Queen Victoria Hospital
NHS Foundation Trust

Business Meeting of the Board of Directors

Thursday 4 May 2023

Session in public
10.00-12.00
Education Centre, QVH

MEMBERSHIP
BOARD OF DIRECTORS
May 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 2023/24

Declarations of interests

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

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

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

Register of declarations of interests

	Relevant and material interests							
	Directorships, including non-executive directorships, held in private companies or public limited companies (with the exception of dormant companies).	Ownership, part ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS or QVH.	Significant or controlling share in organisations likely or possibly seeking to do business with the NHS or QVH.	A position of authority in a charity or voluntary organisation in the field of health or social care.	Any connection with a voluntary or other organisation contracting for NHS or QVH services or commissioning NHS or QVH services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with QVH, including but not limited to lenders of banks.	Any "family interest": an interest of a close family member which, if it were the interest of that director, would be a personal or pecuniary interest.	Other
Non-executive and executive members of the board (voting)								
Jackie Smith Trust Chair	Directorship of WeNurses	Nil	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 writing guidance, HFMA academy, one NHS finance, future focussed finance and coaching and training)	Nil	Nil

Kevin Gould Non-Executive Director	Director, Sharpthorne Services Ltd	Nil	Nil	Independent Member of the Board of Governors, Staffordshire University. Director for Grand Union Housing Group Director for 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	Visiting professor, business school, University of Hertfordshire Visiting professor, School of Nursing, Kingston University and St George's, University of London Visiting consultant, School of Life and Health Sciences, University of Roehampton	Nil	Nil	Nil	Nil	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 Medio legal expert. This is as a sole trader, not a limited company.	Nil	National Chair of the Emergency Management of severe burns senate (part of the British Burn Association)	Nil	Nil	Spouse (Ian Harper) is the director of welfare for BLESMA (the military charity for amputees). He is due to retire 17/04/2023 from this salaried post. He has signposted	Nil

							patients to me and the 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)								
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)							
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

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Queen Victoria Hospital
NHS Foundation Trust

Business meeting of the Board of Directors
Thursday 4 May 2023
10.00-12.00

Agenda: session held in public				
WELCOME				**Time**
1-23	**Welcome, apologies and declarations of interest** *Jackie Smith, Trust Chair*			10.00
STANDING ITEMS		**Purpose**	**Page**	
2-23	**Patient story**	*Assurance*	-	10.02
3-23	**Draft minutes of the public meeting held on 2 March 2023** *Jackie Smith, Trust Chair*	*Approval*	11	10.12
4-23	**Matters arising and actions pending from the public meeting held on 2 March 2023** *Jackie Smith, Trust Chair*	*Review*	17	10.14
5-23	**Chair's report** *Jackie Smith, Trust Chair*	*Assurance*	18	10.17
6-23	**Chief executive's report** *Tony Chambers, interim Chief Executive Officer*	*Assurance*	21	10.20
GOVERNANCE				
7-23	**Freedom to speak up guardian report** *Sheila Perkins, Freedom to Speak Up Guardian*	*Assurance*	28	10.25
8-23	**Guardian of Safe Working report** *Jennifer O'neill, Guardian of Safe Working*	*Assurance*	31	10.30
9-23	**Corporate risk register (CRR)** *Nicky Reeves, Chief Nurse*	*Review*	51	10.35
10-23	**Self-certification of NHS provider licence 2022/23** *Clare Pirie, Director of Communications and Corporate Affairs*	*Review*	70	10.45
11-23	**Code of Governance for NHS provider trusts** *Clare Pirie, Director of Communications and Corporate Affairs*	*Information*	75	10.50
12-23	**Audit assurance** *Kevin Gould, non-executive director and committee Chair*	*Assurance*	81	10.57
TRUST STRATEGY				
Key strategic objective 4: financial sustainability				
13-23	**Board Assurance Framework KSO4** *Stuart Rees, Interim Chief Finance Officer*	*Assurance*	83	11.00
14-23	**Financial performance monthly report** *Stuart Rees, Interim Chief Finance Officer*	*Assurance*	84	11.03
15-23	**2023/24 financial plan and budget** *Stuart Rees, Interim Chief Finance Officer*	*Approval*	93	11.10

Key strategic objective 5: organisational excellence				
16-23	**Board assurance framework KSO5** *Lawrence Anderson, Interim Director of Workforce and OD*	*Assurance*	99	11.17
17-23	**Workforce monthly report** *Lawrence Anderson, Interim director of Workforce and OD*	*Assurance*	100	11.20
Key strategic objective 3: operational excellence				
18-23	**Board Assurance Framework KSO3** *Shane Morrison-McCabe, Director of Operations*	*Assurance*	110	11.27
19-23	**Operational performance monthly report** *Shane Morrison-McCabe, Director of Operations*	*Assurance*	111	11.30
20-23	**Financial, operational and workforce performance assurance** *Paul Dillon-Robinson, Non- executive Director and Committee Chair*	*Assurance*	118	11.37
21-23	**Digital assurance** *Kevin Gould, Non-executive Director and Committee Chair*	*Assurance*	121	11.40
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services				
22-23	**Board Assurance Framework KSO1 & KSO2** *Nicky Reeves, Chief Nurse* *Tania Cubison, Medical Director*	*Assurance*	124	11.42
23-23	**Quality and Safety report** *Nicky Reeves, Chief Nurse* *Tania Cubison, Medical Director*	*Assurance*	126	11.45
24-23	**EPRR core standards and statement of readiness** *Nicky Reeves, Chief Nurse*	*Assurance*	143	11.52
25-23	**Quality and governance assurance** Karen Norman, non-executive director and committee Chair	*Assurance*	155	11.55
MEETING CLOSURE				
26-23	**Any other business (by application to the Chair)** *Jackie Smith, Trust Chair*	*Discussion*	-	11.58
MEMBERS OF THE PUBLIC				
27-23	*We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to Leonora.may1@nhs.net clearly marked "Questions for the board of directors". Members of the public may not take part in the Board discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.* *Jackie Smith, Trust Chair*			

28-23	*Further to paragraph 39.1 and annex 6 of the Trust's Constitution, it is proposed that members of the public and representatives of the press shall be excluded from the remainder of the meeting for the purposes of allowing the Board to discuss issues of a confidential or sensitive nature. Any decisions made in the private session of the Trust Board will be communicated to the public and stakeholders via the Chair's report.* *Jackie Smith, Trust Chair*

Document:	Minutes (Draft & Unconfirmed)	
Meeting:	**Board of Directors (session in public)** **10.00-12 noon 2 March 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)
	Stuart Rees (SR)	Interim Chief finance officer (voting)
	Nicky Reeves (NR)	Chief nurse (voting)
	Tania Cubison (TC)	Medical director (voting)
	Shane Morrison- McCabe (SMM)	Director of operations (non-voting)
	Clare Pirie (CP)	Director of communications and corporate affairs (non-voting)
	Abigail Jago (AJ)	Director of strategy and partnerships (non-voting)
In attendance:	Leonora May (LM)	Deputy company secretary (minutes)
	Evelyn Falaye (EF)	Deputy director of workforce (deputising for Director of workforce and OD)
Apologies:	Tony Chambers (TCH)	Interim chief executive officer (voting)
	Lawrence Anderson (LA)	Interim director of workforce and OD (non-voting)
Members of the public:	Two public governors, and one patient and their spouse for item 221-23	

Welcome

220-23 **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 two public governors. The Chair welcomed SR and AJ to their first public Board meeting since joining QVH.

The Chair reminded members of the public that they were invited to observe the meeting in public but not to participate in discussions.

Apologies were received from TCH and LA and the meeting was declared as quorate.

There were no declarations of interest other than those already recorded on the register of interests.

Standing items

221-23 **Patient story**

The Board welcomed a longstanding QVH patient and her spouse to the meeting to share their experience of QVH.

The patient had received care from QVH over a period of six years and during that time had been cared for by three departments. She had largely been an outpatient but had also had one inpatient stay during this time and has had both minor and major operations at the hospital.

The patient shared that she had always felt well cared for at QVH and praised the hospital staff involved with her care including nurses, doctors, maintenance staff, cleaners and the medical photography team. She explained that she had always been treated like a person at QVH and not just a patient, and that QVH is 'administratively incredible'; with follow up appointments being confirmed sometimes as soon as when she was still on site, or on her way home. The patient's spouse explained that he had also been well looked after by staff at QVH who had communicated well and shown empathy and support. The Board

	confirmed that this positive feedback will be shared with staff. In response to a question about what QVH could do better, the patient suggested that the Trust should keep taking stock and considering 'is this the best we can do' in order to maintain the high standards of patient care at the hospital. The Board extended thanks to the patient and her spouse for sharing their experience at QVH and wished them well.
222-23	**Draft minutes of the public meeting held on 12 January 2023** The Board **agreed** that the draft minutes of the public meeting held on 12 January 2023 were a true and accurate record of that meeting and **approved** them on that basis.
223-23	**Matters arising and actions pending from the public meeting held on 12 January 2023** The Board **noted** one pending action which was not due for completion until May 2023.
224-23	**Chair's report** The Chair presented her report to the Board who **noted** the contents.
225-23	**Chief Executive's report** The Board considered and discussed the contents of the chief executive's report as follows. The non-executive directors requested that the integrated performance dashboard be refreshed and included within the papers for the next Board meeting. **Action TCH.** The Board received an update on the Royal College of Nursing (RCN) and junior doctors strike action, noting that the RCN strike action is paused pending negotiation and that there will be a 14 day minimum period before the next strike. Planning for this is underway as well as for the junior doctor strike action for which the Trust is focussing on patient safety and prioritising trauma patients. The Board noted that some planned elective care will need to be rescheduled. Discussion was had regarding the impact on patients of the previous strike action. The Board noted that there had been a loss of capacity during the recent RCN strikes and that operational performance indicators would be impacted by the action, specifically 52 week waits, although this was not dissimilar to other trusts within the system. Board members requested a report following future strike action, quantifying the impact on patients and the activity plan, including cancellations. **Action SMM.** The Board **noted** the contents of the report.
Governance	
226-23	**Board effectiveness review** CP presented the report to the Board who noted that the outcome of the external review of governance and leadership at QVH is awaited and will complement the Board effectiveness review. In response to a question, CP confirmed that a gap analysis of the Code of Governance for NHS provider trusts will be completed with the outcome presented to the Board at its next meeting. She explained that no fundamental changes are expected as a result of this work. Board members requested that following receipt of the well-led review report, further consideration be given to: - The Board completing a Board effectiveness review against a framework similar to that of the Board sub-committee effectiveness reviews. **Action CP**

	- Continued professional development being paramount in the 2023/24 Board seminar programme. **Action CP** The Board **agreed** the contents of the review and **noted** that it will be referenced in the 2022/23 Annual Report and Accounts.
227-23	**Sub-committee terms of reference** CP presented the report to the Board who: - **Noted** the digital committee terms of reference as approved by the Board at its previous meeting - **Approved** the audit committee terms of reference - **Approved** the nomination and remuneration committee terms of reference - **Approved** the finance and performance committee terms of reference - **Approved** the quality and governance committee terms of reference
228-23	**Corporate risk register (CRR)** NR presented CRR to the Board who noted the highest scoring risks as highlighted within the report. She reported that during the period, risk 1296 (electrical power distribution network) had been added to the register, risks 1242 (cyber security vulnerability), 1198 (medical workforce in sleep) and 1240 (unregulated use of data sharing apps) had been rescored, and 1259 (increased cyber security threats), 1265 (remifentanil shortage) and 1284 (IT network upgrade capital funding) had been closed. The Board considered and discussed the Trust's approach to corporate risk management and the CRR as follows. Board members noted that there are some risks on the CRR that have been on there for a number of years, emphasising that this is not good practice and requested that these are regularly refreshed and appropriately listed, given that the nature of the risk is likely to have changed during that time. The executive team agreed to refresh the CRR ahead of the next Board meeting **Action NR, executive team.** The refresh will include: - Consideration regarding how strategic risks are documented and measured - Consideration regarding risk targets, target dates and residual risk - Refresh of the financial sustainability risk and licence condition risk in particular The Board **noted** the contents of the report.
229-23	**Annual report on use of Trust seal** CP presented the report to the Board who **noted** that there had been one use of the Trust seal during 2022/23: - 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.
Trust strategy	
Key strategic objective 5: organisational excellence	
230-23	**Board assurance framework KSO5** EF presented the board assurance framework related to KSO5 which was **noted** by the Board, in particular the trend related to sickness absence which would be discussed further during the following agenda item.
231-23	**Workforce monthly report** EF presented the report to the Board who considered and discussed the contents as follows: - Concern was raised regarding the upward trend in sickness absence and in response, EF confirmed that work to understand what is driving sickness absence is being prioritised and is ongoing in line with the NHSE improving attendance

	framework. NR highlighted that there are high levels of sickness within some clinical teams and that the data does not suggest that the cases are related to stress. The teams are working closely with human resources to manage this - Board members sought assurance regarding the effectiveness of ongoing work to address the quality of appraisals for staff. In response, EF confirmed that work with line managers continued and that plans are in place to engage with staff to refresh the appraisal process. The finance and performance committee will receive an update in due course - In response to a question regarding evaluation of health and wellbeing initiatives, EF confirmed that the impact of these initiatives is evaluated through the triangulation of sickness data and that the team will engage with staff to understand how effective the initiatives are, although it was acknowledged that there remains room for improvement in this area The Board **noted** the contents of the report.
232-23	**Gender pay gap annual report** EF presented the report to the Board. Discussion was had regarding the action plan to reduce the gender pay gap and Board members expressed a view that there was further work to be done to make sure that the action plan can be taken forward at pace with measurable targets for improvement. The Board members agreed with a suggestion that the action plan should not be implemented in isolation and that triangulation with the workforce race equality standard (WRES) and workforce disability equality standard (WDES) and staff survey data is necessary. The Board requested that in future years this report is compiled and presented much sooner after the reporting period ends (March) in order that the Trust can respond to the data and trends in a more timely fashion. **Action LA.** The Board **approved** the gender pay gap annual report for national submission and publication on the Trust's website.
Key strategic objective 4: financial sustainability	
233-23	**Board Assurance Framework KSO4** SR presented the board assurance framework related to KSO4 to the Board who **noted** the contents.
234-23	**Financial monthly report** SR presented the report to the Board, highlighting that the month 10 year to date income and expenditure position is breakeven and the forecast outturn remains break even. The income and expenditure run rate is in line with previous months and the cash position remains favourable. The capital spend year to date is £2.6m below plan and a significant amount of the spend has been undertaken for February and is continuing into March but there is a risk regarding delivery. Discussion was had regarding the efficiency plan and the Board noted that the majority of efficiencies are being delivered through non-recurrent measures. Board members questioned how achievable the ambitious efficiency targets are given the Trust historically not being able to deliver cash releasing efficiencies. In response, SR suggested that it is imperative that the Trust's approach to delivery of efficiencies changes, with a focus on seeking better value for resources instead of making cuts/ savings. The Board agreed that it will be important to ensure that this work is linked to the Trust's strategy and embedded in the culture of the organisation.

