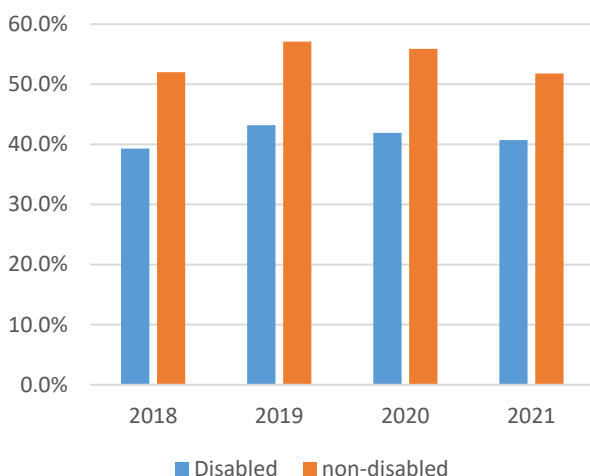
The percentage of Disabled staff that said they were satisfied with the extent to which the organisation values their work in 2021 was 40.7% compared to 51.8% of non-disabled staff; who are therefore 11.1% more satisfied.

The graph shows that over a 4 year reporting period, Disabled staff have consistently said that they are less satisfied with the extent to which the organisation values their work compared to non-disabled staff. On average Disabled staff are 12.9% less satisfied compared to non-disabled staff.

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022

What the data tells us:

- It is concerning that Disabled staff and non-disabled staff have said that they are not satisfied with the extent to which the organisation values their work, however this gap between disabled and non-disabled staff has remained consistent since 2018.

Metric 8 – Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

The percentage of Disabled staff that said their employer has made adequate adjustment(s) to enable them to carry out their work in 2021 was 80.7%.

The graph below shows that over a 4 year reporting period, on average 78.6% of Disabled staff have said that their employer has made adequate adjustment(s).
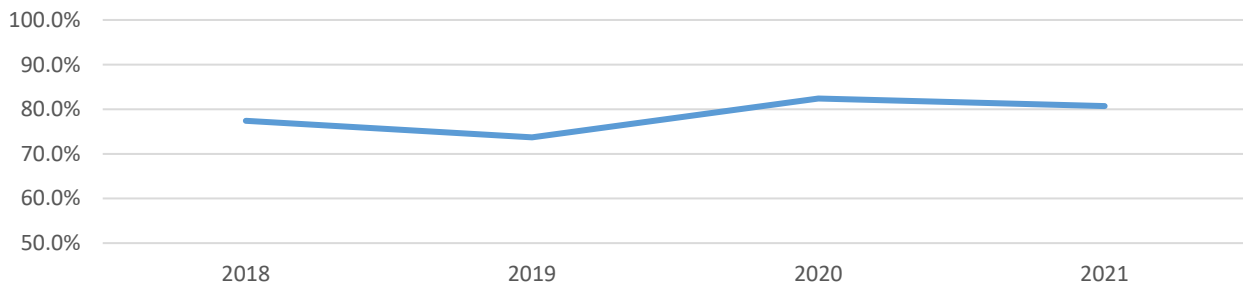
Metric 9a – The staff engagement score for Disabled staff compared to non-disabled staff and the overall engagement score
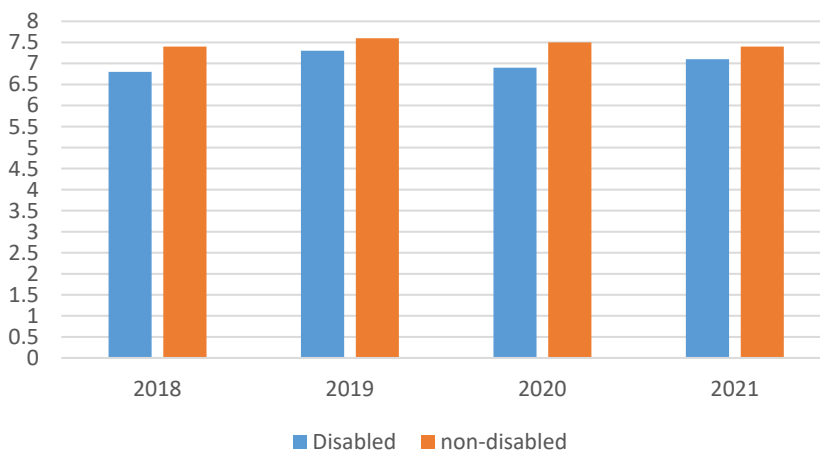
The overall engagement score for Disabled staff in 2021 was 7.1 and for non-disabled staff it was 7.4.

