

Business Meeting of the Board of Directors

Thursday 2 March 2023

**Session in public
10.00-12.00
Education Centre, QVH**



**MEMBERSHIP
BOARD OF DIRECTORS
March 2023**

Members (voting):

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

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
Director of Strategy and Partnerships	-	Abigail Jago
Deputy Company Secretary	-	Leonora May



Annual declarations by directors 2022/23

Declarations of interests

As established by section 40 of the Trust's Constitution, a director of the Queen Victoria Hospital NHS Foundation Trust has a duty:

- to avoid a situation in which the director has (or can have) a direct or indirect interest that conflicts (or possibly may conflict) with the interests of the foundation trust.
- not to accept a benefit from a third party by reason of being a director or doing (or not doing) anything in that capacity.
- to declare the nature and extent of any relevant and material interest or a direct or indirect interest in a proposed transaction or arrangement with the foundation trust to the other directors.

To facilitate this duty, directors are asked on appointment to the Trust and thereafter at the beginning of each financial year, to complete a form to declare any interests or to confirm that the director has no interests to declare (a 'nil return'). Directors must request to update any declaration if circumstances change materially. By completing and signing the declaration form directors confirm their awareness of any facts or circumstances which conflict or may conflict with the interests of QVH NHS Foundation Trust. All declarations of interest and nil returns are kept on file by the Trust and recorded in the following register of interests which is maintained by the Deputy Company Secretary.

Register of declarations of interests

Relevant and material interests								
	Directorships, including non-executive directorships, held in private companies or public limited companies (with the exception of dormant companies).	Ownership, part ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS or QVH.	Significant or controlling share in organisations likely or possibly seeking to do business with the NHS or QVH.	A position of authority in a charity or voluntary organisation in the field of health or social care.	Any connection with a voluntary or other organisation contracting for NHS or QVH services or commissioning NHS or QVH services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with QVH, including but not limited to lenders of banks.	Any "family interest": an interest of a close family member which, if it were the interest of that director, would be a personal or pecuniary interest.	Other
Non-executive and executive members of the board (within)								
Jackie Smith Trust Chair	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. Churchwarden for Parish of Buxted & Hadlow Down, trustee of Friends of St	<u>From 1/6/21</u> : Chair of the Audit Risk and Assurance Committee for one of the MoD's Top Level Budget organisations. <u>From 8/11/21</u> : <u>Non-Executive Director Chair of ARAC, and member of Agency Management Board for Rural Payments Agency, ex-officio member of Defra ARAC</u> <u>Already</u> : Non-trustee member of Finance Risk and Audit Committee of Farm Africa. Shadow governor of Hurst Education Trust. Trustee of the Association of Governing Bodies of Independent Schools.

							Margaret, and St Marks House School trust.	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
Tony Chambers Chief Executive (interim)	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.	
Stuart Rees 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
Abigail Jago Director of Strategy & Partnerships	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
Tony Chambers Chief Executive (interim)	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
Stuart Rees 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
Abigail Jago Director of strategy and partnerships	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Business meeting of the Board of Directors
Thursday 2 March 2023
10.00-12.00

Agenda: session held in public				
WELCOME				Time
220-23	Welcome, apologies and declarations of interest <i>Jackie Smith, Trust Chair</i>			10.00
STANDING ITEMS			Purpose	Page
221-23	Patient story		<i>Assurance</i>	-
222-23	Draft minutes of the public meeting held on 12 January 2023 <i>Jackie Smith, Trust Chair</i>		<i>Approval</i>	11
223-23	Matters arising and actions pending from the public meeting held on 12 January 2023 <i>Jackie Smith, Trust Chair</i>		<i>Review</i>	19
224-23	Chair’s report <i>Jackie Smith, Trust Chair</i>		<i>Assurance</i>	20
225-23	Chief executive’s report <i>Presented by Clare Pirie, Director of Communication and Corporate Affairs</i>		<i>Assurance</i>	22
GOVERNANCE				
226-23	Board effectiveness review <i>Clare Pirie, Director of Communications and Corporate Affairs</i>		<i>Review</i>	29
227-23	Sub-committee terms of reference <i>Clare Pirie, Director of Communications and Corporate Affairs</i>		<i>Approval</i>	40
228-23	Corporate risk register (CRR) <i>Nicky Reeves, Chief Nurse</i>		<i>Review</i>	67
229-23	Annual report on use of Trust seal <i>Clare Pirie, Director of Communications and Corporate Affairs</i>		<i>Information</i>	86
TRUST STRATEGY				
Key strategic objective 5: organisational excellence				
230-23	Board assurance framework KSO5 <i>Lawrence Anderson, Interim Director of Workforce and OD</i>		<i>Assurance</i>	89
231-23	Workforce monthly report <i>Lawrence Anderson, Interim director of Workforce and OD</i>		<i>Assurance</i>	90
232-23	Gender pay gap annual report <i>Lawrence Anderson, Interim director of Workforce and OD</i>		<i>Approval</i>	99
Key strategic objective 4: financial sustainability				
233-23	Board Assurance Framework KSO4 <i>Stuart Rees, Interim Chief Finance Officer</i>		<i>Assurance</i>	110

234-23	Financial performance monthly report <i>Stuart Rees, Interim Chief Finance Officer</i>	Assurance	111	11.08
235-23	2023/24 Business planning update <i>Stuart Rees, Interim Chief Finance Officer</i>	Review	120	11.17
Key strategic objective 3: operational excellence				
236-23	Board Assurance Framework KSO3 <i>Shane Morrison-McCabe, Director of Operations</i>	Assurance	128	11.25
237-23	Operational performance monthly report <i>Shane Morrison-McCabe, Director of Operations</i>	Assurance	129	11.28
238-23	Financial, operational and workforce performance assurance <i>Paul Dillon-Robinson, Non- executive Director and Committee Chair</i>	Assurance	139	11.37
239-23	Digital assurance <i>Kevin Gould, Non-executive Director and Committee Chair</i>	Assurance	142	11.40
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services				
240-23	Board Assurance Framework KSO1 & KSO2 <i>Nicky Reeves, Chief Nurse</i> <i>Tania Cubison, Medical Director</i>	Assurance	145	11.43
241-23	Quality and Safety report <i>Nicky Reeves, Chief Nurse</i> <i>Tania Cubison, Medical Director</i>	Assurance	147	11.46
MEETING CLOSURE				
242-23	Any other business (by application to the Chair) <i>Jackie Smith, Trust Chair</i>	Discussion	-	11.55
MEMBERS OF THE PUBLIC				
243-23	<p>We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to Leonora.may1@nhs.net clearly marked "Questions for the board of directors". Members of the public may not take part in the Board discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.</p> <p><i>Jackie Smith, Trust Chair</i></p>			
244-23	<p>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.</p> <p><i>Jackie Smith, Trust Chair</i></p>			

Document:	Minutes (Draft & Unconfirmed)	
Meeting:	Board of Directors (session in public) 10.00-12 noon 12 January 2023 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)
	James Drury (JD)	Interim Chief finance officer (voting)
	Nicky Reeves (NR)	Chief nurse (voting)
	Tania Cubison (TC)	Medical director (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:	Leonora May (LM)
Observing:	Lucy Bubb (LB)	Associate director, Deloitte LLP
Apologies:	None	
Members of the public:	Three public governors, and one patient for item 192-23	
Welcome		
191-23	Welcome, apologies and declarations of interest The Chair opened the meeting welcoming members of the Board, attendees and members of public observing the meeting including three public governors. The Chair also welcomed LB who was observing the meeting as part of the Trust’s well led review. 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 and no declarations of interest other than those already recorded on the register. The meeting was quorate.	
Standing items		
192-23	Patient story The Board welcomed a member of public who had joined the meeting to share her recent experience of QVH. She explained that her husband is an extremely anxious patient and surgery was aborted on a previous occasion due to his high blood pressure. The surgery was rescheduled and it was agreed that her husband would take sedatives beforehand. The rescheduled surgery was delayed on the day and he required a second sedative. Following surgery, the patient was discharged and there was a discrepancy between the dosage on the medication itself and the dosage on the discharge notes. She made significant efforts to query the dosage with the hospital, with a local pharmacist and with hospice nurse and it transpired that the dosage on the discharge notes was incorrect. There were also issues regarding communication with the nurses and surgeons who she thought did not provide an appropriate standard of care and compassion for the patient in accordance with his needs.	

	<p>Discussion was had regarding the details of the patient story and how QVH staff had responded. NR confirmed that there had been a full investigation into this patient's experience at QVH and that actions to ensure that it does not happen again are in progress. She expressed the importance of ensuring that special measures are put in place for anxious patients and confirmed that the medical director is investigating the error regarding the antibiotic dosage. Consideration is also being given to the impact of weekend working and late running theatre lists.</p> <p>The Board extended apologies to the patient and expressed thanks to the member of public for sharing their experience at QVH which provided some useful learning, and wished her and her husband well.</p>
193-23	<p>Draft minutes of the public meeting held on 3 November 2022</p> <p>The Board agreed that the draft minutes of the public meeting held on 3 November 2022 were a true and accurate record of that meeting and approved them on that basis.</p>
194-23	<p>Matters arising and actions pending from the public meeting held on 3 November 2022</p> <p>The Board noted one pending action which was not due for completion until May 2023.</p>
195-23	<p>Chair's report</p> <p>The Chair presented her report to the Board, highlighting that this was SJ's last Board meeting. She expressed her thanks for the support SJ had given to her since she joined QVH as the Trust Chair.</p> <p>The Board noted the contents of the report.</p>
196-23	<p>Chief Executive's report</p> <p>SJ presented his report to the Board, highlighting key issues and updates as follows:</p> <ul style="list-style-type: none"> - Farewell- SJ's last day at QVH is 13 January. He extended thanks to everyone at QVH for the last remarkable six years - Board changes- Abigail Jago has been appointed to the role of director of strategy and partnerships. JD will leave QVH at the end of January 2023 and recruitment for a substantive appointment had started before the end of the calendar year - Strike action- the Trust has received confirmation from the Royal College of Nursing that QVH will be included in the strike action on 18 and 19 January. Planned clinical activity will be limited on those days. Ambulance strikes will have an impact on the system - Community diagnostics centre (CDC)- the Trust's CCD business case has been approved and QVH will receive £1.937m in 2023/24 and a further £6.706m the following financial year - National issues- NHSE have published 2023/24 priorities and operational planning guidance that sets our key tasks for the next financial year, the most immediate being to recover core services and improve productivity <p>The Board considered the integrated dashboard and noted that system challenges were reflected on the dashboard within the operational excellence section, but that these pressures had not affected patient experience and clinical excellence. SJ confirmed that as a specialist trust, QVH does not have the same pressures as acute trusts such as ambulance queues and that there remains room for improvement in areas, such as theatre productivity.</p> <p>The Board noted that the Integrated Care Boards will take over responsibility for specialist commissioning from April 2024, and that this will simplify the commissioning process.</p>

	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	
197-23	<p>Board Assurance Framework NR and TC presented the board assurance frameworks related to KSO1 and KSO2 which were noted by the Board.</p> <p>NR highlighted that there was a reduced on site presence of paediatricians due to surge pressure at another trust, although they remain available by phone 24 hours per day. There had been no changes to the KSO2 BAF during the period.</p> <p>The Board noted the board assurance frameworks related to KSO1 and KSO2.</p>
198-23	<p>Corporate Risk register (CRR) NR presented the CRR to the Board who noted the highest scoring risks as highlighted.</p> <p>Risk 1198 (medical workforce sleep unit): TC reported that she expected this risk score to be reduced due to new medical staff starting in post.</p> <p>The Board noted the contents of the report.</p>
199-23	<p>Quality and Safety report NR presented the quality and safety report to the Board. She reported that one serious incident in June 2021 had been reported during the period. The Trust continued to see improvements in MRSA screening.</p> <p>The Board noted an error on page 65 of the board pack, where it stated 'only nine serious incidents...'. The word 'only' would be removed from the sentence and the board pack would be updated.</p> <p>In response to a question, NR explained that the reporting for the serious incident from June 2021 was delayed due to the fact that the patient had been transferred out and that there had been a delay in the Trust being notified of the death. She confirmed that the process to identify serious incidents has improved and is more robust. There is now a panel that reviews transfers out of the Trust.</p> <p>The Board noted that nursing staff turnover had reduced and that there is a focus on recruitment. Discussion was had regarding staff retention and LA confirmed that staff turnover continues to reduce. He agreed to consider introducing a new 'two years in post' metric in order that analysis can be completed regarding staff completing two years in post and longer term retention.</p> <p>TC agreed to review reported needle injuries and check for trends.</p> <p>The Board noted the contents of the report.</p>
100-23	<p>Six-monthly nursing workforce review NR presented the report to the Board and reported that there are ongoing challenges with nursing recruitment and that team continue to monitor shortage of staff in relation to reported incidents.</p> <p>The Board considered the contents of the report and discussed as follows:</p>

	<ul style="list-style-type: none"> - The Board welcomed the growth of the Trust's own staff through apprenticeship schemes and recognised a need to increase the offer of nursing apprenticeships going forwards - NR confirmed that the Allocate scheme has been fully implemented and that it covers all inpatient wards, and the Board noted this as good example of digital technology enabling better care - NR confirmed that national metrics are used to report on nursing fill rates and the Board considered the appropriateness of this measure given that nationally the scale of the nursing workforce challenge is much more significant than it is at QVH. In response, NR confirmed that individual services are benchmarked against the same services in other organisations and that internal benchmarking is also completed - The Board raised concern regarding high staff absence in the critical care unit and 30% of trained staff being on long term sickness absence. The Board noted that there is no identified theme for these absences, that this is a relatively small team so small number of staff have a significant percentage impact, and that bank and agency staff are being utilised to maintain patient experience and safety. One member of staff is starting a phased return back to work at the end of January 2023. - Discussion was had regarding retention for nursing staff and consideration was given to collaborations for secondment opportunities for nursing staff and increased flexibility regarding the retire and return scheme and working patterns <p>The Board noted the contents of the report.</p>
101-23	<p>General Medical Council national training survey 2022</p> <p>TC presented the report to the Board and reported that the results overall show positive outcomes across all specialities, with 20 green flags and three light green flags. There has been a particular improvement in higher plastic surgery and continued positive results in core surgery.</p> <p>The Board noted the importance of maintaining well scheduled medical rotas in order to continue to enable staff to take up opportunities of training and TC confirmed that work is ongoing to ensure that the maxillofacial trainee team have opportunities to take part in training.</p> <p>The Board were supportive of a suggestion that the training survey results be utilised to secure further funding for medical trainees.</p> <p>The Board noted the contents of the report.</p>
102-23	<p>Quality and Governance assurance</p> <p>KN presented the quality and governance assurance report to the Board and reported that the committee had been notified of one serious incident during the period from June 2021 and that the committee had requested further consideration regarding how the serious incident investigation process can be improved.</p> <p>The committee received an update on clinical harm reviews and noted that engagement continues to improve with the implementation of the new process, although there is further work to be completed. The committee sought assurance regarding a fall in the number of clinical harm reviews carried out this year in comparison to last year.</p> <p>The committee received a report on transferrable learning from three recent national investigations and requested a further updated action plan focussed on how the learning can be used to benefit QVH, specifically improvements to working culture and encouraging staff to speak up. The Board will have an opportunity to review the action plan at its seminar on 16 February 2023.</p>

	The Board noted the contents of the report.
Key strategic objectives 3 and 4: operational excellence and financial sustainability	
103-23	<p>Board assurance framework KSO3 and KSO4 SMM and JD presented the board assurance frameworks related to KSO3 and KSO4.</p> <p>SMM highlighted that there have been instances of patients not attending appointments due to cost of living pressures and the Board noted an impact on health inequalities. In response to a question, SMM confirmed that there is funding in place to support patients with transport where the patients have mutual aid, and where patients are on benefits they are able to claim back travel expenses.</p> <p>Discussion was had regarding private sector capacity and whether an agreement can be reached for April 2023 and beyond. The Board noted that an initial six month contract was agreed with the McIndoe Centre due to the financial framework for 2023/24 at that time being unknown. Planning for beyond April will now commence but it will be important for the Trust to improve its own theatre productivity beforehand.</p> <p>The Board noted ongoing work to reduce late referrals and the operational impact, including the development of a collaborative policy with key timescales for providers in the system.</p> <p>JD highlighted that the current risk rating for KSO4 is 20 and that the Trust is set to break even for this financial year, although this is largely due to the support from the Covid-19 financial framework. Allocations and funding for coding expenditure will reduce with the new financial regime and the Board noted that it is likely that risks to financial sustainability will crystallise.</p> <p>Discussion was had regarding the Trust's underlying financial deficit and JD confirmed that NHS Sussex are well informed of the Trust's financial risks. QVH will continue to work with NHS Sussex regarding funding allocations and efficiencies.</p> <p>The Board noted the board assurance frameworks related to KSO3 and KSO4.</p>
104-23	<p>Operational performance SMM presented the operational performance report to the Board and reported that the cancer 62 performance standard position had improved and was achieved for November and December 2022. The Trust had seen an increase of cancer referrals and the team were working with system colleagues to look at projected cancer referrals for the next ten years.</p> <p>The sleep trajectory has not been achieved and detailed capacity and demand analysis is ongoing, supported by NHSE. The Board noted that the additional sleep consultant should improve capacity.</p> <p>The Board noted that the Trust's 78 week position was deteriorating and sought assurance regarding how the target will be met by the end of the financial year. In response, SMM confirmed that six of the plastics patients and two of the maxillofacial patients are complex patients whose treatment plans are monitored on a weekly basis in order to minimise waiting time and risk of clinical harm. She stated that it will be challenging for the Trust to meet the target before April 2023 and that three complex patients would likely remain on the list. The Board noted that next year's target would likely be 65 weeks waiting and that there is a requirement to closely monitor the trajectory from April 2023.</p> <p>The Board sought and received assurance that clinical harm reviews are being carried out for cancer 104 day and 52 week wait patients.</p>

	The Board noted the contents of the report.
105-23	<p>Financial performance</p> <p>JD presented the financial performance report to the Board and reported that activity for month eight was 106% of 2019/20 activity as expected and that income year to date is £2.1m favourable to plan. The Trust is behind national expectation regarding activity deliverables.</p> <p>The team are continuing work to ensure that the IT infrastructure spend in year is maximised and will consider the profile of spend on the modular build for the community diagnostics centre versus profile in the capital plan to ensure alignment.</p> <p>The Board noted the expectation that the 2023/24 financial year will be very challenging and that there is an ongoing need for the Trust to increase productivity.</p> <p>The Board noted the contents of the report.</p>
Key strategic objective 5: organisational excellence	
106-23	<p>Board Assurance Framework KSO5</p> <p>LA presented the board assurance framework related to KSO5, reporting that a risk related to the industrial action and potential impact on the organisation had been added during the period.</p> <p>The Board noted the board assurance framework related to KSO5.</p>
107-23	<p>Workforce monthly report</p> <p>LA presented the workforce monthly report to the Board and reported that the overall vacancy rates continue to fall below the Trust's target and that sickness levels remain high in comparison to the previous year. The key driver for staff sickness are short term illnesses such as cold and flu.</p> <p>The Board noted that there had been some delays in time to hire and that this is largely due to operational challenges and delays with disclosure and barring service checks. There is a new electronic system in place to drive efficiency of the existing TRAC system and LA thought that improvements to the time to hire metric would be realised before April 2023.</p> <p>The Board noted the contents of the report.</p>
108-23	<p>Equality and diversity annual report</p> <p>LA presented the equality and diversity annual report for the 2021/22 period to the Board who considered and discussed the contents as follows:</p> <ul style="list-style-type: none"> - The Board raised concern regarding the gender pay gap and noted that the gap gradually continues to narrow, although there are complexities with some drivers outside of the Trust's control. The gap is primarily related to consultant appointments. The Board noted that during the last five years equal numbers of male and female consultants had been appointed, but recognised that there was more to be done in making more significant, sustainable improvements to the gap - The Board agreed that it was necessary to consider policies requiring update in order to drive improvements in the gender pay gap - The Board requested that future reports of this kind highlight some key areas requiring focus and improvement - TC suggested that it may be beneficial for medical staff to have sight of the granular detail behind some of the metrics within the report. TC would pick this up with LA outside of the meeting

	<p>The Board noted that the finance and performance committee will continue to monitor issues identified within the equality and diversity annual report.</p> <p>The Board approved the equality and diversity annual report 2021/22 for publication.</p>
109-23	<p>Financial, operational and workforce performance assurance</p> <p>PDR presented the report to the Board and reported that the committee had most recently met on 11 January, and discussions were focussed on business planning for the next financial year.</p> <p>The Board noted the contents of the report.</p>
Governance	
110-23	<p>Digital sub-committee</p> <p>CP presented the report to the Board.</p> <p>The Board agreed that the terms of reference would be updated to include the director of strategy and partnerships within the membership.</p> <p>Subject to the above amendment being made to the terms of reference, the Board:</p> <ul style="list-style-type: none"> - Approved the appointment of the digital committee as a sub-committee of the Board and associated updates to the Trust's standing orders and reservation of powers and scheme of delegation, and - Approved the digital committee's terms of reference
110-23	<p>Audit committee assurance</p> <p>KG presented the report to the Board and reported that work to address the challenges related to appointing an external auditor continued.</p> <p>The Board noted the contents of the report.</p>
Meeting closure	
111-23	<p>Any other business (by application to the Chair)</p> <p>NR provided the Board with an update on the Royal College of Nursing strike action. She reported that:</p> <ul style="list-style-type: none"> - QVH will be included in strike action on 18 and 19 January 2023 - There may be high numbers of QVH staff taking action - QVH will run on Christmas day staffing levels - The minor injuries unit will not close - Where treatment is delayed due to strike action patients will be contacted individually by phone and there is a clear message regarding turning up to your appointment unless you have been contacted and told not to <p>The Board acknowledged that it was SJ's last Board meeting before leaving QVH on 13 January 2023, and the Trust Chair extended thanks to SJ for his leadership as chief executive officer of QVH during the last six years on behalf of the Board. She commended SJ for the positive relationships he had built with staff across the Trust, and for leading the Trust through the pandemic, securing investment on the site and for achieving great patient survey results. She recognised that he had been resilient and had led the Trust through difficult periods of time with courage and humour.</p> <p>GN offered some reflections on behalf of the non-executive directors, stating that SJ had contributed to improvements in patient experience during his time in post by creating the environment and conditions for success. GN recognised SJ for maintaining a relentless focus on staff and their wellbeing throughout his time in post. GN shared some of the many positive messages about SJ from staff since the announcement.</p>

	<p>SJ extended thanks to the Board, and all members of staff who had sent him best wishes for the future.</p> <p>There was no further business and the meeting closed.</p>
Members of the public	
112-23	<p>Questions from members of the public</p> <p>There were none.</p>
113-23	<p>Exclusion of members of the public</p> <p>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.</p>

Matters arising and actions pending from previous meetings of the Board of Directors - PUBLIC									
ITEM	MEETING Month	REF.	TOPIC	CATEGORY	AGREED ACTION	OWNER	DUE	UPDATE	STATUS
2	Nov-22	172-22	WRES and WDES	KSO5	Provide the Board with an update in improvements made to the workplace following reports of bullying and harassment from staff with protected characteristics, as evidenced in the WRES and WDES data.	LA	4 May 2023	Scheduled on Board agenda for 4 May 2023 meeting.	Pending

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/03/2023	Agenda reference:	224-23		
Report title:	Chair's report				
Sponsor:	Jackie Smith, Trust Chair				
Author:	Jackie Smith, Trust Chair				
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	Highlights include: <ul style="list-style-type: none"> - Work on the Trust's strategy and vision will be prioritised - Recruitment for two new non-executive directors will commence shortly 				
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:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	N/A				
	Date:		Decision:		
Next steps:	N/A				

Report to: Board Directors
Agenda item: 224-23
Date of meeting: 2 March 2023
Report from: Jackie Smith, Trust Chair
Report author: Jackie Smith, Trust Chair
Date of report: 22 February 2023
Appendices: None

Chair's report

I am delighted that Tony Chambers has joined us as the interim CEO, and Stuart Rees has joined as the interim CFO. We will begin the process soon to recruit permanently to these roles.

Since the last Board meeting, I have visited the Critical Care Unit and the Burns ward. I met dedicated and highly engaged staff who were very positive about working at Queen Victoria Hospital. There are challenges, of course, including the challenge of recruiting the highly skilled staff that these areas require in the context of national shortages.

I continue to meet regularly with the lead governor, Chris Barham, to discuss Trust business and priorities. I shall be holding a series of informal meetings with governors in the coming week to discuss the Trust's strategic priorities.

I meet regularly with fellow Chairs in Sussex and the chair of the ICB. As a CQC inspector for well-led reviews I shall be taking part in an unannounced inspection in the next few weeks'.

We have commissioned Deloitte to carry out our own review of governance and leadership over the last few weeks and whilst we do not have their final report and conclusions we do know that they will say we should prioritise the work on the Trust's strategy and vision. The Board has already said this is the most important priority.

Finally, we will shortly begin recruiting two new non-executive directors to replace colleagues who are coming to the end of their time with us.

Recommendation

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

Board Assurance Framework – Risks to achievement of KSOs

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

Current Risk Levels

KSO 1&2 were reviewed at the Quality and Governance Committee, 27/02/2023. KSO 3, 4 and 5 were reviewed at the Finance and Performance Committee, 27/02/2023. 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	15	9
KSO 2	16	15	15	15	8
KSO 3	16	16	16	16	9
KSO 4	20	20	20	20	12
KSO 5	16	16	16	16	9

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/03/2023	Agenda reference:	225-23		
Report title:	Chief executive's report				
Sponsor:	Tony Chambers, interim chief executive officer				
Author:	Tony Chambers, interim chief executive officer Clare Pirie, director of communications and corporate affairs				
Appendices:	Appendix one: media report				
Executive summary					
Purpose of report:	To update the Board on progress against objectives and provide an update on any external issues which may have an impact on the Trust's ability to achieve targets.				
Summary of key issues	<ul style="list-style-type: none"> - Royal College of Nursing strike action - Welcoming junior doctors - Long service awards - Apprenticeship week - NHS Sussex elective lead 				
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: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	Linked to all KSOs				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	NA				

Report to: Board Directors
Agenda item: 225-23
Date of meeting: 2 March 2023
Report from: Tony Chambers, interim chief executive officer
Report author: Tony Chambers, interim chief executive officer
Clare Pirie, director of communication and corporate affairs
Date of report: 22 February 2023
Appendices: Appendix one: Media report

Chief executive's report

Introduction

I joined QVH on 1 February and have been in role for three busy weeks at the time of writing. Thank you to everybody within the Trust and in the wider healthcare system who has made me so welcome; the energy and commitment at QVH is palpable and over the coming months I am looking forward to working to build our future together.

Royal College of Nursing strike action

At the time of writing QVH has experienced two sets of two days of industrial action by members of the RCN. All our staff have worked hard to ensure patients with life and limb threatening conditions continued to receive the urgent care they needed, and to reschedule patient appointments and treatment where necessary.

We value our staff and understand the importance of good pay and conditions for individuals and their families, as well as wider NHS staff retention and recruitment. Pay is a matter for Government and the trade unions, and everyone wants to see a resolution as soon as possible to ensure the NHS can continue to focus on delivering world class patient care to all those who need it.

Welcoming junior doctors

In February I had the pleasure of meeting our 13 new core surgical trainees and anaesthetic registrars. 'Junior doctor' really feels like the wrong terminology; the junior doctors at QVH have all completed medical school and are into their third year or more of working in hospitals. They come to QVH to receive expert training in our specialisms and are on the career path to becoming consultants. Something like 40% of doctors in the NHS are classified as 'junior doctors'.

As we joined QVH in the same week, I have agreed to stay in touch with some of our new junior doctors so that I can hear their fresh impressions of the hospital and comparisons with other places they have worked, and so that I can provide some leadership shadowing experience for those who are interested.

Long service awards

One of several ways of having conversations with staff in the short time I have been with the Trust has been visiting individual staff in their workplaces to present them with long service awards. This has been a pleasure and a great way to meet some of the many skilled and committed staff here at QVH.

Apprenticeship week

The theme of National Apprenticeship Week (6-13 February) was amazing apprenticeships and at QVH we certainly have amazing staff doing some really interesting apprenticeships from level 2 all the way up to Masters qualifications. Through apprenticeships we are able to offer the opportunity to achieve a

qualification whilst earning a salary. It was great to hear from hardworking staff how much they value this route to gaining new skills, progressing in their career and most importantly, supporting the hospital in caring for its patients.

NHS Sussex elective lead

In setting out its delivery programme for 2023/24 the Sussex ICB has identified senior responsible officers (SROs) for programmes of work from provider CEOs within the ICB. These work programmes include: urgent and emergency care, planned care, social care and discharge, primary care, digital and data, people and development, clinical leadership, and joined up communities; I have been asked to be the CEO lead for planned care.

So far we are very much in the scoping phase of this work although it is clear from this early work that the only way that NHS Sussex is going to deliver the operational planning objectives is through proper provider collaboration. The elective backlogs are significant and no single organisation, other than QVH, will be in position to deliver unilaterally; this really does present a very important opportunity for QVH to play its full part in the NHS Sussex elective recovery programme. More on this to come.

Recommendation

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

QVH media update – December 2022

Strep A – what to look out for

Queen Victoria Hospital received an unexpected mention from the [Daily Record](#) in an article about Strep A and symptoms parents are urged to look out for. One of our patient leaflets was cited as a source of information alongside Public Health Scotland.

Nurses strike

Industrial action by Royal College of Nursing members on two dates this month continued to gain media interest. Despite no trusts in Sussex participating in this action, a number of outlets including the [Daily Mail](#) incorrectly listed the hospital's involvement, along with others in the county.

Queen Victoria Hospital's participation in the next phase of action in January was mentioned in a list of trusts in media outlets including [The Mirror](#), [Nursing Notes](#), [Nursing Times](#), [Socialist Worker](#), and [Cornwall Live](#).

Hospital bed occupancy

In an article published on Christmas Eve by [National World](#), Queen Victoria Hospital was named alongside other specialist trusts - Liverpool Women's NHS Foundation Trust and Moorfields Eye Hospital NHS Foundation Trust - as being "less than half full" based on nationally published data for bed occupancy rates. The article did not explain that Queen Victoria Hospital is a specialist surgical hospital.

Electrically charged gel could offer a new way to heal difficult-to-treat wounds

Bav Shergill, consultant dermatologist at the Queen Victoria Hospital, was quoted in a [Daily Mail](#) article regarding an electrically charged gel which could offer a new way to heal difficult-to-treat wounds. He commented that the research and delivery looked interesting as papers have shown the benefits of selective stimulation for wound healing. The article was also featured on the [Daily Trust](#) website, [Geo News](#), and [Dunya News](#).

Make the right choice

NHS Sussex issued its seasonal reminder for people who need medical care that is not an emergency to make the right choice of health service enabling them to get the help and support they need. This included signposting to Queen Victoria Hospital Minor Injuries Unit. The information was featured on the [Sussex Express news site](#) (and shared on local social media sites) and [V2 radio](#).

Toy treat for Peanut Ward

News of Haskins Snowhill Garden centre donating 50 reindeer toys to Peanut Ward at Queen Victoria Hospital to spread some festive goodwill was featured on the [Sussex Express](#) news site. Meridian Rotary Club, ongoing supporters of the hospital and QVH Charity, suggested Peanut Ward as the perfect recipient for the toys which were given to young patients in the lead up to Christmas.

Also supporting the hospital at Christmas was QVH Charity which invited supporters and patients to donate and help decorate the virtual QVH Christmas tree. Camilla Slattery, head of fundraising for QVH Charity, was interviewed by local radio station [Meridian FM](#) about the fundraising and how people could get involved.

Ad hoc media

The hospital was mentioned by [Kent Online](#) in relation to someone who had received treatment being sentenced in court following a series of offences. The article explains that the patient had set their own face on fire, requiring attention from our burns team.

Press releases

In December we did not publish any press releases on our website. However we did publish the following updates:

- [Our latest visiting guidance](#)
- [Refurbishment work on Canadian Wing](#)
- [Latest issue of QVH News is out!](#)
- [Royal College of Nursing strike action update](#)

QVH media update – January 2023

Nurses strike

Industrial action by Royal College of Nursing (RCN) members for a further two dates this month continued to gain national and regional media interest. Queen Victoria Hospital was featured in a list of participating trusts in a range of outlets including [iNews](#); [RCN website](#) (listed as an event); [The Mirror](#); [Sussex Live](#), [Socialist Worker](#), [Hull Daily Mail](#); [Sussex Express](#); [Sussex Live](#); and [Wales Online](#). Further mentions were received during the days of industrial action including [ITV Meridian](#); [Metro](#); [Sussex Express](#) – and a [second article](#); [National World](#); and [Planet Radio](#).

Prior to the industrial action, [NHS Sussex](#) posted information for the public explaining that patients who need urgent medical care will be prioritised across Sussex especially in emergency and life-threatening cases.

Queen Victoria Hospital was also listed in a series of media mentions about the February two-day walkout of RCN members including [The Mirror](#); [Daily Mail](#) – and in [two further articles](#) ([link to third](#)); [Sussex Express](#) news site; and [Finno Expert](#).

New interim chief executive

[The HSJ](#) (behind the paywall) featured the news of Tony Chambers being appointed interim chief executive of Queen Victoria Hospital from 1 February 2023.

Minor injuries unit

Following a critical incident being declared across health services in Surrey Heartlands, [Surrey and Sussex Healthcare NHS Trust](#) which runs East Surrey Hospital promoted Queen Victoria Hospital Minor Injuries Unit as an alternative to A&E for non-emergency conditions. An article on its website and linked to on its social media channels encouraged local people to consider alternatives as it saw record numbers attending its A&E.

The Minor Injuries Unit was praised by Tony Noble who writes for the [We Are Brighton website](#) dedicated to Brighton and Hove Albion FC. He paid a visit to the “wonderful” unit following a fall.

Electrically charged gel could offer a new way to heal difficult-to-treat wounds

Last month's [Daily Mail](#) article about an electrically charged gel which could offer a new way to heal difficult-to-treat wounds which quoted Bav Shergill, consultant dermatologist at the Queen Victoria Hospital, also appeared on the [Irish News](#) website.

Hospital bed occupancy

[National World](#) ran a follow-up article to last month's look at bed occupancy using nationally published figures. Queen Victoria Hospital was again named alongside other specialist trusts for having "less than 50% occupancy". The article was also published on the [Birmingham World](#) website.

McIndoe and the legacy of the Guinea Pig Club

The [National WWII Museum in New Orleans](#), USA, mentioned the hospital and the work of Archibald McIndoe in an article about how the faces and souls of soldiers were liberated through innovations in plastic surgery during World War II. It highlighted McIndoe's belief soldiers needed to heal mentally, emotionally, and physically, and the founding of the Guinea Pig Club. The Club was also mentioned by the Spanish news site [El Pais](#). It talks about how the doctor character in David O. Russell's film Amsterdam took inspiration from McIndoe.

Ad hoc mentions

The hospital was mentioned by [Kent Online](#) regarding a patient who was referred following an attack outside a nightclub. The article references her having an appointment with the eye department.