	The Board considered the Trust's year to date capital position, noting that the finance and performance committee had raised concern about this and emphasised the need for improvement in the capital planning process in future years. SR confirmed that he expected this figure to be less than £0.5m at year end and in response to a question regarding ensuring value for money and due process, he provided the Board with assurance that processes were being followed to ensure value for money where possible. The Board **noted** the contents of the report.
235-23	**2023/24 Business planning update** SR presented the report to the Board, reporting that the plan is based on delivery of the 109% elective target, based on month eight delivery in 2022/23 which is one of the best post Covid months to date, adjusted for seasonality and working days. The month eight baseline delivers 103% and there is an assumed continued utilisation of McIndoe (independent sector) at a premium above tariff and a 2% productivity target applied to new outpatients and day cases. The Board sought assurance regarding the deliverability of the plan as presented and SMM confirmed that she is confident in the methodology behind building the assumptions but that there are a number of risks to delivery including workforce, patient safety, industrial action and reliance on Four Eyes to increase theatre productivity. The Board requested that the stress testing of the plan includes the risks to delivery and opportunities and that the Board has sight of the final 2023/24 business plan including stress test scenarios ahead of submission on 30 March. An extraordinary Board meeting will be scheduled to facilitate this. The Board agreed that quality improvement methodology is central to business planning and that this this should be developed in parallel with the business plan. The Board **noted** the contents of the report.
Key strategic objective 3: operational excellence	
236-23	**Board assurance framework KSO3** SMM presented the board assurance framework related to KSO3 to the Board who noted that the national frailty target is reducing from 78 weeks to 75 weeks.
237-23	**Operational performance monthly report** SMM presented the report to the Board, highlighting that the 62 day cancer standard had been met in January 2023, but that there is backlog above the Trust's threshold of 5%. Work continues to improve the backlog including additional clinics. There is a national requirement to eliminate all 78 week waits before the end of March 2023 and the Trust is on track to achieve this. Discussion was had regarding referral patterns and whether there may be long term increases which require additional resource. SMM and TC confirmed that although referrals have increased and this is expected to continue, there is no evidence to suggest higher levels of cancer cases within the population. They explained that the increased referrals are due to patients presenting later post Covid and increased referrals from primary care due to workforce issues. In response to a concern regarding the 11 patients waiting 104 days, SMM confirmed that the issue regarding administrative delays had been addressed with a review of the processes and successful recruitment into vacant posts within the plastics administration team. She explained that late referrals has been a systematic issue that is being monitored

	with scope for improvement, including the provision of a policy stating that referrals must be completed within 48 hours electronically. The Board **noted** the contents of the report.
238-23	**Financial, operational and workforce performance assurance** PDR presented the report to the Board who **noted** the contents.
239-23	**Digital assurance** KG presented the report to the Board who **noted** the contents.
Key strategic objectives 1 and 2: outstanding patient experience and world-class clinical services	
240-23	**Board assurance framework KSO1 & KSO2** NR and TC presented the board assurance frameworks related to KSO1 and KSO2 which were **noted** by the Board and a suggestion was made that future strike risks be included on KSO1 and KSO2 BAFs.
241-23	**Quality and safety report** NR presented report to the Board and reported that there had been two serious incidents declared during the period and that investigations are ongoing, the feedback from the burns peer review has been positive and benchmarks well against other providers and the flu vaccination programme continues, working towards the target of 90% response rate. Discussion was had regarding the two serious incidents reported during the period and TC reported that the incidents were picked up on the same day and were related to patients coming to harm due to delays with treatment. Internal processes had already flagged this cohort of patients as high risk. The Board noted that the investigation is ongoing and that the outcome will be reported to the quality and governance committee at the end of March 2023. CP clarified that the 'Prevention of Future Deaths Notice' referenced within the report is a national notice, not a notice only to QVH. The Board **noted** the contents of the report.
Meeting closure	
242-23	**Any other business (by application to the Chair)** There was no further business and the meeting closed.
Members of the public	
243-23	**Questions from members of the public** There were none.
	Exclusion of members of the public 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.

Matters arising and actions pending from previous meetings of the Board of Directors - PUBLIC								
ITEM	MEETING Month	REF.	TOPIC	AGREED ACTION	OWNER	DUE	UPDATE	STATUS
1	Nov-22	172-22	WRES and WDES	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~~ 6 July 2023	November 2022: Scheduled on Board agenda for 4 May 2023 meeting April 2023: Scheduled on Board agenda for 6 July 2023 meeting	Pending
2	Mar-23	225-23	Chief Executive's report	The integrated performance dashboard should be refreshed and included within the papers for the next Board meeting.	TCH	4 May 2023	April 2023: Integrated performance dashboard included within the papers for the 4 May 2023 meeting	Complete
3	Mar-23	225-23	Chief Executive's report	Prepare a short report for the Board following future strike action quantifying the impact on patients and the activity plan including cancellations.	SMM	4 May 2023	April 2023: Verbal upfate to be provided at the 4 May 2023 meeting	Pending
4	Mar-23	226-23	Board effectiveness review	Consideration to the Board completing a self-assessment on its effectiveness during 2023/24.	CP	4 May 2023	April 2023: Board self assessment on effectiveness to be completed during Q3 of 2023/24 and outcome reported to the Board at its March 2024 meeting	Complete
5	Mar-23	228-23	Corporate risk register (CRR)	Refresh of the CRR including consideration regarding how strategic risks are documented and measured, consideration regarding risk targets, dates and residual risk and refresh of individual risks.	NR, executive team	~~4 May 2023~~ 6 July 2023	March 2023: EMT have been asked to review their risks and have been advised on the process for doing this April 2023: An independent risk specialist has been engaged to support the refresh of the risk register, working with executive Board members. This work is being completed during April and May and the Board will receive a refreshed risk register at its 6 July 2023 meeting	Pending
6	Mar-23	232-23	Gender pay gap annual report	Provide the Board with the annual gender pay gap report much sooner after year end (March) in order that the Trust can respond to the data and trends in a more timely fashion.	LA	6 July 2023	March 2023: 2022/23 report scheduled on Board agenda for 6 July 2023 meeting	Pending

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	04/05/2023		**Agenda reference:**	**5-23**	
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: - In person Council of Governors meeting 17 April 2023 - Board member recruitment				
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: ***Outstanding patient experience***	KSO2: ***World-class clinical services***	KSO3: ***Operational excellence***	KSO4: ***Financial sustainability***	KSO5: ***Organisational excellence***
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	N/A				
	Date:		Decision:		
Next steps:	N/A				

Report to:	Board Directors
Agenda item:	5-23
Date of meeting:	4 May 2023
Report from:	Jackie Smith, Trust Chair
Report author:	Jackie Smith, Trust Chair
Date of report:	25 April 2023
Appendices:	None

Chair's report

Since the last Board meeting, I have visited the minor injuries unit and some of our wards. As ever, I am impressed by the dedication and commitment of staff, many of whom have served QVH well over several years.

I continue to meet regularly with the lead governor, Chris Barham, to discuss Trust business and priorities. Also, we held the first Council of Governors meeting in person on 17 April, which, for many governors, was the first time since the start of the pandemic that a meeting in person had taken place. I have also held a couple of informal sessions with governors to discuss the future for QVH. These sessions have been well attended and very informative.

Deloitte has finished its work on well-led and we will be discussing at our July Board meeting our priorities in response to the review, most of which will focus on the future strategy for QVH.

We are currently recruiting for a substantive chief executive officer, chief people officer, chief finance officer and two new non-executive directors. We should know the outcome of all of these posts by the beginning of June.

Finally, I would like to pay tribute to Gary Needle who has been a non-executive director for almost six years at QVH and is fast approaching the end of his term. I would also like to thank the many governors who are not standing for re-election. Gary has made an enormous contribution over his six years and will be very much missed. Our governor colleagues have also made a large contribution over the last few years and I want to thank them for their dedication and commitment.

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

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 BAFs

	Q1 2023/24	Q2 2023/24	Q3 2023/24	Q4 2023/24	Target risk
KSO 1	15				9
KSO 2	15				8
KSO 3	16				9
KSO 4	20				12
KSO 5	16				9

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	04/05/2023		**Agenda reference:**	**6-23**	
Report title:	Chief executive's report				
Sponsor:	Tony Chambers, interim chief executive officer				
Author:	Clare Pirie, director of communications and corporate affairs Abigail Jago, director of strategy and partnerships				
Appendices:	Appendix one: media report Appendix two: performance dashboard				
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	• The Trust achieved year end break even and delivered on the capital plan • The Trust achieved the waiting time targets of zero patients waiting over 78 weeks and above at year end • Work is underway to plan the development of the QVH organisational strategy				
Recommendation:	It is recommended that the Board **notes** the contents of the report.				
Action required	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	**KSO3:**	**KSO4:**	**KSO5:**
	Outstanding patient experience	***World-class clinical services***	***Operational excellence***	***Financial sustainability***	***Organisational excellence***
Implications					
Board assurance framework:	Overarching BAF				
Corporate risk register:					
Regulation:					
Legal:					
Resources:					
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	NA				

Report to:	Board Directors
Agenda item:	6-23
Date of meeting:	4 May 2023
Report from:	Tony Chambers, interim chief executive officer
Report author:	Clare Pirie, director of communications and corporate affairs Abigail Jago, director of strategy and partnerships
Date of report:	25 April 2023
Appendices:	Appendix one: Media report Appendix two: Performance dashboard

Chief executive's report

Financial year end 2022/23

I am very pleased to be able to report that, subject to audit, the Trust achieved year end break even and delivered on the capital plan. More detail is provided in the finance paper and this should be noted as a significant achievement in challenging circumstances. The Trust also achieved the waiting time targets of zero patients waiting over 78 weeks and above, the revised trajectory for one year waits has been achieved and I am very pleased to share that the 62 day Cancer standard has been met.

These are huge achievements delivered against a context of continued industrial action and I would like to acknowledge the hard work of all QVH staff. This year will see further progress in reducing elective backlogs and a focus on theatre optimisation and productivity and on outpatient improvement.

Strategy

Strategy development will have stakeholder engagement and co-design at its forefront. Work is underway to plan the development of the QVH organisational strategy with a strategy road map and framework being progressed and socialised with key stakeholders. The organisational strategy will include the development of both the clinical and enabling strategies and aims to ensure focus on the three populations of patients accessing the services of QVH including local /place level, Sussex and the wider region including Kent and Surrey. The strategic developments will align with work to implement continual improvement across the organisation.

Industrial Action

Since the last Board meeting there has been RCN industrial action for two days in both January and February, and junior doctor industrial action in March. I am grateful to all our staff who helped with planning and worked to keep our patients safe, and I particularly want to mention our scheduling and booking staff who have worked tirelessly to rescheduling planned appointments and surgery on the days of the industrial action, including moving outpatient appointments to virtual clinics where appropriate. Whether or not a member of a union decides to participate in strike action is a personal decision. The kindness and respect with which staff treated each other around the industrial action was notable and much appreciated.

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.

Maintaining and improving our estate
Capital investment has included important work maintaining and insulating roofs as well as new flooring and walls in the main corridor bringing a fresh, clean look to the central route through the hospital and supporting wayfinding through the use of colour.

Planning for 2023/34
As part of the Sussex ICB system QVH has committed to a break-even position for the year ahead, and to come together with other providers as a system review additional potential efficiencies. We treat patients from across various ICSs including Kent and Surrey as well as further afield, and our financial planning and reporting is as a member of the Sussex system.

QVH Macmillan Cancer Information and Support Centre
The Queen Victoria Hospital's Macmillan Cancer Information and Support Centre celebrated its 11th birthday in April, having provided help to thousands of people with and living beyond cancer, their friends, families and healthcare professionals.

The QVH Macmillan Cancer Information and Support Centre provides a safe space for patients to explore and understand their feelings whilst on their cancer journey, as well as a range of complementary therapies and psychological support. Importantly the centre is there for anyone affected by cancer – not just the hospital's patients – offering holistic care and a listening ear.

Some of the centre's volunteers have been involved in the centre since it opened and I was pleased to be able to give them long service certificates in recognition of their work.

Apprenticeship week
National Apprenticeship Week (6-13 February) provided an opportunity to celebrate on the theme of 'our amazing apprenticeships'. Staff right across our organisation are supported to start or further their career through apprenticeship opportunities, which enable us to attract and train hardworking, committed individuals who enjoy learning and earning at the same time, whilst providing the best possible care for our patients.

QVH has a strong reputation for providing development opportunities for all our staff so that people can grow their experience and skills, and progress their careers with us; apprenticeships are an important part of this.

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

QVH media update – February 2023

Apprenticeship week 2023
To mark apprenticeship week (6-13 February) and highlight the opportunities Queen Victoria Hospital makes available for staff to learn and earn at the same time, apprentice Sonya Chavdarova, shared her story. It was highlighted by Sussex Express on its website and across its social media channels (with a handy tie in to the new series of The Apprentice that was starting), and also by specialist ophthalmology title Eye News online and on the titles social channels.

Improving local health and care
Sussex Express featured an article explaining how progress is being made across Sussex to make immediate and long-term improvements to health services for local people. Linked to Sussex Health and Care's ambitions plans to support people to live healthier for longer, and making sure they have access to the best possible services when they need them, the piece outlined some of the work that has been done so far. This included establishing Queen Victoria Hospital as a cancer and elective hub during the winter.

Industrial action by nurses
This month saw much media interest about the decision by members of the Royal College of Nursing (RCN) to take industrial action. Queen Victoria Hospital was mentioned by a number of national titles including I News and The Mirror in a list of trusts whose staff were taking part. The Daily Mail also listed the hospital, alongside all others who had participated, sharing nationally collated data about the number of appointments that had been cancelled due to the action.

The decision by RCN members to take industrial action again in March, including Queen Victoria Hospital staff, received further mentions in lists of participating trusts including the Independent, Nursing Times, Yahoo News, Sussex Express (and a further piece by the title).

Interim CEO
Digital Health mentioned Tony Chambers' appointment as interim chief executive of Queen Victoria Hospital in its movers and shakers news roundup.

Ad hoc media
The hospital was mentioned by The Argus in relation to a patient who received treatment after being attacked. The article explains how re received surgery on his broken jaw and nose.

Press releases
In February we published the following press release on our website:

- Sonya sets her sights on career thanks to apprenticeship

We also published the following updates:

- Book your place at our interactive careers evening for 15-18 year olds
- Adult Inpatient Survey – your views needed
- Local roadworks 27 February to 9 March.

QVH media update – March 2023

Meeting national cancer targets
The Guardian and the Daily Mail both ran articles featuring national cancer waiting time data which showed Queen Victoria Hospital was one of only three trusts to meet the target of treating 85 per cent of patients within 62 days from an urgent referral in 2022. Data relating to 125 trusts was analysed, listing the hospital alongside Calderdale and Huddersfield NHS Trust and Epsom and St Helier University Hospitals NHS Trust.

Olivia's experience of facial palsy
To coincide with facial palsy awareness week (1-7 March), Olivia Devyea shared with the media her experience of being diagnosed with Bell's Palsy when she was 25 years old. She explains how she was referred to Queen Victoria Hospital's facial palsy team in 2020 and how she feels through appointments and regular check-ins by email "like I've got someone now watching my recovery." Olivia's story was featured in the Independent; Lincolnshire Live; Wales Online; Hull Daily Mail; Derby Telegraph; Nottingham Post; Manchester Evening News; Coventry Telegraph; and the Kalkin E Media website.

Prevention is the best medicine
BBC South East Today helped spread burns safety message in a piece featuring local people who had been injured by disposable BBQs left on beaches. Eloise Lucas, specialist burns nurse at Queen Victoria Hospital, explained the types of injures that can be sustained by treading on unattended BBQs and how they are commonly seen by the burns unit.