Metric 9b – Has the organisation taken action to facilitate the voices of Disabled staff to be heard?

Yes:

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022

- Recruitment process – Disabled applicants are guaranteed interview if they meet a percentage of the criteria as part of being a Disability Confident Employer. Reasonable adjustments to enable candidates to attend interview.
- Organisation Development interventions – accessibility requirements identified when implementing the OD intervention, such as method of programme delivery can be offered in various formats.
- Employee Relations – such as response to Occupational Health recommendations for reasonable adjustments in the workplace, engagement with Access to Work, etc.

Conclusions

Although there is a better representation of Disabled staff in non-clinical roles (5.9%) compared to clinical roles (5.1%), and there has been a marked increase in the number of Disabled staff in clinical roles between 2021 (4.0%) and 2022 (5.1%), it is disheartening that there has not been a significant increase in the number of Disabled staff in the overall workforce which is 5.4%. Non-disabled applicants are 0.68 times more likely to be appointed from shortlisting than Disabled applicants. To support the recruitment of Disabled staff into the workforce, the Trust continues to promote its disability confident employer (Level 2) status.

It is encouraging that Disabled staff said they or a colleague have report experiences of harassment, bullying or abuse at work from patients, etc, managers and other colleagues, it is not acceptable that they have had this experience in the workplace. To address this, the Trust has promoted anti-bullying awareness and support available for staff experiencing bullying in the workplace. Additionally, a number of Departmental managers issued a statement to staff emphasising the Trust's commitment that bullying and harassment will not be tolerated and encouraging concerns to be raised.

Finally, it is reassuring to see that Disabled staff compared to non-disabled staff believe that their organisation provides equal opportunities for career progression or promotion. It is intended that over the next 12 months the Trust will be considering a career development programme for Disabled staff. Existing programmes or initiatives that are focused on disability equality and inclusion include the Trust's Leadership programmes (Stepping Up), Deaf Awareness training, and Autism Awareness training.

Action plan

Action	Timeframe
Monitor shortlisting process ensuring candidates who declare a disability under the Two Ticks scheme are invited to interview if they meet all essential requirements	September 2023
Introduction of disability awareness in recruitment including "what is a reasonable adjustment"	September 2023
To increase workplace satisfaction of Disabled staff through initiatives such as: • Reasonable adjustments and closer working relations with Access to Work, etc. • Improve opportunity for flexible working across the Trust	September 2023

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022

• To give Disabled staff a voice – Disabled staff network • Educate and support our people to be proactive in their health and wellbeing	
Targeted career development opportunities for Disabled staff	September 2023
Implement NHS People Promise – We are safe and healthy • Training/ framework in respect of neurodiversity • Line manager disability awareness training (deaf awareness, autism awareness, sight awareness) • All staff disability awareness promotion/ training	September 2023

Author: Gemma Farley, Employee Relations and Wellbeing Manager
Date: October 2022

Report cover-page				
References				
Meeting title:	Business meeting of the Board of Directors			
Meeting date:	3/11/2022		**Agenda reference:**	**173-22**
Report title:	Financial, operational and workforce performance assurance			
Sponsor:	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee			
Author:	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee)			
Appendices:	N/A			
Executive summary				
Purpose of report:	Assurance on financial, operational and workforce performance as discussed at the latest Finance & Performance Committee			
Summary of key issues	Whilst the Trust is reporting financial break-even, this is within a generous funding settlement and is not sustainable. Workforce indicators are generally static, although sickness is being monitored Operational performance, particularly around 52ww, is being monitored closely and actions regularly updated			
Recommendation:	The board is asked to note the matters discussed and seek further clarification.			
Action required [embolden **one** only]	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs): [[embolden KSO(s) this recommendation aims to support]	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: ***Operational excellence***	KSO4: ***Financial sustainability***	KSO5: ***Organisational excellence***
Implications				
Board assurance framework:	BAFs for KSO3, KSO4 and KS05 are relevant and were reviewed at the meeting			
Corporate risk register:	Corporate risks allocated for oversight by the committee were reported upon and note is made where individual risks received more detailed review – if applicable			
Regulation:	Some KPIs link into the oversight framework of reporting to NHSE and CQC			
Legal:	No specific legal implications			
Resources:	Resources are fundamental to the delivery of performance			
Assurance route				
Previously considered by:	Finance, operational and workforce reports go through a variety of routes to reach the committee			
	Date:		Decision:	
Next steps:	Review by board			