Press releases

In January we did not publish any press releases on our website: However we did publish the following updates:

- [Arrangements during the RCN industrial action](#)
- [Queen Victoria Hospital confirms appointment of interim chief executive](#)
- [Arrangements during the RCN industrial action – February 2023](#)

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/03/2023	Agenda reference:		226-23	
Report title:	Board effectiveness review				
Sponsor:	Clare Pirie, director of communications and corporate affairs				
Author:	Leonora May, deputy company secretary				
Appendices:	Appendix one: individual Board member development Appendix two: Board seminars and presentations Appendix three: committee effectiveness evaluation programme Appendix four: details of NED champions at QVH				
Executive summary					
Purpose of report:	To consider the performance of the Trust Board and identify actions needed to ensure that the Board has the skills and experience needed to ensure the organisation performs well.				
Summary of key issues	<ul style="list-style-type: none">- Deloitte well led review report and recommendations based on eight key lines of enquiry to follow- Committee effectiveness reviews completed for 2022/23- Further Board development opportunities in 2023/24- New code of governance for NHS provider trusts with effect from 1 April 2023				
Recommendation:	<ul style="list-style-type: none">• Agree the contents of this evaluation, noting that it will be referenced in the 2022/23 annual report and accounts				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:		Board effectiveness has an impact on organisational risk management and each key strategic objective			
Corporate risk register:		As above			
Regulation:		NHS Foundation Trust Code of Governance			
Legal:		None			
Resources:		Deloitte commissioned to support Trust with well led review			
Assurance route					
Previously considered by:					
Next steps:		<ul style="list-style-type: none">• Deloitte Well led report to be presented to the Board and action plan agreed based on recommendations• Contents of the Board effectiveness review to be referenced in the 2022/23 Annual Report and Accounts• Gap analysis against the Code of governance for NHS provider trusts (effective from 1 April 2023) to be completed and reported to the Board			

Report to: Board Directors
Agenda item: 226-23
Date of meeting: 2 March 2023
Report from: Clare Pirie, director of communications and corporate affairs
Report author: Leonora May, deputy company secretary
Date of report: 22 February 2023
Appendices: Appendix one: individual Board member development
 Appendix two: Board seminars and presentations
 Appendix three: committee effectiveness evaluation programme
 Appendix four: details of NED champions at QVH

Board effectiveness review

Introduction and background

The purpose of this report is to consider the performance of the Board of Directors at QVH and identify any actions needed to ensure that the Board has the skills, experience and approach needed to ensure the Trust remains an innovative and high performing organisation.

This paper builds on the process of regular review undertaken by each committee to the Board and enables the Trust to demonstrate compliance with the FT Code of Governance, which requires the Board to undertake a formal annual evaluation of its own performance and that of its committees and individual directors. The Code requires that details of this evaluation are included in the Annual Report and Accounts. The new Code of governance for NHS provider trusts will come into effect from 1 April 2023 and the Board will be required to demonstrate compliance with this code from the next financial year. A gap analysis against the new code will be completed by the company secretariat and findings reported to the Board at its meeting in May.

In previous years this paper has been structured around the eight key lines of enquiry of the Care Quality Commission's well-led domain, highlighting developments in year. The Trust commissioned Deloitte to undertake a well lead review of its leadership and governance throughout December 2022- February 2023. The Board will receive Deloitte's report shortly and will create an action plan based on the recommendations.

Board development

As well as more formal training, personal development is achieved through networks, shadowing, opportunities provided at no cost by national bodies such as NHS Providers, Healthcare Financial Management Association, NHS England as well as more specialist professional bodies. Board members at QVH have a strong presence in national and regional professional bodies, both contributing and benefiting from these relationships and opportunities.

Board members work hard to balance the time commitment needed for their role at QVH with identifying time to step outside of the Trust for personal development. The culture at QVH encourages and supports personal development while recognising that for executive directors, creating the time needed is often a challenge.

All individual members of the Board, both executive and non-executive, have participated in development opportunities during 2022/23 and will refresh personal

development plans as part of the annual appraisal process. Appendix one to this report sets out development opportunities taken up by individual Board members during the year.

Throughout the year a number of new directors have joined the Board; namely the Trust Chair, interim chief executive officer, interim chief finance officer and director of strategy and partnerships. New directors attend the corporate induction which has a strong focus on our values, and the nature of the work carried out at QVH, with statutory and mandatory training followed up outside of this. The Deputy Company Secretary also provides a tailored local induction programme for new directors.

Board development in 2023/24

Consideration will be given to the skills needed for the development of the Trust's strategy, organisational development and increased partnership working.

The programme of Board seminars will continue with a focus on strategy.

Board seminars

Throughout the year, there have been a series of Board seminars providing opportunities to gain an understanding of the services provided by the Trust as well as to review the strategic direction. The details of these are described in appendix two to this report.

Committee effectiveness reviews

Each committee agrees a framework for a review of its effectiveness and the adequacy of its terms of reference and work plan. To avoid adding undue pressure on resources and ensure evaluations are effective, the Trust has implemented a three year rolling programme of full evaluations and light touch reviews in alternate years. The current programme is appended to this report as appendix three.

During 2022/23, each committee has undertaken its light touch or full review, with the reports resulted in full at its meeting that followed and any findings requiring escalation to the Board included in the committee assurance reports to the Board.

Each committee has also undertaken a review of its terms of reference and agreed any recommended changes to the Board. The terms of reference are included on this agenda for approval.

The digital committee will have its first light touch effectiveness review during Q2 of 2023/24.

Next steps

- Deloitte Well led report to be presented to the Board and action plan agreed based on recommendations
- Contents of the Board effectiveness review to be referenced in the 2022/23 Annual Report and Accounts
- Gap analysis against the Code of governance for NHS provider trusts (effective from 1 April 2023) to be completed and reported to the Board

Recommendation

The board of directors is asked to:

- **Agree** the contents of this evaluation, noting that it will be referenced in the 2022/23 annual report and accounts

Appendix one

Development of individual board members

BOARD MEMBER	DEVELOPMENT
Jackie Smith, Chair <i>joined the board in July 2022</i>	<ul style="list-style-type: none"> • Attendance at national and regional Chairs meetings • Ward and department visits to extend understanding of QVH services • Participation in peer review visits (previously compliance in practice) • CQC inspector for well led reviews
Paul Dillon-Robinson, NED	<ul style="list-style-type: none"> • Self-certified that had maintained CPD for the ICAEW, through reading publications and exploring areas of relevant interest, primarily in corporate governance, audit and risk management • On reappointment at QVH completed all the mandatory training on ESR • Attended c.50% of the Trust's bi-monthly Joint Hospital Clinical Governance meetings, and two Quality & Governance committee meetings • Received regular email updates from NHS Providers and reviewed in more detail certain publications (e.g. on specialised services, workforce development, integrated systems) • Continue to be involved with the HFMA in a variety of roles, which requires research and investigation into the topics; tutoring at Masters level on managing healthcare business, including full review of the course; developed guidance on financial sustainability that was mandated by NHS England; delivering webinars on a range of management areas; coaching individuals in the NHS; supported the HFMA with a full strategy review • As a non-executive member / chair of ARAC of other organisations (Rural Payments Agency and a part of the MoD) have required keeping up to date on accounting (IFRS 16, etc) and audit developments (ISA 315/340) as well as public accounting on regularity of spend and provisions. Updates provided in these roles have included the above, functional standards and developments in integrating assurance • Undertook governance reviews of independent schools, to a best practice checklist, making recommendations for improvement. Involved in development of governance of a multi-academy trust, including compliance with financial management requirements. Both require review against best practice in non-NHS sectors for comparison.
Kevin Gould, NED	<ul style="list-style-type: none"> • Statutory and mandatory training completed • Training on climate disclosure and risk management (TCFD)

	<ul style="list-style-type: none"> • Presented several webinars and a conference talk to internal auditors on climate risk and other Environmental, Social and Governance (ESG) topics • Fraud training from Big 4 provider • Attended risk appetite workshop • Facilitated workshop on charity risk management • Training on planning law and processes • Training on Barrister regulation • Safeguarding and data protection online training
Gary Needle, NED	<ul style="list-style-type: none"> • Regular attendee at NHS Providers NED network seminars (quarterly) • Member of the NED on Board professional network enabling attendance at webinars on topical subjects and interaction with NEDs across private, public and third sectors • International learning from role as Consultant Advisor to Minister of Health, Qatar - appointed as a member of the National Health Sector Efficiency Taskforce and advisor on a broad range of health policy, strategy and planning matters. Delegate at Middle East International Forum on Quality and Safety in Healthcare 2023 • Volunteer Covid vaccinator since January 2021 - advanced mandatory training; technical skills training and interaction with other clinical professionals as a member of front-line vaccination teams in Covid centres • Chair of board of trustees at East Grinstead Sports Club - valuable commercial and charity governance experience
Karen Norman, NED	<ul style="list-style-type: none"> • Registered with the Nursing and Midwifery Council • Member of the Royal College of Nursing • Revalidated professional registration with Nursing and Midwifery Council • Published a textbook, <i>Mowles C, Norman K, eds. Complexity and the public sector. London: Routledge, 2022</i> • Visiting Professor, Doctorate in Management Programme, Business School, University of Hertfordshire. Supervising 7 Doctoral research students. Member of the teaching Faculty • Consultant for University of Roehampton, delivering leadership related seminars for final year student nurses • Visiting Professor, School of Nursing, Kingston University and St George's, University of London. • Attended QVH Board and Council of Governors seminars and completed all mandatory training • Assisted in facilitating a workshop on After Action Reviews for QVH Senior Nurses on patient falls reduction • Peer review for Outpatients Department • NED 'Buddy' with 3 Executive Directors and 1 Head of Department

	<ul style="list-style-type: none"> • Informal meetings with QVH staff on quality related issues
Tony Chambers, executive director <i>joined the Board on 01 February 2023</i>	<ul style="list-style-type: none"> • Board of directors induction and statutory and mandatory training completed
Stuart Rees, executive director <i>joined the Board on 30 January 2023</i>	<ul style="list-style-type: none"> • Board of directors induction and statutory and mandatory training completed
Tania Cubison, executive director	<ul style="list-style-type: none"> • Understanding finance training • RSM training (clinical) SCPD • Demystifying NHS finance course • Responsible officers training • South East regional leadership events • Self-harm webinar • Media training • EPRR training with external support • Investigations training • Safeguarding female genital mutilation e-learning
Nicky Reeves, executive director	<ul style="list-style-type: none"> • Caldicott Master Class course • Attendance at MARAC – (Multiagency domestic violence group) • Sussex CNO Group member • Sussex LHRP member • Coaching via external support • Stat and Mandatory Training completed
Abigail Jago, executive director <i>joined the Board on 06 February 2023</i>	<ul style="list-style-type: none"> • Board of directors induction and statutory and mandatory training completed
Clare Pirie, executive director	<ul style="list-style-type: none"> • Team development day focussed on Myers Briggs behavioural types and team building • Kings Fund seminar on strategic approach to volunteering • Coaching from Kings Fund leadership and organisational development senior consultant • Leadership Espresso – Maximising your Impact, Building Confidence and Gravitas • Attends national and regional communications and engagement sessions • Attend national and local company secretary network sessions • Attends national NHS Charities Together forums • Attends national and local sustainability forums
Lawrence Anderson, executive director	<ul style="list-style-type: none"> • NHS Employers Monthly HR Directors forums for SE England • ICS Workforce Directors forum, meeting weekly through pandemic • Sussex HCP People Committee • National webinars from NHS Chief People's office • SRO of the Sussex Healthcare Providers Violence Prevention and Reduction Group • Member of CIPD

	<ul style="list-style-type: none"> • Member of the Pan London Medical HR Network • Member of the National Association of Medical Personnel Specialists (NAMPS) • NHS Providers Annual Conference 2022 • NHS Employers Strategic Workforce Forum 2022 • SIRO Training Act Now Training November 2022
Shane Morrison-McCabe, executive director	<ul style="list-style-type: none"> • Executive Director Induction – NHS Providers – July 2022 • Attends national and regional forum for operations • System working on planning & recovery • Sussex Acute Collaborative Network • Sussex Planned Care Board • Sussex Cancer Board

Appendix two
Board seminars in 2022/23

Date	Event
7 April 2022	Board seminar <ul style="list-style-type: none"> - 2022/23 business planning - Review of strategic options appraisal - Review of potential merger transaction programme - Update on progress regarding the independent review
9 June 2022	Board seminar <ul style="list-style-type: none"> - QVH as a system partner and provider - Review of transaction programme
6 October 2022	Board seminar <ul style="list-style-type: none"> - Strategic next steps - Getting It Right First Time (national programme) - Well led review planning
1 December 2022	Board seminar <ul style="list-style-type: none"> - Clinical stocktake update - Digital maturity and digital strategy

Appendix three: Rolling programme of board committee self-assessments

Committee	2022-23		2023-24		2024-25		2025-26	
Audit		Light touch		Full		Light touch		Light touch
Q&GC	Light touch		Light touch		Full		Light touch	
F&PC		Light touch		Light touch		Full		Light touch
N&RC	Full		Light touch		Light touch		Full	
QVH Charity		Full		Light touch		Light touch		Full
Digital			Light touch		Full		Light touch	

Each committee carries out a review of its effectiveness and the adequacy of its terms of reference and work plan on an annual basis. To avoid adding undue pressure on resources and ensure evaluations are effective, the Trust has implemented a three year rolling programme of full evaluations and light touch reviews in alternate years as shown above.

Appendix four: Non-Executive Director Champion Roles

The approach set out below is aligned to national guidance *Enhancing board oversight: A new approach to non-executive director champion roles* (December 2021). Board oversight and assurance for other issues is embedded in governance arrangements and an audit trail of discussions and actions is provided in the minutes of relevant committees.

Role	Requirement	QVH implementation
Wellbeing guardian	This role originated as an overarching recommendation from the Health Education England 'Pearson Report' (NHS Staff and Learners' Mental Wellbeing Commission 2019) and was adopted in policy through the 'We are the NHS People Plan for 2020-21 – action for us all'. The NED should challenge their trust to adopt a compassionate approach that prioritises the health and wellbeing of its staff and considers this in every decision. The role should help embed a more preventative approach, which tackles inequalities. As this becomes routine practice for the board, the requirement for the wellbeing guardian to fulfil this role is expected to reduce over time. The Guardian community website provides an overview of the role and a range of supporting materials.	GN is designated NED
FTSU NED champion	The Robert Francis Freedom to Speak Up Report (2015) sought to develop a more supportive and transparent environment where staff are encouraged to speak up about patient care and safety issues. In line with the review, it is recommended that all NHS trusts should have this functional FTSU guardian role so that staff have a clear pathway and an independent and impartial point of contact to raise their concerns in the organisation. The role of the NED champion is separate from that of the guardian. The NED champion should support the guardian by acting as an independent voice and board level champion for those who raise concerns. The NED should work closely with the FTSU guardian and, like them, could act as a conduit through which information is shared between staff and the board (p.146, Francis FTSU report). All NEDs should be expected to provide challenge alongside the FTSU guardian to the executive team on areas specific to raising concerns and the culture in the organisation. When an issue is raised that is not being addressed, they should ask why. A full description of NED responsibilities can be found in the FTSU supplementary information.	KG is designated NED
Doctors disciplinary NED champion/independent member	Under the 2003 Maintaining High Professional Standards in the modern NHS: A Framework for the Initial Handling of Concerns about Doctors and Dentists in the NHS and the associated Directions on Disciplinary Procedures 2005 there is a requirement for chairs to designate a NED member as "the designated member" to oversee each case to ensure momentum is maintained. There is no specific requirement that this is the same NED for each case. The framework was issued to NHS foundation trusts as advice only.	Shared role allocated to NED on a case-by-case basis

Role	Requirement	QVH implementation
Security management NED champion	Under the Directions to NHS Bodies on Security Management Measures 2004 there is a statutory requirement for NHS bodies to designate a NED or non-officer member to promote security management work at board level. Security management covers a wide remit including counter fraud, violence and aggression and also security management of assets and estates. Strategic oversight of counter fraud now rests with the Counter Fraud Authority and violence/aggression is overseen by NHS England and NHS Improvement. While promotion of security management in its broadest sense should be discharged through the designated NED, relevant committees may wish to oversee specific functions related to counter fraud and violence/aggression. Boards should make their own local arrangements for the strategic oversight of security of assets and estates.	PDR is designated NED

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/03/2023		Agenda reference:	227-23	
Report title:	Sub-committee terms of reference				
Sponsor:	Clare Pirie, director of communications and corporate affairs				
Author:	Leonora May, deputy company secretary				
Appendices:	Appendix one: audit committee terms of reference Appendix two: nomination and remuneration committee terms of reference Appendix three: finance and performance committee terms of reference Appendix four: quality and governance committee terms of reference Appendix five: digital committee terms of reference (for information)				
Executive summary					
Purpose of report:	The Board sub-committee terms of reference for 2023/24 are presented to the Board for approval.				
Summary of key issues	None				
Recommendation:	The Board is asked to approve the terms of reference.				
Action required:	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	Committees integral part of overall assurance framework				
Corporate risk register:	Corporate risk register currently reviewed by finance and performance and quality and governance committees				
Regulation:	Standing orders Scheme of delegation and reservation of powers Terms of reference Statutory requirements related to audit committee and nomination and remuneration committee				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	Each sub-committee				
	Date:	Various	Decision:		
Next steps:	<ul style="list-style-type: none">- Updated sub-committee terms of reference to come into effect from 3 March 2023- Updated sub-committee terms of reference to be published on the Trust's website- Next review scheduled for March 2024				

Report to: Board Directors
Agenda item: Sub-committee terms of reference
Date of meeting: 2 March 2023
Report from: Clare Pirie, director of communications and engagement
Report author: Leonora May, deputy company secretary
Date of report: 22 February 2023
Appendices: Appendix one: audit committee terms of reference
Appendix two: nomination and remuneration committee terms of reference
Appendix three: finance and performance committee terms of reference
Appendix four: quality and governance committee terms of reference
Appendix five: digital committee terms of reference (for information)

Sub-committee terms of reference

Introduction

The Board sub-committee terms of reference for 2023/24 are presented to the Board for approval.

Background

The sub-committee terms of reference are subject to review by the committees annually. The Board is responsible for approving any recommended changes to its sub-committee terms of reference per the standing orders and scheme of delegation and reservation of powers.

The sub-committee work plans for 2023/24 are based on the committee terms of reference to ensure that each committee is discharging its responsibilities.

Audit committee terms of reference

The audit committee reviewed its terms of reference at its meeting on 7 December 2023 and agreed to recommend the proposed changes to the Board for approval.

The committee sought and received clarification regarding policies relevant to ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certification for consideration by the committee. The committee will continue to review and monitor compliance against the standards of business conduct and whistle blowing policies, and monitoring compliance with the Trust's standing orders and standing financial instructions has been added to the work plan for 2023/24.

Nomination and remuneration committee terms of reference

The nomination and remuneration committee is due to review its terms of reference at its meeting on 2 March 2023.

Finance and performance committee terms of reference

The finance and performance committee reviewed its terms of reference at its meeting on 11 January 2023 and agreed to recommend the proposed changes to the Board for approval.

The changes are minimal as the committee completed an in depth review of its terms of reference during 2021/22.

Quality and governance committee terms of reference

The quality and governance committee reviewed its terms of reference at its meeting on 19 December 2022 and agreed to recommend the proposed changes to the Board for approval.

Digital committee terms of reference

The Trust Board approved the digital committee terms of reference at its meeting on 12 January, subject to the addition of the director of strategy and partnerships as a member of the committee. This change has been made and the terms of reference are appended to this report for information only.

Next steps

- Updated sub-committee terms of reference to come into effect from 3 March 2023
- Updated sub-committee terms of reference to be published on the Trust's website
- Next review scheduled for March 2024

Recommendation

The Board is asked to **approve** the following terms of reference:

- Audit committee
- Nomination and remuneration committee
- Finance and performance committee
- Quality and governance committee

Terms of reference	
Name of governance body	Audit Committee
Constitution	The Audit Committee ("the committee") is a statutory, non-executive committee of the Board of Directors.
Accountability	The Committee is accountable to the Board of Directors for its performance and effectiveness in accordance with these terms of reference.
Authority	<p>The Committee is authorised by the Board of Directors to:</p> <ul style="list-style-type: none"> investigate any activity within its terms of reference. commission appropriate independent reviews and studies. seek relevant information from within the Trust and from any employee (all departments and employees are required to co-operate with requests from the committee). obtain relevant legal or other independent advice and to invite professionals with relevant experience and expertise to attend meetings of the committee.
Purpose	The purpose of the Committee is the scrutiny of the organisation and maintenance of an effective system of governance, risk management and internal control. This should include financial, clinical, operational and compliance controls and risk management systems. The Committee is also responsible for maintaining an appropriate relationship with the Trust's internal and external auditors.
Duties and responsibilities	<p>On behalf of the Board of Directors, the Committee will be responsible for the oversight and scrutiny of the Trust's:</p> <p>1. Integrated governance, risk management and internal control</p> <p>The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (clinical and non-clinical), that supports the achievement of the organisation's objectives.</p> <p>In particular, the Committee will review the adequacy and effectiveness of:</p> <ul style="list-style-type: none"> All risk and control related disclosure statements (in particular the annual governance statement), together with any accompanying head of internal audit opinion, external audit opinion or other appropriate independent assurances, prior to submission to the board of directors. The underlying assurance processes, including the board assurance framework, that indicate the degree of achievement of the Trust's objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements.

- The Board of Director sub-committees, including terms of reference, workplans and span of reporting on an annual basis.
- The effectiveness of assurance arrangements over the Trust's role within the Integrated Care Board (ICB) and other partnership arrangements.
- The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements and any related reporting and self-certifications.
- The policies and procedures for all work related to counter fraud and security as required by NHS Protect.

In carrying out this work, the Committee will primarily utilise the work of internal audit, external audit and other assurance functions, but will not be limited to these sources. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness. This will be evidenced through the Committee's use of an effective assurance framework to guide its work and the audit and assurance functions that report to it.

As part of its integrated approach, the Committee will have effective relationships with other key governance bodies of the Trust (for example, the Quality and Governance Committee) so that it understands processes and linkages.

2. Financial reporting

The Committee shall monitor the integrity of the financial statements of the organisation and any formal announcements relating to its financial performance.

The Committee should ensure that the systems for financial reporting to the Board of Directors including those of budgetary control are subject to review as to the completeness and accuracy of the information provided.

The Committee shall review the annual report and financial statements before submissions to the Board of Directors focusing particularly on:

- Reviewing the annual governance declaration statement and other disclosures relevant to the terms of reference of the Committee.
- Changes in, and compliance with, accounting policies, practices and estimation techniques
- Unadjusted mis-statement in the financial statements
- Significant judgements in preparation of the financial statements
- Significant adjustments resulting from the audit
- Letters of representation
- Explanations for significant variances

The committee should review schedules of losses and compensations, making recommendations to the Board of Directors.

The Committee should review the Trust's standing financial instructions, standing orders and the scheme of delegation on an annual basis and make recommendations for change to the Board of Directors.

The committee should monitor compliance with the Trust's standing orders and standing financial instructions.

The committee will review the waiver register.

Internal audit

The Committee shall ensure that there is an effective internal audit function that meets the Public Sector Internal Audit Standards 2017 and provides appropriate independent assurance to the Committee, Chief Executive (as accounting officer) and Board of Directors. This will be achieved by:

- Considering the provision of the internal audit service and the costs involved, making recommendations to the Board of Directors regarding the appointment of the internal auditors.
- Reviewing and approving the annual internal audit plan and more detailed programme of work, ensuring that this is consistent with the audit needs of the organisation as identified in the assurance framework.
- Considering the major findings of internal audit work (and management's response), and ensuring co-ordination between the internal and external auditors to optimise the use of audit resources.
- Ensuring that the internal audit function is adequately resourced and has appropriate standing within the organisation.
- Monitoring the effectiveness of internal audit and carrying out an annual review.

External audit

The Committee shall review and monitor the external auditors' independence and objectivity and the effectiveness of the audit process. In particular, the Committee will review the work and findings of the external auditors and consider the implications and management's responses to their work. This will be achieved by:

- Considering the appointment and performance of the external auditors, as far as the rules governing the appointment allow (and making recommendations to the council of governors when appropriate).
- Ensuring that the work of the external auditor meets the requirements of the regulator and other regulatory bodies.
- Discussing and agreeing with the external auditors, before the audit commences, the nature and scope of the audit as set out in the annual audit plan.
- Discussing with the external auditors their evaluation of audit risks and assessment of the organisation.
- Reviewing all external audit reports and any work undertaken outside the annual audit plan, together with the appropriateness of management responses.

Whistle blowing

The Committee shall review the effectiveness of the arrangements in place for allowing staff to raise (in confidence) concerns about possible improprieties in financial, clinical or safety matters and ensure that any such concerns raised were investigated proportionately and independently.

Counter fraud

The Committee shall satisfy itself that the organisation has adequate arrangements in place for counter fraud and security that meet NHS Protect's standards and shall review the outcomes of work in these areas.

Management

The Committee shall request and review reports, evidence and assurances from directors and managers on the overall arrangements for governance, risk management and internal control.

The Committee may also request specific reports from individual functions within the organisation (for example, clinical audit).

Other assurance functions

The Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications for the governance of the organisation.

These will include, but will not be limited to, any reviews by Department of Health arm's length bodies or regulators/inspectors (for example, the Care Quality Commission and the NHS Litigation Authority) and professional bodies with responsibility for the performance of staff or functions (for example, Royal Colleges and accreditation bodies).

In addition, the Committee will review the work of other Committees within the organisation whose work can provide relevant assurance to the Committee's own areas of responsibility. In particular, this will include any clinical governance, risk management or quality committees that are established.

In reviewing the work of a Quality and Governance Committee, and issues around clinical risk management, the Committee will wish to satisfy itself on the assurance that can be gained from the clinical audit function.

Meetings

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's codes of conduct.

The Committee will meet at least four (4) times a year.

At least once a year, the Committee should meet privately with representatives of the external and internal auditors.

The Chair of the Committee may cancel, postpone or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

The Board of Directors, Chief Executive (as accounting officer), representative of the external auditor and head of internal audit may request additional meetings if they consider it necessary.

Chairing

The Committee shall be chaired by a non-executive director, appointed by the Trust Chair following discussion with the Board of Directors.

If the Chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by one of the other non-executive director members of the Committee.

The representative of the external auditor, head of internal audit, and counter fraud specialist have the right of direct access to the Chair of the Committee to discuss any matter relevant to the purpose, duties and responsibilities of the Committee or to raise concerns.

Secretariat

The Deputy Company Secretary shall be the secretary to the Audit Committee and shall provide administrative support and advice to the chair and membership. The duties of the secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the Chair
- Organisation of meeting arrangements, facilities and attendance
- Collation and distribution of meeting papers
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward
- Maintaining the Committee's work programme.

Membership

Members with voting rights

The Committee will comprise at least three non-executive directors who shall each have full voting rights. The Chair of the Trust shall not Chair, be a member, nor regularly attend the Committee.

Ex-officio attendees without voting rights

- Chief Executive (as Accounting Officer) who shall discuss with the Committee at least annually the process for assurance that supports the annual governance statement. The Chief Executive should also be in attendance when the Committee considers the draft annual governance statement along with the annual report and accounts.
- Representatives of the Trust's internal auditors.
- Representatives of the Trust's external auditors.
- The Trust's counter fraud specialist who shall attend at least two meetings of the Committee in each financial year.

In attendance without voting rights

The following posts shall be invited to attend routinely meetings of the Committee in full or in part but shall neither be a member nor have voting rights:

- Chief Finance Officer.
- Chief Nurse
- The secretary to the Committee (for the purposes described above).
- Designated deputies (as described below).
- Any other member of the Board of Directors, senior member of Trust staff or advisor considered appropriate by the chair of the Committee, particularly when the Committee will consider areas of risk or operation that are their responsibility.

Quorum

For any meeting of the Committee to proceed, two non-executive director members of the Committee must be present.

Attendance
Members and attendees are expected to attend all meetings or to send apologies to the chair and Committee secretary at least five clear days* prior to each meeting.
Attendees may, by exception and with the consent of the chair, send a suitable deputy if they are unable to attend a meeting. Deputies must be appropriately senior and empowered to act on behalf of the Committee attendee.
Papers
Meeting papers to be distributed to members and individuals invited to attend at least five clear days* prior to the meeting.
Reporting
Minutes of the Committee's meetings shall be recorded formally and ratified by the Committee at its next meeting.
The Committee chair shall prepare a report of each Committee meeting for submission to the Board of Directors at its next formal business meeting. The report shall draw attention to any issues which require disclosure to the Board of Directors including where executive action is continually failing to address significant weaknesses.
Issues of concern and/or urgency will be reported to the Board of Directors in between its formal business meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Trust chair. Instances of this nature will be reported to the Board of Directors at its next formal business meeting.
The Committee will also report to the Board of Directors at least annually on its work in support of the annual governance statement, specifically commenting on: <ul style="list-style-type: none"> • The fitness for purpose of the assurance framework • The completeness and 'embeddedness' of risk management in the organisation • The integration of governance arrangements • The appropriateness of the evidence that shows the organisation is fulfilling regulatory requirements relating to its existence as a functioning business • The robustness of the processes behind the quality accounts
The annual report should also describe how the Committee has fulfilled its terms of reference and give details of any significant issues that the Committee considered in relation to the financial statements and how they were addressed.
In addition, the Committee shall make an annual report to the council of governors in relation to the performance of the external auditor to enable the council of governors to consider whether or not to re-appoint them.
The Committee chair shall report verbally at quarterly meetings of the Council of Governors.
Review
These terms of reference shall be reviewed annually or more frequently if necessary. The review process should include the company secretarial team for best practice advice and consistency.
The next scheduled review of these terms of reference will be undertaken by the Committee in December 2023 in anticipation of approval by the Board of Directors at its

meeting in March 2024.
* Definitions
In accordance with the Trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.

Terms of reference	
Name of governance body	Nomination and Remuneration ('Nom and Rem' or 'N&R') Committee
Constitution	The Nomination and remuneration committee (the Committee) is constituted as a statutory non-executive committee of the Trust's Board of Directors.
Accountability	The Committee is accountable to the Board of Directors for its performance and effectiveness in accordance with these terms of reference.
Authority	<p>The Committee is authorised by the Board of Directors to:</p> <ul style="list-style-type: none"> • Appoint or remove the chief executive, and set the remuneration and allowances and other terms and conditions of office of the chief executive. • Appoint or remove the other executive directors and set the remuneration and allowances and other terms and conditions of office of the executive directors, in collaboration with the chief executive. • Consider any activity within its terms of reference. • Seek relevant information from within the Trust. (All departments and employees are required to co-operate with any request made by the committee). • Instruct independent consultants in respect of executive director remuneration. • Request the services and attendance of any other individuals and authorities with relevant experience and expertise if it considers this necessary to exercise its functions.
Purpose	<p>The purpose of the Committee is to:</p> <ul style="list-style-type: none"> • Determine the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board of Directors, making use of the output of the board evaluation process as appropriate, and to make recommendations to the Board, as applicable, with regard to any changes. • Work with the chief executive to identify and appoint candidates to fill all executive director and other positions that report to the chief executive. • Work with the chief executive to decide and keep under review the terms and conditions of office of executive directors and other positions that report to the chief executive, including: <ul style="list-style-type: none"> • Salary, including any performance-related pay or bonus; • Provisions for other benefits, including pensions and cars; • Allowances; • Payable expenses; • Compensation payments.

- Set the overall policy for the remuneration packages and contractual terms of the executive management team.

Duties and responsibilities

Duties (nominations)

- When a vacancy is identified, evaluate the balance of skills, knowledge and experience on the Board, and its diversity, and in the light of this evaluation, prepare a description of the role and capabilities required for the particular appointment.
- Use open advertising or the services of external advisers to facilitate candidate searches.
- Consider candidates from a wide range of backgrounds on merit against objective criteria.
- Ensure that proposed appointees disclose any business interests that may result in a conflict of interest prior to appointment and that any future business interests that could result in a conflict of interest are reported.
- Ensure that proposed appointees meet the “fit and proper person test”, and confirm their awareness of the circumstances which would prevent them from holding office.
- Consider any matter relating to the continuation in office of any executive director including the suspension or termination of service of an individual as an employee of the Trust, subject to the provisions of the law and their service contract.

Duties (remuneration)

- Establish and keep under review the national NHSE VSM pay strategy and associated QVH VSM pay principles in respect of executive board directors and other positions that report to the chief executive.
- Establish levels of remuneration which are sufficient to attract, retain and motivate executive directors of the quality and with the skills and experience required to lead the Trust successfully, without paying more than is necessary for this purpose, and at a level which is affordable for the Trust.
- Use national guidance and market benchmarking analysis in the annual determination of remuneration of executive directors and other positions that report to the chief executive, while ensuring that increases are not made where Trust or individual performance do not justify them.
- Monitor and assess the output of the evaluation of the performance of individual executive directors, and consider this output when reviewing changes to remuneration levels.
- The Committee will work with the chief executive to determine the remuneration of the other executive directors.

Responsibilities

On behalf of the Board of Directors, the Committee has the following responsibilities:

- To identify and appoint candidates to fill posts within its remit as and when they arise.
- In doing so, to adhere to relevant laws, regulations, trust policies and the principles and provisions regarding the levels and components of executive directors’ remuneration as defined by section E of the Code of governance for NHS provider trusts.
- To be sensitive to other pay and employment conditions in the Trust.

- To keep the leadership needs of the Trust under review at executive level to ensure the continued ability of the Trust to operate effectively in the health economy.
- To give full consideration to and make plans for succession planning for the chief executive and other executive directors taking into account the challenges and opportunities facing the Trust and the skills and expertise needed on the Board in the future.
- To sponsor the Trust's leadership development and talent management programmes to support succession plans and meet specific recruitment and retention needs.
- To ratify the recommendations of the Employer Based Awards Committee for medical and dental Clinical Excellence Awards

Meetings

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's codes of conduct.

The Committee will usually meet three times a year.

The Chair of the Committee may cancel, postpone or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

The Board of Directors, Chief Executive and Director of workforce and organisational development may request additional meetings if they consider it necessary.

Chairing

The Committee shall be chaired by the Chair of the Trust.

If the Chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by the senior independent director of the Trust.

Secretariat

The Director of Corporate affairs and communications, working closely with the Director of Workforce and organisational development, shall be the secretary to the Committee and provide administrative support and advice to the Chair and membership. The duties of the secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the chair
- Organisation of meeting arrangements, facilities and attendance
- Collation and distribution of meeting papers
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward.
- Maintaining the Committee's work programme.

Membership

Members with voting rights

The Committee shall comprise all non-executive directors of the Trust who shall each have full voting rights.