Recommending QVH as a place to work
The HSJ (behind the paywall) explored the findings of the most recent NHS Staff Survey, in particular how staff satisfaction has changed over the last five years. Queen Victoria Hospital was featured in a graphic about specialist trusts for being the most improved in percentage points between 2018 and 2022 for staff recommending it as a place to work.

Using services wisely
Prior to the industrial action taken by junior doctors this month, NHS Sussex asked people across Sussex to use services wisely, particularly A&Es. Queen Victoria Hospital's minor injuries unit was listed in the release, which was picked up V2 Radio, alongside other units and urgent treatment centres, as an alternative for non-emergency treatment.

A&Es under strain
Research by Now Patient detailing which A&E departments were under the most strain last year was picked up by a number of media outlets. Queen Victoria Hospital was incorrectly referenced as having 'quiet' A&Es. The data was carried by The Sun, US Times Post, US Sun, and My London (with follow up piece). The Sun and My London were contacted for correction.

Three-second microwave blast could prevent skin cancer
A new treatment which uses a hand-held probe emitting microwaves is being trialled as a way of tackling actinic keratosis, sun-related damage that affects exposed parts of the body such as the face, back of the hands and scalp. Bav Shergill, consultant dermatologist at the Queen Victoria Hospital, was quoted in the article in both the Daily Mail and the Irish News explaining how he is looking forward to the final trial data.

Career inspiration at QVH
Australian news network Channel 9 featured Dr Fiona Wood as part of its celebration for International Women's Day. A respected plastic and reconstructive surgeon known for her work in treating patients with burns, Dr Wood found her calling whilst working in Queen Victoria Hospital's burns unit. She moved to Australia in the 1980s and became Western Australia's first female plastic surgeon.

Ad hoc mentions
Health Tech News mentioned the hospital's tender for a community diagnostic centre digital communication platform in its news in brief.

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

- Helping Sammy to smile again
- Arrangements during junior doctor industrial action – March 2023
- Be a good egg this Easter

KSO1 Outstanding Patient Experience & KSO2 World Class Clinical Services	
C-Diff	0
MRSA	0
E-coli	0
Gram-negative BSIs	0
Serious Incidents	1
Never Events	0
Complaints	9
Closed <30 days	10
FFT	
In patients	100%
Outpatients	96%
MIU	95%
Day surgery	97%
Hand trauma	100%

KSO3 Operational Excellence	
MIU <4hrs	99.60%
RTT 18 weeks	62.90%
**Cancer 2ww	89.30%
**Cancer 62 day	85.50%
Diagnsotics <6weeks	71.00%
52ww	313
78ww	0
Recovery activity	
Day case	102.00%
Elective inpatient	88.00%
First outpatients	104.00%
Follow-up outpatients	-7.00%
Outpatient procedures	177.00%
Non-elective	87.00%

** February 23 reporting period

KSO4 Financial Sustainability (YTD)	
Income	£95,880k
Pay expenditure	£60,411k
Non-pay expenditure	£35,644k
Surplus/Deficit	Break-even
Capital Underspend / Overspend	£8k

KSO5 Organisational Excellence	
Vacancy rate	0.79%
Turnover rate	13.73%
**Sickness rate	4.22%
Appraisal rate	83.90%
MAST	91.75%

Key	Improved Performance	Deteriorating Performance	Remains the same

Variance relates to previous month perfomance

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**4 May 2023**		**Agenda reference:**	**7-23**	
Report title:	Freedom to Speak Up Guardian's report				
Sponsor:	Nicky Reeves, Chief Nurse				
Author:	Sheila Perkins, Freedom to Speak Up Guardian				
Appendices:	None				
Executive summary					
Purpose of report:	The purpose of this report is to update the Board on the work of the Freedom to Speak Up Guardian.				
Summary of key issues	Two new speak ups since November 2022. New NHS England FTSU Board review tool which will be used during summer 2023				
Recommendation:	The board of directors is asked to **NOTE** the contents of this report				
Action required *[highlight **one** only]*	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	New NHSE FTSU Board review tool				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	N/A				
	Date:		Decision:		
Next steps:	N/A				

Report to: Board Directors
Agenda item: 7-23
Date of meeting: 4 May 2023
Report from: Sheila Perkins, FTSU guardian
Report author: Sheila Perkins, FTSU guardian
Date of report: 27 April 2023
Appendices: None

Freedom to speak up report (Q4)

Two members of staff have approached me since November 2022

Staff Demographic	
Nursing	1
Allied Health Professionals	0
Medical / Dental	0
Administrative Staff	1
Additional Clinical Services	0

Themes	
Patient experience (no safety issues)	0
Patient experience potential safety issues	0
Staffing levels	1
HR Issues	0
Bullying/ Harassment from manager/team members	0
Inappropriate treatment from manager / team members	1

One member of staff who raised a concern about staffing levels was reassured after having a conversation with their line manager and there was no need to proceed further.

The other case has been raised to the appropriate senior manager and is still open pending resolution. This continuing to be reviewed by the FTSU guardian.

There are still concerns raised by staff that have not come via FTSU guardian.

It is reassuring that staff are able to raise their concerns directly with the most appropriate person, for example a director/manager or via the “tell Nicky” or whistleblowing routes.

Moving Forward
In line with other Trusts, it is important that we develop a standardised process for recording learning points following all concerns raised, and report appropriately.

There is a new Freedom to Speak Up review tool, published in 2022, which will be utilised by QVH during summer 2023 to help the board reflect on the current position and any improvement needed to meet the expectations of NHS England and the National Guardian’s Office.

The purpose of the Freedom to Speak Up role is raised at the monthly new staff induction sessions to ensure there is awareness of the process.

There will be further promotion of the Freedom to Speak Up role in Connect to raise staff awareness.

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

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	04/05/2023		**Agenda reference:**	**8-23**	
Report title:	Guardian of Safe Working report				
Sponsor:	Tania Cubison, Medical director				
Author:	Jennifer O'Neill, Guardian of Safe Working				
Appendices:	Appendix one: Q4 2022/23 GoSW report Appendix two: Q1 2023/24 GoSW report				
Executive summary					
Purpose of report:	Key safety data regarding working of junior doctors and rotas in the Trust				
Summary of key issues	Extra hours need to be worked by staff to fill gaps in rotas. All gaps have again been filled by bank staff. No agency have been employed. There should be a focus in recruitment to avoid rota gaps. **Key issues:** The situation where more desirable activities are offered to locum workers to encourage them to volunteer should be avoided. We need to make sure that a doctor is not asked to cover two roles even due to short notice absence. Maxillofacial registrars on the long cancer cases sometimes work extra hours which can be predicted to a certain extent - HR are looking at the rota to see if this can be accommodated in a compliant rota with compensatory time off. Exception reports are generally poorly responded to/ closed by assigned educational supervisors and the allocate system is clunky to use. **Positives:** The GOSW makes sure that all exception reports requiring payments are noted for HR to action. Junior Doctors felt well supported during strike action. Guardian fine money was used to supply new trainees with QVH fleeces (also water bottles and pens that were donated) and this was well received - to be rolled out to all trainees and a wellbeing induction pack created.				
Recommendation:	The Board is asked to **note** the contents of the report.				
Action required	Approval	**Information**	Discussion	A**ssurance**	Review
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	**KSO2:** ***World-class clinical services***	KSO3: *Operational excellence*	KSO4: *Financial sustainability*	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:	Assurance of safe working hours				
Corporate risk register:	None				
Regulation:	CQC requirements				
Legal:	No immediate safety concerns reported				
Resources:	Additional hours are more expensive; implications of which are not covered in this report				
Assurance route					
Previously considered by:	NA				
Next steps:	NA				

Report to: Board Directors
Agenda item: 8-23
Date of meeting: 4 May 2023
Report from: Jennifer O'Neill, Guardian of Safe Working
Report author: Jennifer O'Neill, Guardian of Safe Working
Date of report: 26 April 2023
Appendices: Appendix one: Q4 2022/23 GoSW report
Appendix two: Q1 2023/24 GoSW report

Report on safe working hours: doctors and dentists in training Quarter 4 2022/23 and Quarter 1 2023/24

Introduction

This report draws on data from Junior Doctor Exception Reporting, the Junior Doctor Forum and human resources for the 4th Quarter of 2022/23 and the first Quarter of 2023/24. It is prepared by Jennifer O'Neill and Kathleen Ally with input from the outgoing GOSW via the Q4 report.

High level for the period 1 October 2022 to 31 March 2023

Number of doctors / dentists in training (total): 66 – 63 (mean 64.5)
Number of doctors / dentists in training on 2016 terms & conditions (total): 39 – 40 (mean 39.5)

Source Extract for Quarterly Board Reports Q1 2023 Figures

Number of doctors / dentists in training (total): 63
Number of doctors / dentists in training on 2016 terms & conditions (total): 40

Q4 2022 Figures High level data

Number of doctors / dentists in training (total): 66
Number of doctors / dentists in training on 2016 terms & conditions (total): 39

Trainee gaps within the Trust (Average Quarter Totals) for 6 months period October 22 to 31 March 2023

Specialty	Grade	Q4 2022	Q1 2023	Total gaps (average)	Number of shifts uncovered
Anaesthetics	ST3+	0.00	0.33	0.33	0.00
Maxillofacial Core	CT1-2	0.00	0.00	0.00	0.00
Maxillofacial higher	ST3+	0.33	0.66	0.50	0.00
Plastic surgery core	CT1-2	1.33	0.33	0.83	0.00
Plastic surgery higher	ST3+	1.00	0.33	0.67	0.00
Orthodontics	ST3+	0.00	0.00	0.00	0.00
Total		2.66	1.65	2.33	0.00

Exception reports data

Reference period of report	07/17 - 07/18	07/18 - 07/19	07/19 - 07/20	07/20 - 07/21	21 22	10/22 – 3/23
Total number of exception reports received	6	28	52	40	72	34
Number relating to immediate patient safety issues	0	1	0	0	0	0
Number relating to hours of working	1	4	21	31	47	21
Number relating to pattern of work	0	0	4	0	0	0
Number relating to educational opportunities	5	23	27	9	25	13
Number relating to service support available to the doctor	0	1	0	0	0	0

Please see attached Q4 2022/23 and Q1 2023/24 GOSW reports for more details.

Issues arising qualitative information
The numbers of exception reports are fairly stable. We have had no exception reports of an immediate safety concern over the last six months.

Training
For the core trainees in plastic surgery the main issue has been moving the doctor from their training activity to do extra ward cover. There have been rota gaps.

Locum shifts were offered for ‘training’ activities such as theatre with a consultant present to make the locum shifts more appetising and then rostered trainees moved to cover the ‘service’ commitments - at plastics registrar level. This is detrimental to training and the trainees highlighted it as unfair.

Hours
Plastic registrars covering both core trainee/junior clinical fellow (CT/JCF) and registrar role night duty due to short notice absence of the CT/JCF. This should not happen. It happened on the 6th and 7th January and the 16th March.

We continue to use locum hours and this was - over the 6 months: 1023.5 h for maxfax, 1597 h plastics, 214.5 anaesthetics, and 28,75 h orthodontics.

The maxillofacial doctor registrar working in the job where there are large cancer cases stays later than rostered when these cases are on. We are discussing with HR and the rota team how best to represent this on a rota rather than having it as predictable extra hours. The zero days that had gone unpaid for maxillofacial doctors have now been paid - HR are looking into how far this stretches back but we were advised that it would be for 1 year before the issue was raised and corrected.

Exception report responses
There are many unclosed reports - this highlights an issue with the system for responding to the exception reports with regards to meeting with the trainee, engagement of the assigned educational supervisors and timely closing of these

reports. However, where payment is due, the GOSW has acted to highlight this to HR on the shared spreadsheet and it has been actioned.

Tony Chambers, interim chief executive, kindly attended the April junior doctors forum, and the Junior Doctors noted that they felt supported by the Trust and senior doctors during their strike action and they are aware that this is a battle with the government and not with the Trust.

To the best of my knowledge the rotas remain safe across the Trust.

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

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

Quarter Four October to December 2022

Executive summary

Introduction

This report is made jointly by the Guardian of Safe Working (GOSW) Dr Joy Curran and the specialist work force data provided by Kathleen Ally, E Rostering, Workforce.

High level data for [Lead Employer Trust]

Number of doctors / dentists in training (total):	66
Number of doctors / dentists in training on 2016 TCS (total):	39
Amount of time available in job plan for guardian to do the role:	0.75 PAs / y hours per week
Admin support provided to the guardian (if any):	Ad hoc
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

a) Exception reports (with regard to working hours)

This section should include raw aggregated data, broken down by specialty, grade and rota, including trainees who do not work within the trust but who are directly overseen by the LET guardian (e.g. GP trainees). Where an employer has a large number of doctors in training, it may be more appropriate to include total figures by grade and then detail on a small number (no more than 10) of specialties and/or rotas that give the most reason for concern (eg those with large numbers of exceptions reported). In such cases, the full data set should be included at the end of the paper as an appendix. There should additionally be an aggregated table of all reports indicating the timeframes within which they have been addressed or otherwise responded to. Where reports have not been addressed in the time frames set out in the TCS, a short note – either at the end of this section or in the issues arising section below – should set out the areas where this happened and what has been done to address this.

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Anaesthetics	0	0		
Maxillofacial	0	1	0	1
Orthodontic	0	0		
Plastics	56	15	8	55
Radiology	0			
Total				

Exception Reports for Hours breached this Q only

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics	0	0
Maxillofacial	1	1
Orthodontic	0	0
Plastics	10	4
Radiology		
Total		

Exception reports for missed Education and Training this Q only

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics	0	0
Maxillofacial	0	0
Orthodontic	0	0
Plastics	5	3

Radiology	0	0
Total	5	3

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
ST3 +	50	10	7	49
CT1-2 / ST1-2	1	5	1	5
Total	**51**	**15**	**8**	**54**

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Anaesthetics	0	0	0	0
Maxillofacial junior	1	0	0	0
Maxillofacial senior	0	0	0	0
Orthodontics	0	0	0	0
Plastics Junior	0	5	1	4
Plastics Senior	50	10	7	49
Radiology	0			
Total	**51**	**15**	**7**	**53**

Exception reports (response time)				
	Addressed within 48 hours	Addressed within 7 days	Addressed in longer than 7 days	Still open

F1	0			
F2	0			
CT1-2 / ST1-2	0		1	2
ST3-8	3	0	4	53
Total	**3**		**5**	**55**

b) Work schedule reviews

We have had no work schedule reviews in this quarter

c) Locum bookings

i) Bank

This section should start by presenting a cost summation (in cash terms) of bank usage across the quarter. Depending on volume, it might be sensible to break this down by department and/or grade. This section should then list, in aggregated fashion, all the locum work requested and worked via the bank during the last quarter. This data should be presented by department, by grade and by reason. Where a trust has a large amount of bank usage, it may be more appropriate to list the top ten users only, and to include the full data set in an appendix.