Report to:	Board Directors
Agenda item:	173-22
Date of meeting:	3 November 2022
Report from:	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee
Report author:	Paul Dillon-Robinson, Non-executive director, Chair of Finance & Performance Committee
Date of report:	25 October 2022
Appendices:	N/A

Financial, operational and workforce performance assurance

Introduction

This report covers the meeting of the Finance & Performance Committee on 3 October 2022, reviewing performance information as at the end of August. Due to leave commitments the meeting was one week later than usual.

The Finance & Performance Committee meets monthly to review regular reports on financial, operational and workforce matters, as well as topics set out in an annual workplan.

Operational performance

The Trust is monitoring progress against its revised 52ww target for the 2022/23 year-end (244 as opposed to the original 140) and the committee explored issues around the increased demand on services (noted having an impact on the 2ww cancer performance and an increase in overall waiting list size), capacity (noted discussions with The McIndoe Centre and options for other theatre space) and staffing. Action plans, particularly within Plastics, were reviewed.

Given the national debate on productivity the committee discussed issues around theatre utilisation (including on the day cancellations) and various action plans in these areas. This included a challenge on the appropriateness of benchmarks.

Improvements in the Sleep service are behind plan, primarily due to difficulties in recruiting to the timescale originally envisaged, and the committee encouraged a realistic plan.

Workforce

The committee reviewed the workforce indicators and focussed on the sickness absence levels, which are historically high for QVH if not for the NHS overall. Whilst no specific underlying trends were identified, additional analysis on long and short-term sickness will be undertaken. There remain vacancies in a number of areas; workforce utilisation is static.

Following up on a previous discussion the committee considered how it could be assured on the effectiveness of the staff appraisal process. The action plan was reviewed and suggestions made on possible enhancements.

Financial

The Trust continues to benefit from the 2022/23 funding regime and is reporting a break-even position. Pay and non-pay remain broadly in line with trend. The overall

position, however, needs to be recognised in the light of the longer-term risk of financial sustainability and the unlikelihood of such generous funding continuing.

The committee discussed the costs of additional activity at the The McIndoe Centre and ongoing discussions with Horder management around this.

Capital expenditure was also reviewed, with discussions on the options if slippage in some spend should occur.

Other matters
The committee reviewed the IT Infrastructure business case, with the associated risk to delivery within this financial year. The need for the work was supported, but the board would need to make the final decision in the light of a fuller exposition of the mitigations available.

The committee also welcomed the positive report on the progress made in clinical coding and was pleased to leave this as a matter for reporting by exception in future. It received a number of further updates on matters including digital dictation, information governance, apprenticeship levy.

Assessment
The board can be assured that, whilst good progress is being made in the areas overseen. There remain short-term challenges and risks, as well as the longer-term concerns; management are aware of the issues.

Recommendation
The Board is asked to **NOTE** the matters raised above and discuss any issues that they feel appropriate

Report cover-page				
References				
Meeting title:	Board of Directors			
Meeting date:	3/11/2022	**Agenda reference:**		**174-22**
Report title:	V10b of Trust Constitution			
Sponsor:	Clare Pirie, Director of communications and corporate affairs			
Author:	Leonora May, Deputy company secretary			
Appendices:	None			
Executive summary				
Purpose of report:	This report serves to notify the Board that the Constitution will be updated to correct an administrative error.			
Summary of key issues	The corrections are as follows: - Removal of the text in section 21.15 - Correction to numbering of sections 21.15-22			
Recommendation:	It is recommended that the Board **notes** the contents of the report.			
Action required	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	**KSO3:**	**KSO4:**	**KSO5:**
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications				
Board assurance framework:	None			
Corporate risk register:	None			
Regulation:	Updated Constitution will be sent to NHSE so that the directory can be updated			
Legal:	None			
Resources:	None			
Assurance route				
Previously considered by:	Changes previously approved by Board and CoG			
	Date:	Board- 21 February 2022, CoG- 3 March 2022		
Next steps:	Council of governors to be notified of update V10b of Trust Constitution published on website and shared with NHSE			