Ex-officio attendees without voting rights

- Chief Executive
- Director of Workforce and Organisational Development

<p>In attendance without voting rights</p> <ul style="list-style-type: none"> • The secretary to the Committee (for the purposes described above) • Any other member of the Board of Directors, senior member of Trust staff or external advisor considered appropriate by the chair of the Committee.
<p>Quorum</p> <p>For any meeting of the Committee to proceed, two non-executive members of the Committee must be present.</p>
<p>Attendance</p> <p>Members and attendees are expected to attend all meetings or to send apologies to the Chair and Committee secretary at least five clear days* prior to each meeting.</p> <p>Attendees, including the secretary to the Committee, will be asked to leave the meeting should their own conditions of employment be the subject of discussion.</p>
<p>Papers</p> <p>Meeting papers shall be distributed to members and attendees at least five clear days* prior to the meeting.</p>
<p>Reporting</p> <p>Minutes of the Committee's meetings shall be recorded formally and ratified by the Committee at its next meeting.</p> <p>The Committee chair shall prepare a report of each Committee meeting for submission to the Board of Directors at its next formal business meeting.</p>
<p>Review</p> <p>These terms of reference shall be reviewed annually or more frequently if necessary. The review process should include the company secretarial team for best practice advice and consistency.</p> <p>The next scheduled review of these terms of reference will be undertaken by the Committee before approval by the Board of Directors at its meeting in March 2024.</p>
<p>* Definitions</p> <ul style="list-style-type: none"> • In accordance with the Trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.

Terms of reference	
Name of governance body	Finance and Performance Committee (F&PC)
Constitution	The Finance and Performance Committee ("the Committee") is a standing committee of the Board of Directors, established in accordance with the Trust's standing orders, standing financial instructions and constitution.
Accountability	The Committee is accountable to the Board of Directors for its performance and effectiveness in accordance with these terms of reference.
Authority	The Committee is authorised by the Board of Directors to seek any information it requires from within the Trust and to commission independent reviews and studies if it considers these necessary.
Purpose	<p>The purpose of the Committee is to assure the Board of Directors of the:</p> <ul style="list-style-type: none"> • Delivery of financial, operational and workforce performance plans and targets. • Delivery of the Trust's strategic initiatives. <p>To provide this assurance the Committee will maintain a detailed overview of:</p> <ul style="list-style-type: none"> • The Trust's assets and resources in relation to the achievement of its financial plans and key strategic objective four: financial sustainability. • The Trust's operational performance in relation to the achievement of its activity plans and key strategic objective three: operational excellence. • The Trust's workforce profile in relation to the achievement of key performance indicators and key strategic objective five: organisational excellence. • Business planning assumptions, submissions and acceptance/delivery of targets. • The management of corporate risks appropriate to the Committee's remit <p>To fulfil its purpose, the Committee will also:</p> <ul style="list-style-type: none"> • Identify the key issues and risks requiring discussion or decision by the Board of Directors. • Advise on appropriate mitigating actions. • Make recommendations to the Board as to the amendment or modification of the Trust's strategic initiatives in the light of changing circumstances or issues arising from implementation.
Duties and responsibilities	<p>Duties</p> <p><i>Financial and operational performance</i></p> <ul style="list-style-type: none"> • Review and challenge construction of operational and financial plans for the planning period as defined by the regulators. • Review, interpret and challenge in-year financial and operational performance.

- Review, interpret and challenge workforce profile metrics including sickness absence, people management, bank and agency usage, statutory and mandatory training compliance and recruitment.
- Oversee the development and delivery of any corrective action plans and advise the Board of Directors accordingly.
- Review and support the development of appropriate performance measures, such as key performance indicators (KPIs), and associated reporting and escalation frameworks to inform the organisation and assure the Board of Directors.
- Refer issues of quality or specific aspects of the Quality and Governance Committee's remit, and maintain communication between the two committees to provide joint assurance to the Board of Directors.

Corporate risks

- Review corporate risks, allocated to the committee for oversight, and the implementation of remedial actions.

Estates and Facilities strategy and maintenance programmes

- Review the delivery of the Trust's estates and facilities strategy and planned maintenance programmes as agreed by the Board of Directors.
- Consider initiatives and review proposals for land and property development and transactions prior to submission to the Board of Directors for approval.

Information management and technology strategy, performance and development

- Review the delivery of the Trust's IM&T strategy and planned development programmes as agreed by the Board of Directors.

Capital and other investment programmes and decisions

- Oversee the development, management and delivery of the Trust's annual capital programme and other agreed investment programmes.
- Evaluate, scrutinise and approve the financial validity of individual significant investment decisions (that require Board approval), including the review of outline and full business cases. Business cases that require Board approval will be referred to the Committee following initial review by the Executive Management Team and/or Capital Planning Group.

Cost improvement plans

- To oversee the delivery of the Trust's cost improvement plans and the development of associated efficiency and productivity programmes.

Business development opportunities and business cases

- Evaluate emerging opportunities on behalf of the Board of Directors.

Consider the merit of developed business cases for new service developments and service disinvestments prior to submission to the Board of Directors for approval.

Responsibilities

On behalf of the Board of Directors, the Committee will be responsible for the oversight and scrutiny of the Trust's:

- Monthly financial and operational performance.
- Estates strategy and maintenance programme.

- Information management and technology strategy, performance and development.

The Committee will make recommendations to the Board in relation to:

- Capital and other investment programmes.
- Cost improvement plans.
- Business development opportunities and business cases.

Charing

The Committee shall be chaired by a non-executive director, appointed by the Trust Chair following discussion with the Board of Directors.

If the Chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by one of the other non-executive director members of the Committee.

Meetings

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's codes of conduct.

The Committee will meet once in each calendar month, on the fourth Monday of the month.

The Chair of the Committee may cancel, postpone or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

Secretariat

The Governance Officer shall be the secretary to the Committee and shall provide administrative support and advice to the chair and membership. The duties of the secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the chair.
- Organisation of meeting arrangements, facilities and attendance.
- Collation and distribution of meeting papers.
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward.
- Maintaining the Committee's work programme.

Membership

Members with voting rights

The following posts are entitled to membership of the Committee and shall have full voting rights:

- Three Non-Executive Directors (including Committee chair)
- Chief Executive
- Chief Finance Officer
- Director of Operations
- Director of Workforce and Organisational Development

Ex-officio members without voting rights

- The Chief Nurse

In attendance without voting rights

The following posts shall be invited to attend meetings of the Committee in full or in part, but shall neither be a member nor have voting rights.

- The secretary to the Committee (for the purposes described above).
- Any member of the Board of Directors or senior manager considered appropriate by the chair of the Committee.

Quorum

For any meeting of the Committee to proceed, two non-executive directors and one executive director of the Trust must be present.

Attendance

Members and attendees are expected to attend all meetings or to send apologies to the chair and Committee secretary at least five clear days* prior to each meeting.

Attendees may, by exception and with the consent of the chair, send a suitable deputy if they are unable to attend a meeting. Deputies must be appropriately senior and empowered to act and vote on behalf of the Committee member.

Papers

Papers to be distributed to members and those in attendance at least three clear days in advance of the meeting.

Reporting

Minutes of the Committee's meetings shall be recorded formally and ratified by the Committee at its next meeting.

The Chair shall prepare a report of the latest Committee meeting for submission to the Board of Directors at its next formal business meeting. The report shall draw attention to any issues which require disclosure to the Board of Directors including where executive action is continually failing to address significant weaknesses.

Issues of concern and/or urgency will be reported to the Board of Directors in between its formal business meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Trust chair. Instances of this nature will be reported to the Board of Directors at its next formal business meeting.

The Committee Chair shall report verbally at quarterly meetings of the Council of Governors.

Review

These terms of reference shall be reviewed annually or more frequently if necessary. The review process should include the company secretarial team for best practice advice and consistency.

The next scheduled review of these terms of reference will be undertaken by the Committee in February 2024 in anticipation of approval by the Board of Directors at its meeting in March 2024.

*Definitions

In accordance with the Trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.

Terms of Reference	
Name of governance body	Quality & Governance (Q&G) Committee
Constitution	The Quality and Governance Committee ("the Committee") is a standing committee of the Board of Directors, established in accordance with the Trust's standing orders, standing financial instructions and constitution.
Accountability	The Committee is accountable to the Board of Directors for its performance and effectiveness in accordance with these terms of reference.
Authority	<p>The Committee is authorised by the Board of Directors to seek any information it requires from within the Trust and to commission independent reviews and studies if it considers these necessary. Delegated authority includes:</p> <ul style="list-style-type: none"> • Approval of specific policies and procedures relevant to the Committee's purpose, responsibilities and duties. • Engagement with Trust auditors in cooperation with the Audit Committee. • Seeking information from within the Trust and commission internal or independent investigations or any activity within its terms of reference if further assurance is required.
Purpose	<p>The purpose of the committee is to assure the Board of Directors of:</p> <ul style="list-style-type: none"> • The quality and safety of clinical care delivered by the Trust at either its hub site in East Grinstead or any other of its spoke sites. • The management and mitigation of clinical risk. • The governance of the Trust's clinical systems and processes. <p>In order to provide this assurance the Committee will maintain a detailed overview of:</p> <ul style="list-style-type: none"> • Health and safety • Clinical Governance • Information Governance (IG) • Management of medicines and clinical devices • Safeguarding • Patient experience • Infection control • Research and development governance • All associated policies and procedures. • Medical devices • Clinical audit • Emergency preparedness resilience and response • Appraisal & revalidation of medical staff • Guardian of Safe Working • CQuIN's • Patient safety • Learning from deaths <p>To fulfil its purpose, the committee will also:</p> <ul style="list-style-type: none"> • Identify the key issues and risks requiring discussion or decision by the Board of Directors and advise on appropriate mitigating actions. • Make recommendations to the Board about the amendment or modification of the Trust's strategic initiatives in the light of changing circumstances or issues arising from implementation.

- Work closely with the Audit and Finance & Performance committees as necessary.

Duties and Responsibilities

Duties

- Support the compilation of the Trust's annual quality accounts and recommend to the Board of Directors its submission to the Care Quality Commission.
- Approve quality priorities recommended by the Clinical Governance Group for the Board of Directors.
- Ensure that the audit programme adequately addresses issues of relevance and any significant gaps in assurance.
- Receive a quarterly report on healthcare acquired infections and resultant actions.
- Receive and review bi-monthly integrated reports encompassing complaints, litigation, incidents and other patient experience activity.
- Ensure that where workforce issues impact, or have a direct relationship with quality of care, they are discussed and monitored.
- Review bi-monthly quality components of the corporate risk register (patient safety risks) and assurance framework and make recommendations on areas requiring audit attention, to assist in ensuring that the Trust's audit plans are properly focused on relevant aspects of the risk profile and on any significant gaps in the assurance.
- Ensure that management processes are in place which provide assurance that the Trust has taken appropriate action in response to relevant independent reports, government guidance, statutory instruments and ad hoc reports from enquiries and independent reviews.
- Ensure there are clear lines of accountability for the overall quality and safety of clinical care and risk management.
- Hold to account business units and directorates on all matters relating to quality, risk and governance.

Responsibilities

On behalf of the Board of Directors, the Committee will be responsible for the oversight and scrutiny of:

- The Trust's performance against the three domains of quality, safety, effectiveness and patient experience.
- Review all serious incident and never event investigations, (ideally prior to external submission) to ensure assurance about the governance of the process and the appropriateness of actions and improvements identified. If timescales do not allow this, the investigation report may be sent externally provided it has been signed off by the Clinical Governance Group and reviewed by the Chair of the Quality & Governance Committee.
- Compliance with essential professional standards, established good practice and mandatory guidance including but not restricted to:
 - Care Quality Commission national standards of quality and safety
 - National Institute for Care Excellence (NICE) guidance
 - National Audit Office (NAO) recommendations.
 - Relevant professional bodies (e.g. Royal colleges) guidance.
- Delivery of national, regional, local and specialist care quality (CQuIN) targets.

Meetings

Meetings of the committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's codes of conduct.

The Committee will meet monthly. During the month where there is no formal Committee meeting, members will instead attend local governance and departmental meetings of the key business units and clinical infrastructure in order to assess the clinical governance processes in place and to gain a deeper understanding of quality in the local services and departments. Members will provide formal feedback to the Committee on their observations of these meetings.

The Committee will have an additional meeting in July to receive the annual reports from the clinical groups which report to the Committee.

The Chair of the committee may cancel, postpone or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

Chairing

The Committee shall be chaired by a non-executive director, appointed by the Trust Chair following discussion with the Board of Directors.

If the chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by one of the other non-executive director members of the Committee.

Secretariat

The Executive Assistant to the Chief Nurse shall be the secretary to the Committee and shall provide administrative support and advice to the chair and membership. The duties of the secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the chairperson
- Organisation of meeting arrangements, facilities and attendance
- Collation and distribution of meeting papers
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward
- Maintaining the committee's work programme.
- Prepare and collate the question template and circulate prior to meeting

Membership

Members

The following posts are entitled to membership of the committee with full voting rights:

- X2 non-executive directors
- Chief Executive
- Chief Nurse
- Deputy Chief Nurse
- Medical Director
- Chief Finance Officer
- Director of Operations
- Director of Workforce and Organisational Development
- Head of Risk and Patient Safety
- Head of Quality and Compliance
- Clinical Director for Clinical Governance
- Allied health Professional Lead
- Chief Pharmacist

Designated deputies will attend as appropriate

The following posts shall be invited to attend routinely meetings of the Committee in full or in part but shall not be a member or have voting rights:

- The secretary to the Committee (for the purposes described above)
- Director of communications & corporate affairs
- Clinical director of research & innovation
- Director of strategy and partnerships
- Chair of the Board
- The Trust's internal auditor
- Sussex ICB Quality Representative

<ul style="list-style-type: none"> • Other invitees as appropriate by prior agreement with the Chair <p>The chair, members of the Committee and governor representative shall commit to work together according to the principles established by the Trust's policy for engagement between the Board of Directors and Council of Governors.</p>
Quorum
<p>For any meeting of the Committee to proceed, the following combination of members must be present:</p> <ul style="list-style-type: none"> • Two non-executive director (incl. chair of committee) • Either the Chief Nurse or Deputy Director of Nursing • One other director • Two other members
Attendance
<p>Members are expected to attend all meetings or to send apologies to the chair and Committee secretary at least five clear days* prior to each meeting. A suitable deputy should be sent to cover any absence. Deputies must be appropriately senior and empowered to act and vote on the behalf of the Committee member. Furthermore, members need to advise the chair in advance if they have to leave the meeting early or are planning to arrive late.</p>
Papers
<p>Meeting papers shall be distributed to members and attendees at least five clear days* prior to the meeting.</p>
Reporting
<p>Minutes of the committee's meeting shall be recorded formally and ratified by the Committee at its next meeting.</p> <p>The Committee chair shall prepare a report of each Committee meeting for submission to the Board of Directors at its next formal business meeting. The report shall draw attention to any issues which require disclosure to the Board of Directors including where executive action is continually failing to address significant weaknesses.</p> <p>Papers will be circulated to all non-executive directors to provide additional assurance.</p> <p>Issues of concern and/or urgency will be reported to the board of directors in between formal business meetings by other means and/or as part of other meeting agendas as necessary and agreed with the Trust chair. Instances of this nature will be reported to the board of directors at its next formal business meeting.</p> <p>In the event of a significant adverse variance in any of the key indicators of clinical performance or patient safety, the responsible executive director will make an immediate report to the Committee chair, copied to the Trust chair and chief executive, for urgent discussion at the next meeting of the Committee and escalation to the Trust Board.</p> <p>Final and approved minutes of Committee meetings shall be circulated to the clinical cabinet and non-executive directors. The Committee chair shall provide an annual report to the Audit committee to provide assurance on the governance arrangements.</p> <p>The Committee chair shall report verbally at quarterly meetings of the Council of Governors.</p>
Review
<p>These terms of reference shall be reviewed annually or more frequently if necessary. The review process should include the company secretarial team for best practice advice and consistency.</p>

The next scheduled review of these terms of reference will be undertaken by the Committee in February 2024 in anticipation of approval by the Board of Directors at its meeting in March 2024.

Definitions

In accordance with the Trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.

Terms of reference	
Name of governance body	
Digital Committee	
Constitution	
The Digital Committee (“the Committee”) is a standing committee of the Board of Directors, established in accordance with the Trust’s standing orders, standing financial instructions and Constitution.	
Accountability	
The Committee is accountable to the Board of Directors for its performance and effectiveness in accordance with these terms of reference.	
Authority	
The Committee is authorised by the Board of Directors to seek any information it requires from within the Trust and to commission independent reviews and studies if it considers these necessary.	
Purpose	
<p>The purpose of the Committee is to:</p> <ul style="list-style-type: none"> • Review and approve digital businesses cases, recommending for further approval as appropriate in accordance with the scheme of delegation • Assure the Board of Directors of the delivery and management of all digital projects and programmes <p>To provide assurance the Committee will maintain a detailed overview of:</p> <ul style="list-style-type: none"> • Progress against plan for all digital projects and programmes • The management of risks, both programme and corporate, appropriate to the Committee’s remit <p>To fulfil its purpose, the Committee will also:</p> <ul style="list-style-type: none"> • Identify the key issues and risks requiring discussion or decision by the Board of Directors • Advise on appropriate mitigating actions • Make recommendations to the Board of Directors as to the amendment or modification of the Trust’s strategic initiatives in the light of changing circumstances or issues arising from implementation 	
Duties and responsibilities	
<p>Duties</p> <p><i>Digital projects & programmes</i></p> <ul style="list-style-type: none"> • Oversight of all digital projects and programmes for QVH • Review and approval of digital investment in accordance with the scheme of delegation • Assurance that QVH projects and programmes align with the strategic ambitions of the NHS locally and nationally • Assurance that risks related to digital projects and programmes are appropriately managed 	

- Assurance on financial control related to all digital projects and programmes
- Evaluate emerging digital opportunities on behalf of the Board of Directors.

Corporate & digital programme risks

- Review corporate risks allocated to the Committee for oversight and the implementation and monitoring of remedial actions
- Review and assess risks that have been escalated from the digital programmes that report to the Committee, where appropriate these will be escalated to the Board of Directors

Responsibilities

The Committee will oversee and provide assurance on the delivery of the QVH IM&T strategy, ensuring plans and services are aligned to local and national objectives. It will be responsible for oversight of all digital projects and programmes across the Trust to ensure objectives are aligned and resources are being effectively managed.

The Digital Board will make recommendations to the Board of Directors in relation to:

- Digital business cases and development opportunities
- Capital and other investment programmes related to digital
- Emerging digital opportunities

Chairing

The Committee shall be chaired by a non-executive director, appointed by the Trust Chair following discussion with the Board of Directors.

If the Chair is absent or has a conflict of interest which precludes his or her attendance for all or part of a meeting, the Committee shall be chaired by one of the other non-executive director members of the Digital Board.

Meetings

Meetings of the Committee shall be formal, minuted and compliant with relevant statutory and good practice guidance as well as the Trust's codes of conduct.

The Committee will meet bi-monthly.

The Chair of the Committee may cancel, postpone or convene additional meetings as necessary for the Committee to fulfil its purpose and discharge its duties.

Secretariat

The Deputy company secretary or their nominee shall be the secretary to the Committee and shall provide administrative support and advice to the chair and membership. The duties of the secretary shall include but not be limited to:

- Preparation of the draft agenda for agreement with the chair.
- Organisation of meeting arrangements, facilities and attendance.
- Collation and distribution of meeting papers.
- Taking the minutes of meetings and keeping a record of matters arising and issues to be carried forward.

Membership

Members with voting rights

The following postholders are members of the Committee and shall have full voting rights:

- Two Non-Executive Directors (including Digital Committee chair)

- Chief Executive
- Chief Finance Officer
- Director of Strategy and Partnerships
- Director of Operations
- Digital lead nurse (Chief Nurse to represent until post filled)
- Chief Information Officer
- Chief Clinical Information Officer
- Chairs of digital programme working groups

In attendance without voting rights

The following posts shall be invited to attend meetings of the Committee in full or in part, but shall neither be a member nor have voting rights.

- The secretary to the Digital Committee (for the purposes described above)
- Digital programme leads
- Any member of the Board of Directors or senior manager considered appropriate by the chair of the Committee.

Quorum

For any meeting of the Committee to proceed, one non-executive director and one executive director member must be present.

Attendance

Members and attendees are expected to attend all meetings or to send apologies to the Chair and secretary of the Committee at least five clear days* prior to each meeting.

Attendees may, by exception and with the consent of the Chair, send a suitable deputy if they are unable to attend a meeting. Deputies must be appropriately senior and empowered to act and vote on behalf of the Committee member.

Papers

Papers to be distributed to members and those in attendance at least three clear days* in advance of the meeting.

Reporting

Minutes of the Committee meetings shall be recorded formally and ratified by the Committee at its next meeting.

The Chair shall prepare a report of the latest Committee meeting for submission to the Board of Directors at its next formal business meeting. The report shall draw attention to any issues of concern and any significant opportunities.

Review

These terms of reference shall be reviewed annually or more frequently if necessary. The review process should include the company secretarial team for best practice advice and consistency.

The next scheduled review of these terms of reference will be undertaken by the Committee in December 2023 in anticipation of approval by the Board of Directors at its meeting in March 2023.

***Definitions**

In accordance with the Trust's constitution, 'clear day' means a day of the week not including a Saturday, Sunday or public holiday.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/03/2023		Agenda reference:	228-23	
Report title:	Corporate Risk Register: 21/02/2023				
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	<p>The Corporate Risk Register has been reviewed at two subcommittees of the Board: Quality & Governance (Patient Safety Risks) and Finance & Performance (remaining Risks) From March 2023 Audit Committee will oversee specified risks previously tabled at F&PC.</p> <p>The full corporate risk register is brought to board for review and discussion</p> <p>Key changes to the CRR this period (January 2023):</p> <ul style="list-style-type: none">➤ One new corporate risk added: ID1296➤ Three corporate risks closed: ID1259, 1265, 1284➤ Three corporate risks rescored to local RR: ID1198, 1240, 1242 <p>Most notable risks on CRR:</p> <p>ID877: Financial sustainability</p> <p>ID1250: Additional licence conditions</p> <p>ID1264: Risk to operational delivery of Pathology Services: IT systems related</p> <p>ID1268: Level of referrals to sleep service</p>				
Recommendation:	The board is asked to note the Corporate Risk Register information				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	The entire BAF has been reviewed by EMT alongside the CRR, The corresponding KSOs have been linked to the corporate risks.				
Corporate risk register:	This document				
Regulation:	All NHS trust are required to have a corporate risk register and systems in 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:	<div>27/02/2023</div> <div>27/02/2023</div> <div>F&P: all risks except patient safety risks – as at 6 February 2023</div> <div>Q&GC: all patient safety risks – as at 6 February 2023</div>				

Corporate Risk Register Report
(Data January 2023 to 21st February 2023)

Key updates

Corporate Risks added between 01/1/2023 and 21/2/2023: One

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
3x4=12	1296	Electrical Power Distribution Network QVH: Operational Non Conformity	Interim DoF and interim HoE&F

Corporate Risks closed this period: three

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
5x3=15	1259	Increased Cyber Security Threats due to global challenges	Head of IT & CEO and F&PC: Much of the mitigation work now completed. All other cyber security risks remain open as there is much overlap between them and this is an ongoing challenge.
4x3=12	1265	National remifentanil shortage	Clinical Governance Group: Stock returned to normal
4x3=12	1284	Risk of IT network upgrade capital funding not spent by 31 March 2023	Chief Nurse: Agreed at programme Board and Digital board that risk now mitigated sufficiently to rescore risk to target score

Corporate Risks rescored this period: three

Risk ID	Service / Directorate	Risk Description	Previous Risk Score (CxL)	Updated Risk Score (CxL)	Rationale for Rescore
1242	IT	Cyber Security Vulnerability - Apache Foundation Log4j 2	5x3=15	5x1=5	SIRO and CIO agreed for the risk to be reduced works undertaken and assurances provided by the suppliers for the 3 remaining servers
1198	Sleep Studies	Medical Workforce Sleep Unit	3x5=15	3x3=9	Medical Director: New substantive sleep neurologist appointed to start 1/4/23 (10 PA's at QVH)
1240	IM&T	Unregulated use of data sharing apps	3x4=12	3x3=9	DoHR & F&PC deep dive: risk is one of behaviour rather than technical ability

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

Risk Register management

There are 86 risks on the Trust Risk Register as at 21 February 2023, of which 34 are corporate, with the following modifications occurring during this reporting period (1 January 2023 to 21 February inclusive):

- One new corporate risk added
- Three corporate risks closed
- Three corporate risks rescored

Risk registers are reviewed and 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 and manage their respective risks accordingly.

Risk Register Heat Map: The heat map below shows the 34 corporate risks open on the Trust risk register as at the 21 February 2023.

Four 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				8 ID: 834, 1210, 1226, 1288, 1290, 1286, 1291, 1293	2 ID:1292, 1294
Likely 4			11 ID: 1040, 1077, 1245, 1247, 1249, 1253, 1254, 1255, 1272, 1295, 1296	3 ID:1250, 1264, 1268,	0
Certain 5			9 ID:1189, 1199, 1221, 1225, 1231, 1238, 1239, 1266, 1267,	1 ID: 877	0

Implications of results reported

- The register demonstrates that the trust is aware of key risks that affect the organisation and that these are reviewed and updated accordingly.
- No specific group/individual with protected characteristics is identified within the risk register.
- 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
1296	11/01/2023	Electrical Power Distribution Network QVH: Operational Non Conformity	The Electrical distribution network at the QVH is not being operated or maintained in compliance with the Electricity at Work Act (1974). The electrical distribution network has not been subject to a grading or discrimination study. Followed by electrical protection systems being set at defined protection levels and tested.	The risks have been assessed. Mitigation is in place with specialist equipment to be procured along with a major fault level study to be instated and applied at the QVH. Safer systems of work and training are to be instituted.	Stuart Rees	Doug Ward	Estates Infrastructure & Environment	12	6	To procure and undertake electrical distribution remediation study & fault level discrimination calculations and protection setting requirements by end of February 23	KSO2
1295	12/12/2022	Green Plan risks	Not meeting the requirements in the NHS provider contract related to the Green Plan	Green Plan actions monitored at monthly meeting, and reported bi-annually to F&P Actions: QVH Green Plan work includes key elements in contract but this will take time to deliver in full. Cars for burns outreach will be replaced with zero or ultra-low emissions cars on contract renewal in 2024. Procurement of onsite EV charging for installation in 2023. Stepped process to remove options to purchase higher emissions cars on salary sacrifice, moving to zero emissions only. Removal of volatile gases in anaesthesia. Sustainability requirements to be added to tender documents during 2023. Working up costed plans to decarbonise the site through insulation, solar panels, ground source heat pump.	Tony Chambers	Clare Pirie	Estates Infrastructure & Environment	12	6		KSO5
1294	28/11/2022	Financial Sustainability: contract alignment	Risk of deficit from 23/24 financial year due to convergence adjustment and inflationary cost pressures exceeding allocation impacting Trust ability to invest in services	Annual Business planning with board approval and executive review of investments and cost pressures. Performance management monthly meetings to review and highlight financial and activity positions. Audit committee reports on internal controls in place. Monthly financial performance to Board and Finance and Performance Committee. Strengthened contract monitoring and efficiency programme process. Business case review group embedding.	Stuart Rees	Jeremy Satchwell	Finance	15	10		KSO4

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1293	24/11/2022	Risk of compliance with national cleaning specifications and frequency resulting in increased risk of infections	Increased Risk of infections in clinical areas due to unfilled vacancies, sickness and recruitment issues in cleaning services	Clinical areas to be prioritised over non-clinical areas Business Continuity Plan in place	Stuart Rees	Paul Addison	Compliance (Targets / Assessments / Standards)	12	8		KSO3
1292	22/11/2022	Overarching Corporate Risk - Securing a sustainable future for QVH	Not being able to secure a sustainable future for QVH	Board review to establish future direction of the organization Clinical Services-stock take being carried out to inform clinical strategy	Tony Chambers	Abigail Jago	Compliance (Targets / Assessments / Standards)	15	10	January 2023 - Director of Strategy starts 06/02/2023 November 2022 - Ongoing work around clinical services stocktake to be reviewed by Board. Recruitment of director of strategy in progress	KSO1 KSO2 KSO3 KSO4 undefined
1291	22/11/2022	Overarching Corporate Risk - Keeping our staff engaged, motivated and supported during a time of great change	Risk of not being able to keep our staff engaged, motivated and supported during a time of great change	Review of staff survey Early escalation of issues via exit interviews and "stay" interviews Listening and Engagement events with staff Partnership working forums with JCNC and JLNC EDS Staff Network Care First Employee Assistance Programme Staff Appraisal system	Lawrence Anderson	Lawrence Anderson	Staff Safety	12	8	24/01/2023: Better Place to Work Survey results being analysed with key recommendations to be put forward. Project Wingman on site to support staff engagement and recognition w/c 23 Jan for 2 weeks. Trust vacancy rates have fallen since June 2022 along with Turnover Staff Survey 2022 results due in Feb 2023 under embargo which will give us an understanding of areas of progress and concern	KSO5
1290	22/11/2022	Overarching Corporate Risk - Maintaining patient and staff safety in a post covid health care setting	Risk to patient and staff safety due to Covid and other possible infection outbreaks	Rigid IPACT measures in place Testing of staff as per national guidance	Nicola Reeves	Liz Blackburn	Patient Safety	12	8	February 2023 - Plans to reduce asymptomatic testing of staff continue. Small numbers of positive staff and patients continue to be seen but not creating operational issues at time of review. January 2023 - Reviewed, continue to see small numbers of covid positive patients and staff. Optigene lab will be "mothballed" in April 2023 December 2022 - Risk reviewed. Challenges remain in the "post covid" health economy for QVH. Impacts from staff sickness due to covid and positive patients attending have been seen during December.	KSO1 KSO2
1288	10/11/2022	QVH intranet - unsupported after April 2023	From April 2023 SharePoint 2013 will no longer be supported by Microsoft.	Current provider commissioned to carry out a discovery exercise to scope content of Qnet and what is possible to move, to build receiving architecture, to migrate lists and libraries. Resource will be needed for functionality build (home page, news, landing pages etc.)	Tony Chambers	Clare Pirie	Information Management and Technology	12	8	November 2022: Plan being made to move QNet to SharePoint Online before April 2023. This is a challenging timeframe.	KSO3 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1286	28/11/2022	Inability to provide full pharmacy services due to vacancies and sickness	Delays to indirect clinical services (e.g. updating policies/ guidelines/ audit/ training/ incident reviews)□ Unable to move forward with non-clinical initiatives e.g EPMA introduction□ Delays in projects e.g. DMS and unable to support new services□ Loss of established staff with organization memory and staff able to undertake certain tasks.□ Increase in incidents	1. Some bank in place to help.□ 2. Regularly chase agencies for any potential candidates.□ 3. Adverts on TRAC.□ 4. Recently vacated band 4 technician post to go on TRAC internally for those in training.□ 5. Staff working as team to ensure immediate work covered.□ 6. Chief Pharmacist working addition bank hours.□ 7. Direct clinical work a priority.□	Shane Morrison-McCabe	Judy Busby	Compliance (Targets / Assessments / Standards)	12	8	9/2/23 Band 7 now left leaving 2WTE vacant. Appointed into one - no start date yet. Looking into option of band 6 to 7 progression. Locum pharmacist offered higher wage so leaving, hoping to have replacement but awaiting paperwork and will need training. Still unable to recruit band 8a Antimicrobial pharmacist despite continual advertising. Plan on page submitted for new post - combined theatre/antimicrobial pharmacist band 8b. Band 6 principal technician started. Band 4 post recruited into but internal candidate so will; be band 3 vacancy. Band 2 0.4WTE on long term sick has resigned now able to advertise as 1 WTE. Band band 2 leaving to work in school as term time only post. staff struggling with workload. Unable to get full agenda ready for MMOGG due to clinical pressures. One policy still remains out of date□ 4/1/23 Locum pharmacist in place but still not up to full speed. Interviewing for band 7 vacancy this week but will have another vacancy at end of month due to relocation. No applicants for Antimicrobial post. Band pharmacist returning 2 mornings a week. Band 6 technician due to start Feb. Internal band 4 technician post on TRAC, waiting for recruitment to put out to advert - Assistant on	KSO1 KSO2 KSO3 KSO4 KSO5
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	25/01/2023 - the risk remains an ensuring, given that there have been 3 resignations in the department in the last two weeks and, in spite of having gone out to advert, there appears to be a very limited pool of people available to appoint. This has been a persistent problem for a good deal of time. The service may need to go to Bank or agency in the short-term to provide cover, in order to avoid burnout within the admin' team. Exit interviews will be performed with leavers to support retention of staff going forward. Conversations will be had with HR to explore what further can be done to improve upon its current recruitment strategy. □ 21/11/2022 - Finished recruiting to Schedulers, Admin' Support, Rota Team, Service Co-ordinators and a Service Manager. There is presently 1 WTE vacancy against the Medical Secretary line (although this will need to be confirmed to be completely certain). Whilst the service are waiting for individuals to come into post, the Service is using Bank to cover the gaps - for which we have a number of colleagues who can support. At this point it would be reasonable to scale down the risk score to meet the target level.□ October 2022 - Risk reviewed. Successful	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	<p>31.01.23 Referral rates continue at almost double those of previous years. External report due shortly but internal capacity is not enough to meet demand. To continue with outsourcing of selected diagnostic tests and bids submitted to ICS. To explore options for new clinical pathways which would reduce demand on Consultants and in-patient beds. Options to be developed and shared with Commissioners. Have requested meeting with MTW/Kent to understand potential impact of their proposed new OPD Sleep service □</p> <p>28.11.22 Referral rates continue to exceed 600 pcm. External consultant developing a detailed capacity and demand model but waiting lists are increasing. Revised 52 week trajectory submitted and DM01 trajectory to be reviewed also. Referrals are screened and urgent cases escalated as required. □</p> <p>27.10.22 All 52wk long waiters have now been dated (final 4), zero will be reported from November 2022. Risk can be reviewed and reduced. □</p> <p>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 □</p> <p>13/09/22 To confirm dates with external</p>	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	<p>31.01.23 Recruitment at all bands continues - unfortunately 1 chosen B7 candidate has withdrawn so re-advertised. □</p> <p>28.11.22 On-going recruitment process. Adverts placed for all teams and interviews to be set up. Number of staff in post is increasing and vacancies reducing. □</p> <p>25/10/22 Continuing to explore recruitment & retention options, including agency. Attended QVH careers evening. □</p> <p>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 □</p>	KSO1 KSO2 KSO3 KSO4