For example:

Locum bookings (bank) by department					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Anaesthetics	12.00	12.00	0.00	102.00	102.00
Maxillofacial	56.00	12.00	0.00	665.00	665.00
Orthodontics	7.00	7.00	0.00	20.75	20.75
Plastics	73.00	73.00	0.00	623.25	623.25
Total	148.00	148.00	0.00	1,411.00	1,411.00

Locum bookings (bank) by grade					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked

CT1-2*	37.00	37.00	0.00	312.75	312.75
ST3 +*	111.00	111.00	0.00	1,098.25	1,098.25
Total	148.00	148.00	0.00	1,411.00	1,411.00

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

Locum bookings (bank) by reason*					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Vacancy	15.00	15.00	0.00	159.00	159.00
Sickness	4.00	4.00	0.00	63.75	63.75
Increase in workload*	47.00	47.00	0.00	328.25	328.25
Other**	82.00	82.00	0.00	860.00	860.00
Total	148.00	148.00	0.00	1,411.00	1,411.00

** Increase in workload includes: Additional Clinics/Lists, WLI*

*** Other includes: Annual Leave, On Call, Special Leave, Study leave, Covid-19 Self Isolation cover*

Locum bookings (bank) by department and reason					
Specialty	Vacancy	Sickness	Increased Workload*	Other **	Number of shifts
Anaesthetics	0	0	0	12	12
Maxillofacial	1	0	9	46	56
Orthodontics	0	0	7	0	7
Plastics	14	4	27	28	73
Total	15	4	47	86	148

** Increase in workload includes: Additional Clinics/Lists, WLI*

*** Other includes: Annual Leave, On Call, Special Leave, Study leave, Covid-19 Self Isolation cover*

Agency

This section should start by presenting a cost summation (in cash terms) of agency usage across the quarter. Depending on volume, it might be sensible to break this down by department and/or grade. It may also be sensible to highlight areas where the agency capped rates have been breached.

This section should then list, in aggregated fashion, all the locum work requested and worked via an agency during the last quarter. This data should be presented by department, by grade and by reason. Where a trust has a large amount of bank usage, it may be more appropriate to list the top ten users only, and to include the full data set in an appendix.

For example:

Locum bookings (agency) by department				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Anaesthetics	0.00	0.00	0.00	0.00
Maxillofacial	0.00	0.00	0.00	0.00
Orthodontic	0.00	0.00	0.00	0.00
Plastics	0.00	0.00	0.00	0.00
Radiology	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00

**It might also be useful to include a narrative explaining how the work left uncovered by unfilled requests was delivered. For example: Were clinics cancelled? Were teams left to cope with fewer staff? Did consultants pick up the slack? Did non-resident on-call staff have to come in and so breach rest requirements?*

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

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

***It might also be useful to include information about the length of advance notice of the booking request; in particular, highlighting "last minute" bookings for any reason other than short term sickness.*

d) Locum work carried out by trainees

e) Vacancies

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

Vacancies by month						
Specialty	Grade	Month 1	Month 2	Month 3	Total gaps (average)	Number of shifts uncovered
Anaesthetics	ST3+	1	0	0	0.33	0
Maxillofacial Core	CT1-2	0	0	0	0.00	0
Maxillofacial higher	ST3+	1	1	0	0.66	0
Plastic surgery core	CT1-2	0	0	1	0.33	0
Plastic surgery higher	ST3+	1	0	0	0.33	0
Orthodontics	ST3+	0	0	0	0.00	0
Total		3	1	1	1.65	0

f) **Fines**

This section should list all fines levied during the previous quarter, and the departments against which they have been levied. Additionally, the report should indicate the total amount of money levied in fines to date, the total amount disbursed and the balance in the guardian of safe working hours' account. A list of items against which the fines have been disbursed should be attached as an appendix[1].

For example:

Fines by department		
Department	Number of fines levied	Value of fines levied
Plastics	1	£613.99

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at end of this quarter
3603.70	613.99	0	4216.99

[1] This information will be used to inform the organisation's annual report, which mist include clear detail on how the money has been spent (Schedule 5, para. 15).

Qualitative information

The JDF met in September 22 and January 21, so neither are in this quarter 4.

Commenting on the vacancy data, Katie has given further information this quarter on the reasons for extra hours being required by the different departments. The plastics department in particular has seen an increase due to extra workload of clinics and theatre work. It highlights the very difficult job of the rota managers in plastics to cover all their commitments. This has been highlighted multiple times without a solution so far.

Issues arising

The numbers of exception reports are fairly stable at the moment. This last quarter had 10 for hours breaches and 5 for education issues. All were from the plastics department. For the core trainees the main issue has been moving the doctor from their training activity to do extra ward cover. For the senior trainees it is similar but sometimes the trainee feels they have been moved illogically or moved so that a locum could cover that activity instead. (in order to make doing an extra session or day as a locum more attractive). Mostly trainees report when they feel something is unfair and affected their training or when they have done extra hours and would like TOIL or reimbursement.

I have still not had many reports from the maxillofacial doctors and feel that this is mainly a cultural problem within the department, which is not supportive of exception reports. The clinical tutor for this group is rarely in the hospital and would like to pass on the role; however, there is no one who has come forward to take this on.

The maxillofacial LFG requested a review of the trainee rota to see if a half day shift would be possible after the 24 hour call. When we looked at it and worked out the hours on the software system it meant an increase in the number of zero hour days (from 4 in 10 weeks to 6 in 10 weeks). There were other objections too from the trainees so this option has not been pursued. The trainees looked back at the rota pattern they have been working and found that many of their zero hour days had been missed. This is still being investigated by HR but needs to be completed asap.

Summary

To the best of my knowledge rota remain safe across the Trust. We have had no exception reports of an immediate safety concern over the last 3 months. Of the 15 exceptions reports, 10 were for hours breaches and 5 for education concerns.

The level of hours required for cover by extra doctors on bank duties was less over this quarter at 650 for plastics and 620 for maxillofacial. Both were circa 900 in Q3.

Appendices

As indicated in the text above.

QUARTERLY REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING

Quarter 1 January to March 2023

Executive summary

Introduction

This report is made jointly by the Guardian of Safe Working (GOSW) Miss Jennifer O'Neill and the specialist work force data provided by Kathleen Ally, Medical Workforce Assistant

High level data for [Lead Employer Trust]

Number of doctors / dentists in training (total):	63
Number of doctors / dentists in training on 2016 TCS (total):	40
Amount of time available in job plan for guardian to do the role:	0.75 PAs / y hours per week
Admin support provided to the guardian (if any):	Ad hoc
Amount of job-planned time for educational supervisors:	0.25 PAs per trainee

a) Exception reports (with regard to working hours)

This section should include raw aggregated data, broken down by specialty, grade and rota, including trainees who do not work within the trust but who are directly overseen by the LET guardian (e.g. GP trainees). Where an employer has a large number of doctors in training, it may be more appropriate to include total figures by grade and then detail on a small number (no more than 10) of specialties and/or rotas that give the most reason for concern (eg those with large numbers of exceptions reported). In such cases, the full data set should be included at the end of the paper as an appendix. There should additionally be an aggregated table of all reports indicating the timeframes within which they have been addressed or otherwise responded to. Where reports have not been addressed in the time frames set out in the TCS, a short note – either at the end of this section or in the issues arising section below – should set out the areas where this happened and what has been done to address this.

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Anaesthetics	0	0	0	0
Maxillofacial	1	5	0	6
Orthodontic	0	0	0	0
Plastics	57	14	6	51
Radiology	0	0	0	0
Total	**58**	**19**	**6**	**57**

Exception Reports for Hours breached this Q only

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics	0	0
Maxillofacial	5	5
Orthodontic	0	0
Plastics	6	2
Radiology	0	0
Total	**11**	**7**

Exception reports for missed Education and Training this Q only

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics	0	0
Maxillofacial	0	0
Orthodontic	0	0
Plastics	8	6
Radiology	0	0

Total	**8**	**6**

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
ST3 +	57	13	6	46
CT1-2 / ST1-2	1	6	0	11
Total	**58**	**19**	**6**	**57**

Exception reports by rota				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Anaesthetics	0	0	0	0
Maxillofacial junior	1	0	0	1
Maxillofacial senior	0	5	0	5
Orthodontics	0	0	0	0
Plastics Junior	4	6	0	10
Plastics Senior	53	8	6	41
Radiology	0	0	0	0
Total	**58**	**19**	**6**	**57**

Exception reports (response time) during this 3 months				
			Closed	Still open
All			4	15

For the last 3 months 2 reports were closed within 7 days, 2 closed after 7 days and 2 further ones the AES has met with the trainee (after 7 days). All the rest have only comments or no response. However, where payment due, the GOSW has acted to get this onto the HR spreadsheet.

We need to improve the system for meeting with the trainee, engagement of the AESs and a system for closing these reports.

b) Work schedule reviews

We have had no work schedule reviews in this quarter

c) Locum bookings

i) Bank

This section should start by presenting a cost summation (in cash terms) of bank usage across the quarter. Depending on volume, it might be sensible to break this down by department and/or grade. This section should then list, in aggregated fashion, all the locum work requested and worked via the bank during the last quarter. This data should be presented by department, by grade and by reason. Where a trust has a large amount of bank usage, it may be more appropriate to list the top ten users only, and to include the full data set in an appendix.

For example:

Locum bookings (bank) by department					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Anaesthetics	10	10	0.00	112.50	112.50
Maxillofacial	28	28	0.00	358.50	358.50
Orthodontics	2	2	0.00	8.00	8.00
Plastics	114	114	0.00	974.00	974.00
Total	154.00	154.00	0.00	1,453.00	1,453.00

Locum bookings (bank) by grade					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
CT1-2*	29	29	0.00	262.00	262.00
ST3 +*	125	125	0.00	1191.00	1,191.00
Total	154.00	154.00	0.00	1,453.00	1,453.00

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

Locum bookings (bank) by reason*					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Vacancy	26	26	0.00	292.50	292.50
Sickness	4	4	0.00	29.50	29.50
Increase in workload*	58	58	0.00	475.00	475.00
Other**	66	66	0.00	656.00	656.00
Total	154.00	154.00	0.00	1,453.00	1,453.00

** Increase in workload includes: Additional Clinics/Lists, WLI*

*** Other includes: Annual Leave, On Call, Special Leave, Study leave, Covid-19 Self Isolation cover*

Locum bookings (bank) by department and reason					
Specialty	Vacancy	Sickness	Increased Workload*	Other **	Number of shifts
Anaesthetics	1	0	7	2	10
Maxillofacial	12	1	5	10	28
Orthodontics	0	0	2	0	2
Plastics	13	3	44	54	114
Total	26	4	58	66	154

** Increase in workload includes: Additional Clinics/Lists, WLI*

*** Other includes: Annual Leave, On Call, Special Leave, Study leave, Covid-19 Self Isolation cover*

ii) Agency

This section should start by presenting a cost summation (in cash terms) of agency usage across the quarter. Depending on volume, it might be sensible to break this down by department and/or grade. It may also be sensible to highlight areas where the agency capped rates have been breached.

This section should then list, in aggregated fashion, all the locum work requested and worked via an agency during the last quarter. This data should be presented by department, by grade and by reason. Where a trust has a large amount of bank usage, it may be more appropriate to list the top ten users only, and to include the full data set in an appendix.

For example:

Locum bookings (agency) by department				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked*
Anaesthetics	0.00	0.00	0.00	0.00
Maxillofacial	0.00	0.00	0.00	0.00

Orthodontic	0.00	0.00	0.00	0.00
Plastics	0.00	0.00	0.00	0.00
Radiology	0.00	0.00	0.00	0.00
Total	0.00	0.00	0.00	0.00

**It might also be useful to include a narrative explaining how the work left uncovered by unfilled requests was delivered. For example: Were clinics cancelled? Were teams left to cope with fewer staff? Did consultants pick up the slack? Did non-resident on-call staff have to come in and so breach rest requirements?*

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

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

***It might also be useful to include information about the length of advance notice of the booking request; in particular, highlighting "last minute" bookings for any reason other than short term sickness.*

d) Locum work carried out by trainees

e) Vacancies

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

Vacancies by month						
Specialty	Grade	Month 1	Month 2	Month 3	Total gaps (average)	Number of shifts uncovered

Anaesthetics	ST3+	0.00	0.00	0.00	0.00	0.00
Maxillofacial Core	CT1-2	0.00	0.00	0.00	0.00	0.00
Maxillofacial higher	ST3+	1.00	0.00	0.00	0.33	0.00
Plastic surgery core	CT1-2	1.00	1.00	2.00	1.33	0.00
Plastic surgery higher	ST3+	0.00	1.00	2.00	1.00	0.00
Orthodontics	ST3+	0.00	0.00	0.00	0.00	0.00
Total		2.00	2.00	4.00	2.66	0.00

f) **Fines**

This section should list all fines levied during the previous quarter, and the departments against which they have been levied. Additionally, the report should indicate the total amount of money levied in fines to date, the total amount disbursed and the balance in the guardian of safe working hours' account. A list of items against which the fines have been disbursed should be attached as an appendix[1].

For example:

Fines by department		
Department	Number of fines levied	Value of fines levied
Plastics	1	613.99

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at the end of this quarter
3459.70	1	144	3929.69

Qualitative information

144 spent on start of a wellbeing pack for trainees - new starters issued with pens, water bottles (free so far) and QVH fleeces at 12 pounds per trainee. There are plans for fleeces to be bought for all current trainees and then issued to all new starters going forwards.

The JDF met in January 2023 (and in April 2023) so once in this quarter.

[1] This information will be used to inform the organisation's annual report, which mist include clear detail on how the money has been spent (Schedule 5, para. 15).

Issues arising

Educational losses due to being moved are reported 8 times by plastic surgery trainees in this quarter.

There have been rota gaps - particularly in plastics CT/ JCF grade.

Locum shifts were offered for training activities to make the locum more appetising and then rostered trainees moved to cover the service - at Plastics registrar level.

Plastic Registrars covering both CT/ JCF and registrar role night duty due to short notice absence of the CT/JCF. This should not happen. It happened on the 6th and 7th January and the 16th March.

The maxillofacial doctor registrar working in the job where there are large cancer cases stays later than rostered when these cases are on. We are discussing with HR and the rota team how best to represent this on a rota rather than having it as predictable extra hours.

The zero days that had gone unpaid for maxillofacial doctors have now been paid - HR are looking into how far this stretches back but we were advised that it would be for 1 year before the issue was raised and corrected.

The system for responding to the exception reports needs to reviewed and AES involvement needs to increase - we need to improve the system for meeting with the trainee, engagement of the AESs and a system for closing these reports.

Summary

There were 11 exception reports raised for hours and 8 for educational concerns. There were no exception reports raised about an immediate safety concern. To the best of my knowledge the rotas remain safe across the trust.

We continue to use locum hours and this was 358.50 h for maxfax (was 665 last quarter), 974 h (was 623 last quarter) plastics, 112.5 anaesthetics (102 h last quarter) and 8 h orthodontics (20.75 last quarter).