Report to:	Board Directors
Agenda item:	174-22
Date of meeting:	3 November 2022
Report from:	Clare Pirie, Director of communications and corporate affairs
Report author:	Leonora May, Deputy company secretary
Date of report:	19 October 2022
Appendices:	None

V10b of Trust Constitution

Introduction

This report serves to notify the Board that the Constitution will be updated to correct an administrative error to remove the text in section 21.15 and correct the numbering of sections 21.15- 22.

Background

On 21 February 2022, the council of governors (and the Board on 3 March 2022) approved the following update to section 21.14 of V9 of the Trust's Constitution:

Section 21.14 will read:
If the Meeting Chair has a conflict of interest in relation to the business being discussed, then the Deputy Chair shall chair that part of the meeting. Should the Deputy Chair not be present then one of the other non-executive directors shall chair that part of the meeting.

When this change was made to section 21.14, a part of the old section 21.14 clause moved down to section 21.15 of the Constitution instead of being removed. This was an administrative error. The incorrect clause at 21.15 will be removed and subsequent numbering will be corrected.

V10b of the Trust Constitution will be published on the Trust's website following the Board meeting and Council of Governors meeting.

Recommendation

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

Report cover-page				
References				
Meeting title:	**Board of Directors**			
Meeting date:	**3 November 2022**	**Agenda reference:**		**175-22**
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 14 September 2022			
Summary of key issues	The Committee received a report on the assurance framework for KSOs 3 &4. Updates on Internal Audit and Counter Fraud were received from RSM.			
Recommendation:	The Board is asked to **NOTE** the contents of this report.			
Action required [highlight **one** only]	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs): [Tick which KSO(s) this recommendation aims to support]	KSO1: *Outstanding patient experience* √	KSO2: *World-class clinical services* √	KSO3: *Operational excellence* √	KSO4: *Financial sustainability* √	KSO5: *Organisational excellence* √
Implications				
Board assurance framework:	Internal audit reports were received and the assurance framework for KSOs 3 & 4 were reviewed			
Corporate risk register:	None			
Regulation:	None			
Legal:	None			
Resources:	None			
Assurance route				
Previously considered by:	NA			
	Date:		Decision:	
Previously considered by:				
	Date:		Decision:	
Next steps:	None			

Queen Victoria Hospital **NHS**

NHS Foundation Trust

Report to:	Board of Directors
Meeting date:	3 November 2022
Reference number:	175-22
Report from:	Kevin Gould, Chair
Author:	Kevin Gould, Chair
Appendices:	N/A
Report date:	26 October 2022

**Audit Committee report
Meeting held on 14 September 2022**

1. The Committee received an update on the assurance framework for KSOs 3 and 4 from the Chief Financial Officer and Director of Operations. The Committee noted that although the Trust is on track to achieve a year end breakeven position it is important to develop a thorough understanding of the underlying position, capacity and demand and other potential challenges and the assurance mechanisms supporting this. Regarding KSO 4, the Committee focused on challenges relating to waiting lists and increased demand, and on the availability, quality and use of data.

2. The Committee reviewed the draft financial statements for the QVH Charitable Fund and noted that the audit has commenced.

3. RSM presented an update on the Internal Audit plan. Two reports had been completed since the previous meeting:
   - COVID Recovery Planning (Substantial Assurance, no High priority actions)
   - Data Quality & Performance: Waiting List Management – (Reasonable Assurance, one High priority action)
   The Committee reviewed and discussed the outstanding management actions, noting the good progress that continues to be made.

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

5. The Committee reviewed financial reports including details of waivers and invoices with no purchase order.

6. The Committee noted that the contract for external audit will need to be tendered for the financial year 2023/24 and agreed to start the process.

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