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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. <input type="checkbox"/> 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 Ophthalmic 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	31st January 2023: GM engagement in digital strategy meetings and highlighted the importance of an Ophthalmology electronic solution. Further progress will be dictated by the digital strategy. <input type="checkbox"/> 29th November 2022: How the Ophthalmology EPR sits within the information technology and systems workstreams needs to be decided and funding identified to ascertain when this project can commence. <input type="checkbox"/> 27th October 2022: Due to the development of the QVH Digital strategy, the ophthalmology electronic system has been paused until April 2023. Once the capacity allocation to the Trust has been obtained, this project will be re-started. <input type="checkbox"/> October 22 - Options appraisal being submitted to F&P end of October - prioritization within programme of works required. <input type="checkbox"/> 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. <input type="checkbox"/> 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.	KSO2 KSO5
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. <input type="checkbox"/> <input type="checkbox"/>	Progression of LIMS and MES workstreams: Potential for risk to increase if workstreams are delayed <input type="checkbox"/> Limited mitigation until new LIMS in place <input type="checkbox"/>	Tony Chambers	Fiona Lawson	Compliance (Targets / Assessments / Standards)	16	8	20 Feb 23: Network-wide LIMS contract has been awarded. Programme board established, QVH represented by Pathology services manager, SRO and CIO. System build and implementation phase to commence Mar 23. Go live with new system expected Mar 24. <input type="checkbox"/> 24th Jan 23: procurement of network wide LIMS underway <input type="checkbox"/> 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. <input type="checkbox"/> 22nd August 22: Project manager now in post to ensure that QVH has the additional capacity for the pathology network workstream. <input type="checkbox"/> 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

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1255	17/02/2022	Sterile Services provision failures	Our off site sterile services provider is in business continuity due to severe staff shortages. <input type="checkbox"/> The risk is not being able to deliver any services relating to theatres and outpatient clinics that require sterilized equipment	The sterile services equipment team leader meets daily with the customer service manager of the sterile service provider to ascertain what is required to deliver the service on a daily basis. <input type="checkbox"/> There are weekly meetings with the decontamination lead, sterile services equipment team leader and general manager from the sterile service provider.	Shane Morrison-McCabe	Claire Ziegler	Compliance (Targets / Assessments / Standards)	12	9	31.10.22 - Remedial action plan requested from service provider; meeting scheduled for 2.11.22 with provider CEO, QVH DoOps and Chief of Finance. <input type="checkbox"/> 05.07.2022 - paper presented outlining 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
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. <input type="checkbox"/> Risks: <input type="checkbox"/> 1. Will breach local targets for waiting times for non-urgent outpatients <input type="checkbox"/> 2. Inability to provide indirect clinical services-(training/reviews of policy/s/audit) <input type="checkbox"/> 3. Reliant on Bank and agency staffing <input type="checkbox"/> 4. High pressure on current SLT staff affecting wellbeing/moral	1. Ongoing additional bank hours of substantive Community SLT - 0.2WTE <input type="checkbox"/> 2. Patients with Urgent triage are prioritised at weekly caseload meeting <input type="checkbox"/> 3. Regular team meetings, triage and debrief sessions for staff <input type="checkbox"/> 4. Targeted recruitment continues for agency cover <input type="checkbox"/> 5. Resourcing team in collaboration with Therapy manager and Principal SLT looking at boosting advertising of post <input type="checkbox"/> 7. Clinical staff have delegated roles to admin who is progressing well although new into post <input type="checkbox"/> 8. Clinical Lead has reduced input in roles internally, AFC panel, mediation etc. <input type="checkbox"/> 9. Monitoring activity and demand, bi-monthly	Shane Morrison-McCabe	Sarah Holdsworth	Compliance (Targets / Assessments / Standards)	12	9	Feb/23- Start date for Principal SLT 1WTE / 06/03 returner from Mat leave 13/2. Will leave only 0.3WTE of establishment vacant. Waiting list full review scheduled for waiting list improvement plan, now workforce returned. SLT agency 0.2WTE to continue till 30/04/2023 to work on reducing backlog. Aim to reduce to target risk grading of 9 by 01/05/23. <input type="checkbox"/> Jan/23: 5 Urgent community patients breaching local waiting time target, a reduction from Novembers position. Staffing levels due to increase back to 2.9 WTE by Mid March with the return of the SLT from mat leave and new principal SLT starting. Controls in place to review/prioritise. To look at recommencing the VF service from 19/02 and FEES service again in March. Assurance paper went to finance and performance committee <input type="checkbox"/> 11/22- Current WL status 7 Urgent Community referrals breaching. 5 will be booked appointments by 23/11. Inpatient/ VFS and ENT remain meeting targets. Agency to cover Voice outpatients in place till 10/02/23. Interview for B8a SLT on 23/11. Confirmation of Community SLT returning	KSO1 KSO2 KSO5

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1253	15/02/2022	Waiting List management: 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	25/01/2023 - have emailed Head of Elective Access to ask if the V-look up needs to be revived. □ 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	KSO1 KSO3 KSO5
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 □	Tony Chambers	Clare Pirie	Compliance (Targets / Assessments / Standards)	16	12	December 2022: □ The trust is under two additional licence conditions: □ The first relates to ensuring that the Trust has sufficient and effective Board leadership capacity and capability in place, and effectively functioning Council of Governors. □ The second condition relates to the Council of Governors working effectively with the Board, and operating in accordance with their statutory roles and responsibilities. □ The Trust has made progress on both these issues, including appointing a substantive Chair, there is however more work required. □ □ 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	KSO3 KSO5

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1249	17/01/2022	Sentinel Lymph Node Biopsy (SLNB) 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	Weekly SLNB meeting with Clinical Director, Clinical Lead for Skin, General Manager, Service Manager, SLNB Co-ordinator, and Clinical Nurse Specialists. Weekly tracking of non-admitted and admitted SLNB pathways. CNS 'safety netting', encouraging SLNB patients to look for recurrences and flag if identify them. CNSs also encouraging patients to maintain follow-up/surveillance cycle - as opposed to suspending because they are in expectation of treatment. Cost pressure as being done as additional hours. Weekend and in-week clinics and theatre lists being added. Sussex ICS Task and Finish Meeting in place. Support in validating long waiting patients to ensure we are doing everything we can to keep them safe.	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	6	30/01/2023 - Additional CNS hours to support pathway will be implemented as a cost pressure whilst the pathway is reviewed. 20/01/2023 - have updated the list of controls in order to clearly reflect the breadth of mitigations that are currently in place, as well as the work that is ongoing to strengthen it. Another note of condition of PTL: there are presently 13 patients waiting for SNLBs and 7 are past their breach date, which is a massively improved position since backlog accrued during period where no isotope available (which rose to 33). January 2023: two SI's declared - patients delayed resulting in metastasis. 28.12.22 - A system SLNB network group will be set up with the ICS cancer lead. QVH DoOps, GM and Head of Access will attend to formulate a plan. 22/11/2022 - the backlog had been substantially addressed via a dedicated administrator for SNLB, a well-ordered waiting list, a weekly meeting with the GM and Clinical Lead. However, due to the shortfall in radioactive isotopes, several lists have had to be cancelled and the backlog has grown - a bit - once again. The routine capacity is equal to the routine demand, but the capacity for the backlog and for seeing this backlog in a	KSO1
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	25/01/2023 - emailed Service Manager to clarify if there are any issues with process. 22/11/2022 - Medical Secretaries are printing the list of patients off instead of letting the consultants triage online. Will re-convene a meeting to discuss next steps for ensuring consultants use Evolve. 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	KSO3

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1245	10/01/2022	Junior Doctor Rota Management: Plastics Surgical	Rota manager on long term sick leave. <input type="checkbox"/> No substantive post holder to cover that work and no clear processes/SOP in place. <input type="checkbox"/> <input type="checkbox"/>	1. Service co-ordinator is managing rota with assistance of admin support. <input type="checkbox"/> 2. Manual process now improved rota management to 6 weeks in advance - remains dependant on staff with competing duties & completion of consultant job plans in order to inform rota. <input type="checkbox"/> 3. Draft SOP initiated. <input type="checkbox"/> <input type="checkbox"/> PROPOSED ACTION <input type="checkbox"/> <input type="checkbox"/> 1. Management of Rota further in advance and formalise processes. <input type="checkbox"/> 2. Create Standard Operating Procedures SOP. <input type="checkbox"/> 3. Band 4 admin support to undertake band 5 role as rota manager for 3 months as of Jan 2022 and support Rota Manager's phased return from long term sick leave. <input type="checkbox"/> 4. Migration to Healthroster planned for early 2022. <input type="checkbox"/> 5. Review of WTE requirement in department to manage workload. <input type="checkbox"/>	Shane Morrison-McCabe	Phillip Connor	Compliance (Targets / Assessments / Standards)	12	4	26/01/2023 - the Rota Manager and Rota Co-ordinator remain in post. There are a number - 4 - vacancies that need to be recruited to for April for the services SpRs, owing to the shortfall in names that were received from the deanery. The advert closes next week and, from the number of applicants that have come through, it seems likely that sufficient cover will be found. The service is also going out for a Hand Fellow and Junior Clinical Fellows, all of which also close next week. A business case has been submitted for 2 X further deanery funded SpRs. And work is ongoing to transition the service over to activity manager. It is hoped that by the next meeting, the service will be ready to submit a POAP to the Business Case Review Group, with support from the Medical Director. <input type="checkbox"/> 22/11/2022 - we have now successfully recruited a Rota Manager and a band 4 Rota Co-ordinator. We are currently building rotas out into February now and the latest GMC survey indicates a marked improvement in rota management. We are introducing a third Rota Co-ordinator to the service in order to ensure that a Rota Co-ordinator can offer direct, responsive support to the rota service. We are also in the process of discussing the contract for Activity Manager in order to	KSO3
1239	02/11/2021	Canadian Wing Staffing	Unable to fulfil the rota requirement	management of activity	Nicola Reeves	Liz Blackburn	Patient Safety	15	6	February 2023 - Continue to see recruitment challenges particularly relating to Band 5 posts. <input type="checkbox"/> January 2023 - 21% vacancy, and significant gap in Band 5 recruitment. <input type="checkbox"/> December 2022 - Risk reviewed. Ongoing recruitment issues. <input type="checkbox"/> October 2022 - reviewed and risk remains moderate. <input type="checkbox"/> 23/08/2022 - reviewed, remains a moderate risk. <input type="checkbox"/> 27/07/2022 - reviewed. <input type="checkbox"/> 22/6/22 - Good uptake of bank shifts, recruitment remains a challenge. <input type="checkbox"/> 6/4/22 - Remains an ongoing issue. <input type="checkbox"/> February - Evidence that incentives are having positive impact on uptake of bank shifts. International Recruitment options being considered. <input type="checkbox"/> November - EMT have approved a paper to address staffing challenges using a range of incentives to encourage applicants	KSO1 KSO2 KSO3 KSO4 KSO5

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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	<p>February 2023 - Vacancy remains 25% January 2023 - 25% vacancy, recruitment remains a challenge. Some improvement in Twilight shift cover. December 2022 - risk reviewed, remains moderate 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</p>	KSO1 KSO2 KSO3 KSO4 KSO5
1231	04/10/2021	Late tertiary cancer referrals	The trust is receiving up to 26 late cancer referrals a month and around 45-50% are past 62 days. The trust is treating around 90% of patients within 24 days however these patients are on our PTL and in our weekly PTL reported numbers.	unable to control external late referrals, however: Weekly national/regional reporting. Twice weekly cancer PTL meetings which goes through each individual patient ensuring they have a next step booked within time. Escalations are sent out after each meeting. PTL is widely distributed across the trust, including admin and clinical staff. The responsible Committee should be the Cancer Board who meet monthly.	Shane Morrison-McCabe	Victoria Worrell	Compliance (Targets / Assessments / Standards)	15	9	<p>09/01/23 update: Late tertiary referrals continues to be a key risk to cancer performance, for the 62 Day Referral to Treatment target (24 Day target) and the 62 Day backlog trajectory. Both are closely monitored by the Cancer Board. Late referrals are a data item on the weekly ICB data pack. 16/11 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. 27.10.22 The issue of late tertiary referrals has been raised by the DoOps to ICS & NHSE colleagues at the Quarterly Assurance meeting held on 12th October. In addition, it is raised at the Planned Care Leads meeting to ensure system DGH peers expedite patient assessment and referral to QVH in line with the new system policy. 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</p>	KSO3

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1226	13/07/2021	Adult Burns - Delivery of commissioned services whilst not meeting all national standards/criteria	-Lack of key services and support functions onsite (renal replacement facilities, and other acute medical specialties when needed urgently) <input type="checkbox"/> -Potential increase in the risk to patient safety <input type="checkbox"/> -Potential loss of income if burns derogation lost <input type="checkbox"/>	-Operating at Unit+ level <input type="checkbox"/> -Adult Burns inpatient review taking place <input type="checkbox"/> -Strict admission criteria in place, any patient not meeting criteria will be referred on to a Burns Centre <input type="checkbox"/> -Low threshold for transferring out inpatients who deteriorate and require treatment not available at QVH <input type="checkbox"/> -SLA in place with UHS for ITU verbal support	Tania Cubison	Nicola Reeves	Patient Safety	12	8	December 2022 - Peer review completed, awaiting formal outcome although favorable feedback was given on the day. <input type="checkbox"/> October 2022 - Peer review of service to be carried out 09/11/2022. Spec comm awaiting this outcome. <input type="checkbox"/> June 2022: Specialised commissioners continue to review prior to creation of options appraisal <input type="checkbox"/> 6/4/22 - no update on options appraisal available <input type="checkbox"/> February 2022 - Specialised Commissioning continuing to work on case for change and options appraisal for provision of a compliant burns service <input type="checkbox"/> 15/12/21: NHSE Specialised Commissioning leading work on Case for Change and Options Appraisal <input type="checkbox"/> 31/03/2022 - we are at risk of being short 1.5 Burns Consultants given lead times for recruiting to these posts. Furthermore, we have had no eligible consultants in the last round of advertising. We are working up a plan to cover uncovered DCCs and to potentially recruit a fellow to the Burns consultant post, which may be a more attractive prospect. PC	KSO1 KSO2 KSO3 KSO5
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. <input type="checkbox"/>	- Use of bank staff, an enhanced rate would lead to greater uptake of shifts. <input type="checkbox"/> - Ongoing recruitment, however there have been no suitable applicants in the three adverts that have run so far. <input type="checkbox"/>	Nicola Reeves	Sarah Wilkinson	Patient Safety	15	6	February 2023 - Challenge remains <input type="checkbox"/> January 2023 - Vacancy of 22%, rolling advert for vacant posts. <input type="checkbox"/> December 2022 - Risk reviewed <input type="checkbox"/> October 2022 - Risk reviewed <input type="checkbox"/> 23/08/2022 - Risk reviewed <input type="checkbox"/> 27/07/2022 - ongoing <input type="checkbox"/> 22/6/22 - Vacancy remains, continue to advertise vacant posts. <input type="checkbox"/> 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 <input type="checkbox"/> February 2022:: International Recruitment being considered to address staffing shortfall. <input type="checkbox"/> January - Enhanced bank rate in place. Welcome bonus due to be introduced. Significant vacancy remains with 47% of posts remaining vacant. <input type="checkbox"/> November - EMT have approved plans to increase recruitment <input type="checkbox"/> October - Update 26.10.21 <input type="checkbox"/> Re-templated the establishment to incorporate a Band 7 Matron (0.60WTE) and staffing of 2+1 on day shifts. <input type="checkbox"/> Currently a clinical vacancy rate of 44% <input type="checkbox"/> August - Update 17/08/2021 <input type="checkbox"/> Establishment remains at 6.82 WTE. However	KSO1 KSO2

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1221	07/06/2021	Antimicrobial prescribing	Audit has shown that there are low levels of compliance with antimicrobial prescribing guidance. <input type="checkbox"/> 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 <input type="checkbox"/> Micro guide available for all staff to download onto their smart devices <input type="checkbox"/> 24 hours on call Microbiology service <input type="checkbox"/> Audits of antibiotic prescribing. <input type="checkbox"/> 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	9/2/23 Awaiting updated inpatient chart to be in place. Still unable to recruit into AM pharmacist post. Plan on page for combined theatre/AM pharmacist post submitted as part of business planning. New audit requested after higher profile of antimicrobial issues <input type="checkbox"/> 4/1/23 Inpatient chart sent to printers with update regarding dates for antimicrobial prescriptions. <input type="checkbox"/> 24/11/22 Audit of basic antimicrobial stewardship compliance presented at JHGM. Email sent out to all Max fac and Plastic surgeons reminding them of good prescribing. Max fac Governance lead has highlighted at Nov M&M. Stewardship group met with Microbiologist to discuss availability. <input type="checkbox"/> 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 <input type="checkbox"/> 17/10/22 Brief update given at JHGM. Lack of clinical engagement at stewardship meetings <input type="checkbox"/> 6/9/22 5 minute update to be given at next	KSO1 KSO2
1210	09/02/2021	Covid-19 Clinical Challenges	Staff required to work in different ways <input type="checkbox"/> National guidance being updated on regular basis <input type="checkbox"/> Adverse impact on patient experience - particularly linked to restricted visiting and infection control recommendations <input type="checkbox"/> Potential Covid-19 outbreaks in either workforce or patient cohorts	R&R governance meetings weekly <input type="checkbox"/> Open door IPACT policy <input type="checkbox"/> Generic email address for queries or concerns <input type="checkbox"/> Case by case management regarding visiting restrictions <input type="checkbox"/> Asymptomatic staff testing both via Lateral Flow and Optigene <input type="checkbox"/> Patient screening pre admission <input type="checkbox"/> Optigene screening for trauma patients <input type="checkbox"/> Management of "accompanying" carers with patients coming to OPD <input type="checkbox"/> Remote check in to avoid numbers in waiting rooms <input type="checkbox"/> Virtual clinics when possible <input type="checkbox"/> <input type="checkbox"/>	Nicola Reeves	Liz Blackburn	Patient Safety	12	8	February 2023 - Risk reviewed. No changes <input type="checkbox"/> January 2023 - Risk reviewed. Optigene lab working reduced hours and plan to "mothball" from April. <input type="checkbox"/> December 2022 - Risk reviewed. Continue to adhere to national guidelines. Vigilance regarding potential out breaks. Reduction in opening hours of Optigene lab to reflect reduced prevalence screening. <input type="checkbox"/> October 2022 - Continue to adhere to national guidance, close review of QVH numbers of positive staff. <input type="checkbox"/> 23/08/2022 - national guidance continues to be adhered to. <input type="checkbox"/> 27/07/2022 - Further reductions in mask wearing and testing paused due to increase in prevalence during July. Under constant review. <input type="checkbox"/> 22/6/22 - Patient covid testing pathways reviewed and rolled out. Mask wearing guidance reviewed in all areas. <input type="checkbox"/> 6/4/22 - Guidance reviewed and QVH SOPs being amended to bring up to date <input type="checkbox"/> February 2022 - All national guidance reviewed and changes made to policy as required. This is then managed via the IPACT governance routes. IPACT BAF reviewed and presented at Q&G <input type="checkbox"/>	KSO1 KSO2

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1199	09/12/2020	Inability to deploy a flexible CCU workforce due to recruitment challenges	<ul style="list-style-type: none"> * 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	Sarah Wilkinson	Patient Safety	15	9	<p>February 2023 - Significant issues remain with ability to manage the demand. Need to address international recruitment as a matter of urgency. Need to review innovative ways of addressing the recruitment challenges with Workforce colleagues</p> <p>January 2023 - Range of measures in place to address. Matron phasing back to work. Need to consider International Recruitment in collaboration with Workforce colleagues</p> <p>December 2022 - Ongoing challenges being compounded by high levels of long term sickness. Risk remains</p> <p>October 2022 - Risk reviewed and remains as reported</p> <p>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.</p> <p>23/08/2022 - capacity paper currently with Chief Nurse for review.</p> <p>27/7/2022 - reviewed - ongoing, still awaiting outcome of capacity review</p> <p>22/6/22 - Continued vacancy with CCU, review of staffing and bed capacity being undertaken.</p> <p>22/4/22: B5 vacancy = 5.81 WTE with 1.0 WTE recruited to.</p> <p>Out of the 3.53 WTE Band 5s, 2.53 WTE are</p>	KSO1
1189	08/12/2020	Workforce succession planning: radiology	<ul style="list-style-type: none"> - 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	<p>31-01-2023 - Meeting with GM/consultant to devise short and long term plan for retirement. No update has been communicated to radiology regarding the F&P paper submitted around this risk. Discussed again the need for long term plan across trust at the Education and development Group as still no task and finish group which has been discussed and actions outlaid at meetings. New apprentice role to be added to this financial year planning envelope. Now have 2 band 7 leaving. Met with GM and deputy DoO to discuss next steps and possible recruitment premium. MRI staffing is of concern as 1 band 7 that is leaving bolstered that service. 1.4 WTE covering MRI and 1.0 rotational CT/MR so approx. 1.8 staff. CDC aims for 6 day working this financial year, we are out to recruit more band 6 staff and they will need training. 1 of the sonographers does have extensive MR experience so will explore if they are amenable to bank MRI in the interim.</p> <p>06-1-23 - Clinical lead radiologist is retiring now as of end of March. CDC BC has been approved so multiple adverts on TRAC. No outcome from F&P paper as yet.</p>	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	<p>* Theatres vacancy rate is increasing□</p> <p>* Pre-assessment vacancy rate is increasing□</p> <p>* Age demographic of QVH nursing workforce: 20% of staff are at retirement age□</p> <p>* Impact on waiting lists as staff are covering gaps in normal week & therefore not available to cover additional activity at weekends□</p> <p>June 2018:□</p> <p>* loss of theatre lists due to staff vacancies</p>	<p>1. HR Team review difficult to fill vacancies with operational managers□</p> <p>2. Targeted recruitment continues: Business Case progressing via EMT to utilise recruitment & retention via social media□</p> <p>3. Specialist Agency used to supply cover: approval over cap to sustain safe provision of service / capacity□</p> <p>4. Trust is signed up to the NHSI nursing retention initiative□</p> <p>5. Trust incorporated best practice examples from other providers into QVH initiatives□</p> <p>6. Assessment of agency nurse skills to improve safe transition for working in QVH theatres□</p> <p>7. Management of activity in the event that staffing falls below safe levels.□</p> <p>8. SA: Action to improve recruitment time frame to reduce avoidable delays</p>	Shane Morrison-McCabe	Claire Ziegler	Patient Safety	12	4	<p>05.12.2022 Update November /December Leavers B6 X 1 B7 X 1 (fixed term contract) workforce planning years 1-5 underway with emphasis of training and revisiting overseas recruitment□</p> <p>□</p> <p>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□</p> <p>□</p> <p>□</p> <p>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. □</p> <p>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.□</p> <p>20.07.2022 Update June/July Shortfall in HCA out to advert but recent unsuccessful</p>	KSO1 KSO2
1040	13/02/2017	Age of X-ray equipment in radiology	<p>Significant numbers of Radiology equipment are reaching end of life with multiple breakdowns throughout the last 2 year period.□</p> <p>□</p> <p>No Capital Replacement Plan in place at QVH for radiology equipment</p>	<p>All equipment is under a maintenance contract, and is subject to QA checks by the maintenance company and by Medical Physics.□</p> <p>□</p> <p>Plain Film-Radiology has now 1 CR x-ray room and 1 Fluoroscopy /CR room therefore patients capacity can be flexed should 1 room breakdown, but there will be an operational impact to the end user as not all patients are suitable to be imaged in the CR/Flouro room. These patients would have to be out-sourced to another imaging provider.□</p> <p>□</p> <p>Mobile - QVH has 2 machines on site. Plan to replace 1 mobile machine for 2019-2020□</p> <p>□</p> <p>□</p> <p>Fluoroscopy- replaced 2020.□</p> <p>□</p> <p>Ultrasound- most US kit was replaced during covid pandemic and with CDC funding.</p>	Shane Morrison-McCabe	Sarah Solanki	Patient Safety	12	2	<p>31-01-2023 PM support for MES approved at EMT. Documentation sent to Resourcing for on-boarding of agency PM to project the project to phase 2. Phase 2 documents being reviewed with commercial solutions. CDC BC has secured funding for x-ray room replacement and new mini c arm has been procured which can be aligned to current equipment asset register and values offset against the MES financials. MRI lease to be renewed for period of 18 months with current provider.□</p> <p>□</p> <p>06-01-2023 - MES paper approved at EMT before xmas regarding principle and moving it forward. CDC BC approved so NHSSC aware. □</p> <p>□</p> <p>□</p> <p>□</p> <p>28-12-22 - CDC has now been formally approved in writing by NHSE.□</p> <p>06-12-2022 still no formal approval for CDC BC. Replacement x-ray room not moving forward without funding. MES - finance are looking at financial aspects prior to moving to phase 2 of project. New lease agreement for current MRI will need renegotiation ASAP. □</p> <p>□</p> <p>07-11-2022 CDC BC discussed again on 03-</p>	KSO1 KSO2 KSO3

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
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	Stuart Rees	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. February 2022: Planning for 22/23 is underway, first draft submission on the 17th of March. Plans will be discussed at Finance &	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 Audit of all transfers out carried	Tania Cubison	Dr Sarah Bailey	Patient Safety	12	4	December 2022 - SLA being reviewed. Telephone advice and guidance in place when UHSx team are not on site. 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	

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/03/2023	Agenda reference:	229-23		
Report title:	Annual seal report 2022/23				
Sponsor:	Clare Pirie, director of communications and corporate affairs				
Author:	Leonora May, deputy company secretary				
Appendices:	Appendix one: Entry to register of sealing 2022/23				
Executive summary					
Purpose of report:	For the Board to comply with S10 of the Trust's standing orders by noting any sealings made in the last 12 months				
Summary of key issues	<p>There has been one use of the Trust seal since the last annual report:</p> <ol style="list-style-type: none"> Contract for the supply, delivery, installation, testing and commissioning of two day care theatres at QVH; parties (1) QVH (2) Portakabin Limited; value £3,086,456 				
Recommendation:	The Board is asked to note the contents of this report				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	Ensures compliance with S10 of the Trust's standing orders,				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	NA				

Report to: Board of Directors
Meeting date: 2 March 2023
Agenda item reference no: 229-23
Report from:: Clare Pirie, director of communications and corporate affairs
Author: Leonora May, deputy company secretary
Date of report: 23 February 2022
Appendices: Appendix one: Entry to register of sealing 2022/23

Annual report on use of Trust seal

Purpose

The purpose of this paper is to provide the Board with an update on the use of the Trust seal, in line with the requirement in section 10 of the Trust's Standing Orders.

Background

S.10 of the Trust's Standing Orders states:

Sealing of Documents

Documents can only be sealed once they have been authorised by a resolution of the Board of Directors or of a committee thereof, or where the Board of Directors has delegated its powers.

Building, engineering, property or capital documents do not require authorisation by Board of Directors or a committee thereof, but before presenting for seal these documents do require the approval and signature of the Finance Director (or an officer nominated by him/her) and the authorisation and countersignature of the Chief Executive (or an officer nominated by him/her who shall not be within the originating directorate).

The fixing of the seal shall be authenticated by the signature of the Chair (or the Deputy Chair in the absence of the Chair) and one Executive Director.

Register of sealing

An entry of every sealing shall be made in a record provided for that purpose, and shall be signed by the persons who shall have approved and authorised the document and those who attested the seal. A report of all sealings shall be made to the Board of Directors at least annually. The report shall contain details of the description of the document and date of sealing.

Annual report

Since 31 March 2022 the Trust seal has been affixed to one document, as authorised by the chief executive officer and director of finance. The entry to register of sealing is appended to this report.

1. Contract for the supply, delivery, installation, testing and commissioning of two day care theatres at QVH; parties (1) QVH (2) Portakabin Limited; value £3,086,456

Issues and risks

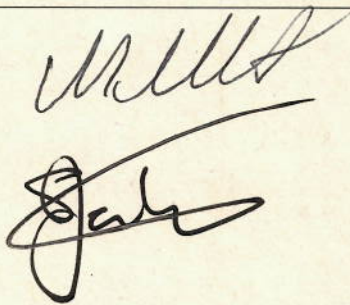
There are no issues or risks specifically relating to document sealed since the last report.

Recommendation

The Board is asked to **note** this annual report of sealings.

REGISTER FORM

To be completed for each use of the Trust's seal electronically, except for signature

Date	Description	Authorised Signatory CEO and DoF or nominee
05 May 2022	<p>Contract- for the supply, delivery, installation, testing and commissioning of 2nr day care theatres at Queen Victoria Hospital</p> <p>Parties- (1) Queen Victoria Hospital Foundation Trust (2) Portakabin Limited</p> <p>Value- £3,086,456</p>	

KSO5 – Organisational Excellence

Risk Owner: Interim Director of Workforce & OD
Date 9th February 2023

<p>Strategic Objective</p> <p>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</p>	<p>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</p>	<p>Initial Risk 3(C)x5(L)=15, moderate</p> <p>Current Risk Rating 4(C)x4(L)=16, high</p> <p>Target Risk Rating 3(C)x3(L) = 9 moderate</p>
<p>Risk</p> <ul style="list-style-type: none">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.<u>CRR ID 1291 Overarching Corporate Risk - Keeping our staff engaged, motivated and supported during a time of great change</u>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 engagementSignificant challenges being seen with staffing levels in individual areas with high vacancy rates.Trust establishment and vacancy levels and ability to meet required activity levelsStaff Survey results relating to WRES and WDES indicators and Metrics in relation to Bullying and Harassment	<p>Rationale for risk current score</p> <ul style="list-style-type: none">National workforce shortages in key nursing areasGenerational changes in workforce, high turnover in newly qualified Band 5 nurses in first year of employment2-3 years to train registered practitioners to join the workforceManagers skill set in triangulating workforce skills mix against activity and financial planningEnsuring the National People Promise is being delivered across the organisationStaff 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 characteristicsOverseas nurses having a positive impact upon workforce and vacancy challenges.Workforce KPI's highlight workforce stability over sustained period of timeAvailability and willingness of staff to undertake additional activity with Trust initiatives such as WLI and Bank Shift Supplements <u>due to wellbeing concerns or financial implications</u>Ongoing requirement for COVID 19 risk assessments for all vulnerable staff, with heightened risk to BAME workforceStaff unwilling to undertake additional activity due to pension tax implications	<p>Future risks</p> <ul style="list-style-type: none">An ageing workforce highlighting a significant risk of retirement in workforceMany services rely upon single staff/small teams that lack capacity and agility.Unknown longer term impact of COVID-19 pandemic on workforce recruitment and retentionImpact of future waves of the pandemic and associated variants including potential vaccination booster programme requirementsImpact on workforce confidence in a sustainable future, due to uncertainty or misinformation from outside and inside the Trust related to future of the organisationIndustrial action currently raised by 3 unions operational impact in Winter 2023 <p>Future Opportunities</p> <ul style="list-style-type: none">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 availableSussex ICB undertaking work to introduce a collaborative bank amongst providers to improve cost and economies of scale along with consistent approachStreamlining internal HR processes and procedures
<p>Controls / assurance</p> <ul style="list-style-type: none">More robust workforce/pay controls as part of business planning and weekly vacancy controlLeading the Way, leadership development programme to be revisited and launched for our staff with line management responsibilitiesOverseas recruitment successful and will be reviewed as part of business planning, improving pictureStay Well Team, health and wellbeing initiative to establish a Trust Wellbeing strategy		<p>Gaps in controls / assurance</p> <ul style="list-style-type: none">Management competency and capacity in workforce planning including succession planningContinuing resources to support the development of staff – optimal use of apprenticeship levy budget

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Report cover-page					
References					
Meeting title:	Trust Board				
Meeting date:	2 March 2022		Agenda reference:	231-23	
Report title:	Workforce Report –February Report – January Data				
Sponsor:	Lawrence Anderson, Interim Director of Workforce and OD				
Author:	Workforce and OD team				
Appendices:	None				
Executive summary					
Purpose of report:	To provide a monthly update of Workforce KPIs and OD activity				
Summary of key issues	<p>Vacancy rate 7.14% - below target of 8% for 5 months concurrently</p> <p>Establishment utilisation including Bank and Agency 98.48%, within target.</p> <p>Trust turnover at 13.24%, above target of 10%. Data includes people on fixed term contracts; it is therefore proposed that they should be excluded from the future turnover calculations so we have a percentage of true leavers but the total turnover including fixed term contract can be reflected in the workforce scorecard for reference</p> <p>Sickness absence continues to rise - 5.72% in December 2022, 4.31% for 12 month rolling period. Short term sickness with flu and gastrointestinal problems are the top contributors.</p> <p>We have commissioned a theatre company that uses drama to train and increase awareness of cultural issues. It is hoped that this will empower people to start talking about their experiences to enable us to start redefining psychological contracts and safety for teams with a view of introducing the restorative, just, learning culture in QVH.</p>				
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:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	KSO5. Trust reputation as a good employer and ensuring there are sufficient and well trained staff to deliver high quality care Engaged and motivated staff deliver better quality care (KSO1)				
Corporate risk register:	Impact of potential industrial action and short term sickness absence on workforce availability				
Regulation:	Well Led				
Legal:	n/a				
Resources:	No specific issues identified				
Assurance route					
Previously considered by:	Finance and Performance Committee				
	Date:	27/02/23	Decision:	Information	
Next steps:	NA				

Workforce and Organisational Development Report

Presented by:
Lawrence Anderson, Interim Director of Workforce &OD

February 2023 (January 2023 Data)



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Workforce KPI Summary

	KPI	Jan-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Establishment WTE Including Bank & Agency		1116.48	1057.16	1057.16	1057.16	1057.16	1057.16	1057.16	1057.16
Establishment WTE excluding Bank & Agency		1079.63	1026.97	1026.97	1026.97	1026.97	1026.97	1026.97	1026.97
Staff In Post WTE		932.11	939.88	938.11	950.70	952.56	954.75	952.49	953.62
Agency Total worked in month WTE		10.44	8.27	10.55	9.22	8.31	8.96	8.55	10.95
Bank WTE Total worked in month WTE		77.85	74.33	74.16	72.25	79.72	76.91	66.17	76.53
Staff in Post Vacancy WTE		147.52	87.09	88.86	76.27	74.41	72.22	74.48	73.35
Vacancies % Including Bank & Agency Usage	8%	8.61%	3.28%	3.25%	2.36%	1.57%	1.56%	2.83%	1.52%
Staff in Post Vacancies %	8%	13.66%	8.48%	8.65%	7.43%	7.25%	7.03%	7.25%	7.14%
Band 5 Nurse Vacancies WTE			21.61	21.12	19.71	21.36	26.05	25.05	26.18
Band 2 & 3 HCSW Vacancies WTE All clinical and non clinical support to clinical staff			6.09	8.41	12.33	14.93	1.03	-0.21	-1.89
Qualified AHP Vacancies WTE			7.98	9.18	8.04	5.68	-0.25	-0.52	-0.72
Trust rolling Annual Turnover % Excluding Trainee Doctors	10%	15.23%	15.25%	14.32%	13.38%	13.60%	13.27%	12.95%	13.24%
Starters WTE In month excluding HEE doctors		9.15	6.80	14.90	15.71	7.01	9.07	8.70	13.80
Leavers WTE In month excluding HEE doctors		10.18	13.07	9.37	3.47	12.27	7.48	7.31	12.80
24 Month Rolling Stability % Remained employed for the 24 month period	85%	83.83%	84.44%	84.76%	84.77%	84.62%	82.43%	86.11%	86.49%
13 Month Rolling Stability % Remained employed for the 12 month period		77.73%	75.65%	76.08%	76.12%	75.22%	74.70%	74.75%	75.20%
12 month sickness rate (all sickness)	3%	3.59%	4.15%	4.18%	4.17%	4.17%	4.18%	4.31%	TBC
12 month sickness rate of which is Long Term		2.05%	1.95%	1.93%	1.86%	1.85%	1.85%	1.83%	TBC
12 month sickness rate of which is Short Term		1.54%	2.20%	2.26%	2.31%	2.32%	2.33%	2.48%	TBC
Monthly Sickness Absence % All Sickness		4.72%	4.53%	3.65%	3.94%	4.44%	4.75%	5.72	TBC

	KPI	Jan-22
% staff appraisal compliant	90%	80.61%
% staff appraisal compliant A/C only		
% staff appraisal compliant M&D		
Statutory & Mandatory Training	90%	91.27%
Statutory & Mandatory Training Bank only		
Statutory & Mandatory Training A/C only		
Statutory & Mandatory Training M&D		

Staff Engagement (National Quarterly Pulse Survey)

Qtr 2
7.1

National Quarterly Pulse Survey - Treatment
Quarterly staff survey to indicate likelihood of recommending QVH to friends & family to receive care or treatment

Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
83.21%	84.36%	83.74%	81.72%	80.56%	82.55%	82.55%
86.32%	86.50%	85.25%	83.28%	83.28%	84.27%	84.27%
66.67%	71.23%	75.31%	73.17%	73.17%	73.56%	73.56%
92.54%	92.63%	91.89%	92.34%	92.16%	91.32%	91.32%
	0.8145	79.52%	81.69%	81.69%	81.93%	81.93%
93.94%	93.67%	92.91%	93.53%	93.53%	92.82%	92.82%
86.47%	87.44%	87.23%	83.93%	83.93%	84.80%	84.80%

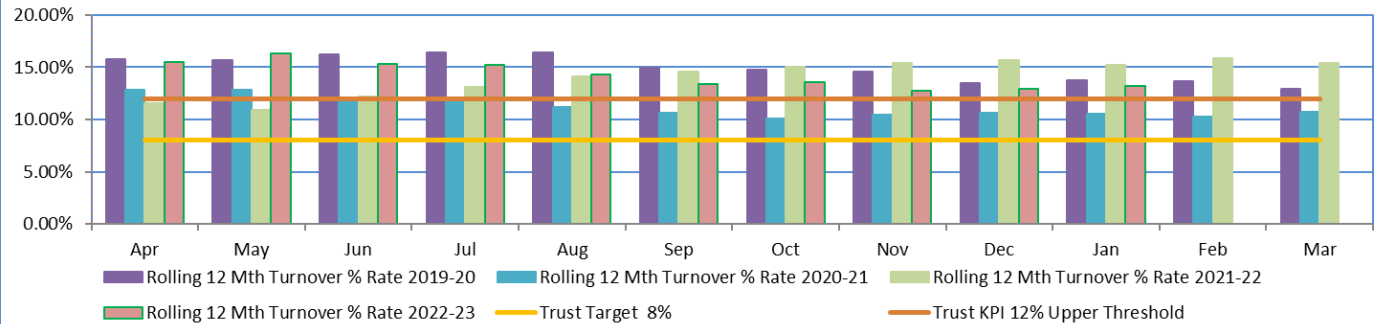
Qtr 4 (145 responses) 7.5 out of 10	Qtr 1 (157 responses) 7.4 out of 10	Qtr2 (159 responses) 7.3 out of 10
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2020-21 National Survey
Of 594 responses:
94% : 2%



Turnover and Stability

Trust Annual Turnover (Rolling 12 Months)
Percentage Rate 2019-20, 2020-21, 2021-22 & 2022-23
(percentage rates in RAG colours)



Future initiatives/Successes

Average Pay – testing ongoing to bring down errors and preparing paper for pros/cons for Trust decision on change over.