Appendices

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**04/05/2023**		**Agenda reference:**	**9-23**	
Report title:	**Corporate Risk Register: 21/04/2023**				
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	The Corporate Risk Register is been reviewed at three subcommittees of the Board: Quality & Governance (Patient Safety Risks), Finance & Performance and Digital Committee The full corporate risk register is brought to board for review and discussion Key changes to the CRR this period (22 February to 21 April 2023): ➢ One new corporate risk added: ID1297 ➢ Two corporate risks closed: ID1210 and ID1288 ➢ One corporate risks rescored: ID1267 **Most notable risks on CRR**: ID877: Financial sustainability ID1250: Additional licence conditions ID1264: Risk to operational delivery of Pathology Services: IT systems related				
Recommendation:	The board is asked to **note** the Corporate Risk Register information				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:** ***Outstanding patient experience***	**KSO2:** ***World-class clinical services***	**KSO3:** ***Operational excellence***	**KSO4:** ***Financial sustainability***	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:	The entire BAF has been reviewed by EMT alongside the CRR, The corresponding KSOs have been linked to the corporate risks.				
Corporate risk register:	This document				
Regulation:	All NHS trust are required to have a corporate risk register and systems in HMT place to identify & manage risk effectively.				
Legal:	Compliance with regulated activities and requirements in Health and Social Care Act 2008.				
Resources:	Actions required are currently being delivered within existing trust resources				
Assurance route					
Previously considered by: 24/04/2023 17/04/2023 17/04/2023	 **F&P:** all F&P risks – as at 3 April 2023 **Q&GC**: all patient safety risks – as at 3 April 2023 **Digital Committee**: all digital risks as at 3 April 2023				

Corporate Risk Register Report

(Data 22nd February 2023 to 21st April 2023)

Key updates

Corporate Risks added between 22/2/2023 and 21/4/2023: One

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or Where identified/discussed
3x4=12	1297	Shortage of Clinical Cover: Plastics	GM Plastics

Corporate Risks closed this period: two

Risk Score (CxL)	Risk ID	Risk Description	Rationale and/or where identified/discussed
4x3=12	1210	Covid-19 Clinical Challenges	Chief Nurse: New overarching risk for Covid challenges (ID1290)
4x3=12	1288	QVH intranet - unsupported after April 2023	Director of Communications: Chief Information Officer agreed that the security risk of Qnet on legacy platform can be managed.

Corporate Risks rescored this period: one

Risk ID	Service / Directorate	Risk Description	Previous Risk Score (CxL)	Updated Risk Score (CxL)	Rationale for Rescore
1267	Sleep Services	Recruitment Challenges for Sleep Physiology and Technical team	5x3=15	4x3=12	Significant progress with several new starters expected by end of April. Two posts out to advert with two more to be advertised.

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, Quality & Governance Committee and Digital Committee meetings for assurance. It is also scheduled bimonthly in the public section of the Trust Board.

Risk Register management

There are 87 risks on the Trust Risk Register as at 21 April 2023, of which 33 are corporate, with the following modifications occurring during this reporting period (22 February to 21 April incl):

- One new corporate risk added
- Two corporate risks closed
- One 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 33 corporate risks open on the trust risk register as at the 21 April 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				**7** ID: 834, 1226, 1267 1290, 1286, 1291, 1293	**2** ID:1292, 1294
Likely 4			**12** ID: 1040, 1077, 1245, 1247, 1249, 1253, 1254, 1255, 1272, 1295, 1296, 1297	**3** ID1250, 1264, 1268,	**0**
Certain 5			**8** ID1189, 1199, 1221, 1225, 1231, 1238, 1239, 1266,	**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 NHS England.

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
1297	28/02/2023	Shortage of Clinical Cover: Plastics	The Plastics Business Unit are presently short 1.6 WTE Skin Consultants (one of which also provides 2.5 PAs of weekly breast surgical activity), 1 WTE Microfellow, and 1 WTE Burns consultant.	A POAP has been written for backfilling 10.5 PAs of consultant time (a new job plan that needs Royal College approval).□ Two agency request forms have been completed and questions answered and returned to EMT. Two agency candidates are being interviewed this week: one for the 6.5 PA backfill and the other for the 10.□ A previous Associate Specialist has volunteered to return to the Trust , after having to terminate his contract prematurely. This post could potentially be used to backfill the Burns gap.□ A POAP is in process to backfill the 10 PA Skin/Breast post, which was formerly Cancer Alliance Funded.□ Cancer Alliance money has been released for a 7.5 PA consultant post, for which a POAP has been written and require further action to approve.□	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	9		KSO3
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	Hugh Barter	Estates Infrastructure & Environment	12	6	25/01/2023: To procure and undertake electrical distribution remediation study & fault level discrimination calculations and protection setting requirements by end of February 23.□ 11/04/2023: Work to be undertaken through Chris Dann (Estates Officer)and an Electrical consultant Norman Bromley to identify what are the issues and how these can be resolved to support the Trust Electrical infrastructure. This will also include the knowledge and experience of Alan Parry the electrical contractor used by the Trust over the years.	KSO2

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
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
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	**March 2023** - Strategic road map development commenced to initiate a programme of work towards building a sustainable future for the organisation. □ 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

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
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 and management of outbreak guidance reviewed in light of post covid learning.□	Nicola Reeves	Liz Blackburn	Patient Safety	12	8	**April 2023** - Reduction in Covid screening as per national guidance. Lateral Flow tests in place for specific high risk cases.□ March 2023 - Risk reviewed. Trust moving to a BAU approach regarding management of infection control outbreaks. Risk 1210 closed as actions are incorporated in this risk□ 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

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. 8. Have capped number of clinical trials department can take on to 3	Shane Morrison-McCabe	Judy Busby	Compliance (Targets / Assessments / Standards)	12	8	**30/3/23** Still chasing Oc Health for band7 offered in Jan. Other vacant band 7 and band 3 put on TRAC for advertising. Working on band 2 to reflect either apprentice or qualified. Still no takers for Antimicrobial post. Concerns regarding clinical trials that have been agreed without consideration of pharmacy staffing - should not take away from NHS work. No locums to support and no funding put into budget despite national guidance□ 9/3/23 Added in issues with clinical trials under hazards and controls.□ 6/3/23 Awaiting start date for 1 band 7 (needs OH clearance), another band 7 going out to advert again. Band 8a antimicrobials still no applicants despite continual advertising. 1 locum left but managed to get another who is progressing well. Hoping another will start next week 3 mornings a week to help cover ward. Working on band 2 and 3 vacancies. Bank band 2 left last week. 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	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	**30.03.23** No dates for task and finish group received from ICB, chasing e-mail sent. Additional medical staffing recruited and maximizing use of external diagnostic capacity. 06.03.23 Capacity & demand report completed and shared with Trust. To increase use of external companies to support diagnostic testing. Consultant post out to advert. Meeting held with Commissioners and NHSE who are setting up a task and finish group to map services across region and undertake analysis of demand. 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 28.11.22 Referral rates continue to exceed 600 pcm. External consultant developing a detailed capacity and demand model but	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)	12	9	**30.03.23** New starters confirmed for April and further interviews arranged. 06.03.23 Significant progress with several new starters expected by end of April. 2 posts out to advert with 2 more to be advertised. If all are filled, this would bring us up to the agreed establishment following external review and benchmarking exercise. 31.01.23 Recruitment at all bands continues - unfortunately 1 chosen B7 candidate has withdrawn so re-advertised. 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. 25/10/22 Continuing to explore recruitment & retention options, including agency. Attended QVH careers evening. 13/09/22 Continuing to run recruitment processes at all bands with variable outcomes. Exploring further use of agency for specific sleep studies and potential shared post with Epsom & St Helier	KSO1 KSO2 KSO3 KSO4

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1266	24/06/2022	Ophthalmic electronic patient record (EPR) - absence	The absence of a functioning Ophthalmic EPR prevents us from participating in the RCOphth National Ophthalmology Database (NOD) Audit which allows for quality assurance of NHS cataract surgery.□ QVH participated in the NOD for the first 3 years, but withdrew from year 4 onwards as free use/licensing of Medisoft (one of the principle Ophthamic EPR systems) was withdrawn.	At present, we perform an annual partial retrospective audit, the most recent covering a 5 month period with an aim to audit PCR rate in line with RCOphth requirement in order to assess quality of care. To identify complications, multiple sources need to be utilized - cataract complications book: checking when vitrectomy used, theatre log books were used to check description of surgeries and the Ophthalmic implants book which is used across all theatres at QVH.	Shane Morrison-McCabe	Andre Litwin	Compliance (Targets / Assessments / Standards)	15	9	**17th March 2023**: No further update□ 31st January 2023: GM engagement in digital strategy meetings and highlighted the importance of an Ophthlmology electronic solution. Further progress will be dictated by the digital strategy.□ 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.□ 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.□ October 22 - Options appraisal being submitted to F&P end f October - prioritization within programme of works required.□ September 22 - Continuation of the below. Specific next steps need to be defined in order to decide whether this is something that can be prioritized in 23/24. Action with Director of Ops.□ August 22 - Further to discussions at EMT meeting, the requirement for an electronic solution was discussed at the HMT meeting	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. □	Progression of LIMS and MES workstreams: Potential for risk to increase if workstreams are delayed □ Limited mitigation until new LIMS in place □	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.□ 24th Jan 23: procurement of network wide LIMS underway□ 25th October 2022: some loss of funding from NHSE; going out to Tender (short timeframe for procurement process). MD presentation at EMT 25/10/22. □ 22nd August 22: Project manager now in post to ensure that QVH has the additional capacity for the pathology network workstream.□ 1st August 22: Progression of LIMS workstream within NS7 Pathology Network. There is still potential for risk to increase if workstream is delayed as current LIMS is at end of support 1st Jan 2023. There is limited mitigation until new LIMS is in place.	KSO2 KSO3 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1255	17/02/2022	Sterile Services provision failures	Our off site sterile services provider is in business continuity due to severe staff shortages.□ The risk is not being able to deliver any services relating to theatres and outpatient clinics that require sterilized equipment	The sterile services equipment team leader meets daily with the customer service manager of the sterile service provider to ascertain what is required to deliver the service on a daily basis.□ There are weekly meetings with the decontamination lead, sterile services equipment team leader and general manager from 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. □ 05.07.2022 - paper presented outlying the current challenges was presented by Director of Operations at F&P. Outcome was to provide a further details regarding the options available. A paper will be presented to EMT in the week commencing 11th July 2022.	KSO2 KSO3 KSO4 KSO5
1254	16/02/2022	Speech and Language Therapists Staffing (Inpatients and Outpatient/Community Services)	QVH SLT team has significant level of vacancies within substantive staffing.□ Risks:□ 1.Will breach local targets for waiting times for non-urgent outpatients 2.Inability to provide indirect clinical services-(training/reviews of policy's/audit) 3.Reliant on Bank and agency staffing □ 4. High pressure on current SLT staff affecting wellbeing/moral	1. Ongoing additional bank hours of substansive Community SLT - 0.2WTE 2. Patients with Urgent triage are prioritised at weekly caseload meeting 3. Regular team meetings, triage and debrief sessions for staff 4.Targeted recruitment continues for agency cover 5. Resourcing team in collaboration with Therapy manager and Principal SLT looking at boosting advertising of post□ 7. Clinical staff have delegated roles to admin who is progressing well although new into post 8.Clinial Lead has reduced input in roles internally, AFC panel, mediation etc. 9. Monitoring activity and demand, bi-monthly	Shane Morrison-McCabe	Sarah Holdsworth	Compliance (Targets / Assessments / Standards)	12	9	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.□ 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 □ 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

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1253	15/02/2022	Waiting List managment: Plastics	Patients not added to the Waiting List on Patient Centre.□ Patients can have a 'wait list form' on Evolve completed, however this does not transpose onto the waiting list on patient centre: they are therefore not tracked on the PTL. □	1. New process: med secs to ensure that when typing clinic letters, they automatically cross reference within patient centre system to ensure that an "addition" to wait list has been completed and the patient has been added. 2. Evolve have developed a waiting list report that will be distributed weekly to cross check the PTL to ensure no patients are missed: audit to be progressed	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	6	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.□ March 2023 updated controls: Board and CoG fully aware of the additional licence conditions, and the requirement to operate in accordance with statutory roles and responsibilities. This is considered in the setting of agendas and the conduct of the meeting.□ The objective (target risk) - removal of the licence conditions by regulator□	Clare Pirie	Leonora May	Compliance (Targets / Assessments / Standards)	16	12	**March 2023:** □ Chair and company secretary have had initial conversation with NHSE re process for review of licence conditions. Next step is for Board to consider progress and challenges in context of well led review, at April Board seminar. □ Updated controls - see Controls□ 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	KSO3 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
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.□ Changing the triage process to ensure	Shane Morrison-McCabe	Phillip Connor	Patient Safety	12	6	**03/03/2023** - there are presently 3 patients awaiting TCI dates for SLNB and a further 27 who are scheduled for surgery in March. The service has enough baseline capacity and flexibility to cope with the surgical demand for the service; the issue at this stage is the outpatient dimension of the pathway. Whilst there are lots of actions under way to improve the pathway, the headlines are that the ICB are working with QVH to create a better pathway for SLNB patients and QVH are working in the mean-time to generate additional outpatient capacity, including increasing alignment of CNSs to consultant clinics.□ 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	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. □ No substantive post holder to cover that work and no clear processes/SOP in place. □	1. Service co-ordinator is managing rota with assistance of admin support 2. Manual process now improved rota management to 6 weeks in advance - remains dependant on staff with competing duties & completion of consultant job plans in order to inform rota 3. Draft SOP initiated PROPOSED ACTION□ 1.Management of Rota further in advance and formalise processes 2.Create Standard Operating Procedures SOP 3.Band 4 admin support to undertake band 5 role as rota manager for 3 months as of Jan 2022 and support Rota Manager's phased return from long term sick leave 4.Migration to Healthroster planned for early 2022 5. Review of WTE requirement in department to manage workload	Shane Morrison-McCabe	Phillip Connor	Compliance (Targets / Assessments / Standards)	12	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.□ 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	**April 2023** - HEE away day planning continues. Deep Dive in to this risk during Executive Risk group□ March 2023 - Challenges continue with recruitment - HEE offering support with innovative approaches to recruitment pipeline, away day in May 2023 for matrons. Staff survey scores have decreased slightly. February 2023 - Continue to see recruitment challenges particularly relating to Band 5 posts□ January 2023 - 21% vacancy, and significant gap in Band 5 recruitment.□ December 2022 - Risk reviewed. Ongoing recruitment issues□ October 2022 - reviewed and risk remains moderate□ 23/08/2022 - reviewed, remains a moderate risk□ 27/07/2022 - reviewed□ 22/6/22 - Good uptake of bank shifts, recruitment remains a challenge.□ 6/4/22 - Remains an ongoing issue□ February - Evidence that incentives are having positive impact on uptake of bank shifts. International Recruitment options being considered.□ November - EMT have approved a paper to	KSO1 KSO2 KSO3 KSO4 KSO5

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
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	**April 2023** - HEE away day in May to look at innovative solutions□ March 2023 - Challenges continue with recruitment - HEE offering support with innovative approaches to recruitment pipeline, away day in May 2023 for matrons. Positive and improved staff survey.□ February 2023 - Vacancy remains 25%□ January 2023 - 25% vacancy, recruitment remains a challenge. Some improvement in Twillight 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	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 externals late referrals, however:□ Weekly national/regional reporting. □ Twice weekly cancer PTL meetings which goes through each individual patient ensuring they have a next step booked within time. Escalations are sent out after each meeting. □ PTL is widely distributed across the trust, including admin and clinical staff. □ The responsible Committee should be the Cancer Board who meet monthly.	Shane Morrison-McCabe	Victoria Worrell	Compliance (Targets / Assessments / Standards)	15	9	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	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, on site labs, other acute medical and surgical specialties when needed urgently)	-Operating at Unit level -Adult Burns inpatient peer review has taken place -Strict admission criteria in place, any patient not meeting criteria will be referred on to a Burns Centre -Low threshold for transferring out inpatients who deteriorate and require treatment not available at QVH -SLA in place with UHS for ITU verbal support	Tania Cubison	Mr Paul Drake	Patient Safety	12	8	**March 2023** - Satisfactory peer review outcome. Work in progress to define model of care moving forwards in collaboration with commissioners and ODN. Capacity challenged due to critical care staffing issues. Patients reviewed on case by case basis to ensure appropriate admission□ December 2022 - Peer review completed, awaiting formal outcome although favorable feedback was given on the day.□ October 2022 - Peer review of service to be carried out 09/11/2022. Spec comm awaiting this outcome.□ June 2022: Specialised commissioners continue to review prior to creation of options appraisal□ 6/4/22 - no update on options appraisal available□ February 2022 - Specialised Commissioning continuing to work on case for change and options appraisal for provision of a compliant burns service□ 15/12/21: NHSE Specialised Commissioning leading work on Case for Change and Options Appraisal□ 31/03/2022 - we are at risk of being short 1.5 Burns Consultants given lead times for recruiting to these posts. Furthermore, we have had no eligible consultants in the last	KSO1 KSO2 KSO3 KSO5
1225	28/06/2021	Head & Neck Staffing	There is a clinical vacancy of 3.5 WTE on the Head & Neck unit. Heavily reliant on bank and agency staff. This poses a risk that the unit is frequently left short staffed which may potentially impact upon patient experience.□	- Use of bank staff, an enhanced rate would lead to greater uptake of shifts. - Ongoing recruitment, however there have been no suitable applicants in the three adverts that have run so far.	Nicola Reeves	Sarah Jackson	Patient Safety	15	6	**April 2023** - HEE offering support with innovative approaches to recruitment□ March 2023 - Reviewed and reworded risk. Challenges continue with recruitment - pipeline, away day in May 2023 for matrons.□ February 2023 - Challenge remains□ January 2023 - Vacancy of 22%, rolling advert for vacant posts.□ December 2022 - Risk reviewed□ October 2022 - Risk reviewed□ 23/08/2022 - Risk reviewed□ 27/07/2022 - ongoing□ 22/6/22 - Vacancy remains, continue to advertise vacant posts.□ 6/4/22 - Vacancy continues to be a challenge. Ward has been closed on a number of days to maintain safety by redeploying staff as appropriate□ February 2022:: International Recruitment being considered to address staffing shortfall.□ January - Enhanced bank rate in place. Welcome bonus due to be introduced. Significant vacancy remains with 47% of posts remaining vacant.□ November - EMT have approved plans to increase recruitment□ October - Update 26.10.21□ Re-templated the establishment to	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.□ Antibiotics are being prescribed inappropriately by being prescribed when there is no indication, they are being prescribed for too long, no indication is being given, no duration is being documented, samples are not being sent for Microbiology analysis and when they are there is often no review of the organism and therefore antibiotic prescription is not altered.	Clear antimicrobial prescribing policy□ Micro guide available for all staff to download onto their smart devices□ 24 hours on call Microbiology service□ Audits of antibiotic prescribing. □ Infection control guidance and messaging and education of doctors. Indications for antibiotic prescribing mandated on drug charts.	Tania Cubison	Judy Busby	Patient Safety	15	9	**4/4/23**. Microbiologists agreed to twice weekly teams meeting DMD (ML)to take forward. 30/3/23 Deputy Medical Director leading on projects regarding guidelines.Ordered Antimicrobial Stewardship board game which looking to incorporate into junior doctor training and also for other staff. □ 6/3/23 Discussing POAP for combined post tomorrow at BCRG□ 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□ 4/1/23 Inpatient chart sent to printers with update regarding dates for antimicrobial prescriptions.□ 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.□ 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	KSO1 KSO2
1199	09/12/2020	Inability to deploy a flexible CCU workforce due to recruitment challenges	* 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 Jackson	Patient Safety	15	9	**April 2023** - A small number of newly qualified band 5 nurses have been offered positions to commence in the autumn. HEE offering support with innovative approaches to recruitment □ March 2023 - Challenges continue with recruitment - HEE offering support with innovative approaches to recruitment pipeline, away day in May 2023 for matrons. International recruitment being explored but not a short term solution.□ 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□ January 2023 - Range of measures in place to address. Matron phasing back to work. Need to consider International Recruitment in collaboration with Workforce colleagues□ December 2022 - Ongoing challenges being compounded by high levels of long term sickness. Risk remains□ October 2022 - Risk reviewed and remains as reported□ 22/09/2022 - Increased sickness absence on top of current vacancy. Daily risk assessments to review staffing and ability to	KSO1

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1189	08/12/2020	Workforce succession planning: radiology	- 50% of the workforce at / approaching retirement age - difficulties recruiting: Lack of ultrasound / radiographer/Radiologist workforce nationally - multiple failed recruitment drives previously and currently	-Bank staff/ agency	Shane Morrison-McCabe	Sarah Solanki	Compliance (Targets / Assessments / Standards)	15	9	**27-03-2023** - no further T&F group meetings have yet been held for the strategic work force plan. Consultant leaves 31st March. Operational lead vacancy for band 8a not appointed too. 2 rounds out to advert, 1 round of interviews - not appointable. Job back out to advert. 1 person coming for a visit this week. MRI scanner approved at EMT and requisition raised. Internal candidate moved up to band 6 so now have band 5 vacancy. 27-02-2023 - initial meeting held with Deputy DoN / others around the T&F group for long term workforce planning. No feedback re deep dive into this risk from F&P paper to RSM. MRI provider has put forward a scanner with AI built in - this will enable more scans per day which may support times of less staffing for the current workforce. POAP put forward for consideration. We are interviewing for a number of roles currently for vacancy. Operational lead is leaving 3rd March: 2 candidates for interview. 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	KSO1 KSO2 KSO3 KSO5
1077	22/08/2017	Recruitment and retention in theatres	* Theatres vacancy rate is increasing * Pre-assessment vacancy rate is increasing * Age demographic of QVH nursing workforce: 20% of staff are at retirement age * Impact on waiting lists as staff are covering gaps in normal week & therefore not available to cover additional activity at weekends June 2018: * loss of theatre lists due to staff vacancies	1. HR Team review difficult to fill vacancies with operational managers 2. Targeted recruitment continues: Business Case progressing via EMT to utilise recruitment & retention via social media 3. Specialist Agency used to supply cover: approval over cap to sustain safe provision of service / capacity 4. Trust is signed up to the NHSI nursing retention initiative 5. Trust incorporated best practice examples from other providers into QVH initiatives 6. Assessment of agency nurse skills to improve safe transition for working in QVH theatres 7. Management of activity in the event that staffing falls below safe levels. 8. SA: Action to improve recruitment time frame to reduce avoidable delays	Shane Morrison-McCabe	Claire Ziegler	Patient Safety	12	4	**20.04.2023** update - due to changes to this original risk it will be closed this month with a new risk to be opened.□ Current position - leavers B6 X 1 scrub, B2 HCA X 2□ jointer although in the on boarding process B6 ODP X 2□ 20.03.2023 update - continued risk to elective activity due to ODP skill shortage. Successful appointment to X 1 ODP vacancy - on boarding process in place. □ 01.03.2023 Update February 2023. Reduction in anaesthetic practitioner skill set due to leavers. Currently out to advert. Further B6 scrub leaver - see attached □ 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□ 21.10.2022 Update September / October: Leavers B5 X 2. Leavers B6 X 2 all cited the cost of living crisis as part of their decision to leave, moving out of area or positions with HCA attached. Continue to be challenged in HCA recruitment and admin staff□ 20.09.2022 Update August/September:	KSO1 KSO2

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
1040	13/02/2017	Age of X-ray equipment in radiology	Significant numbers of Radiology equipment are reaching end of life with multiple breakdowns throughout the last 2 year period.□ No Capital Replacement Plan in place at QVH for radiology equipment	All equipment is under a maintenance contract, and is subject to QA checks by the maintenance company and by Medical Physics.□ Plain Film-Radiology has now 1 CR x-ray room and 1 Fluoroscopy /CR room therefore patients capacity can be flexed should 1 room breakdown, but there will be an operational impact to the end user as not all patients are suitable to be imaged in the CR/Flouro room. These patients would have to be out-sourced to another imaging provider.□ Mobile - QVH has 2 machines on site. Plan to replace 1 mobile machine for 2019-2020□ Fluoroscopy- replaced 2020.□ Ultrasound- most US kit was replaced during covid pandemic and with CDC funding.	Shane Morrison-McCabe	Sarah Solanki	Patient Safety	12	2	**27-03-2023** MES board held - financial team advised that ICB did not approve any additional capital so finance for MES not secure. EMT had approved the project in December with further approval at F&P in January. With this in mind - new head of financial services has asked for indicative costs for the kit should we have critical failure in the interim period for MES project. Buyers have been contacted regarding approaching supply chain. MES PM appointed and on-boarding finalised last week. MRI new model scanner approved, CCN completed and Req raised/ CCN completed. X-ray room vesting certificate received and sent back today. Needs receipting by 31st March. 27-02-2023 Interviews held for MES PM. Suitable candidate found. Awaiting sign off for on-boarding. Phase 2 documents reviewed. Mini c arm delivered and on site. MRI company have pitched a new scanner for 18 month renewal. POAP raised regarding this. 1 Mobile x-ray machine may need earlier renewal due to poor functionality. Keeps failing. 31-01-2023 PM support for MES approved at EMT. Documentation sent to Resourcing for	KSO1 KSO2 KSO3
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.□ was February 2022: Planning for 22/23 is underway, first draft submission on the 17th of March. Plans will be discussed at Finance &	KSO4

ID	Opened	Risk Title	Hazard(s)	Controls in Place	Executive Lead	Risk Owner	Risk Type	Current Rating	Target Rating	Progress/Updates	KSO
834	09/09/2015	Non compliance with some of the national guidelines for paediatric care.	Unavailability of an onsite Paediatrician to review a sick child causing □ 1. Harm to child 2. Damage to reputation 3. Litigation	1. Service Level Agreement with UHSx 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. No inpatient burns cases 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 - Spring 2023 Audit of all transfers out carried out on monthly basis and reviewed during Paediatric meeting.□ Burns paediatric inpatients now managed via other providers successfully since 2019	Tania Cubison	Dr Sarah Bailey	Patient Safety	12	4	**March 2023** - Date for SLA review being negotiated.□ 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:	04/05/2023		**Agenda reference:**	10-23	
Report title:	**NHS Provider Licence Conditions**				
Sponsor:	Clare Pirie, Director of communications and corporate affairs				
Authors:	Leonora May, Deputy company secretary				
Appendices:	Appendix one: QVH self-certification for 2022/23 to be published on public website				
Executive summary					
Purpose of report:	The Board is required to self-certify that it is assured that it has complied with the NHS Provider Licence and NHS Acts during 2022/23, and has had regard to the NHS Constitution.				
Summary of key issues	The Board is asked to **agree** that: • It has complied with the standard and additional NHS provider licence conditions • It has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3)) • It has complied with required governance arrangements (Condition FT4(8)) • It has a reasonable expectation that required resources will be available to deliver the designated Commissioner Requested Services (Condition CoS7(3)) over the next financial year but specific factors may cast may doubt on this				
Recommendation:	The Board is asked to **approve** the Trust's self-certification statement				
Action required	**Approval**	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	**KSO3:**	**KSO4:**	**KSO5:**
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:	None				
Corporate risk register:	CRR1250 related to additional licence conditions				
Regulation:	• NHS Provider Licence • NHS Acts • NHS Constitution.				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
Next steps:	Publication of self-certification statement to QVH website • G6/CoS7 before 31 May 2023 • FT4 before 30 June 2023				

Report to:	Board of Directors
Meeting date:	4 May 2023
Reference number:	10-23
Report from:	Clare Pirie, Director of communications and corporate affairs
Authors:	Leonora May, Deputy company secretary
Appendices:	Appendix one: Website self-certification
Report date:	26 April 2023

Self-certification of NHS Provider licence conditions 2022/23

Background

On 27 March 2023, NHS England published the new NHS provider licence, together with their response to the recent provider licence consultation. The NHS provider licence forms part of the oversight arrangements for NHS providers. It was first introduced in 2013 and has since been held by all foundation trusts, as well as independent sector providers, unless exempt. NHS trusts have been exempt until now, but the changes brought by the Health and Care Act 2022 require them to be licenced from 1 April 2023 too.

The new provider licence aims to support effective system working, enhance the oversight of key services provided by the independent sector, address climate change and make a number of necessary technical amendments.

The new provider licence took effect from 1 April 2023, and there is no requirement for the Trust to publish a self-certification declaration for 2023/24.

The 2022/23 NHS provider licence condition G6 does require trusts to consider and self-certify for that period. Trusts should self-certify whether or not they have:

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

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

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

Requirements for compliance

The standard NHS licence conditions for 2022/23 can be found online here and cover essential requirements such as registration with the Care Quality Commission, financial reporting and good governance processes.

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

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

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

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

The Board has agreed that the Trust Chair will write to NHS England with an update on progress against the additional licence conditions.

Evidence of compliance with the standard NHS licence conditions for 2022/23
Evidence to support Trust compliance with the standard NHS licence conditions includes:

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

Evidence of compliance with the additional licence conditions for 2022/23
Evidence to support Trust compliance with the additional licence conditions includes:

- Trust Chair appointment on a three year contract
- Board recruitment for two non-executive directors and a substantive chief executive officer, chief finance officer and chief people officer
- Independent review commissioned on the Trust's handling of challenges encountered in progressing the merger proposal, which reported in February 2022. This considered the processes for engaging with staff and governors, handling of external stakeholders and clarity on decision making roles between the Board and governors. The Trust Board fully accepted the recommendations of the independent review and the action plan was reviewed regularly by the Board. The majority of the recommendations are closed

Commissioner requested services for 2022/23
Condition CoS7 only applies to NHS foundation trusts designated as providing commissioner requested services; this includes QVH. Commissioner requested services are services commissioners consider should continue to be provided locally even if a provider is at risk of failing financially and which will be subject to regulation by NHS Improvement.

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

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

Trauma and Head

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

Women and Children

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

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

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

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

As in previous years, the Trust plans to confirm option b, that is that the required resources will be available over the next financial year but specific factors may cast may doubt on this. The reason for this is that the QVH burns service does not meet the national specification; this is well understood by commissioners and regulators.

Recommendation
The Board is asked to **agree** that:

- It has complied with the standard and additional NHS provider licence conditions

- It has taken all precautions necessary to comply with the licence, NHS Acts and NHS Constitution (Condition G6(3))

- It has complied with required governance arrangements (Condition FT4(8))

- It has a reasonable expectation that required resources will be available to deliver the designated Commissioner Requested Services (Condition CoS7(3)) over the next financial year but specific factors may cast may doubt on this.

QVH self-certification for NHS provider licence 2022/23

NHS foundation trusts are required to self-certify whether or not they have complied with the conditions of the 2022/23 NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with governance requirements.

The standard 2022/23 NHS licence conditions can be found online here and cover essential requirements such as registration with the Care Quality Commission, financial reporting and good governance processes.

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

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

At its public meeting on 4 May 2023, the QVH Board of Directors confirmed:

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

The specific factor referred to above is that the burns service does not meet the national specification; this is well understood by commissioners and regulators.