Business Planning in progress with workforce submission February 2023

Highlights

- 12 month stability across trust remains within KPI of 85% at 86.49%
- Increase in starters from 8.70 in December to 13.80 in January
- 12 Month rolling stability continues to rise to 75.20% in January which is 1.55% increase from December.
- Staff in post increased by 1.13 WTE from December but is 52.66 WTE less than January 2022 but remains within KPI of 8% at 1.52%.
- Of the 27 leavers this month, there were 7 fixed term contracts that ended.
- The length of service of leavers ranged from 1 to 4 years except retirement and death in service
- Reasons for leaving included better reward package (6), lack of opportunities and incompatible working pattern

Hot Spots

- Jump in leavers from 7.31 WTE in December to 12.80 WTE in January
- Increase in both Bank and Agency usage from December (B 66.17 WTTE to 76.53WTE / A 8.55 WTE to 10.95 WTE)
- Highest number of leavers remains within Peri-Op at 3 WTE
- Qualified AHPs and Band 2/3 Health Care Support Workers remain as showing over established (-0.72 and -1.89 retrospectively)
- Month 10 establishment not received therefore WTE continues to remain as is since June 2022 (1026.97)
- Reduction in A&C recruitment to 4.57 WTE in January

Action Plan	Owner	Due	RAG	Update
To Understand why fixed term contracts are used and not substantive contracts to ascertain next course of action	SO	Mar 23		
Payment of salaries and wages policy to be revised and benchmarked with neighbouring Trust	SO	Mar 23		
	SO	April 23		

Vacancies vs Recruitment Activity

Stage	KPI	Aug	Sep	Oct	Nov	Dec	Jan	Trend Line
From Advert open to ready to start	45	72.9	84.47	56.03	70.23	58.75	67.8	
From conditional offer to ready to start	18	45.2	55.4	27.3	42.6	38.7	40.65	
From authorised to ready to start	53	119.5	62.06	66.66	93.08	68.85	84.7	
From authorised to start date	70	86.9	64.18	78.15	76.73	63.7	125.4	
Time to authorise	5	4.7	1.3	6.05	1.17	4.23	3.07	
From authorised to advert live	2	1	1.5	2.65	3.77	3.13	3.07	
Time to shortlist	3	5.9	12.37	12.3	6.84	11.43	15.13	

Staff Group	Band	Number of applicants
Allied Health Professions	NHS AfC: Band 6	20
	NHS AfC: Band 7	2
	NHS AfC: Band 8a	4
Health Science Services	NHS AfC: Band 3	6
	NHS AfC: Band 4	2
	NHS AfC: Band 7	4
	NHS AfC: Band 8a	1
Nursing and Midwifery	NHS AfC: Band 2	20
	NHS AfC: Band 5	57
	NHS AfC: Band 6	2
	NHS AfC: Band 7	4
	NHS AfC: Band 8a	7

Agency and Bank Spend				
	Bank Wte	Agency Wte	Below Cap Shifts	Above Cap Shifts
January	76.53	10.95	137	77
December	66.17	8.55	121	64
variance	10.36	2.4	16	13

Highlights
<ul style="list-style-type: none"> Resourcing KPIs declined in January 23 with Conditional Offer to Ready Start increasing by 1.75 days on average. Increase in WTE vacancies going through advertising and shortlist to 268.04 WTE (highest in M&D at 91.24 WTE, Admin at 50.95 and Nursing at 48.09 WTE) Time to shortlist increased again to 15.13 average days against the KPI of 3 working days Hard to fill areas applicant count going through recruitment: AHP 26, N&M 30 and HCA 20) There is an increase in bank and agency spend with 77 shifts for above agency cap rate.

Hot Spots
<ul style="list-style-type: none"> Highest number of leavers still with within Peri-Op at 3WTE Qualified AHP's and Band 2/3 Health Care Support Workers remain as showing over established (-0.72 and -1.89 retrospectively) Jump in leavers from 7.31 WTE in December to 12.80 WTE in January

Future initiatives/Successes
SBS payroll integration now gone live – work in progress to align internal forms with SBS requirements
Applicant portal on Trac to improve applicant experience – approved by EMT – to implement in April 2023
Sussex ICS Workforce Bureau Implementation Group – (1) to establish a collaborative staff bank pilot for HCAs facilitated by NHS Professionals' (NHSP) National Bank. (2) To establish a collaborative Sussex-wide international recruitment including implementation of digital staff passport to facilitate staff movement in the system.

Action Plan	Owner	Due	RAG	Update
Scoping exercise to understand the root cause of increase in agency and bank spend	SO	Mar 23		
Present options to reduce above agency cap shift	SO	Mar 23		
Triangulate recruitment activities with bank request reason and trajectory for reduction in bank request based on start dates	SO	April 23		

February 2023

LGBT+ History Month

#LGBTplusHM



Future initiatives/Successes

Women's Colleague Network proposal approved – first meeting date tba

Men's Colleague, Disability, and Armed Forces Networks being scoped for interest to form

Occupational Health, Cordell Health contract expires in May 23 – scoping exercise for options appraisals of new provider

LGBTQ+ Network – establishing link with ICB Network

International Women's Day (8th Mar), Neurodiversity Celebration Week (13th Mar), Ramadan (23rd Mar for 1 month)

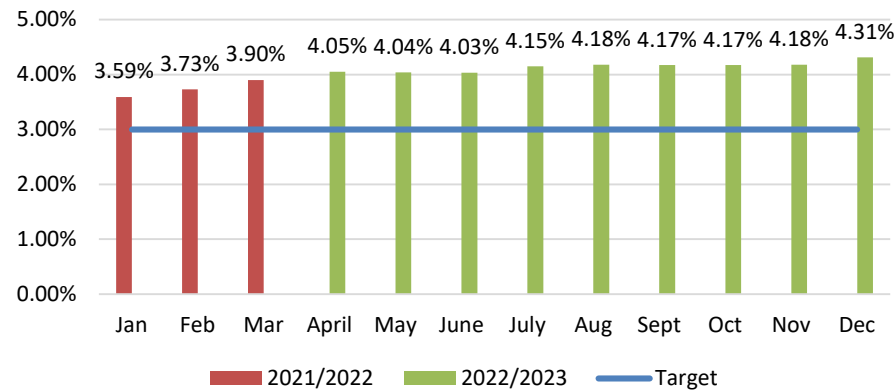
Highlights

- Creation of HWB calendar – to be published
- Creating a HWB/ Wellness plan in line with regional and national teams to implement the “we are safe and healthy” NHS People Plan
- Project Wingman 23rd Jan to 3rd Feb – 803 staff visits with positive feedback

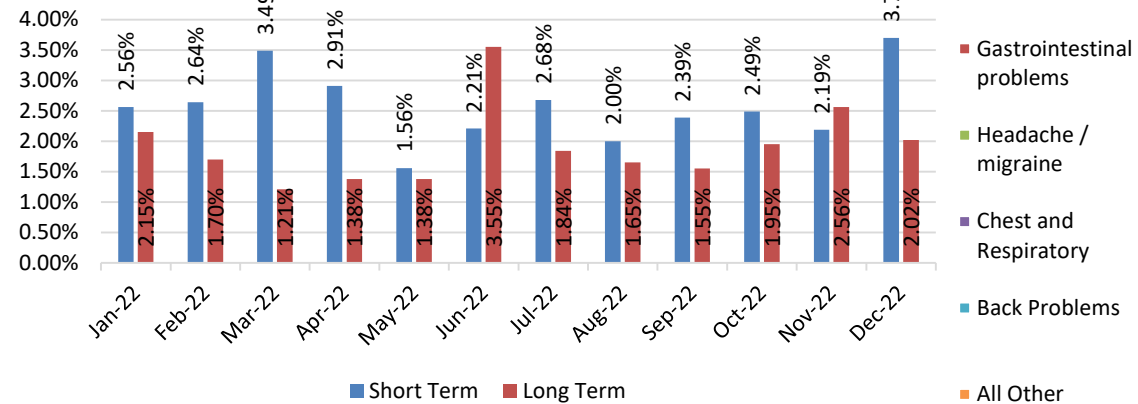
Action Plan	Owner	Due by	RAG	Update
Wellbeing Calendar to be developed (January to December 2023)	GF/ SC	28/02/23		To be finalised
Implementation of the Best Place to Work Trust-wide project priorities	GF/ CC	31/03/23		
Launching Women's Colleague Network	GF/EF	31/03/23		First meeting arranged for 08/03/23
To understand triggers/ route cause of short term sickness absence to create an effective wellbeing plan to address these issues and reduce sickness absence	EF/GF	Ongoing		
Scoping for OH new provider	GF/EF	31/03/23		

Sickness absence

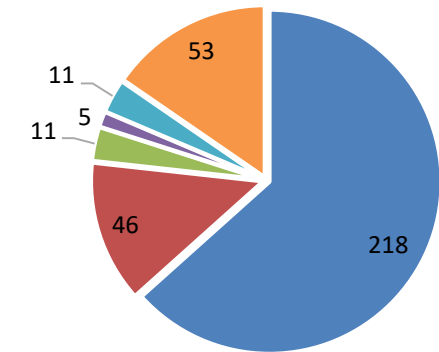
12 month rolling sickness



Long term and short term in month sickness



Short term reasons - 1 month total



Highlights	Hot Spots
<ul style="list-style-type: none"> Long term sickness was 2.02% in month (December) and saw a decrease from the previous month. 	<ul style="list-style-type: none"> 12 month rolling sickness absence shows a constant increase month on month since Jan 22 from 3.59% to 4.31%. Short term reason of cold etc. almost doubled in Dec 22 to 218 (from 110 in Nov) and remains the most significant reason, and as a consequence in month short term absence has increased by 1.51% (from 2.19% to 3.70%) The areas for concern of short term are Director of Nursing (5.42%), Operational Nursing (5.74%), Oral (3.33%), and Periop (3.72%) Long Term sickness hotspots are Operational Nursing (4.06%), Periop (2.49%), Director of Nursing (2.25%) and Corporate (2.99%).

Future initiatives/Successes
Review NHS England improving attendance framework to expand offerings at QVH
Targeted health and wellbeing initiatives to address areas of concern

Action Plan	Owner	Due by	RAG	Update
Advisory team to triangulate sickness absence with health & wellbeing offerings in conversations with managers and staff in hot spot Business Units	GF	Ongoing		Advisory team arranged catch up meetings with managers; lack of engagement from Corporate areas
To review whether health & wellbeing initiatives/ offerings have had a positive impact on reducing sickness absences	GF	Ongoing		To scope how to undertake this with managers

OD & Learning (inc. library) and Medical Education

Compliance summary data up to 31 December 2022

Organisation	Count	MAST %	Change	PDR %	Change
All QVH (all perm)	1071	91.08%	0.23%	84.59%	2.05%
Non-perm (excl. hon & locum)	175	81.32%	0.61%	N/A	N/A
AfC (excl. bank)	912	92.76%	0.06%	85.86%	1.59%
Medical & Dental (excl. hon & locum)	159	83.12%	1.68%	77.36%	3.80%

PDR expiry up to 30 November 2022

Total PDR expired	M&D expired	Total PDR > 3mths	M&D expired > 3mths
165	36	76	19

Future initiatives

NHSS22 EMT report being presented on 21 February 2023. Private Board presentation 2 March 2023. Embargo lifted on Monday 9 March 2023

5 requests for bespoke events (Peri-op Admin, Plastics Admin, Hotel Services, RTT Admin, CCU)

LEEP leadership training planned to be introduced in 2023

Volunteers to be added to ESR including competencies

Highlights

- 15 invited to January Corporate Induction (12 attended, 0 DNA and 3 W/D)
- Of 307 course bookings, 186 attended (61%) 26 DNA (9%) and 48(15%) W/D
- Two Human factors sessions delivered with good feedback. One bespoke for Sleep.
- Developed WEX QVH web page and March WEX event now open for applications
- English Support needs survey launched to utilise approved funding from HEE WFD
- 10 new doctors will be attending April induction
- Consultants mandatory training day planned for 27 Feb

Hot Spots

- Still awaiting start date for new Guardian of Safe Working Hours – unable to recruit new Surgical Tutor for Plastics – candidate identified, awaiting interview date
- New OMFS tutor will be required following resignation of current tutor
- Requirement to spend SAS CPD money before the end of the financial year – plans being developed.

Action Plan

	Owner	Due by	RAG	Update
MAST policy ratified and published	KB	Jan 2023		
WEX policy and placement programme development	AB	Mar 2023		Policy ratified and published. Programme in development, resources to be developed to support programme
NHS Elect membership	LA/AB	Mar 2023		Draft Membership utilisation plan. Membership option to be confirmed
Apprenticeship comms to widen participation	KB	Dec 2023		Stage 1 comms released. Stage 2 in development for Feb 2023
Medical Student Policy ratified and published	HM	Feb 2023		
Appraisal review	AB	TBC		Scope and consult on appraisal approach across the system

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/03/2023	Agenda reference:		232-23	
Report title:	Gender Pay Gap report 2022				
Sponsor:	Lawrence Anderson, Interim Director of Workforce & OD				
Author:	Gemma Farley, Head of Employee Relations & Wellbeing				
Appendices:	None				
Executive summary					
Purpose of report:	<p>In 2017, it became mandatory for all public sector employers with more than 250 employees to measure and publish their gender pay gap information. Since then, employers have had a responsibility to publish data annually, on both their own websites and on the Government's. This report is a snapshot of pay taken on 31 March 2022.</p> <p>There is a requirement to publish the data by 30/03/2023.</p>				
Summary of key issues	<p>The report includes information on:</p> <ul style="list-style-type: none"> • Mean and median gender pay gap in hourly pay • Mean and median bonus gender pay gap • Proportion of men and women employees in each pay quartile • Proportion of men and women employees receiving a bonus payment 				
Recommendation:	<p>Actions have been drawn and shown in 'Action Plan' section.</p> <p>Approval for National Submission report and to publish externally (QVH website)</p>				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): (choose one)	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: Organisational excellence
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	Requirement to publish data before 30/03/2023				
Legal:	As above				
Resources:	None				
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	27/02/23	Decision:		
Next steps:	Report published externally before 30/03/2023				

The Gender Pay Gap

Introduction

Queen Victoria NHS Foundation Trust (QVH) as at 31 March 2022, employed about 1,100 people in full time and part time positions. Our people are at the centre of our clinical strategy and are crucial in delivering excellent, safe and high quality services to patients and service users.

We aspire to be an outstanding organisation for everyone – our people, our patients' and service users. We want to be an employer of choice providing a great, inclusive place to work, thrive and grow; a Trust where the health and wellbeing of staff is recognised to be fundamental in providing excellent patient care.

At QVH we are committed to an inclusive culture which supports equality, diversity and fair treatment in the reward of all staff, irrespective of gender. There is also more work to be done in respect of equity, meaning recognising individual circumstances (in this context in relation to gender), and the actions the Trust may need to take to ensure all staff actually have an equal opportunity regardless of gender.

In 2017, the government introduced legislation (Under the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017) that made it statutory for organisations with 250 or more employees to report annually on their gender pay gap by 30 March of each year.

Queen Victoria Hospital NHS Foundation Trust (QVH) employs over 250 staff therefore it is required to publish information in respect of its gender pay gap each year. The report must include information on:

- Mean and median gender pay gap in hourly pay
- Mean and median bonus gender pay gap
- Proportion of men and women employees in each pay quartile
- Proportion of men and women employees receiving a bonus payment

The gender pay gap shows the difference in the average pay between all men and women in the workforce. It is different from an assessment of equal pay which is the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value.

The **mean** is the sum of all the numbers in the set divided by the amount of numbers in the set.

The **median** is the middle point of a number set, in which half the numbers are above the **median** and half are below.

'**Bonus gender pay gap**' means the average difference in the amount of bonus payments given to men and women.

In this report the terms '**male**' and '**female**' are used where data is presented from our electronic system, as those are the reporting categories on the system. Gender is not the same as biological sex, and the terms '**men**' and '**women**' may be considered more appropriate. The terminology may be explored further over the next year with staff groups and external experts.

This report fulfils our reporting requirements and more importantly sets out what we are doing to address the gender pay gap at QVH. This report is a snapshot of pay taken on 31 March 2022, as this is the date which all public authorities must use each year. The calculations used are those set out in the relevant legislation to ensure the data is calculated consistently across organisations.

Methodology

The statutory calculations have been undertaken using the national Electronic Staff Record (ESR) Business Intelligence standard report, with quality assurance on data through a cleansing exercise. In line with NHS Employers guidance on Clinical Excellence Awards and the approach taken to award them at QVH these have been categorised as bonuses.

For ordinary pay, only 'full pay relevant employees' are included. A 'full pay relevant employee' is any employee who is employed on the snapshot date and who is paid their usual basic pay (or pay for piecework) during the relevant pay period. If employees are being paid less than their usual basic pay or piecework rate, or nil, during the relevant pay period as a result of being on leave, then they are not a 'full pay relevant employee'. If an employee is paid less than their usual basic pay or piecework rate during the relevant pay period for reasons other than leave, they still count as a 'full pay relevant employee'. The data analysis therefore includes bank workers and where employees hold more than one post they are counted separately for each post. Although non-executive directors are contracted for services, and in some contexts not considered 'employees', the guidance requires anybody paid through the payroll to be included in the gender pay gap report.

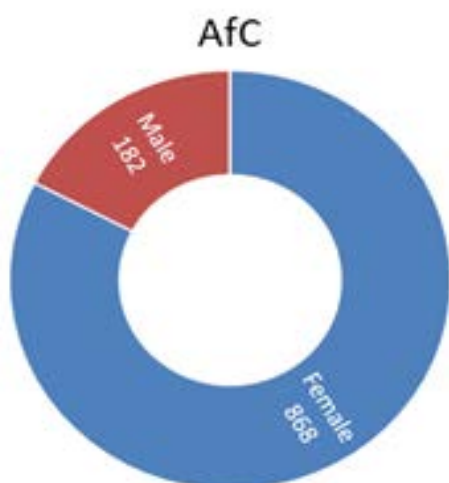
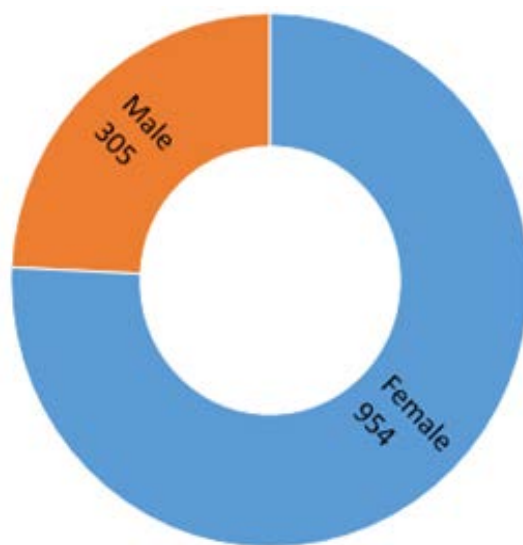
For bonus pay, all employees are included and their bonus pay over the 12 month period that ends on the snapshot date. In this reporting period, QVH only made bonus payments in respect of the national Clinical Excellence Awards (CEAs) to which the Medical Consultant body are entitled and no other staff groups received bonus pay under the definition in the guidance for the gender pay gap report.

The snapshot date is 31 March 2022.

Gender summary of workforce

On 31 March 2022, QVH employed 1,259 relevant employees (substantive employees and temporary workers, please note a number of employees hold multiple posts).

The chart demonstrates the gender profile of the workforce, which shows that we continue to employ more women (75.8%, 954 headcount) than men (24.2%, 305 headcount).

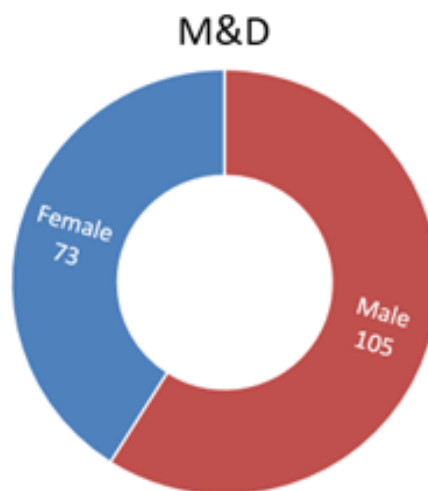


Agenda for Change Workforce

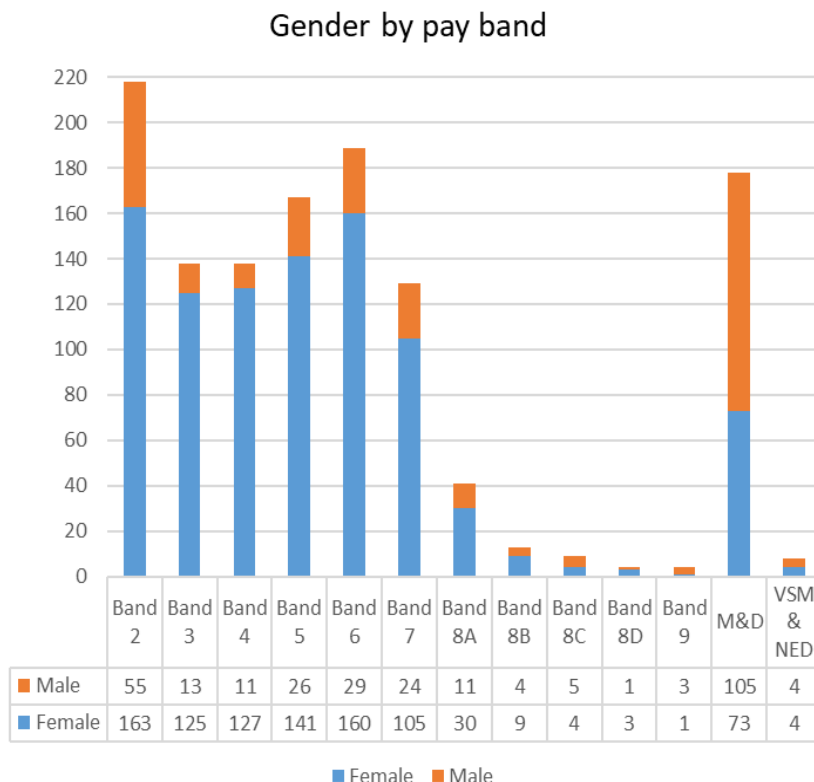
Of Agenda for Change (AfC) workforce, 82.7% were female and 17.3% male.

Medical and Dental Workforce

There was a higher percentage of males at 59.0% in the Medical & Dental (M&D) workforce than females at 41.0%.



Proportion of males and females in each pay band

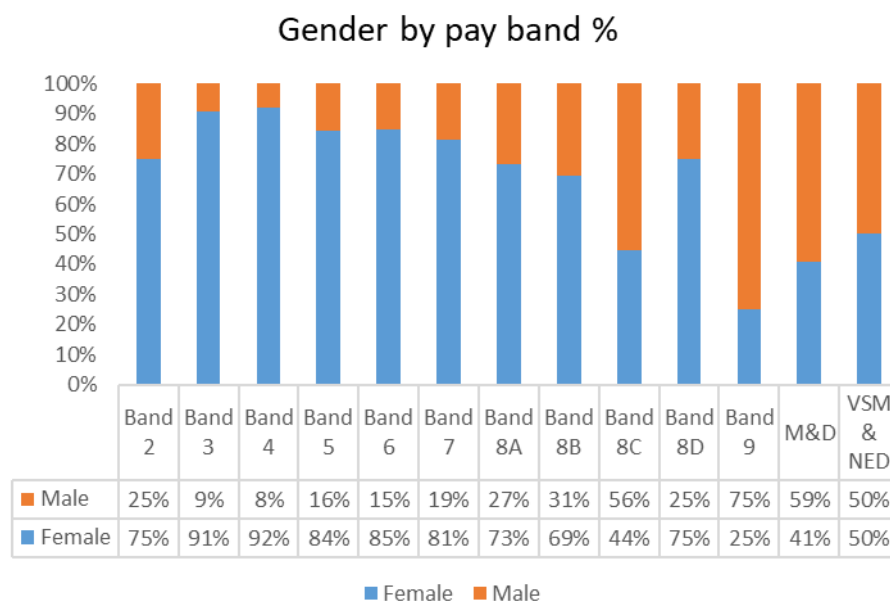


Agenda for Change pay bands vary by levels of responsibility and each band has a set pay range with pay-affecting increments. Employees move up the increments in their band on years of experience so that staff that have more years of experience earn more, regardless of gender.

The chart shows the total headcount of staff in each pay band by gender. There are also relevant employees who are on NHS Medical and Dental (M&D) salary scales and Executive (VSM). Non-Executive Directors (NEDs) are contracted for services and are included as shown.

Percentage of men and women in each pay band

The percentage of men and women within each pay band is shown in the graph.



The charts above show that most of our staff are concentrated in the lower pay bands (2-7). In addition, these pay bands have significantly higher percentages (above 75%) of female colleagues, compared to male staff. This gender split is not as great in some of the higher pay bands, with more males proportionally in bands 8C and 9. There are more males (59%) than females in M&D, this is less disproportionate than the AfC pay bands. There are an equal number of males and females at VSM & NED grades.

Gender pay gap

The **mean**, commonly known as the average, is calculated by taking the hourly rate for each employee and the mean hourly rate by gender. The mean gender pay gap is the difference between mean male pay and mean female pay.



On 31 March 2022, QVH had a significant **mean** gender pay gap of 37.3% in favour of male employees. While pay scales ensure equal pay for work of equal value, there are more men in higher pay bands and more women in lower pay bands resulting in a gender pay gap of £10.89 an hour.

The **median** is the figure that falls in the middle of a range when the wages of all staff are lined up from the lowest to the highest salary. The median gap is the difference between the staff in the middle of the range of male wages and the middle employee in the range of female wages. The median is regarded as typically a more representative figure than the mean, which can be distorted by a handful of highly paid employees.

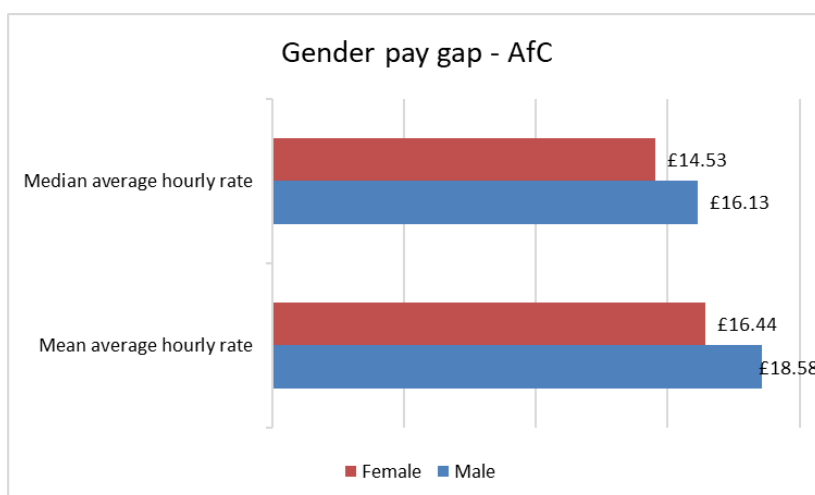
On 31 March 2022, the **median** gender pay gap at QVH was 31.2% lower for female employees. This equates to a gap of £7.31 an hour. This is the result of there being more men in higher pay bands and more women in lower pay bands.

QVH is broadly comparable to all other NHS acute hospitals where both **mean** and **median** pay gaps are significantly affected by the presence of the Medical & Dental Consultant body. This is because of their high base wage and the historical legacy of the profession originally being male dominated.

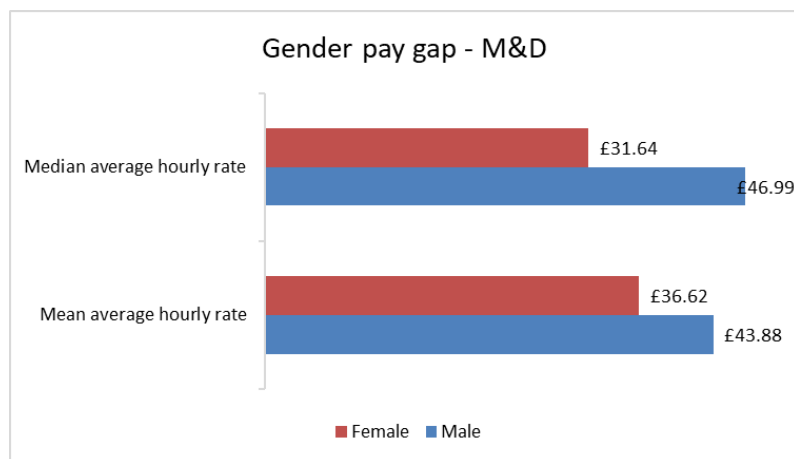
Gender pay gap – Agenda for Change (AfC) workforce

In respect of Agenda for Change (AfC) staff only (excluding Executives, Non-Executives and Medical & Dental), the **mean** pay gap was 13.0%, a gap of £2.14 an hour in favour of men, because there are more men in higher paid roles.

The **median** pay gap was 9.9%, a gap of £1.60 an hour in favour of men, because there are more men in higher paid roles.



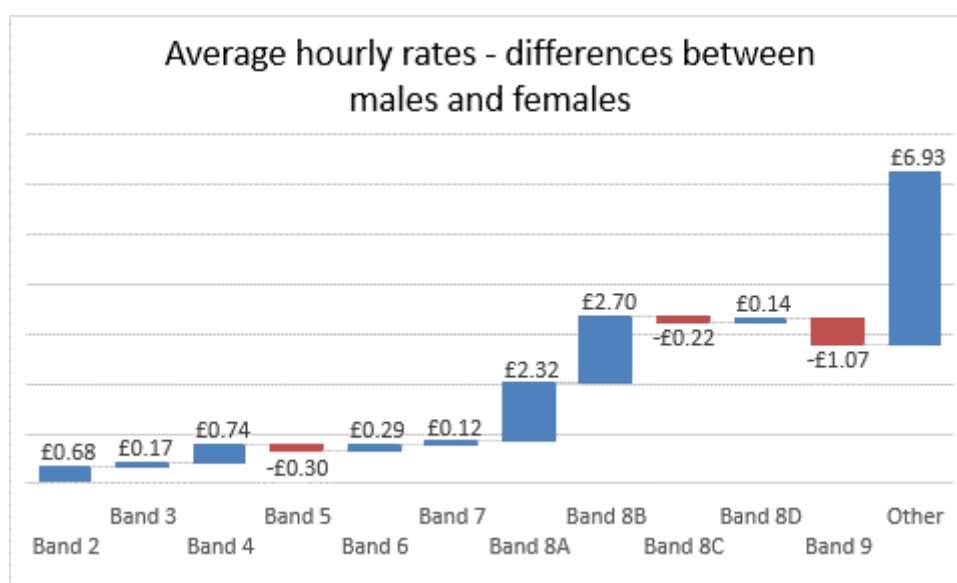
Gender pay gap – Medical and Dental (M&D) workforce



With regard to Medical and Dental (M&D) staff only, the **mean** pay gap was very significant at 19.8%, a gap of £7.25 an hour in favour of men.

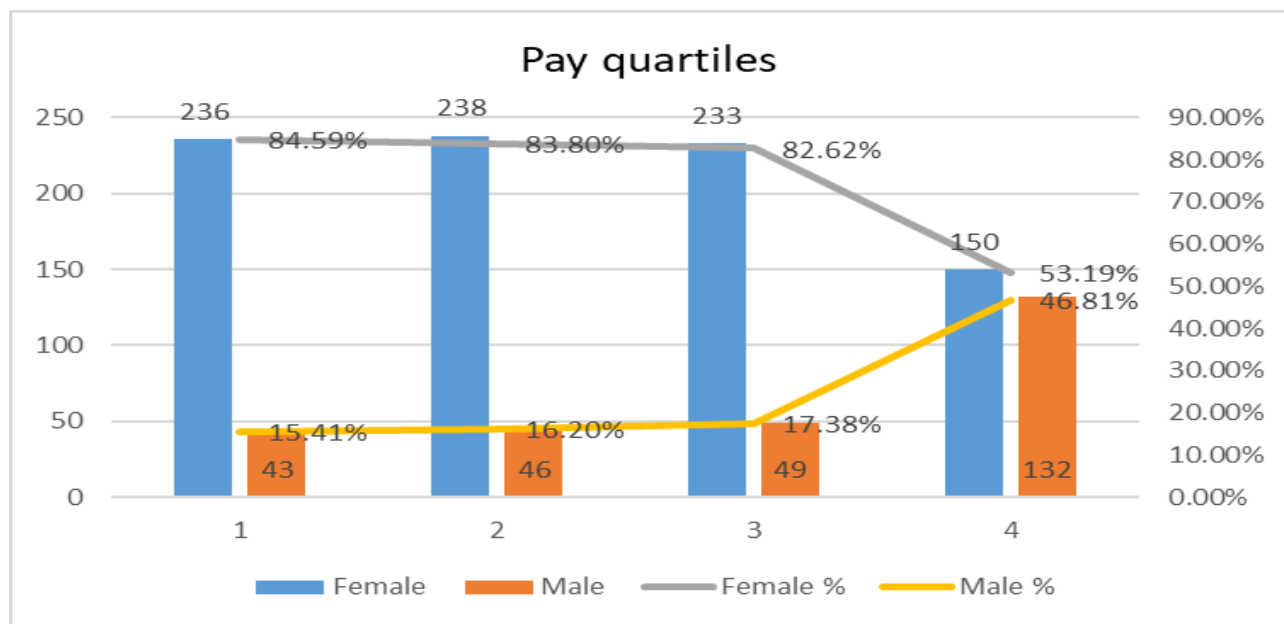
The **median** pay gap was even more significant at 32.7%, a gap of £15.35 an hour in favour of men. This is expected given there was a higher percentage (59.0%) of men in the M&D workforce.

Gender pay gap within each pay band



In the graph above blue shows a mean average hourly rate in favour of males, and red shows a mean average hourly rate in favour of females. Males are paid the highest point of the pay band in the majority of AfC grades, with the exception of bands 5, 8C and 9 where the difference is favourable to females. 'Other' is M&D, VSM and NEDs combined.

Pay quartiles



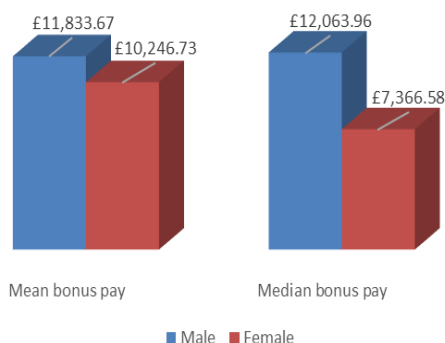
The graph above and table below illustrate the gender distribution of the workforce across four quartiles. The proportion of males and females in each quartile, from the lowest to the highest paid, is calculated by dividing the workforce into four equal parts. The first three quartiles contain a higher percentage of women than men, and there is a more equal split in the highest quartile. This reflects the analysis by pay band.

Quartile	Total female	Total male	Female	Male
Lower	236	43	84.6%	15.4%
Lower middle	238	46	83.8%	16.2%
Upper middle	233	49	82.6%	17.4%
Upper	150	132	53.2%	46.8%

Bonus pay gap

Bonus payments – overall workforce

Gender pay gap bonus pay - CEA



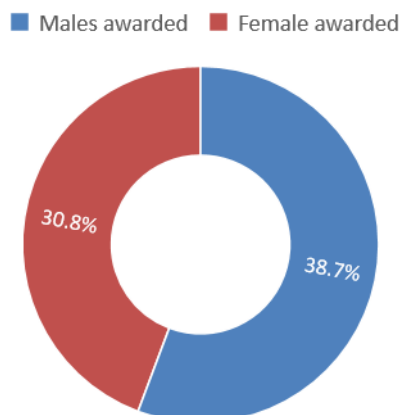
In 2022, QVH only made bonus payments in respect of the national Clinical Excellence Awards (CEAs) to which the Medical Consultant body are entitled.

There are 62 male and 26 female Consultants in the workforce at QVH. Considerably more males (n=24) compared to females (n=8) received bonus pay. This equates to 38.7% of men in the medical consultant body receiving a bonus and 30.8% of women in the medical consultant body. When reviewed in the context of the entire workforce 7.9% of males (24 out of 305) being awarded a bonus payment, and 0.8% of females (8 out of 954).

Bonus payments – Consultant workforce

The CEA payments totalled £365,981.91; of which 77.6% (£284,008.09) was awarded to males and 22.4% (£81,973.82) awarded to females, which is proportionally less in terms of **mean** (7.2%) and **median** (24.2%) average bonus pay compared to males. On average male employees received £1,586.94 more in bonuses than females.

Bonus payments - % of Consultant workforce



The gender bonus gap has been distorted because the pro-rated bonuses received by part-time employees are not adjusted for the purposes of the gender bonus gap calculations. Of those awarded bonus pay, 50% of females are part-time compared to 42% of males (this includes 1 part-time male where the calculation is pro-rata due to an unpaid employment break as at the snapshot date). In 2022 the Local CEA payments were equally distributed to all eligible Consultants.

Summary

The mean gender pay gap for hourly pay at QVH on 31 March 2022 was 37.3% in favour of male employees. This difference in hourly pay is influenced by the majority of staff in our lower paid bands being female, and the majority of staff in our higher paid Medical & Dental grades being male.

The median is regarded as typically a more representative figure than the mean, which can be distorted by a handful of highly paid employees. On 31 March 2022 there was a 31.2% median gender pay gap between men and women in favour of men.

In 2022 the mean bonus gender pay gap for the entire workforce was 7.2% and the median bonus gender pay gap was 24.2%. QVH only made bonus payments to the Medical Consultant body where the majority of the workforce is male (62 male, 26 female).

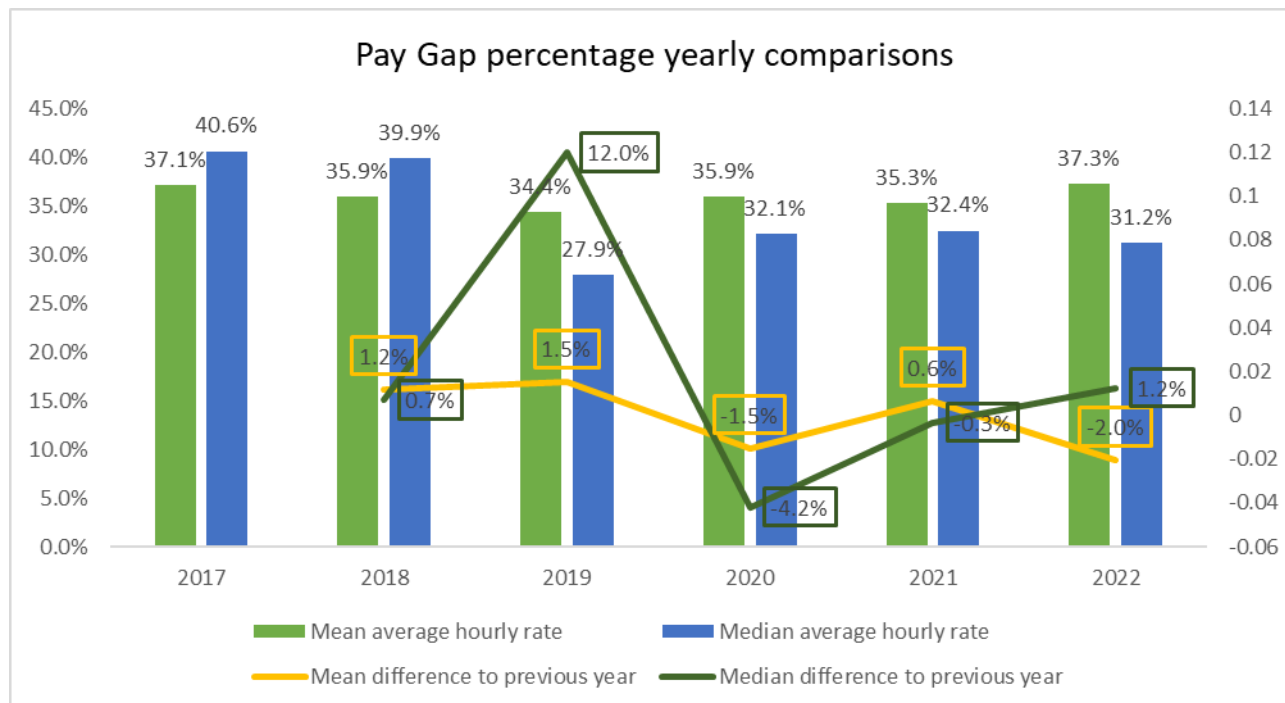
Gender Pay Trend since 2017

At QVH we have been reporting our gender pay gap since 2017 for both mean and median averages. The median is regarded as typically a more representative figure measure of pay gap, and the Trust has seen a 9.40% reduction in the gap between genders since 2017 in this metric.

The year on year data below is not directly comparable as before 2022 'full pay relevant employees' was not taken to include bank staff and employees holding more than one post were not counted separately for each post. More work is needed to know if the Trust has made progress each year on the pay gap. The data does however show that over the six years since 2017 the gender pay gap (median hourly rate) has reduced by just 9.4%. To meet the Trust's expressed aspiration to close the gender pay gap in a decade considerable acceleration in progress is required.

Gap in Mean average hourly rate	Gap in Median average hourly rate
--	--

2017	37.1%	40.6%
2018	35.9%	39.9%
2019	34.4%	27.9%
2020	35.9%	32.1%
2021	35.3%	32.4%
2022	37.3%	31.2%
6 year effect	0.2%	-9.4%



Steps taken since 31st March 2021 to remove the gender pay gap

In 2021/22 action was taken in the following areas:

- We developed new guidance for managers on supporting colleagues with menopause in the workplace as this can have a hugely detrimental impact on the career development of women.
- We replaced the Equality Impact Assessment process with the Equality Due Regard Assessment process that ensures each policy promotes the FREDA (fairness, respect, equality, dignity and autonomy) principles and consideration is given to gender.

It is clear that more action is required to close the significant gender pay gap.

Action planning to reduce gender pay gap

The table below sets out actions currently in the planning process to reduce the gender pay gap at pace.

Action	Timeframe
Establish Women's Colleague Network to give female staff a voice – focussing on issues specific to women, empowering them to work on areas and issues they identify for action in collaboration with the relevant workforce teams and other colleague networks	April 2023
Identification of developmental roles including direct appointment	Effective from 1 April 2023
Targeted career development/ progression opportunities for female staff and understanding how to remove barriers.	September 2023
Scrutiny of exceptional pay requests to include consideration of gender pay impact	Effective from 1 April 2023
To increase workplace satisfaction of female staff and therefore likelihood of promotion through initiatives such as: <ul style="list-style-type: none"> • Improve opportunity for flexible working across the Trust through promotion of flexible working practices and right to request • Improve awareness of family friendly policies through promotion 	March 2024 March 2024
Encourage female Consultants to apply for Local Clinical Excellence Awards (2023 round) through conversations with Medical Director/ Clinical Director	April 2023 to the application deadline in December 2023

KSO 4 – Financial Sustainability

Risk Owner: Chief Finance Officer

Committee: Finance & Performance

Date last reviewed 22/02/2023

Strategic Objective

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

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 10)

- As at Month 10 the Trust is reporting breakeven against actuals
- The Trust has submitted a Break-even Operating Plan for 2023/24 with assumption (Inc. Funding of Inflation outside of system control)
- 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 and productivity required to respond to convergence adjustment in future financial years to deliver breakeven.
- Once work completed in next month on underlying and operating plan (final submission), score to be reviewed.

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

- 23/24 - API contract for elective activity confirmed driving further productivity requirement / potential loss of income
- 23/24 Risk of-Convergence adjustment will impact QVH income as Sussex ICB is +6.8% distance from target
- Capital resources
- Commissioning intentions – Clinical effective commissioning
- Central control total for the ICS which is allocated to organisations
- 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, loss of local knowledge.

Future Opportunities

- New workforce model, strategic partnerships; increased trust resilience / support ICB
- 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 and partnership working
- Spoke site activity repatriation and new model of care
- Strategic alliances \ franchise chains and networks
- Develop Green Plan to support NHS Net Zero

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 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 / productivity improvements to achieve lower cost profile
- Establishment and vacancy control reviews
- Working on the underlying Run Rate to be completed over next month
- Work on the Trust's strategy and plans to be developed over the coming months.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/03/2022	Agenda reference:	234-23		
Report title:	Finance Report 2022/23 – Month 10				
Sponsor:	Stuart Rees – Interim Chief Finance Officer				
Author:	Stuart Rees – Interim Chief Finance Officer				
Appendices:	None				
Executive summary					
Purpose of report:	To provide the Board with an overview of the Trust's Financial Performance				
Summary of key issues	<p>Month 10 Year to Date (YTD) the Trust's Income and Expenditure (I&E) position is breakeven and the forecast outturn remain breakeven. With income and expenditure run rate in line with previous months.</p> <p>The cash position remain favourable.</p> <p>Capital spend to date is £2.6m below plan YTD. A significant amount of the spend is planned for February and March and remains at risk of delivery.</p>				
Recommendation:	It is recommended that the Board note the contents of the report.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: Financial sustainability	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	KS04 – Financial Sustainability				
Corporate risk register:	KS04 – Financial Sustainability				
Regulation:	Paragraph 2(1) of Schedule 5 to the National Health Service Act 2006 states: "Each NHS trust must ensure that its revenue is not less than sufficient, taking one financial year with another, to meet outgoings properly chargeable to [the] revenue account."				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	Finance and Performance Committee				
	Date:	27/02/23	Decision:		
Next steps:	N/A				

Financial Performance Report

Stuart Rees, Interim Chief Finance Officer

January 2023
Month 10

QVH Board



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Executive Summary

Income and Expenditure

- YTD Breakeven
- Year End Forecast Breakeven

Statement of Financial Position

- YTD Cash at Bank £13.2m

BPPC YTD

- Value 95.3%
- Volume 94.3%

Efficiencies

- Plan YTD £962k
- Delivered YTD £962k (£721k non recurrent)

Capital Spend

- Plan YTD £4,604k
- Actual YTD £2,005k

Headline Financial performance Month 10

Income and Expenditure										
	In Month £'000				Year to date £'000			Forecast £'000		
	WTE worked	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income										
Patient Activity Income	7,189	7,189	6,993	⬇️ (196)	72,516	74,310	⬇️ 1,794	88,594	91,254	⬇️ 2,660
Other Operating Income	241	241	867	⬆️ 625	2,415	3,367	⬆️ 952	3,886	3,879	⬆️ (7)
Income		7,430	7,859	⬆️ 429	74,931	77,677	⬆️ 2,746	92,480	95,133	⬆️ 2,653
Pay										
Substantive	950.25	(4,726)	(4,522)	⬆️ 204	(47,583)	(44,626)	⬆️ 2,957	(57,165)	(54,536)	⬆️ 2,629
Bank	77.72	(150)	(382)	⬇️ (232)	(1,508)	(3,369)	⬇️ (1,861)	(1,648)	(3,467)	⬇️ (1,819)
Agency	13.03	(9)	(108)	⬇️ (99)	(93)	(953)	⬇️ (860)	(127)	(1,726)	⬇️ (1,599)
Total Pay	1041.00	(4,885)	(5,012)	⬇️ (127)	(49,184)	(48,947)	⬆️ 237	(58,940)	(59,729)	⬇️ (789)
Non Pay		(2,029)	(2,342)	⬇️ (313)	(20,867)	(23,975)	⬇️ (3,109)	(25,169)	(26,993)	⬇️ (1,823)
Non operational		(496)	(526)	⬇️ (556)	(4,964)	(4,954)	⬆️ 10	(5,965)	(6,005)	⬇️ (41)
Total Expenditure		(7,410)	(7,879)	⬇️ (469)	(75,014)	(77,877)	⬇️ (2,862)	(90,074)	(92,727)	⬇️ (2,653)
Surplus / (Deficit)		20	(20)	⬇️ (40)	(83)	(200)	⬇️ (117)	2,406	2,406	⬆️ 0
Adjusted financial performance										
Technical			20	⬆️ 20		200	⬆️ 200	247	247	⬆️ 0
Adjusted Surplus / (20	(0)	⬇️ (20)	(83)	0	⬆️ 83	2,653	2,653	⬆️ 0

Financial Performance Month 10 2022/23

Cashflow Report

	Actual £'000	Actual £'000	Actual £'000	Actual £'000	Forecast £'000	
	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23
Opening Balance	10,212	9,158	14,834	13,930	13,731	11,609
Total Receipts	7,204	13,285	6,882	7,445	7,044	7,044
Total Payments	(8,258)	(7,609)	(7,785)	(8,169)	(9,166)	(10,013)
Net Cash Movement	(1,054)	5,676	(903)	(723)	(2,122)	(2,969)
Closing Balance	9,158	14,834	13,930	13,207	11,609	8,640

Month 10 Capital Forecast Summary

2022-23 Programme Category:	YTD Spend M10 January £000	YTD Budget M10 January £000	Annual Plan £000	Forecast Year End £000	Variance(s) £000
Estates	559	885	1,579	1,028	(551)
IT	1,334	1,826	2,781	2,508	(273)
Medical Devices	19	481	776	698	(78)
Modular Build	1,161	1,412	1,412	1,261	(151)
VAT Savings	(1,068)	0	0	(1,068)	(1,068)
Slippage Plan	0	0	0	1,697	1,697
Total	2,005	4,604	6,548	6,124	(424)

Performance Month 10 YTD breakeven: Income is over plan £2.7m which is offset by expenditure over plan £2.7m (including technical adjustment).

Income: YTD income is over plan £2.1m

YTD income over plan

- £0.4m non recurrent GSTT prior year income provision
- £0.9m Additional pay award allocation YTD position
- £0.1m Recharge income (offset with expenditure)
- £0.1m HEE income above plan YTD
- £0.1m Deferred income
- £0.2m Merger income
- £0.9m CDC H2

Expenditure YTD £2.7 over plan

- Pay expenditure in Month 10 is slightly higher than trend. Total pay YTD is £0.2m under plan due to vacancies and delayed recruitment.
- Worked establishment at M10 is 1,041 wte, 30 wte higher than the same period in 21/22. In month Worked establishment is 32 wte higher than M9.
- Non pay YTD is £2.9m above plan. Ongoing review of expenditure is taking place but a key reason is the additional TMC spend (£0.75m) to boost activity along with investment in the CDC.

Efficiencies

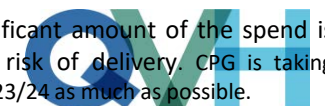
- M10 YTD delivery against identified schemes is £241k which is £712k under plan, the balance has been delivered through non recurrent measures. Work is ongoing to identify recurrent savings and ensure the delivery of planned target.

Balance sheet

- Cash at M10 close is £13.2m. Year end forecast in line with plan but is dependent on the capital and revenue expenditure spend in February and March.
- Trade payables have decreased year to date by £2m reflecting the payment of March Creditors.
- BPPC: Trust total creditor performance YTD is as follows;
 - Number of invoices: 94.3 % (0.7% below compliant level)
 - Value of invoice 95.3% (compliant)

Capital

- Capital spend to date is £2.6m below plan. A significant amount of the spend is planned in February and March and remains at risk of delivery. CPG is taking corrective action to mitigate the risk of underspend in 2023/24 as much as possible.



Forecast year end: Breakeven: The Forecast has been updated for the latest available information and will continue to be reviewed and monitored in the remaining two months of the financial year.

Income

- We are awaiting final draft contracts to be issued by Associate commissioners setting out contract finances, particularly in relation to ERF and Growth. NHS Sussex ICB ERF allocation confirmed so expected that associate contracts may now move forward.

Expenditure

- In order to deliver activity targets in 2022/23 and secure the ERF, the Trust contracted with the McIndoe Centre for additional theatre capacity. Year end additional costs to continue to year end.
- 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. If the current utilisation of McIndoe capacity continues at current rates, a cost pressure for the remainder of the 2022/23 financial year of £0.4m will arise.

Efficiencies

- Non delivery of cash releasing schemes will impact the Trust future ability to deliver a breakeven position and achieve a lower cost profile. The Trust historically has not been able to deliver cash releasing efficiencies. The majority of the efficiencies are being delivered via non-recurrent measures. Additional effort will be made to develop recurrent efficiency improvements as a key feature of the operational and financial planning for 2023/24.
- **Capital**
- Scheme owners have been tasked with providing regular updated forecasts of spend to ensure there is a proactive approach to deliver the programme spend and to mitigate any slippage.



M10 VWA Performance vs 19/20

Elective Recovery Group	POD Grouping	M10 Activity Plan	M10 22/23 Activity	% Activity Plan against 22/23 M10 Activity	19/20 M10 Activity Baseline	19/20 Activity Baseline % against 22/23 M10 Activity	1920 Value Weight Activity % against 22/23 M10 VWA
Elective Recovery Increase	Day Case Total	1,065	956	90%	957	100%	103%
	Elective Total	247	229	93%	295	78%	98%
	Elective (excl Sleep)	175	137	78%	183	75%	99%
	First Outpatients Total	3,385	3,563	91%	3,329	107%	104%
	Outpatient Procedures Total	2,060	2,979	145%	2,310	129%	152%
Elective Recovery Increase Total							108%
Elective Recovery Reduction Total		Follow Up Outpatients Total	9,709	9,439	-3%	9,867	-4%
Non Elective Total			548	571	104%	456	125%

The above table shows activity performance at a POD level against operating plan (including additional procured McIndoe capacity) and in terms of activity volumes/financial value compared to 19/20 on which current block payments are based. Follow-up outpatient activity shows level of reduction compared to 19/20 levels which has a target of 15% reduction over the year.

The Trust delivered 108% of 19/20 VWA levels in M10 which was impacted by strikes. The main underperformance is Plastics elective VWA which is at 89% of 19/20 and Ophthalmology Day Case VWA which is at 87%. There is also continued underperformance in Ophthalmology first outpatients. Current YTD elective recovery performance as at M10 is 98%.



Statement of financial position						
£000's	Prior Year End: March 2022	November	December	January	Change	
					In Month	In Year
Non Current Assets	60,252	59,457	58,402	58,543	141	(1,709)
Inventories and Receivables	4,594	6,730	3,803	8,163	4,360	3,569
Cash	17,547	14,840	13,937	13,213	(724)	(4,334)
Total Current Assets	22,141	21,570	17,740	21,376	3,636	(765)
Current Liabilities	(18,971)	(18,240)	(13,376)	(17,560)	(4,184)	1,411
Subtotal Net Current Assets	3,170	3,330	4,364	3,816	(548)	646
Total Assets less Current liabilities	63,422	62,787	62,766	62,359	(407)	(1,063)
Non Current Liabilities	(3,843)	(3,368)	(3,368)	(2,980)	388	863
Total Assets Employed	59,579	59,419	59,398	59,379	(19)	(200)
Total Tax Payers' Equity	59,579	59,419	59,398	59,379	(19)	(200)

Better payment practice code				
Compliance target: 95% of invoices being paid within 30 days of receipt	Current YTD	Current YTD	Current Month	Current Month
	January	January	January	January
	Invoice Quantity	Invoice Value £000	Invoice Quantity	Invoice Value £000
Non NHS				
Total bills paid	15,285	37,720	1,817	4,165
Total bills paid within target	14,442	36,014	1,638	3,878
Percentage of bills paid within target	94.5%	95.5%	90.1%	93.1%
NHS				
Total bills paid	1,150	7,357	108	230
Total bills paid within target	1,055	6,948	98	165
Percentage of bills paid within target	91.7%	94.4%	90.7%	71.8%
Total				
Total bills paid in the year	16,435	45,077	1,925	4,395
Total bills paid within target	15,497	42,962	1,736	4,043
Percentage of bills paid within target	94.3%	95.3%	90.2%	92.0%
Compliance target	95.0%	95.0%	95.0%	95.0%
Above (below) target	(0.7%)	0.3%	(4.8%)	(3.0%)

QVH PERFORMANCE COMMENTARY

- Non current assets: Capital spend YTD of £2.1m and depreciation of £3.7m YTD. Capital spend is behind programme plan by £2.6m.
- Trade receivables: Are reporting a 4.2m movement in accrued income month on month this is to re-classification in Creditors.
- Cash: Reporting a £4.3m reduction in cash year to date; Underperformance is driven by Capital underspend and repayment of £4m to the ICB.
- Trade payables: are up from December, but 3.8m overall (but this includes the £4.2 reclassification of receivables above).
- 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).
- The Trusts BPPC compliance is presented in the table, it shows YTD compliant on value, but not quantity; Monthly performance is non compliant on both. Additional effort will be made to improve performance to compliant levels.

Efficiencies Month 10

	Values						
	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
Summary Performance							
Red	2	123	112	11	9	0	
Amber	11	1,824	1,459	729	567	5	(561)
Green	7	313	266	213	171	43	(128)
Blue	5	259	259	259	215	193	(22)
TBC	11	66	16	0	0	0	0
Non recurrent	1	0	0	0	0	721	721
Grand Total	37	2,585	2,112	1,213	962	962	0
Trust Target		3,464	3,464	3,464			
Variance (under)/over identified		(3,464)	(3,464)	(3,464)			

	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
Business Unit performance							
Clinical Support	6	296	241	204	171	110	(60)
Non Clinical Infrastructure	5	156	147	114	94	20	(74)
Operational Nursing	2	15	8	0	0	0	0
Oral, Maxillofacial And Corneo	6	170	155	49	30	0	(30)
Outpatients, Community & Sleep	1	0	0	0	0	0	0
Perioperative Care	11	91	38	22	19	18	(1)
Plastics	3	458	124	124	103	93	(10)
Trustwide	3	1,400	1,400	700	544	721	177
Grand Total	37	2,585	2,112	1,213	962	962	0

QVH PERFORMANCE COMMENTARY

M10 YTD delivery against identified schemes is £241k which is £712k 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.

36 schemes identified to date across the Trust, The financial impact of 11 schemes are to be confirmed and a risk rated value determined.

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.



Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/03/2023	Agenda reference:	235-23		
Report title:	Business Planning 2023/24				
Sponsor:	Stuart Rees– Interim Chief Finance Officer				
Author:	Tony Reeves-Associate Director Business Development				
Appendices:	None				
Executive summary					
Purpose of report:	Provide the Board with an overview of the 23/24 draft Business Plan <ul style="list-style-type: none"> ○ Activity ○ Operational standards ○ Interdependencies and Risks • Provide an overview of the Draft 23/24 Financial Plan, planning assumptions and financial risks and mitigations. • Timetable and Milestones 				
Summary of key issues	The Draft Financial Plan for 2023/24 has been prepared based on agreed assumptions and with Sussex ICB recognition, achieves a small planned deficit of £0.6m Income and Expenditure Position at the close of the 23/24 financial year. The planned deficit relates to excess inflation costs for utilities. The plan is based on delivery of the 109% Elective Target There are planning risks and mitigations which result in a net unmitigated risk of £2.9m.				
Recommendation:	To note the contents of the report				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	KS04 – Financial Sustainability				
Corporate risk register:	KS04 – Financial Sustainability				
Regulation:	None				
Legal:	None				
Resources:	No current resources.				
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	27/02/2023	Decision:		
Next steps:	NA				

2023/24 Business Planning Update

Tony Reeves – Associate Director Business Development

22 February 2023

- The submitted activity plan delivers to 109% value-weighted activity (VWA) based on M8 (November) delivery in 22/23 which is one of the best post-COVID months to date, adjusted for seasonality and working days. This will set an ambitious target, but has proven to be deliverable and includes impact of modular theatres which came in in July 2022.
- To achieve 109% VWA which is above current run rate, the adjusted November baseline delivers 103% of 19/20 and there is an assumed continued utilisation of McIndoe at a premium above tariff (4% of VWA) and a 2% productivity target applied to new outpatients and daycases.
- Triangulation with workforce and finance is achieved through an assessment of worked WTEs and expenditure run rates for the same period again to ensure deliverability.



- Cancer – 62 day pathways expected average of 35 per month waiting longer than 62 days. Expected to achieve 80% against the 28 day diagnosis target, compared to national target of 75%.
- Trust waiting list forecast to remain static at around 15,500 for next year with proposed activity plan and assuming number of referrals remain static also and do not increase further.
- Plan is aimed at containing number of 52ww in 23/24 based on 22/23 outturn with a reduction in 65ww to zero by year end as per national target.
- Diagnostic imaging continues to deliver above 95% diagnostic DMO1 target, but overall position is currently around 70% due to sleep diagnostic backlog which is likely to require additional outsourcing in 23/24 to improve further.



- Securing continued levels of utilisation at McIndoe within affordable envelope.
- Delivering theatre productivity opportunity aiming to achieve best in class of 90% utilisation compared to current 85%.
- Outpatient transformation to deliver additional new outpatient capacity through expansion of PIFU and follow-up reduction through clinical review of new to follow-up ratios
- Ongoing workforce issues in terms of continued industrial action, sickness rates and recruiting substantially to vacancies
- Continued focus on managing patients close to 52ww to minimise number of 52ww and reduce 65ww, supported by additional capacity for validation of the PTL

2023/24 Draft Financial Plan

Statement of comprehensive income

QVH 2023/24 Financial Plan

£'000

Operating income from patient care activities	92,961
Other operating income	2,859
Employee expenses	(60,500)
Operating expenses excluding employee expenses	(34,402)
OPERATING SURPLUS/(DEFICIT)	918
FINANCE COSTS	
Finance income	7
Finance expense	(102)
PDC dividends payable/refundable	(1,658)
NET FINANCE COSTS	(1,753)
SURPLUS/(DEFICIT) FOR THE PERIOD/YEAR	(835)
Retain impact of DEL I&E (impairments)/reversals	0
Remove capital donations/grants/peppercorn lease I&E impact	277
System envelope planning adjustment	0
Adjusted financial performance surplus/(deficit)	(558)

National Planning assumptions have been applied where appropriate

Income

- Tariff uplift (net of efficiency and convergence) of 1.1%
- COVID Support reduced by 65%
- ERF value based on 22/23 values
- ERF included for all commissioners
- CDC Funding included
- **Excess inflation £0.5m assumed funded by ICB**
- No Growth included

Expenditure

- Inflation as per National Guidance 2.9% net
- Incremental Drift £1m
- Identified CIPS £3.5m
- Excess Inflation (Utilities, contracted out services) of £1.1m
- Unidentified CIPs of £2.1m
- Costs to deliver 109% of 19/20 activity including McIndoe centre activity £2.8m
- CDC Expenditure £2.7m



Planning Risks & Mitigations

	<u>Full Risk</u> <u>Amt £</u>	<u>Mitigation</u>	<u>Risk</u> <u>Mitigation</u> <u>Amt £</u>	<u>Residual</u> <u>Risk Amt £</u>
Income Risk: Lack of funding for increased pass thru devices	533	Contract notification and agreement	(533)	0
Income Risk: ERF claw back / non-delivery (1)	3,767	Reduction of expenditure	(1,884)	1,884
Efficiencies Risk: Pipeline recruitment (2)	3,450	Recruitment Panel and Pipeline Review	(2,415)	1,035
Efficiencies Risk: Slow or low levels of delivery	2,001	Non-recurrent savings from Delayed recruitment & Staff Turnover	(2,001)	0
Inflation: Utilities & premises costs	578	Additional Funding as per ICB excess inflation guidelines	(578)	0
	<u>10,329</u>		<u>(7,411)</u>	<u>2,919</u>

(1)The ERF is dependant on delivery of activity levels. If Activity levels are not delivered income will not flow but costs are assumed to reduce by 50%

(2)Rigorous recruitment controls required to deliver identified efficiency improvement plans associated with staffing costs.