After publication, additional evidence of QVH compliance with the NHS provider licence conditions will be located in the 2022/23 Annual Report and Accounts.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	04/05/2023		**Agenda reference:**	**11-23**	
Report title:	Code of governance for NHS provider trusts				
Sponsor:	Clare Pirie, director of communications and corporate affairs				
Author:	Leonora May, deputy company secretary				
Appendices:	Appendix one: Evaluation against the Trust's governance framework and proposed action plan to close gaps				
Executive summary					
Purpose of report:	To provide the Board with assurance that a comprehensive evaluation of the new code of governance has been undertaken against the Trust's governance framework and that gaps have been highlighted for action				
Summary of key issues	New code with effect from 1 April 2023 with new underlying themes including system working, culture, equality diversity and inclusion and greater involvement for NHSE in Board recruitment processes. Potential gaps in compliance have been identified with a proposed action plan in appendix one to this report.				
Recommendation:	It is recommended that the Board **notes** the evaluation completed and **agrees** the proposed action plan to close the gaps.				
Action required	**Approval**	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	**KSO3:**	**KSO4:**	**KSO5:**
	Outstanding patient experience	***World-class clinical services***	***Operational excellence***	***Financial sustainability***	***Organisational excellence***
Implications					
Board assurance framework:	Corporate governance impacts on all KSOs				
Corporate risk register:	Risk 1250- additional licence conditions				
Regulation:	Code of governance for NHS provider trusts Comply or explain in annual report and accounts 2023/24				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	Action plan implemented.				

Report to:	Board Directors
Agenda item:	11-23
Date of meeting:	4 May 2023
Report from:	Clare Pirie, director of communications and corporate affairs
Report author:	Leonora May, deputy company secretary
Date of report:	24 April 2023
Appendices:	Appendix one: Evaluation against the Trust's governance framework and proposed action plan to close gaps

Code of governance for NHS provider trusts

Introduction

This report provides assurance that a comprehensive evaluation of the new code of governance has been undertaken against the Trust's governance framework, setting out proposed actions to be undertaken to ensure compliance for 2023/24, and highlighting where the Trust may not be compliant and explanations will be disclosed in the 2023/24 annual report.

Background

NHS England have published a new code of governance for NHS provider trusts and an addendum to Your statutory duties: reference guide for NHS foundation trust governors, both of which sit under the new NHS provider licence published on 27 March 2023. These documents have been updated following the passing of the Health and Care Act 2022, updating governance arrangements where appropriate.

The new provider licence aims to support effective system working, enhance the oversight of key services provided by the independent sector, address climate change and make a number of necessary technical amendments.

Code of governance for NHS provider trusts

The updated code of governance for NHS provider trusts came into effect from 1 April 2023 and replaces the 2014 NHS Foundation Trust Code of Governance.

The Code of Governance for NHS Provider Trusts sets out an overarching framework for the corporate governance of trusts, supporting delivery of effective corporate governance, understanding of statutory requirements where compliance is mandatory and provisions with which trusts must comply, or explain how the principles have been met in other ways.

The comply or explain approach gives the Trust the flexibility to adopt alternative practices and explain how this continues to meet the principles of good governance in its annual report and accounts. The Trust will comply or explain against the 2014 version of the code (NHS Foundation Trust Code of Governance) in its 2022/23 annual reports and accounts, and against the new code of governance for NHS provider trusts in its 2023/24 annual report and accounts.

What has changed in the new code

In general, the provisions of the code do not greatly differ from the 2014 version and the statutory roles and responsibilities of the Board of Directors have not changed.

There are some underlying themes which are included for the first time.

- Requirement for the Board to assess the Trust's contribution to the objectives of the Integrated Care Partnership (ICP) and ICB as part of its assessment of its performance, with system partners highlighted as key stakeholders
- Inclusion of the Board's role in assessing and monitoring the culture of the organisation and taking corrective action as required and investing in, rewarding and promoting the wellbeing of its workforce
- New focus on equality, diversity and inclusion among Board members and training for those undertaking director-level recruitment. The Board should have a plan in place for the Board and senior management of the organisation to reflect the diversity of the local community and/or workforce
- Greater involvement for NHS England (NHSE) in recruitment and appointment processes for the Board and use of the NHSE remuneration structure for Chair and Non-Executive Director remuneration

Many provisions relating to Councils of Governors are now included in Appendix B rather than the body of the Code and the disclosures section. The role and responsibilities of Councils in law does not change with the new Act, so there is little to note save:

- The description of Councils of Governors' duty to represent the interests of the "public at large" is fleshed out: "this includes the population of the local system of which the Trust is part and the whole population of England as served by the wider NHS."
- A new suggestion that the Council may look at the nature of the Trust's "collaboration with system partners" as an indicator of organisational performance
- A clarification of the Council's role in relation to approving significant transactions, mergers and acquisitions so that "to withhold its consent, the Council of Governors would need to provide evidence that due diligence was not undertaken." This was always the intention of the governor role in this regard however this perhaps sets it out more explicitly than previous guidance

Evaluation against the Trust's governance framework and proposed action plan to close gaps

The company secretariat has undertaken a detailed review of each provision of the new code against the Trust's governance framework. Gaps have been identified within appendix one to this report along with proposed actions to close the gaps.
It is proposed that the Trust will be non-compliant with provision E.2.2 related to Chair and non-executive director pay, as the governor led appointments committee has agreed the remuneration for the Chair and NEDs as being higher than the current national recommendation. The reason for this will be explained in the 2023/24 annual report and accounts.

Recommendation

It is recommended that the Board **notes** the evaluation against the Trust's governance framework and **agrees** the proposed action plan to close the gaps.

Appendix one

Evaluation against the Trust's governance framework and proposed action plan to close gaps

Code ref	Code provision	Proposed action	Comply/explain
A.2.1	The Board of Directors should assess the basis on which the Trust ensures its effectiveness, efficiency and economy, as well as quality of its healthcare delivery over the long term, and contribution to the objectives of the ICP and ICB.	That the Board completes a self-assessment on its effectiveness during Q4 of 2023/24 which will include consideration regarding contribution to the objectives of the ICP and ICB.	Comply
A.2.2	The Board of Directors should develop, embody and articulate a clear vision and values for the Trust, with reference to the ICP's integrated care strategy and the Trust's role within system and place-based partnerships, and provider collaboratives. This should be a formally agreed statement of the Trust's purpose and intended outcomes, and the behaviours used to achieve them. It can be used as a basis for the organisation's overall strategy, planning, collaboration with system partners and other decisions.	That the Board develops a formally agreed statement of the Trust's purpose and intended outcomes, and the behaviours used to achieve them as part of ongoing work to develop a strategy.	Comply
B.2.17	The Board should have a schedule of matters reserved specifically for its decisions. This schedule should include a clear statement detailing the roles and responsibilities of the Council of Governors. This statement should also describe how any disagreements between the Council of Governors and the Board of Directors will be resolved.	Clear statement detailing the roles and responsibilities of the Council of Governors and description of how disagreements between the Board and Council will be resolved to be added to the scheme of delegation and reservation of powers.	Comply
C.2.1	The Nominations Committee(s) should give full consideration to succession planning, taking into account the future challenges, risks and opportunities facing the Trust, and the skills and expertise required within the Board of Directors to meet them.	That the chief people officer takes forward succession planning when they start in post and this be scheduled on the nomination and remuneration committee work plan.	Comply

C.4.8	Led by the Chair, the Council of Governors should periodically assess their collective performance and regularly communicate to members and the public how they have discharged their responsibilities, including their impact and effectiveness on: ▪ holding the Non-Executive Directors individually and collectively to account for the performance of the Board of Directors ▪ communicating with their member constituencies and the public and transmitting their views to the Board of Directors ▪ contributing to the development of the Foundation Trust's forward plans The Council of Governors should use this process to review its roles, structure, composition and procedures, taking into account emerging best practice. Further information can be found in: ***Your Statutory Duties: A Reference Guide for NHS Foundation Trust Governors and Addendum to Your statutory duties – A reference guide for NHS Foundation Trust Governors.***	That the Council of Governors completes a self-assessment on its effectiveness during Q4 of 2023/24	Comply
C.4.9	The Council of Governors should agree and adopt a clear policy and a fair process for the removal of any Governor who consistently and unjustifiably fails to attend its meetings or has an actual or potential conflict of interest that prevents the proper exercise of their duties. This should be shared with the Governors.	That the governor code of conduct be revisited during 2023/24 to include a clear policy and fair process for the removal of governors who fail to attend meetings or have conflicts of interest.	Comply
C.4.10	In addition, it may be appropriate for the process to provide for removal from the Council of Governors if a Governor or group of Governors behaves or acts in a way that may be incompatible with the values and behaviours of the NHS	That the governor code of conduct be revisited during 2023/24 to include a clear policy and fair process for the removal of governors who behave in a way that may be incompatible with the values of the Trust.	Comply

	Foundation Trust. NHS England's model core constitution suggests that a Governor can be removed by a 75% voting majority; however, Trusts are free to stipulate a lower threshold if considered appropriate. Where there is any disagreement as to whether the proposal for removal is justified, an independent assessor agreeable to both parties should be asked to consider the evidence and determine whether or not the proposed removal is reasonable.		
E.2.2	Levels of remuneration for the Chair and other Non-Executive Directors should reflect the ***Chair and Non-Executive Director remuneration structure*** (published by NHS England Dec 2019)	That the Trust explains within its 2023/24 annual report and accounts the reason why the governor led appointments committee has agreed that the Chair and NEDs at QVH will be paid more than currently recommended within the Chair and Non-Executive Director remuneration structure published by NHSE.	Explain
E.2.7	The Remuneration Committee should also recommend and monitor the level and structure of remuneration for senior management. The Board should define senior management for this purpose and this should normally include the first layer of management below Board level.	That the structure and remuneration for senior management be scheduled on the nomination and remuneration committee work plan.	Comply
Code ref	**Appendix B: Council of Governors**	**Proposed action**	**Comply/ explain**
2.6	The Council of Governors should establish a policy for engagement with the Board of Directors for those circumstances when they have concerns about the performance of the Board of Directors, compliance with the provider licence or other matters related to the overall wellbeing of the NHS foundation trust and its collaboration with system partners.	That this policy is established and approved by the Council of Governors per best practice.	Comply

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**04/05/2023**		**Agenda reference:**	**12-23**	
Report title:	**Audit Committee Assurance update**				
Sponsor:	Kevin Gould, Audit Committee Chair				
Author:	Kevin Gould, Audit Committee Chair				
Appendices:	NA				
Executive summary					
Purpose of report:	To provide assurance to the board in relation to matters discussed at the Audit Committee meeting on 15 March 2023				
Summary of key issues	The Committee received a report on external audit planning, updates from Internal Audit and Counter Fraud and the Internal Audit and Counter Fraud plans for 2023/24.				
Recommendation:	The Board is asked to **NOTE** the contents of this report.				
Action required *[highlight **one** only]*	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs): *[Tick which KSO(s) this recommendation aims to support]*	KSO1: *Outstanding patient experience* √	KSO2: *World-class clinical services* √	KSO3: *Operational excellence* √	KSO4: *Financial sustainability* √	KSO5: *Organisational excellence* √
Implications					
Board assurance framework:	None				
Corporate risk register:	One corporate risk was reviewed and discussed				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Previously considered by:					
	Date:		Decision:		
Next steps:	None				

Report to:	Board Directors
Agenda item:	12-23
Date of meeting:	4 May 2023
Report from:	Kevin Gould, Audit committee Chair
Report author:	Kevin Gould, Audit committee Chair
Date of report:	24 April 2023
Appendices:	None

Audit Committee report
Meeting held on 15 March 2023

1. The Committee reviewed and approved its work programme for 2023/24.

2. KPMG provided an update on the planning for the external audit. Risks for the financial audit are similar to the previous year although the performance materiality has been adjusted to take account of additional risk resulting from turnover of finance staff. Their draft risk assessment for the Value-for-Money (VFM) commentary was discussed but was not yet complete.

3. RSM presented an update on the Internal Audit plan. One report had been completed since the previous meeting:
   - Risk Management (Reasonable Assurance, one High priority action)

   The committee also received the financial sustainability benchmarking report, noting the view that the Trust is in a reasonable position given the recent changes to the senior finance management team.

4. RSM presented the proposed internal audit plan for 2023/24 and an update to the internal audit charter. This was discussed and the committee agreed to approve the plan for the first quarter, noting that subsequent work would need to reflect emerging priorities and that it would be in a better position to determine requirements at the next meeting.

5. The Committee received a report on the progress of Counter Fraud activity. It also reviewed and approved the workplan for the 2023/24.

6. The Committee reviewed financial reports including details of waivers and invoices with no purchase order.

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

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

KSO 4 – Financial Sustainability

Risk Owner: Chief Finance Officer | **Committee: Finance & Performance** | **Date last reviewed 21/04/2023**

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.

Initial Risk 3 (C) x 5 (L) = 15, moderate
Current Risk Rating 4 (C) x 5 (L)= 20, High
Target Risk Rating 4 (C) x 3 (L) = 12, moderate

Rationale for current score (at Month 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.

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:	**04/05/2023**		**Agenda reference:**	**14-23**	
Report title:	**Financial Performance Report and Year End results**				
Sponsor:	Stuart Rees– Interim Chief Finance Officer				
Author:	Stuart Rees– Interim Chief Finance Officer				
Appendices:	None				
Executive summary					
Purpose of report:	This report provides an overview of the financial performance of the Trust at the close of Month 12. The finance team are currently preparing the Statutory Accounts which will be presented to relevant committees and the Board in the normal course of business. These financial results are subject to Audit.				
Summary of key issues	The Trust achieved all the statutory financial duties and key financial targets at the close of the 2022/23 financial year which is a pleasing result. • A breakeven position for Income and Expenditure • The Capital Programme spend was £6.5m fully utilising the available CRL • Cash at the Bank at the close of March 2023 was £11.7m This provides a firm foundation for the Trust to deliver the 2023/24 plan and to develop a medium and longer term strategy in collaboration with the Sussex ICB and partner organisations. In common with all other trusts, at the close of the financial year, the assets (land and buildings) are subject to a revaluation exercise. This has now been completed resulting in an impairment of £591k, which is built into the numbers in report. In accordance with NHS financial guidance, this will be presented as a technical adjustment in the income and expenditure account and does not affect the financial performance of the Trust which is breakeven.				
Recommendation:	To note the report and the contents.				
Action required	Approval	Information	Discussion	Assurance	**Review**
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: ***Financial sustainability***	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	KS04 – Financial Sustainability				
Corporate risk register:	877: Financial sustainability				
Regulation:					
Legal:					
Resources:	No current resources.				
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	24/4/23	Decision:	NA	
Next steps:					

Financial Performance Report

Stuart Rees, Interim Chief Finance Officer

March 2023
Month 12

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- **Year End Forecast** — **Breakeven**

Statement of Financial Position

- **YTD Cash at Bank** — **£11.7m**

BPPC YTD

- **Value** — **95.7%**
- **Volume** — **94.7%**

Efficiencies

- **Plan YTD** — **£1,213k**
- **Delivered YTD** — **£1,212k (£969k non recurrent)**