Key Planning Milestones

Local Milestones / <u>National planning milestones with expected timescale</u>	Date
Initial Business Planning Process Launch and set up weekly steering group meetings	Dec 2022
Business Planning Templates to be issued to managers for submission of high level cost pressures/service developments, capital requests and efficiencies identification	Dec 2022
<u>National publication – expected 2023/24 consultation tariffs and draft standard contract</u>	<u>Dec 2022</u>
Initial review of draft budgets at cost centre level including review of workforce	Jan 2023
<u>National publication – expected planning guidance and draft templates issued</u>	<u>Jan 2023</u>
Priced activity plan templates issued using consultation tariff for review by business units and incorporating demand & capacity review	Jan 2023
Review of submitted cost pressures/service developments, capital requests and efficiencies POAPs and PIDs	Jan 2023
Follow-up review of proposed budgets and workforce for 23/24	Feb 2023
Review of draft operating plan submission – Board	Feb 2023
<u>National – Expected First Submission of draft operational plans</u>	<u>23 Feb 2023</u>
Star Chamber - Prioritisation review of capital requirements for agreement of capital plan	Mar 2023
<u>National – expected signature of Commissioning contracts</u>	<u>30 Mar 2023</u>
Approval of Operational plan by the Trust Board- F&P	28 Mar 2023
<u>National - submission of Final 2023/24 Operating plans</u>	<u>30 Mar 2023</u>

Strategic Objective We provide healthcare services that ensure our patients are offered choice and are treated in a timely manner.	Risk Appetite The trust has a low appetite for risks that impact on operational delivery of services and is working with a range of stakeholders to redesign and improve effectiveness and efficiency to improve patient experience, safety and quality.	Initial Risk 5 (c) x3 (L) =15, moderate Current Risk Rating <u>4(C) x 4 (L) = 16</u> Target Risk Rating 3 (C) x 3 (L) = 9, low
Risk Sustained delivery of constitutional access standards Patients & Commissioners lose confidence in our ability to provide timely and effective treatment due to an increase in waiting times and a fall in productivity.	Rationale for current score <ul style="list-style-type: none">• Increase of RTT waiting list and patients waiting >52 weeks• Increased capacity required at Uckfield, Sevenoaks .• Increasing staff gaps due to COVID-19 isolation requirements & sickness absence• DNAs – cost of living pressures• Patient choice leading to delayed procedures• Vacancy levels in sleep [CRR 1116] Sleep clinicians recruited• Specialist nature / complexity of some activity• Sentinel Lymph Node and MOHs demand [CRR 1122] – Insourcing at w/e plan• 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 ENT• McIndoe Q3 & Q4 capacity – now confirmed• Pressures in support services i.e. Prosthetics, therapies, pharmacy - continue	Future risks <ul style="list-style-type: none">• National Policy changes to access and targets - 65+ target as of April 2023• NHS funding ERF and fines changes & volatility - Introduction of PbR – April 2023• Reputation as a consequence of recovery• QVH Building our future strategy Future Opportunities <ul style="list-style-type: none">• Closer ICB / ICS working• Closer working between providers including opportunities with Kent & Surrey – SLNB imaging, Sleep service• Clinical networks i.e. Sleep, SLNB, Max Fac, trauma
Controls / Assurance <ul style="list-style-type: none">• Mobilising of virtual outpatient & PIFU• 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 & best practice is ongoing• Additional cancer escalation meetings initiated where required to maximise daily grip• Development of revised operational processes underway to enhance assurance and grip• Locum staff identified to support sleep position• Theatre productivity work programme in place. Refresh of the monthly surgical pathway meeting and focus on 5 productivity workstreams• Programme of waiting list validation – completed and now being embedded		Gaps in controls / assurance <ul style="list-style-type: none">• 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• Theatre capacity due to Rowntree theatre procedure limits

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Report cover-page

References					
Meeting title:	Board of Directors				
Meeting date:	02/03/2023	Agenda reference:	237-23		
Report title:	Operational Performance report				
Sponsor:	Shane Morrison McCabe, Director of Operations				
Authors:	Operations Team				
Appendices:	None				
Executive summary					
Purpose of report:	To provide an update regarding operational performance.				
Summary of key issues	<p>Key items to note:</p> <ul style="list-style-type: none"> We have met the 62 day referral standard for cancer, but cancer backlog remains a challenge and is above our 5% tolerance DMO1 position remains a challenge; Sleep has not met the revised trajectory, action plan underway (including outsourcing) Two week wait cancer referrals have increased 52 week elective waits are ahead of the revised trajectory 78 week waits have not met trajectory but there is a plan to eliminate by March CDC progressing well; Bleepa rolled out to additional GP practices Theatre cancellations on the day remain challenging; there will be a plan in place as part of working with Four Eyes Insight 				
Recommendation:	The Board is asked to note the contents of the report				
Action required				Assurance	
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	Controls / Assurance: As described on BAF KSO3				
Corporate risk register:	Risks: As described on BAF KSO3				
Regulation:	CQC – operational performance covers all 5 domains				
Legal:	The NHS Constitution, states that patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, (i.e. patients should wait no longer than 18 weeks from GP referral to treatment) or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'.				
Resources:	Nil above current resources				
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	27/02/2023	Decision:	Noted	
Next steps:	NA				

Operational Performance Report

Shane Morrison-McCabe, Director of Operations

February 2023

Board of Directors



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Performance Summary

	KPI	TARGET / METRIC	SOURCE	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Change from last month
CANCER	Cancer 2WW	93%	National	93.9%	91.2%	83.4%	94.9%	89.5%	92.3%	86.8%	91.7%	91.2%	90.8%	90.5%		↓
	Cancer 62 day	85%	National	90.7%	95.1%	87.5%	89.2%	85.1%	89.5%	91.9%	86.3%	84.0%	85.1%	86.3%		↑
	Faster Diagnosis	75% (by March '24)	National	87.4%	86.6%	82.4%	85.3%	85.5%	84.5%	86.2%	84.4%	81.4%	84.0%	82.9%		↓
	Cancer 31 day DTT	96%	National	96.7%	95.6%	94.4%	94.8%	96.7%	94.0%	90.3%	94.9%	94.2%	97.9%	97.2%		↓
	31 Day Sub Treat	94% (surgery)	National	72.5%	80.0%	83.3%	77.3%	58.3%	70.4%	69.4%	61.7%	71.4%	67.3%	76.0%		↑
	Cancer 104 day	Internal trajectory	ICS	9	3	3	7	7	5	3	4	6	6	4	11	↑
	Cancer 62 day+ backlog	Internal trajectory	ICS	21	18	23	23	23	23	32	35	36	29	39	32	↓
	Cancer 62 day+ backlog	<5% of PTL	Local	4.4%	3.7%	4.9%	4.5%	4.2%	4.1%	5.0%	5.8%	5.8%	4.7%	8.5%	7%	↓
DIAGNOSTICS	DM01 Diagnostic waits	99% <6 weeks	National	92.0%	89.9%	88.0%	88.9%	88.7%	72.1%	71.6%	75.4%	73.9%	70.1%	56.6%	52.8%	↓
	Histology TAT	90% <10 days	Local	96.0%	96.0%	96.0%	95.0%	83.0%	97.0%	96.0%	92.0%	93.0%	94.0%	91.0%	95.0%	↑
	Imaging reporting	% <7 days	Local	95.0%	98.7%	90.0%	99.6%	98.1%	98.9%	96.6%	96.4%	97.6%	99.4%	99.1%	99.2%	↑
RTT WAITS	Total Waiting List Size	N/A	N/A	12,711	13,544	14,121	14,290	14,782	15,275	15,706	15,718	15,393	15,222	15,628	15,805	↑
	RTT104	0 by March '22	ICS	3	1	0	0	0	0	0	0	0	0	1	0	↓
	RTT78	0 by March '22	Local	13	10	8	6	7	6	5	3	11	9	16	7	↑
	RTT52	0 by March '23	ICS	197	198	200	229	273	301	308	296	312	315	327	315	↑
	RTT18	92%	National	67.2%	65.4%	64.3%	66.6%	65.3%	63.5%	64.3%	63.4%	64.4%	65.3%	63.3%	64.2%	↑
ACTIVITY	Elective Recovery Increase	22/23 Activity Plan	ICS			93.0%	101.0%	98.0%	94.0%	95.0%	95.0%	108.0%	107.0%	101.0%	108.0%	↑
	Elective Recovery Reduction	22/23 Activity Plan	ICS			-4.0%	2.0%	-4.0%	-12.0%	-16.0%	-14.0%	-9.0%	-6.0%	-15.0%	-3.0%	↓
	Non Elective Total	22/23 Activity Plan	ICS			108.0%	111.0%	116.0%	115.0%	98.0%	95.0%	100.0%	102.0%	98.0%	104%	↑
MIU	MIU	95% discharged <4hrs	National	99.9%	99.8%	99.5%	99.9%	99.2%	99.6%	99.7%	99.9%	99.9%	99.9%	99.5%	100.0%	↑

Cancer

CANCER NATIONAL POSITION: (Nov-22)

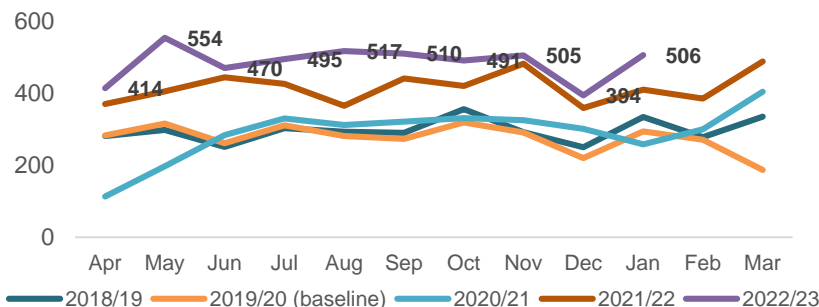
2WW:
53 out of 142

FDS:
14 out of 142

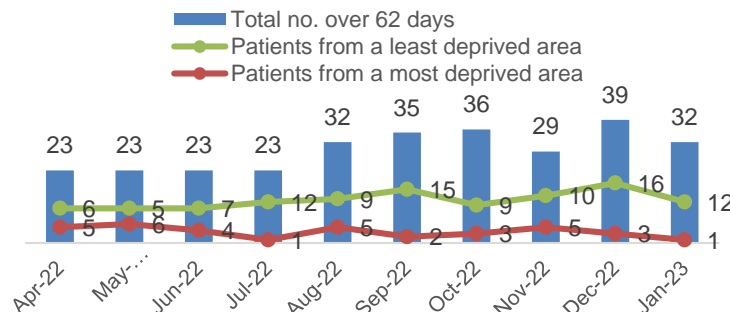
62 Day:
14 out of 138

31 Day:
51 out of 142

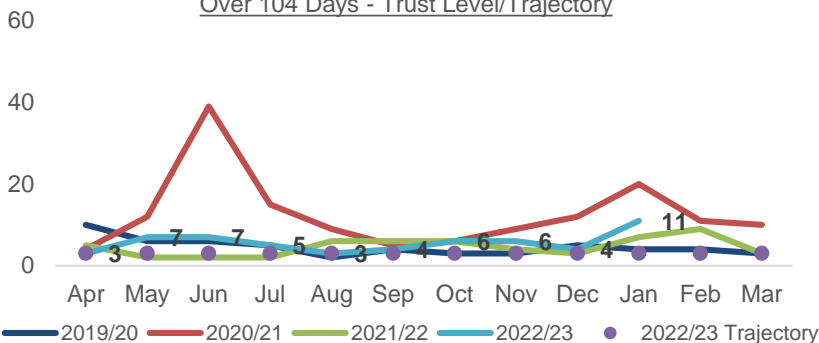
Trust TWW Referrals



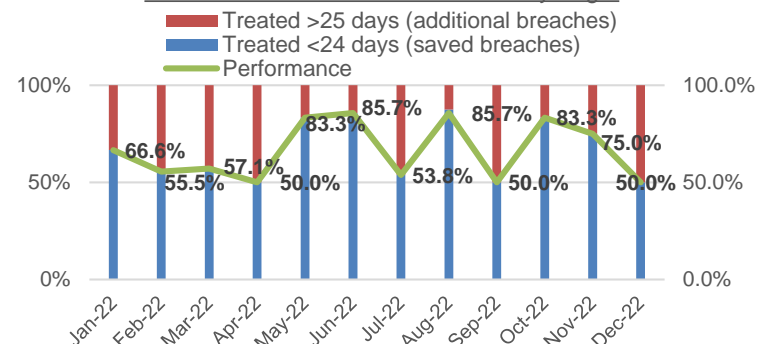
Patients Over 62 Days by Deprivation



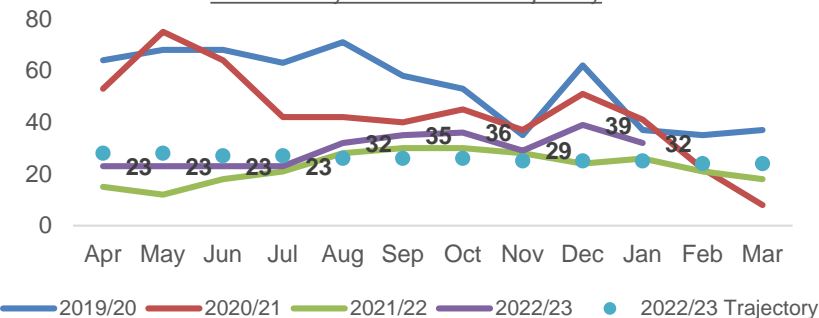
Over 104 Days - Trust Level/Trajectory



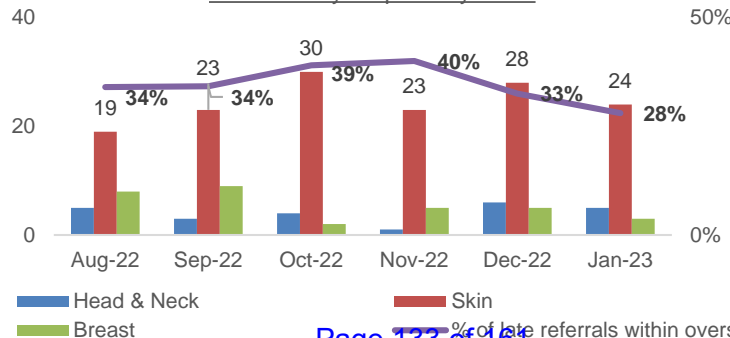
Late referrals to QVH 2021-22: 24 day target



Over 62 Days: Trust Level/Trajectory



Over 62 Days: Speciality Level



PERFORMANCE COMMENTARY

- 2WW** – standard not met, reporting a decrease in performance of 0.3% compared to last month. 49% of breaches due to patients choosing to delay their appointment. Outpatient capacity continuing to be challenging reporting 7 in month. The number of patients being seen in the first week decreased compared to last month, reporting 32.3% in head & neck, and 20.2% in skin.
- 2WW referrals** – In month skin referrals reported increase for the first time since Aug 22, however still remaining above 2019-20 baseline. Head & neck also reported an increase in the number of referrals received with referrals reporting a 30% increase compared to last year, and 62% above baseline levels
- YTD the trust has received an additional 734 2WW referrals, compared to last year, and 2,007 from 2019/20.
- 62 day referral to treat** – standard met. Reporting 0.5 breach breast, and 4.5 skin.
- Faster diagnosis** – standard met.
- 31 day decision to treat (DTT)** – standard met.
- 31 day subsequent** – standard not met. Reporting an increase of 8.7% however number of breaches remain high at 12. Skin reporting the highest number of patients with 11 breaches – 8 of which were SLNB capacity and 2 theatre capacity. Head & neck reporting 1. The number of subsequent treatments is continuing to remain high.
- 62 day+ backlog** – trajectory and PTL % not met; however reporting decrease of 7 compared to last month, with skin making up 75% of the backlog due to delays in benign letters, outpatient capacity and an increase in complex pathways.
- 104 day+** – trajectory not met and reporting an increase of 7 compared to last month, with skin reporting 9 patients, head & neck 1 and breast 1 – this was a mixture of primarily late referrals and complex medical conditions, with some admin delay.
- Health Inequalities** – The number of patients over 62 days, that are over 85 years remains high. The number of patients over 62 days from a most deprived area reported a decrease. The 2WW referral gap between male and female remains unchanged, with the number of female referrals outweighing male referrals.

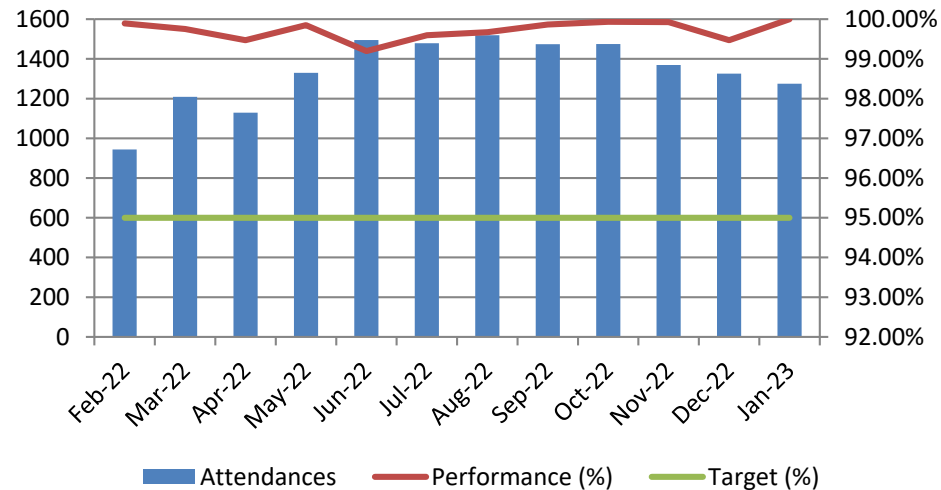
FORWARD LOOK / PERFORMANCE RISKS

- The unvalidated January performance for **FDS** is achieving the standard.
- The unvalidated January performance for **62day** is not achieving the standard.
- The unvalidated January performance for **2WW** is below plan at 85.5% (skin 89.2%, head & neck 82.7%), however currently showing an improved position for February.
- 31 day DTT and 31 day subsequent** are in a failing position at 94.1% and 60.5% respectively.
- 62day+ backlog remains challenging** forecasting 38 in February
- Over 104 day** – Continuing to see complex pathways (cardiology, dementia and Power of Attorney) and an increase in late referrals resulting in missing the trajectory.

MIU

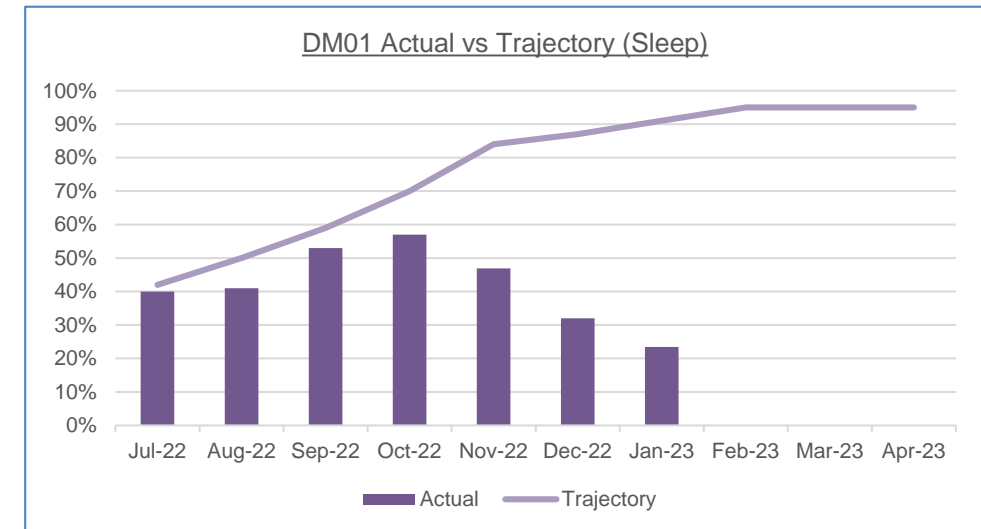
- MIU attendance has remained at a consistently high level, however we see a reduction in the number of attendances in January compared to December. We continue to meet the 4 hour clinical standard, reaching 100% of target in January.

MIU Attendance and Performance



DMO1:

- National target not met; impacted by challenges within Sleep.
- Radiology only DMO1 performance is 99.5%.
- Sleep only DMO1:
- Performance reduced in month to **23%**, and is behind trajectory by 68%. See next slide for commentary and forward look.



Sleep Service update – January 2022

PERFORMANCE COMMENTARY	FORWARD LOOK / PERFORMANCE RISKS
<ul style="list-style-type: none"> • Overall Performance - Activity continues to deliver above plan in all areas which has been the case M7 – M10 (Elective, Day Case, First Outpatients and Outpatients procedures) We have successfully implemented the extension in overnight shift patterns to facilitate a managed handover of patients in the morning which will also allow them to sleep for longer during their study. • DM01 – DM01 performance continues to be challenged, due to the sustained significant increase in referrals compared to previous years. We have started to outsource Oximetry testing and will do so shortly for Polysomnography tests although the outcome of the procurement has been queried by unsuccessful bidders which will cause a delay. A recovery trajectory has been modelled and shared with Director. • Demand and capacity – The external review of capacity and demand has been completed. The report is to be reviewed by Director on 24th Feb after which it will be shared at Performance Review meeting. 	<ul style="list-style-type: none"> • External support – We have selected a preferred provider for a contract to deliver Polysomnography tests in the patient's home. This will deliver additional capacity to support DM01 performance. The oximetry contract has started well and in excess of 125 patients have already been referred. • Staffing – Consultant interview in February was successful and will start full time from April. Two B2 assistant candidates were offered posts but unfortunately one has withdrawn. We will re-advertise. • Demand and capacity review - External review of demand and capacity has been completed and the report will be shared shortly. • New referral process – The new online patient form was shared with commissioners and the highest referring Practices as part of a soft launch. Unfortunately there has been some adverse reaction so we will continue to engage with commissioners and practices to implement the questionnaire. We will bring forward the implementation of online triaging of referrals by clinicians.



RTT Waits

RTT NATIONAL POSITION: (look back – Dec-22)

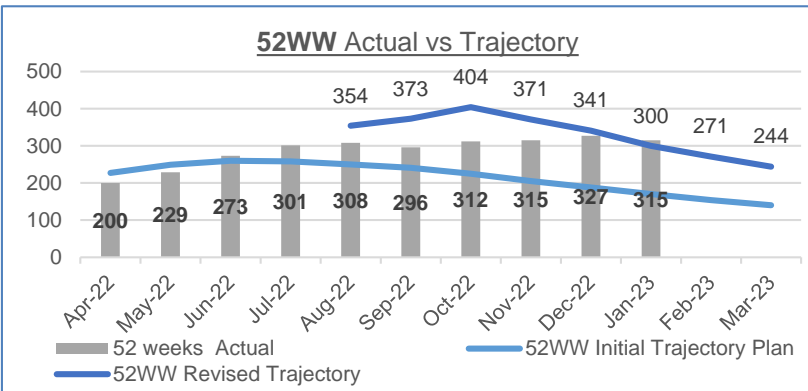
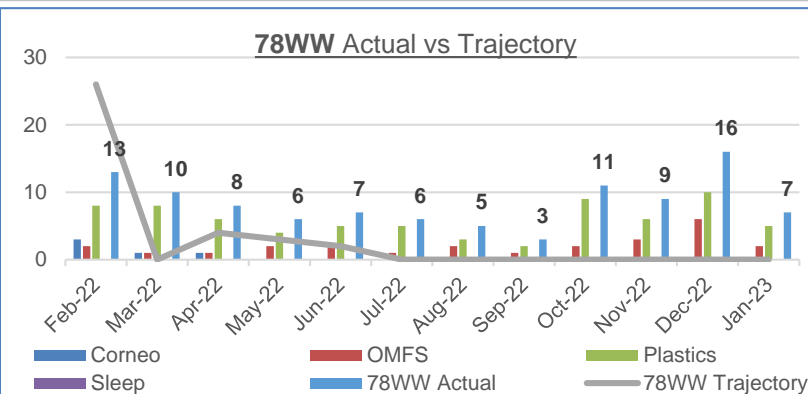
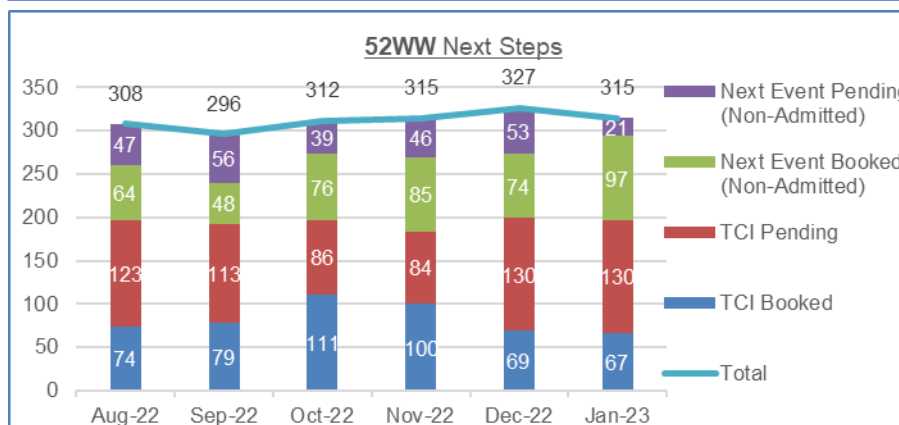
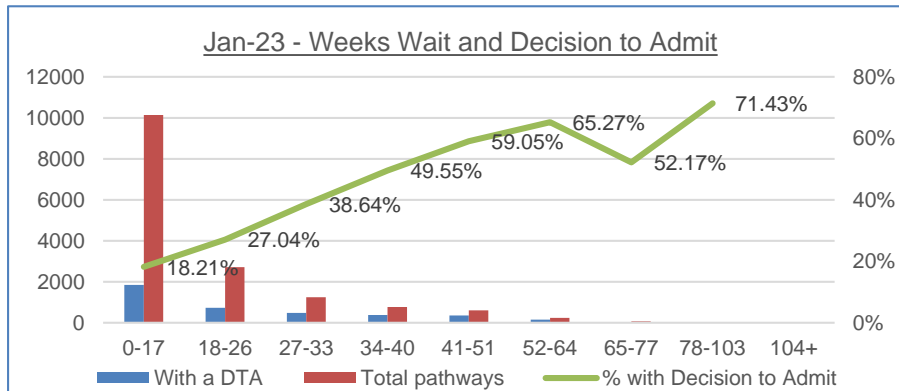
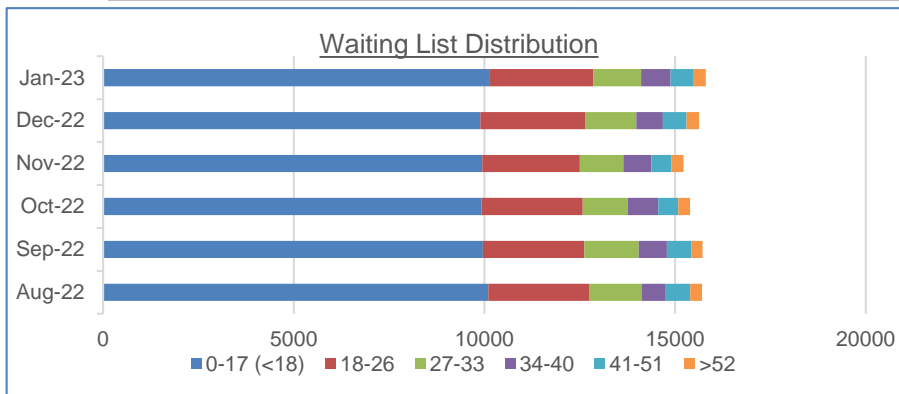
National RTT18:
58.0%

QVH RTT18:
63.3%

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

National % >52WW:
5.5%

QVH % >52WW:
2.1%



Plastics Update

Revised trajectory achieved for January.

Risks to performance:

- SLNB capacity, but action plan is in place.
- Breast Immediate demand (most of March booked).
- 2.6 WTE Skin/Breast/Burns consultant vacancies, and short 1WTE Breast Microfellow.
- List cancellations due to recurrent strike action.
- Mohs; insourcing from HBS to commence March 2023.

N.B. Continuation of the implementation of the plastics admin review as part of the continuous improvement of service efficiency.

PERFORMANCE COMMENTARY

- **104WW** – Trajectory met.
- **78WW** – Trajectory not met. Of the 7 patients at 78wks+, we have a plan to eliminate all 78WW by end of March.
- **52WW:**
 - Revised trajectory met.
 - Number of patients with a TCI pending has remained high, plastics being the main driver.
 - There has been a reduction in patients waiting for a next step to be booked, and a 31% increase in the number of patients with a next booked event.
 - Patient choice reports a 42% decrease which is to be expected as we move out of the Christmas and new year period.

FORWARD LOOK / PERFORMANCE RISKS

- **78WW** – we are currently forecasting an increase to 17, 7 of the patients have a TCI date scheduled for March. The remaining patients are being closely monitored by the services on a daily basis, and through the rigorous PTL meetings.
- **52WW** – forecasting an increase to 340, which is within the revised trajectory of 371
- Working collaboratively with Sussex to move forward the new Patient Choice guidelines, this includes a shared addendum to the Access Policy

Activity Vs Plan

QVH Site / Independent Sector



Queen Victoria Hospital
NHS Foundation Trust

Elective Recovery Group	POD Grouping	M10 Activity Plan	M10 22/23 Activity	% Activity Plan against 22/23 M10 Activity	19/20 M10 Activity Baseline	19/20 Activity Baseline % against 22/23 M10 Activity	1920 Value Weight Activity % against 22/23 M10 VWA
Elective Recovery Increase	Day Case Total	1,065	956	90%	957	100%	103%
	Elective Total	247	229	93%	295	78%	98%
	Elective (excl Sleep)	175	137	78%	183	75%	99%
	First Outpatients Total	3,586	3,563	99%	3,329	107%	104%
	Outpatient Procedures Total	2,060	2,979	145%	2,310	129%	152%
Elective Recovery Increase Total							108%
Elective Recovery Reduction Total		Follow Up Outpatients Total	9,709	9,439	-3%	9,867	-4%
Non Elective Total			548	571	104%	456	125%

PERFORMANCE COMMENTARY

- **Day Case** – 90% of plan and 100% of 19/20 baseline delivered as a Trust. 103% VWA.
- Broadly delivered or exceeded plan in all specialties with the exception of Dermatology and Plastics (51% and 85% respectively). However, plastics delivered 121% of 19/20 and 120% VWA in M10.
- Ophthalmology significantly improved daycase numbers from 143 in M9 to 220 in M10 representing an 87% VWA delivery in M10.
- Excluding sleep Trust delivery of daycases compared to 19/20 is at 108% and 106% VWA.
- **Elective** – 93% of plan and 78% of 19/20 baseline delivered as a Trust. 98% VWA.
- Max fax delivered 87% against plan, 91% of 19/20 baseline and 133% VWA.
- Continued increase in case complexity seen in Max Fax, Ophthalmology, Plastics and Burns in particular compared to 19/20.
- Total Inpatient activity (combined daycase and elective) - VWA against 19/20 of 101% despite IA.
- **First Outpatients** – 99% of plan and 107% of 19/20 baseline delivered as a Trust. 104% VWA.
- Ophthalmology continue to under deliver (52% VWA) due to improved recording of diagnostics changing firsts to outpatient procedures. Ophthalmology new patient attendances and new patient procedures combined at 98% of plan and 91% of 19/20 baseline.
- Orthodontic under performance continues to be driven by staff vacancy - 90% of plan and 96% of 19/20 baseline and VWA but improved position from M9.
- Sleep delivered 145% and Plastics 119% VWA.
- **Outpatient Procedures** – 145% of plan and 129% of 19/20 baseline delivered as a Trust. 152% VWA.
- Over performance seen in Ophthalmology (401% of plan, 385% of 19/20 baseline and 409% VWA), due to improved recording of diagnostics carried out in clinics, Plastics (206% VWA) and Sleep (570% VWA).
- **Follow Up Outpatients** – Trust position at 97% against plan representing a performance of -3% against plan and a 4% reduction against 19/20 in month.
- **Non-Elective** - 104% of plan and 125% of 19/20 baseline delivered as a Trust.

FORWARD LOOK / PERFORMANCE RISKS

- **Corneo** – Ongoing risks regarding Fellow vacancies particularly into M11 & 12. Theatre performance expected to remain under plan in line with recent trends, however with reduced Consultant vacancy and increase Cataract waiting list may represent a small improvement in performance.
- **Plastics** – Elective performance expected to recover dependent on future industrial action and theatre staffing pressures leading to cancellations. Outpatient activity expected to follow recent trends. Cancer referral numbers continue at reduced levels into M11 reducing the challenges on the service.
- **Max Fac** – Theatre performance expected to follow recent trends in M11 owing to improved list utilization and increased case complexity. Continued demand through head and neck likely to represent continued increase in elective case complexity.. Vacant joint ENT Consultant post from M11 will offer challenges for both inpatient and outpatient delivery..
- **Orthodontics** – Significant workforce challenges continue with multiple vacancies and absences resulting in significant loss of capacity. Recruitment to cover posts continues to be challenging. WLI sessions planned over the next few months, however not expected to fully recover performance.
- **Sleep** – Improved staffing levels continue to drive delivery in excess of plan for elective, new patient and outpatient procedures. Continued over performance expected into M11.
- **Independent sector** – contract agreed and in place until March 2023. See and Treat clinics continue for two days per week. Theatre utilisation remains consistent.
- **Theatre** – Industrial action affecting both inpatient and outpatient delivery for non clinically urgent patients – mitigations in terms of OP activity include converting activity to virtual where possible – main areas where OP activity likely to be affected will be plastics and ophthalmology.
- Anaesthetic, Theatre and Nursing staff challenges (particularly on CCU) leading to IP cancellations affecting activity delivery into M11.

Community Diagnostic Centre (CDC)



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 and individualized tests.
- Work continues with the team to further support additional GP practices. Plan in place to enroll a further 8 practices over the coming months.
- Workforce recruitment continues in line with activity and demand received.
- QVH have been invited to attend and present at a NHSE CDC Diagnostic Workforce event in London on the 1st March 2023, show casing introduction of posts such as the Pathway Coordinator.

FORWARD LOOK / PERFORMANCE RISKS

- Digital procurement for the longer term support of the Breathlessness Pathway processes out to tender, due to be submitted 1st March 2023.
- Activity plans for H1 of 2023/24 have been submitted, awaiting outcome.
- Working closely with estates and finance teams on the development of the new CDC modular build proposal.
- Staff engagement and communication being formulated to ensure staff are kept abreast of the development of the CDC and its associated future plans.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	2/3/2023	Agenda reference:		238-23	
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 (23 January 2023)				
Summary of key issues	<p>Operational performance; continuing focus on sleep services and expectations on delivering to RTT targets</p> <p>Workforce; positive on overall vacancy, but mindful of sickness</p> <p>Finance; forecasting year-end break-even, under current regime</p> <p>Business planning; challenges being recognised for 2023/24</p>				
Recommendation:	The board is asked to note the matters discussed and seek further clarification.				
Action required <i>[embolden one only]</i>	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): <i>[[embolden KSO(s) this recommendation aims to support]</i>	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	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: Financial, operational and workforce performance assurance
Date of meeting: 2 March 2023
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: 17 February 2023
Appendices: N/A

Financial, operational and workforce performance assurance

Introduction

The Finance and Performance Committee meets monthly to review regular reports on financial, operational and workforce matters, as well as specific topics set out in an annual workplan.

This report covers the meeting of the Finance and Performance Committee on 23 January, reviewing performance information as at the end of December 2022. The next meeting, reviewing January performance, is scheduled for Monday 27 February and a verbal update will be provided at the meeting of any significant issues.

Operational Performance

There were continued discussions around sleep services and awaiting the latest external review on demand and capacity planning for this area. Assurance was sought on the steps being taken forward for this service, given staffing issues combined with increased referrals, and that this has been a long-running issue.

The expectation remains that we will meet year-end targets for nil 78ww patients, with 52ww ahead of a revised trajectory, although the risk remains around patient choice and their being complex pathways often involving other organisations.

The work on theatre utilisation by Four Eyes was subject to detailed discussion including the importance of this, and associated, work in addressing productivity challenges. The committee still wishes to understand the reasons for “on the day” cancellations which might have been avoided (i.e. “operation not needed”, as opposed to “patient unwell” on the day).

Pressure on melanoma sentinel lymph node biopsy capacity, and the target for Patient Initiated Follow Up (“PIFU”), were also covered.

Workforce performance

It was noted that the overall vacancy rate continues to be below the target level, although individual areas have their particular challenges.

The committee sought assurance on a couple of areas where performance indicators were below target; annual appraisals that are still to be undertaken and sickness absence. Processes for appraisals are being reviewed, to try to make them easier to complete, and this area will be revisited by the committee in March. Increase in sickness absence is consistent with trends across the NHS and further work is needed to understand some of the causes (recorded as “other”), although it was acknowledged that the Trust has many initiatives in place to support staff.

Financial performance

The Trust continues to report a break-even year to date and to forecast break-even for the year-end. As with previous reports, this comes with the proviso that this is under the current funding regime and the Trust's medium/long term financial sustainability remains a major risk.

Significant slippage in capital spend was recognised and plans are being put in place to bring forward what expenditure can be brought forward, but recognising that processes need to be followed to ensure value for money.

There was also discussion on efficiency, both in year and moving forward.

Business planning

Time was spent on an update on business planning, noting the latest national guidance and requirements (elective care, follow ups, theatre utilisation, etc.), as well as the expected contracts from commissioner (aligned payment and incentive or low volume activity) and the risks to delivering that activity and receiving the income. It was noted that it was important to understand the trends in activity, in terms of volume in some areas and mix in others.

Further discussion was held, following the previous meeting, on the results of service level reporting, and how this could be used.

Other

Deep dives were undertaken on two risks; 1231 Late tertiary cancer referrals, and 1254 Speech and Language Therapists Staffing, as well as updates in Freedom of Information, Information Governance, Data Quality and Cyber Security.

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:	02/03/2032	Agenda reference:	239-23		
Report title:	Digital committee assurance				
Sponsor:	Kevin Gould, Committee Chair				
Author:	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 digital committee at its meeting on 13 February 2023.				
Summary of key issues	<ul style="list-style-type: none"> IT infrastructure spend at year end- majority of hardware delivered in time EPR full business case to be presented to the Board for approval in July 2023 Stakeholder engagement for the development of the digital strategy is ongoing The pathology LIMS is being purchased by the Sussex pathology network and will replace the LIMS currently operating at QVH 				
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:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
Implications					
Board assurance framework:	Corporate risks related to digital				
Corporate risk register:	Digital corporate risks to be reviewed by the committee going forwards				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	Digital committee				
	Date:	13/2/2023	Decision:		
Next steps:	N/A				

Report to: Board Directors
Agenda item: 239-23
Date of meeting: 2 March 2023
Report from: Kevin Gould, committee Chair
Report author: Leonora May, deputy company secretary
Date of report: 22 February 2023
Appendices: None

Digital committee assurance

Introduction

This purpose of this report is to provide the Board with assurance on matters considered by the digital committee at its meeting on 13 February 2023.

Digital programmes

The committee received updates on the IT infrastructure and electronic patient record (EPR) programmes.

The committee received assurance that the majority of the hardware related to the IT infrastructure programme had been delivered on time and that mitigations remain in place for the corporate risk regarding IT infrastructure spend a year end. Unallocated capital for 2022/23 is being used to fund phase 2a of the programme.

The EPR full business case will be presented to the Board for approval at its meeting in July 2023.

Digital strategy

The committee received assurance regarding progress made against the development of a digital strategy and alignment with the development of the Trust's overarching strategy. Stakeholder engagement with this work is ongoing.

Sussex pathology laboratory information management system (LIMS)

The pathology LIMS is being purchased by the Sussex pathology network which is a collaborative partnership of University Hospitals Sussex, East Sussex Healthcare NHS Trust and QVH and will replace the LIMS currently operating at QVH.

The committee noted that QVH will access the new module via the University Hospitals Sussex system and that there will be no cost implication for the first year. The committee requested confirmation regarding the costs for the second year onwards.

Development of digital committee portfolio

There are some items that will be moved from the finance and performance committee work programme to the digital committee's work programme which is being developed for review at its next meeting.

The digital committee and finance and performance committee Chairs will review which corporate risks will be considered by the digital committee going forwards in order that the digital committee will have oversight of corporate risks related to digital.

Other

The committee received assurance that the recruitment for a chief nursing information officer is underway

Recommendation

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

KSO1 – Outstanding Patient Experience

Risk Owner: Director of Nursing and Quality
Committee: Quality & Governance
Date last reviewed 14th February 2023

<p>Strategic Objective</p> <p>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.</p>	<p>Risk Appetite The Trust has a <u>low appetite</u> 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</p>	<p>Initial Risk 4(C) x 2(L) = 8 low</p> <p>Current Risk Rating 3(C) x 5 (L) = 15 mod</p> <p>Target Risk Rating 3(C) x 3(L) = 9 low</p>
<p>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</p> <p>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.</p> <p>3) Ongoing risk of infection outbreak impacting on clinical care Risk 1220</p> <p>4) Quality and supply issues with current sterile services provider Risk 1255</p>	<p>Rationale for risk current score</p> <ul style="list-style-type: none">Compliance with regulatory standardsMeeting national quality standards/bench marksVery strong FFT recommendationsSustained 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 triggersNot meeting RTT18 and 52 week Performance and access standards but meeting agreed recovery trajectoriesSustained CQC rating of good overall and outstanding for careIncreasing challenge with recruitment. Risk register has been updated to reflect these challengesOngoing issues with sterile services provider. Weekly contract review meetings.Reduced inpatient bed capacity due to planned maintenance work within Canadian Wing footprintReduced onsite presence of paediatricians due to surge pressure at RACH<u>Positive feedback in both recent peer reviews in to CCU and Burns</u>	<p>Future risks</p> <ul style="list-style-type: none">Generational workforce : analysis shows significant risk of retirement in workforceMany services single staff/small teams that lack capacity and agility.Impact of QVH clinical and non clinical strategies <p>Future Opportunities</p> <ul style="list-style-type: none">Developing new healthcare roles – will change skill mixImplementation of a quality improvement methodology during next 3 to 6 months
<p>Controls/ assurance</p> <ul style="list-style-type: none">Governance and clinical quality standards managed and monitored at the Q&GC, CGG and the JHGM, safer nursing care metrics, FFT and annual CQC auditsExternal assurance and assessment undertaken by regulator and commissionersQuality Strategy, Quality Report, CQUINS, low complaint numbersBenchmarking of services against NICE guidance, and priority audits undertakenTrust recruitment and retention strategy mobilised, NHSI nursing retention initiative.Clinical Harm Review processBurns and Paediatric services not currently meeting all national guidance. 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 paed on exception basis.QVH simulation faculty to enhance safety and learning culture in theatresBurn Case for Change being developed in collaboration with NHSE and specialised commissionersAsymptomatic staff screening, comprehensive IPC board assurance document, patient screening pathways revised in line with national guidance. Risk 1210		<p>Gaps in controls / assurance</p> <ul style="list-style-type: none">Unknown Specialist commissioning intention for some of QVH services eg inpatient paediatric Sussex based service and head and neck pathway Risks 834, 968, 1226Ongoing workforce challenges with recruitment and retention Risks 1225, 1199, 1077, 1238, 1239

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KS02 – World Class Clinical Services

Risk Owner: Medical Director

Date last reviewed: 13th February 2023

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. 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 prioritisation 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:	Trust Board				
Meeting date:	2 March 2023	Agenda reference:		241-23	
Report title:	Quality & Safety Board Report – February 2023				
Sponsor:	Nicky Reeves, Chief Nurse, Tania Cubison, Medical Director				
Author:	Amy Brownlie, Clinical Audit and Outcomes Specialist Jacqueline O'Mara, Clinical Audit and Outcomes Specialist Liz Blackburn, Deputy Chief Nurse				
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: <ul style="list-style-type: none"> • 2 SI declared • Sustained improvement in MRSA screening • Positive feedback in both recent Burns and Critical care external reviews • Seasonal Flu vaccination rates – currently 67% actual, 83.5% refused, offered, vaccinated or vaccinated elsewhere 				
Recommendation:	The Board is asked to be assured that the contents of the report reflect the quality and safety of care provided by QVH during this time				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	The 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 contributes and 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 and public – and staff.				
Resources:	No specific issues				
Assurance route					
Previously considered by:	Quality and Governance Committee				
	Date:	27 Feb 2023	Decision:	Agreed	

Board Report

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Executive Summary - Domain – Chief Nurse

HIGHLIGHTS & ISSUES

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

Flu Vaccine

Trust seasonal Flu vaccination programme continues.

Covid

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

Other

Phase one of the major refurbishment project for Canadian Wing wards complete. Phase two commenced and works due to be completed by end of March.

Five days of Royal College of Nursing industrial action; four of which affected QVH, areas for derogation identified and agreed by RCN, safe staffing levels maintained.

Two SIs declared

Falls, MUST and VTE assessment above 95% although increase in “no harm” falls

Sustained improvement in MRSA screening

1 Clostridium Difficile Case and 1 e-coli bacteraemia.

3 Pressure ulcers grade 2 and above acquired at QVH, all currently being investigated.

Exception Report

None to report

Executive Summary - Domain – Medical Director

HIGHLIGHTS & ISSUES

Peer Review

The Burns Service and the Critical Care Service have had Peer review visits and the reports demonstrate the good care that our motivated staff provide. Both reviews highlighted the challenges with staffing and difficulties of working on an isolated site. Our burns teams achieved the highest compliance with standards of all the Burns Services in the London and South East Burns Network and we are working with the commissioners to determine an appropriate level of complexity and severity of burn injury that we can look after safely at QVH now and into the future.

Patient Safety Incident Response Framework (PSIRF)

PSIRF should be embedded by the Autumn 2023. Its core principles are compassionate engagement, system based approach to learning, considered and proportionate response and supportive oversight. Four QVH staff attended the 2 day training package for investigators in preparation for the introduction of the new framework.

Out of Hours Operating

There were 7 operations performed out of hours in Dec 22- Jan 23. They had average duration of 2.2 hours and range 1.3-3 hours. 3 patients were hand trauma and 4 for post op bleeding. All cases have been reviewed and deemed appropriate to be operated on out of hours.

Inquest Outcome

In July last year the Coroner undertook an inquest after the death of a patient with major burns that had occurred in 2021. Following this the QVH team undertook an extensive investigation and have changed a number of processes. One of the areas of concern was the lack of guidance about a particular piece of specialist equipment that was used and the Coroner therefore plans to issue a National Prevention of Future Deaths Notice to address this. Our Critical Care Staff are working with the National Team to update the national guidance to reflect this issue and we have updated our local policies and training including updating the learning from deaths policy.

Exception Report











None to report

















Safe Performance Indicators (1)

Metric Description	Target	<div> <div>Q4 21/22</div> <div>Q1 22/23</div> <div>Q2 22/23</div> <div>Q3 22/23</div> <div>Q4 22/23</div> </div>												12 month total/rolling average
		Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	
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	2	0	1	0	0	1	4
Gram negative bloodstream infections (including E.coli)	0	0	0	0	0	0	0	0	0	0	0	0	1	1
MRSA screening - elective	95%	98%	93%	98%	97%	98%	99%	99%	97%	97%	98%	96%	98%	97%
MRSA screening - trauma	95%	98%	97%	99%	100%	99%	99%	98%	98%	99%	98%	96%	97%	98%
Staff flu vaccine uptake at QVH (Immform)	90%	65%	Reported October - February	Reported October - February	Reported October - February	Reported October - February	Reported October - February	Reported October - February	Reported October - February	37%	53%	61%	66%	
Offered/refused/ Vaccinated/ Vaccinated EW (ICB)	90%	nc	Reported October - February	Reported October - February	Reported October - February	Reported October - February	Reported October - February	Reported October - February	Reported October - February	nc	nc	nc	84%	
Incidents														
Never Events	0	0	0	0	0	0	1	0	0	0	0	0	0	1
Serious Incidents	0	0	0	0	0	0	0	0	0	0	1	0	2	3
Theatre metrics														
All patients: Number of patients operated on out of hours 22:00 - 08:00	5	3	3	0	3	6	6	2	1	2*	4*	3	4	31
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		29	19	5	8	10	10	8	6	5	6	11	4	144
Needlestick injuries	0	0	2	0	2	2	1	2	2	2	3	1	2	19
Pressure ulcers (all grades)(Theatre metric)		0	1	0	0	0	0	0	0	0	0	0	0	1

Medication errors														
Total number of incidents involving drug / prescribing errors		17	10	6	13	17	19	21	12	18	28	9	12	182
No & Low harm incidents involving drug / prescribing errors		14	8	5	11	13	15	17	8	14	24	8	9	146
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		1.9	1.2	0.6	1.1	2.3	2.2	2.2	2.2	2.2	2.1	0.7	1.7	1.7
Pressure Ulcers Hospital acquired - category 2 or above		1	0	0	0	3	0	1	1	0	0	0	3	9
VTE initial assessment (Safety Thermometer)	95%	100%	93%	100%	100%	100%	96%	100%	100%	100%	100%	100%	95%	99%
Patient Falls														
Patient Falls assessment completed within 24 hrs of admission	95%	100%	100%	95%	100%	100%	100%	100%	100%	100%	100%	97%	95%	99%
Patient Falls resulting in no or low harm (inpatients)		6	1	4	2	2	0	1	2	4	1	1	4	28
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
Transfers Out														
In-Patient Transfers Out - Total (Reviewed)											5	3	3	
Non In-Patient Transfers Out - Total (Reviewed)											2	3	1	
Clinical Transfers Out (Reviewed)											7	6	4	
Non Clinical Transfers Out (Reviewed)											0	0	0	
MIU (All transfers)											2	2	1	
Paediatric transfers out (<18 years)		0	2	0	1	0	0	0	1	0	1	1	1	7
*All cases reviewed - no inappropriate patients operated on out of hours														

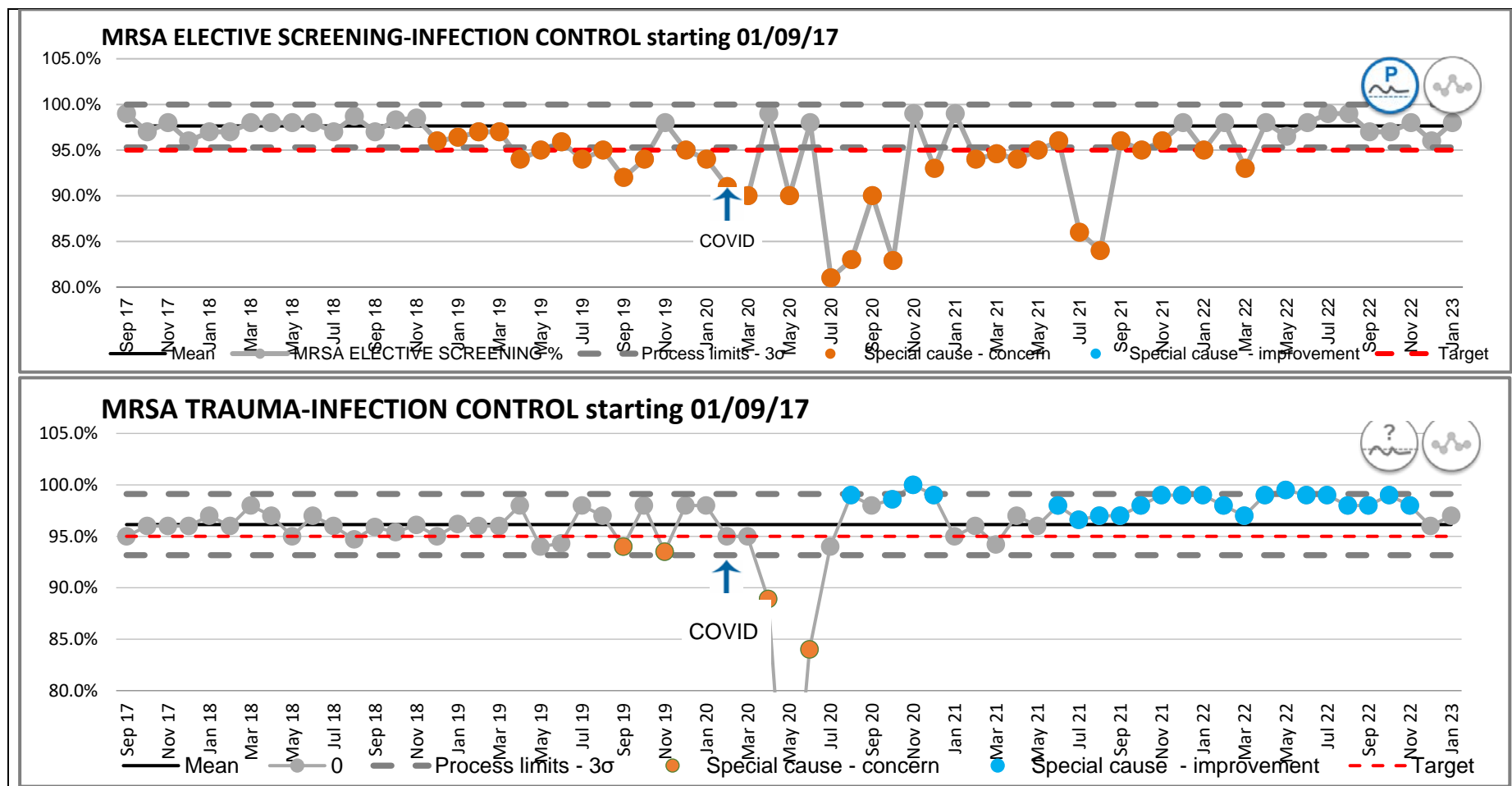
Safe Performance Indicators (2)

Variation/Performance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is currently not changing significantly. It shows the level of natural variation you can expect from the process or system itself.	Consider if the level/range of variation is acceptable. If the process limits are far apart you may want to change something to reduce the variation in performance.
	Special cause variation of an CONCERNING nature where the measure is significantly HIGHER.	Something's going on! Your aim is to have low numbers but you have some high numbers – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Or do you need to change something?
	Special cause variation of an CONCERNING nature where the measure is significantly LOWER.	Something's going on! Your aim is to have high numbers but you have some low numbers - something one-off, or a continued trend or shift of low numbers.	
	Special cause variation of an IMPROVING nature where the measure is significantly HIGHER.	Something good is happening! Your aim is high numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	Find out what is happening/ happened. Celebrate the improvement or success. Is there learning that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	Something good is happening! Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of low numbers. Well done!	
	Special cause variation of an increasing nature where UP is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of high numbers.	Investigate to find out what is happening/ happened. Is it a one off event that you can explain? Do you need to change something? Or can you celebrate a success or improvement?
	Special cause variation of an increasing nature where DOWN is not necessarily improving nor concerning.	Something's going on! This system or process is currently showing an unexpected level of variation – something one-off, or a continued trend or shift of low numbers.	
Assurance Icons			
Icon	Technical Description	What does this mean?	What should we do?
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies within those limits then we know that the target may or may not be achieved. The closer the target line lies to the mean line the more likely it is that the target will be achieved or missed at random.	Consider whether this is acceptable and if not, you will need to change something in the system or process.
	This process is not capable and will consistently FAIL to meet the target.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the wrong direction then you know that the target cannot be achieved.	You need to change something in the system or process if you want to meet the target. The natural variation in the data is telling you that you will not meet the target unless something changes.
	This process is capable and will consistently PASS the target if nothing changes.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or process. If a target lies outside of those limits in the right direction then you know that the target can consistently be achieved.	Celebrate the achievement. Understand whether this is by design (!) and consider whether the target is still appropriate; should be stretched, or whether resource can be directed elsewhere without risking the ongoing achievement of this target.

KPI	Date	Measure	Target	Assurance	Variation	Comments for the latest period shown for each metric
MRSA - Elective	Jan-23	98%	95%			Consistently achieving target and variability is within expected limits
MRSA - Trauma	Jan-23	97%	95%			Current measure is within expected limits, although we will occasionally fall below our target
Serious Incidents	Jan-23	1.0				There have been 2 incidents within the last two months, both are being investigated.
Total no of incidents involving drug/prescribing errors	Jan-23	9.0				Reporting of incidents continues to be variable, but within expected limits
Falls per 1000 bed days	Jan-23	5.1	6.63			Whilst slightly higher this month this is still within the expected limits and is of no concern.
Pressure ulcers per 1000 bed days	Jan-23	3.8				There have been more PU than expected, TVN involved in identifying issues.
Complaints	Jan-23	9.0				Within normal limits, no concerns.
Mortalities	Jan-23	1.0				Within normal limits, no concerns.

Safe Performance Indicators (3) - MRSA

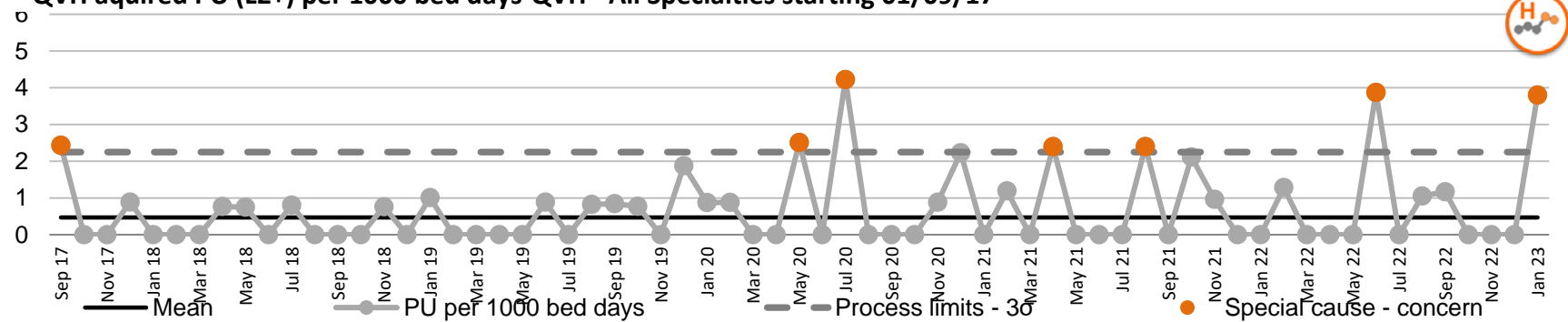
We are now consistently exceeding both our target and average for measuring MRSA, and can be confident that our processes for testing our patients is robust.



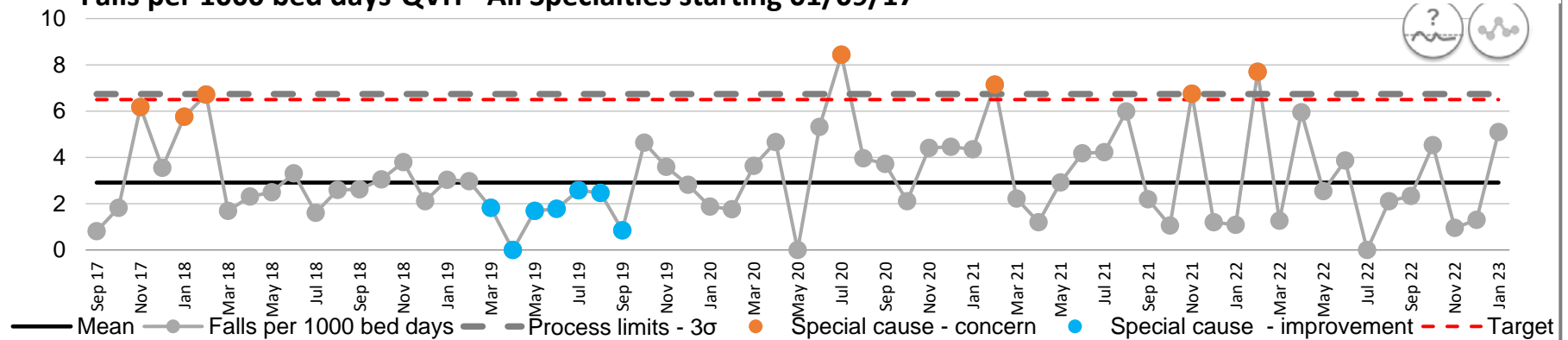
Safe Performance Indicators (4) – Falls & Pressure Ulcers

PU damage occurring through NG tubes. Actions; continue with raising awareness/training, particularly for NG securement and regular skin inspections. Although the fall rate this month is higher than previous month, it is within normal variability, and is not of concern.

QVH aquired PU (L2+) per 1000 bed days-QVH - All Specialties starting 01/09/17



Falls per 1000 bed days-QVH - All Specialties starting 01/09/17



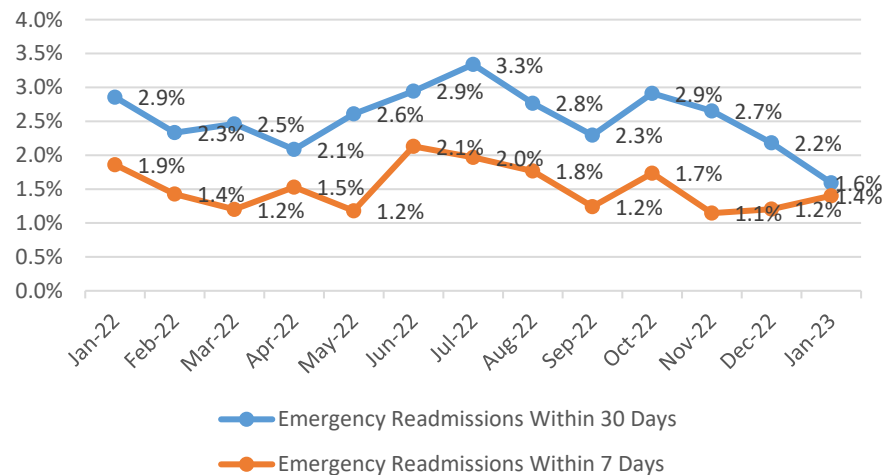
Effective Indicators (1)

Re-admission levels have reduced (30 day) but this is not exceptional and follows a period of higher levels than normal, re-admission (7 days) remain within expected levels and are of no concern. Specialty governance leads review all admissions and discuss re-admissions of concern at their governance meetings.

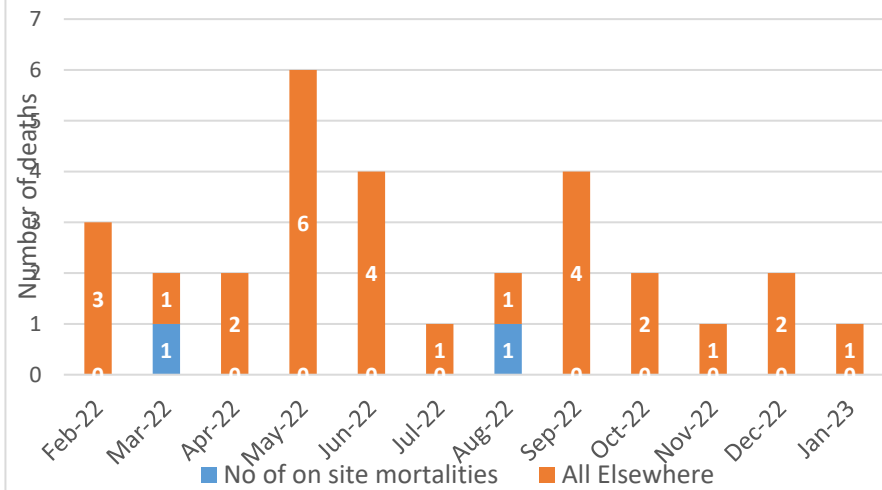
Mortality rates are as expected.

There are currently 11 mortalities awaiting an initial preliminary review, once a cause of death has been established.

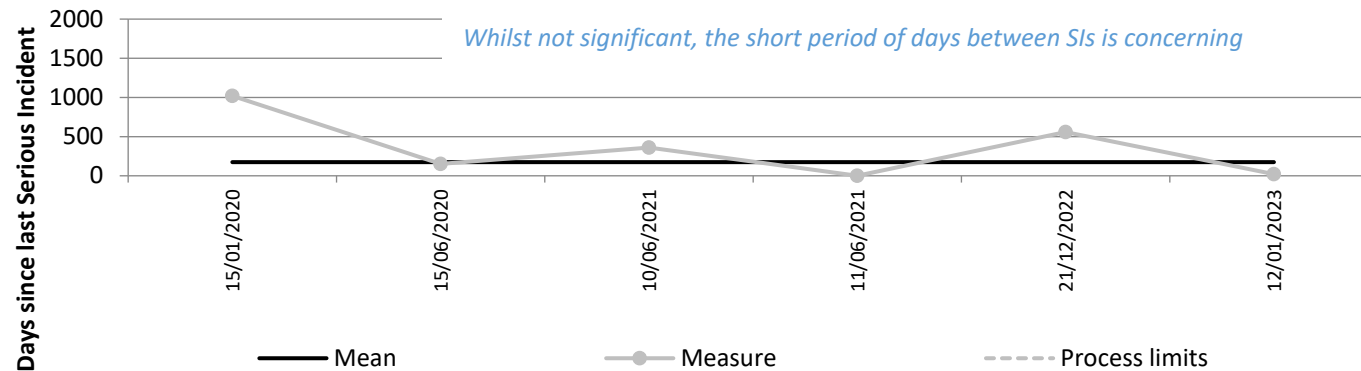
Emergency Re-admissions



QVH Mortalities: on site and elsewhere



Serious Incidents

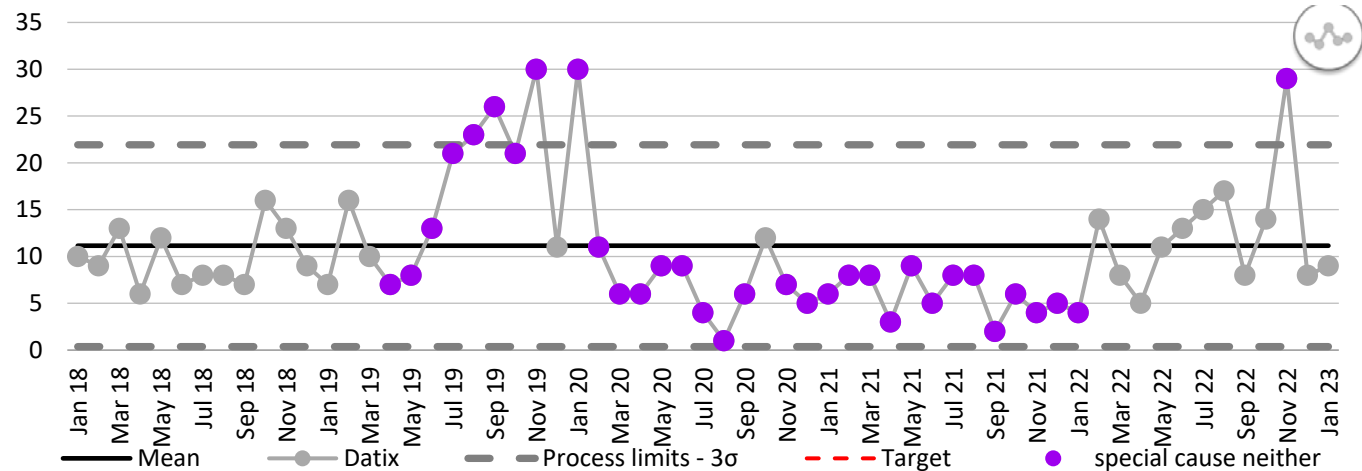


QVH has had 7 serious incidents since September 2017, on average one every 174 days.

Sadly, there have been 2 SIs in the last reporting period.

The reporting of incidents related to drug and prescribing errors has been variable over the last four years and has made it difficult to understand if harms have been caused, which is why it is important to view this in the context of all serious incidents. Currently our reporting levels are within normal levels.

Total number of incidents involving drug / prescribing errors-QVH All Specialties starting 01/01/18



A major refurbishment commenced in December with elective patients being cohorted on Head and Neck ward, and trauma activity remaining on Margaret Duncombe Ward. Peanut assessment unit temporarily relocated to old EBAC in order for maximum bed capacity to be utilised. CCU has reduced its bed capacity to due to high staff long term sickness levels, and to allow for increased elective beds on Head and Neck.

During January, Peanut ward was closed overnight on 19 occasions due to lack of staffing. The unit was staffed for night cover on 9 occasion and there were 3 occasions of patients requiring care overnight.

	KPI	Jan-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23
Establishment WTE Including Bank & Agency		385.05	393.92	393.92	393.92	384.33	384.33	384.33	384.33
Establishment WTE excluding Bank & Agency		385.05	343.69	343.69	343.69	351.75	351.75	351.75	351.75
Staff In Post WTE		318.81	326.55	328.13	332.49	328.87	330.62	328.15	329.30
Agency Total worked in month WTE		5.70	3.17	3.63	3.27	3.19	2.72	1.65	2.72
Bank WTE Total worked in month WTE		41.58	37.11	36.54	33.62	37.62	35.03	30.95	35.03
Staff in Post Vacancy WTE		66.24	17.14	15.56	11.20	22.88	21.13	23.60	22.45
Vacancies % Including Bank & Agency Usage	8%	4.92%	6.88%	6.50%	6.23%	3.81%	4.15%	6.14%	4.50%
Staff in Post Vacancies %	8%	17.20%	4.99%	4.53%	3.26%	6.50%	6.01%	6.71%	6.38%
Qualified Nurses (NMC) Vacancies WTE			15.05	12.45	6.93	26.42	26.97	26.85	26.62
Theatre Practitioners (AHP) Vacancies			-1.82	-2.13	-2.39	1.75	1.75	1.75	1.75
Band 2 & 3 HCSW Vacancies WTE Clinical support to clinical staff			1.87	4.20	7.80	-1.64	-2.33	-3.69	-4.89
Band 2 & 3 HCSW Vacancies WTE Non clinical support to clinical staff			4.22	4.22	4.54	3.47	3.36	3.48	3.00
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	-4.32	-5.92	-1.80	-4.52
Trust rolling Annual Turnover % Excluding Trainee Doctors	10%	12.82%	12.24%	10.52%	10.41%	10.79%	10.16%	9.24%	9.01%
Starters WTE In month excluding HEE doctors		2.95	1.80	3.80	4.27	1.45	3.60	2.00	6.00
Leavers WTE In month excluding HEE doctors		3.48	2.52	1.19	1.00	2.60	1.75	3.00	2.80
12 month sickness rate (all sickness)	3%	4.16%	5.04%	5.06%	5.09%	5.09%	5.12%	5.36%	5.24%
Monthly Sickness Absence % All Sickness		6.47%	5.01%	4.93%	4.61%	4.77%	5.44%	8.04%	4.98%

Nursing Workforce - Performance Indicators

Total Nursing Hours Planned & Actual (combined reg & support)													
		RN			NA			HCA			Total		
		Planned	Actual	%	Planned	Actual	%	Planned	Actual	%	Planned	Actual	%
Day	Dec-22	4485	4445	99%	92	92	100%	1990	1955	98%	6567	6492	99%
	Jan-23	5072	4997	99%	322	322	100%	2553	2507	98%	7947	7826	98%
Night	Dec-22	3301	3266	99%	155	155	100%	978	966	99%	4434	4387	99%
	Jan-23	4025	3979	99%	173	173	100%	1219	1196	98%	5417	5348	99%

Medical Workforce - Performance Indicators

Metrics	Q4 21/22		Q1 22/23			Q2 22/23			Q3 22/23			Q4 22/23	12 month rolling
Medical Workforce	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	
Turnover rate in month, excluding trainees	1%	0%	3%	1%	1%	1%	4%	0%	2%	0%	0%	4%	19%
Turnover in month including trainees 9%	9%	1%	5%	1%	0%	1%	16%	3%	3%	0%	0%	10%	50%
Management cases monthly	0	0	0	1	0	0	0	0	0	2	nc	2	nc
Sickness rate monthly on total medical/dental headcount	3%	4%	2%	1%	3%	3%	2%	2%	2%	3%	3%	nc	nc
Appraisal rate monthly (including deanery trainees)	68%	74%	70%	69%	69%	67%	71%	75%	75%	73%	74%	77%	
Mandatory training monthly	80%	84%	84%	85%	87%	87%	87%	87%	87%	86%	86%	83%	85%
Exception Reporting – Education and Training	0	0	1	0	0	0	5	3	3	0	1	3	16
Exception Reporting – Hours	1	1	3	5	7	6	4	4	2	1	3	2	39

Medical & Dental Staffing	Plans are in place for the February induction, where we will welcome Anaesthetics and Plastic Surgery trainees. The KSS Deanery has offered QVH two additional Plastic Surgery Registrar training posts, as part of the national post re-distribution programme, which will be introduced in 2023.
Education	In January, we hosted a pension's seminar for all medical and dental staff, which was very well attended. The plastics monthly teaching in January was joint with BAPRAS and covered vascular anomalies. In 2023 QVH will be hosting a skills day for core surgical trainees and a pan Thames regional teaching day for Plastic Surgery registrars.