Capital Spend

- **Plan YTD** — **£6,548k**
- **Actual YTD** — **£6,540k**

Headline Financial performance Month 12

Queen Victoria Hospital NHS Foundation Trust

Financial Performance Month 12 2023
Income and Expenditure

	WTE worked	In Month £'000 Plan	In Month £'000 Actual	In Month £'000 Variance	Year to date £'000 Plan	Year to date £'000 Actual	Year to date £'000 Variance	Forecast £'000 Plan	Forecast £'000 Actual	Forecast £'000 Variance
Income										
Patient Activity Income		7,224	10,236	3,012	86,929	91,473	4,544	86,929	91,473	4,544
Other Operating Income		242	468	227	2,898	4,407	1,509	2,898	4,407	1,509
Income		**7,466**	**10,704**	**3,238**	**89,827**	**95,880**	**6,053**	**89,827**	**95,880**	**6,053**
Pay										
Substantive	954.55	(4,714)	(5,919)	(1,206)	(57,020)	(55,058)	1,962	(57,020)	(55,058)	1,962
Bank	79.93	(150)	(440)	(290)	(1,809)	(4,197)	(2,388)	(1,809)	(4,197)	(2,388)
Agency	15.07	(9)	(160)	(151)	(112)	(1,156)	(1,044)	(112)	(1,156)	(1,044)
Total Pay	**1049.55**	**(4,873)**	**(6,520)**	**(1,647)**	**(58,940)**	**(60,411)**	**(1,471)**	**(58,940)**	**(60,411)**	**(1,471)**
Non Pay		**(2,038)**	**(3,556)**	**(1,518)**	**(24,936)**	**(29,575)**	**(4,637)**	**(24,936)**	**(29,573)**	**(4,637)**
Non operational		(492)	(628)	**(136)**	(5,953)	(6,662)	**(709)**	(5,953)	(6,071)	**(118)**
Total Expenditure		**(7,403)**	**(10,704)**	**(3,301)**	**(89,830)**	**(96,648)**	**(6,816)**	**(89,830)**	**(96,055)**	**(6,225)**
Surplus / (Deficit)		**63**	**1**	**(62)**	**(3)**	**(768)**	**(765)**	**(3)**	**(175)**	**(172)**
Technical Adjustments		*1*	*20*	***19***	*3*	*768*	***765***	*3*	*175*	***172***
Adjusted Surplus / (		***64***	***21***	***(43)***	***0***	***0***	***(0)***	***0***	***0***	***(0)***

Financial Performance Month 12 2022/23
Cashflow Report

	Actual £'000 Oct 22	Actual £'000 Nov 22	Actual £'000 Dec 22	Actual £'000 Jan 23	Actual £'000 Feb 23	Actual £'000 Mar 23
Opening Balance	**10,212**	**9,158**	**14,834**	**13,930**	**13,207**	**15,350**
Total Receipts	**7,204**	**13,285**	**6,882**	**7,445**	**9,375**	**7,498**
Total Payments	**(8,258)**	**(7,609)**	**(7,785)**	**(8,169)**	**(7,232)**	**(11,129)**
Net Cash Movement	**(1,054)**	**5,676**	**(903)**	**(723)**	**2,143**	**(3,631)**
Closing Balance	**9,158**	**14,834**	**13,930**	**13,207**	**15,350**	**11,719**

Capital Position @ 31/03/2023

	PLAN	Month 12 Position
ESTATES	3,036,000	2,851,989
IT	2,581,000	3,369,354
MEDICAL DEVICES	700,000	668,912
OTHER CAPITAL	837,000	(350,277)
TOTAL QVH PROGRAMME	**7,154,000**	**6,539,978**
ICB ALLOCATION (CRL COVER)	**6,548,000**	**6,548,000**
(OVER) / UNDER UTILISATION	**(606,000)**	**8,022**

Performance Month 12 YTD breakeven: Income is over plan £6.1m which is offset by expenditure above plan £6.1m (including technical adjustment).

Income: Full year income is over plan £6.1m

YTD income over plan

- £0.7m final contract settlement with Kent & Medway ICB
- £1.8m non-consolidated pay award funding (Matched with £1.8m Pay cost)
- £0.4m non recurrent GSTT prior year income provision
- £0.5m other non recurrent Income
- £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
- £1.3m CDC H2

Expenditure YTD £6.2m over plan (before Technical Adjustment)

- Pay expenditure in Month 12 is higher than trend due to providing for the non-consolidated pay award in March. Total pay for the year is £1.5m above plan due to this late adjustment.
- Worked establishment at M12 is 1,049 wte, 35 wte higher than the same period in 21/22. In month Worked establishment is 25 wte higher than M11.
- Non pay YTD is £4.8m above plan. The main reasons for this are the additional TMC spend (£1.1m) to boost activity along with investment in the CDC and final year recognition of liabilities falling due.

Efficiencies

- M12 YTD delivery against identified schemes is £243k which is £969k under plan, the balance has been delivered through non recurrent measures. Work is ongoing to identify recurrent savings and ensure the delivery of planned targets in the new year.

Balance sheet

- Cash at M12 close is £11.7m.
- Trade payables are showing a £0.5m increase year to date which reflects the Capital Activity in March.
- BPPC: Trust total creditor performance YTD is as follows;
  - Number of invoices: 94.7 % (0.3% below compliant level)
  - Value of invoice 95.7% (compliant)

Capital

- The Capital programme for 22/23 landed £8k behind plan. The Trust managed to significantly complete its planned capital Programme in March.

Financial Forward Look Risks & Mitigations

Queen Victoria Hospital NHS Foundation Trust

Year end result: Breakeven: A year end Breakeven position has been achieved for the income and Expenditure Account.

Income

- A move to reconciliation based on SLAM activity delivery has now been completed with Kent and Surrey ICBs which has resulted in an improved position (£0.7m) mainly against plan for Kent and slight reduction against plan for Surrey. £1.3m is confirmed as continuity revenue for CDC in H2.

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; additional costs have continued to the year end.
- From July 2022, McIndoe increased the sessional price and this has resulted in additional costs of approx. £0.2m per month above qtr1 run rate for July – September.
- **Efficiencies**
- Non delivery of cash releasing schemes will impact the Trust position 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 have been 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

- The significant progress made throughout February continued in March and the Trust fully utilised the 22/23 capital allocation to within £8k of budget which is a positive result.

M12 Value Weighted Activity Performance vs 2019/20

Queen Victoria Hospital NHS Foundation Trust

Elective Recovery Group	POD Grouping	M12 Activity Plan	M12 22/23 Activity	% Activity Plan against 22/23 M12 Activity	19/20 M12 Activity Baseline	19/20 Activity Baseline % against 22/23 M12 Activity	1920 Value Weight Activity % against 22/23 M12 VWA
Elective Recovery Increase	Day Case Total	1,125	1,002	89%	1,066	94%	102%
	Elective Total	272	265	97%	265	78%	88%
	Elective (excl Sleep)	*192*	*172*	*89%*	*216*	*80%*	*89%*
	First Outpatients Total	3,939	3,873	98%	3,749	103%	104%
	Outpatient Procedures Total	2,261	3,120	137%	2,320	134%	177%
Elective Recovery Increase Total							106%
Elective Recovery Reduction Total	Follow Up Outpatients Total	10,680	9,630	-10%	10,389	-7%	
Non Elective Total		603	583	97%	588	99%	

Elective Recovery Group	POD Grouping	1	2	3	4	5	6	7	8	9	10	11	12	Grand Total
Elective Recovery Increase	Day Case	95%	83%	100%	94%	98%	91%	93%	91%	100%	104%	108%	102%	
	Elective	102%	78%	72%	105%	69%	83%	108%	109%	81%	94%	62%	88%	
	First Outpatients	87%	101%	93%	89%	98%	99%	102%	100%	95%	104%	102%	104%	
	Outpatient Procedures	94%	122%	116%	133%	135%	146%	168%	157%	169%	164%	178%	177%	
Elective Recovery Increase Total		**96%**	**89%**	**92%**	**100%**	**92%**	**95%**	**107%**	**105%**	**100%**	**109%**	**98%**	**106%**	**99%**
Grand Total		**96%**	**89%**	**92%**	**100%**	**92%**	**95%**	**107%**	**105%**	**100%**	**109%**	**98%**	**106%**	

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 2019/20 on which current block payments are based. Follow-up outpatient activity shows level of reduction compared to 2019/20 levels which has a target of 15% reduction over the year.

The Trust delivered 106% of 2019/20 value weighted activity (VWA) levels in M12. The main underperformance is still with elective inpatients which is at 89% of 2019/20 levels and mostly sits with Plastics.

Year-end elective recovery performance has increased to 99% VWA at M12.

Statement of Financial Position & Better Payment Practice Code Month 12

Queen Victoria Hospital NHS Foundation Trust

Statement of financial position

£000's	Prior Year End: March 2022	January	February	March	Change In Month	Change In Year
Non Current Assets	60,252	58,543	60,871	64,438	3,567	4,186
Inventories and Receivables	4,594	8,163	6,333	9,369	3,036	4,775
Cash	17,547	13,213	15,356	11,725	(3,631)	(5,822)
Total Current Assets	22,141	21,376	21,689	21,094	(595)	(1,047)
Current Liabilities	(18,971)	(17,560)	(20,222)	(20,947)	(725)	(1,976)
Subtotal Net Current Assets	**3,170**	**3,816**	**1,467**	**147**	**(1,320)**	**(3,023)**
Total Assets less Current liabilties	**63,422**	**62,359**	**62,338**	**64,586**	**2,247**	**1,164**
Non Current Liabilties	**(3,843)**	**(2,980)**	**(2,979)**	**(2,652)**	**327**	1,191
Total Assets Employed	**59,579**	**59,379**	**59,359**	**61,933**	**2,574**	**2,354**
Total Tax Payers' Equity	**59,579**	**59,379**	**59,359**	**61,933**	**2,574**	**2,354**

Better payment practice code

Compliance target: 95% of invoices being paid within 30 days of receipt	Current YTD March Invoice Quantity	Current YTD March Invoice Value £000	Previous Month YTD February Invoice Quantity	Previous Month YTD February Invoice Value £000	Current Month March Invoice Quantity	Current Month March Invoice Value £000
Non NHS						
Total bills paid	18,294	47,492	16,701	41,239	1,593	6,254
Total bills paid within target	17,369	45,596	15,813	39,411	1,556	6,185
Percentage of bills paid within target	**94.9%**	**96.0%**	**94.7%**	**95.6%**	**97.7%**	**98.9%**
NHS						
Total bills paid	1,284	7,702	1,240	7,561	44	141
Total bills paid within target	1,168	7,229	1,132	7,091	36	138
Percentage of bills paid within target	**91.0%**	**93.9%**	**91.3%**	**93.8%**	**81.8%**	**97.5%**
Total						
Total bills paid in the year	**19,578**	**55,195**	**17,941**	**48,800**	**1,637**	**6,395**
Total bills paid within target	**18,537**	**52,825**	**16,945**	**46,502**	**1,592**	**6,323**
Percentage of bills paid within target	**94.7%**	**95.7%**	**94.4%**	**95.3%**	**97.3%**	**98.9%**
Compliance target	95.0%	95.0%	95.0%	95.0%	95.0%	95.0%
Above (below) target	(0.3%)	**0.7%**	**(0.6%)**	**0.3%**	**2.3%**	**3.9%**

QVH PERFORMANCE COMMENTARY

- Non current assets: Capital spend YTD of £6.5m and depreciation of £4.1m YTD.
- Trade receivables: Are reporting a 4.8m increase due to the freezing of NHS debtors, due to the Agreement of Balances exercise.
- Cash: Reporting a £3.6m decrease in cash month on month (£5.8m YTD); largely driven by the Debtors movement above.
- Cash balances continue to be favourable due to monies due to be repaid to the ICB.
- Trade payables: are up from February by £2.2m, this is due to the significant effort to spend the 22/23 capital programme, this will decrease as the invoices filter through and are paid.
- 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 compliant on both. Efforts continue to improve and maintain performance to compliant levels.

Efficiencies Month 12

Queen Victoria Hospital NHS Foundation Trust

Summary Performance	No of Schemes.	Annual Contribution FYE £'000	Contribution 2022/23 PYE £'000	RAG RATED Contribution 2022/23 PYE £	YTD Plan Contribution £'000	YTD Achievement £'000	YTD Variance £'000
Red	2	123	112	11	11	0	
Amber	11	1,824	1,459	729	729	5	(724)
Green	7	313	266	213	213	45	(168)
Blue	5	259	259	259	259	193	(66)
TBC	11	66	16	0	0	0	0
Non recurrent	1	0	0	0	0	969	969
Grand Total	**37**	**2,585**	**2,112**	**1,213**	**1,213**	**1,212**	**(1)**
Trust Target		**3,464**	**3,464**	**3,464**			
Variance (under)/over identified		**(878)**	**(1,352)**	**(2,251)**			

Business Unit performance	No of Schemes.	Annual Contribution FYE £'000	Contribution 2022/23 PYE £'000	RAG RATED Contribution 2022/23 PYE £'000	YTD Plan Contribution £'000	YTD Achievement £'000	YTD Variance £'000
Clinical Support	6	296	241	204	204	110	(94)
Non Clinical Infrastructure	5	156	147	114	114	22	(92)
Operational Nursing	2	15	8	0	0	0	0
Oral, Maxillofacial And Corneo	6	170	155	49	49	0	(49)
Outpatients, Community & Sleep	1	0	0	0	0	0	0
Perioperative Care	11	91	38	22	22	18	(4)
Plastics	3	458	124	124	124	93	(31)
Trustwide	3	1,400	1,400	700	700	969	269
Grand Total	**37**	**2,585**	**2,112**	**1,213**	**1,213**	**1,212**	**(1)**

QVH PERFORMANCE COMMENTARY

M12 Full year delivery against identified schemes is £243k which is £969k under plan, the balance has been delivered through non recurrent measures. Work is ongoing to identify recurrent savings as part of the 2023/24 planning cycle.

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 £2.1m has been identified as impacting in 22/23. The RAG rated contribution of these schemes is however circa £1.2m.

37 schemes were identified across the Trust and the contribution risk rated.

The Trust accepts that the remainder of the efficiencies were made from non-recurrent measures. 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:	**04/05/2023**		**Agenda reference:**	**15-23**	
Report title:	**QVH 23/24 Financial Plan and Provisional Budget**				
Sponsor:	Stuart Rees– Interim Chief Finance Officer				
Author:	Stuart Rees– Interim Chief Finance Officer				
Appendices:	None				
Executive summary					
Purpose of report:	The 23/24 Sussex ICB system Financial Plan has not been finalised and currently has a deficit of £59.7m, primarily driven by excess inflationary costs of £52.6m. The Sussex System were requested by NHSE to re-submit a compliant Plan on Tuesday 25th April.				
Summary of key issues	Provisional Budgets have been developed with QVH operational and clinical staff which are consistent with the QVH financial plan. These Provisional budgets will allow effective financial management in the early months of the year until the finalisation of the ICB Plan and final ratification of the QVH Budgets. The provisional budgets are based on agreed planning assumptions, • Achieving 109% of 19/20 activity levels and 5.5% efficiencies • Workforce levels to deliver the activity plan after removing historic vacancy factors • Known inflationary pressures and Pay Awards • Consistent with the Breakeven Financial Plan				
Recommendation:	To **approve** the 2023/24 financial plan and provisional budget.				
Action required	**Approval**	Information	Discussion	Assurance	**Review**
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: *Operational excellence*	KSO4: ***Financial sustainability***	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	KS04 – Financial Sustainability				
Corporate risk register:	KS04 – Financial Sustainability				
Regulation:					
Legal:					
Resources:	No current resources.				
Assurance route					
Previously considered by:	Finance and performance committee				
	Date:	24/4/23	Decision:		
Next steps:					

Queen Victoria Hospital NHS
NHS Foundation Trust

2023/24 Financial Plan and Provisional Budget

Stuart Rees Interim Chief Finance Officer

2023/24 QVH Submitted Financial Plan

Queen Victoria Hospital NHS
NHS Foundation Trust

Statement of comprehensive income	Plan
	31/03/2024
	£'000
Operating income from patient care activities	92,777
Other operating income	2,859
	95,636
Employee expenses	(62,500)
Operating expenses excluding employee expenses	(33,660)
CIP	2,000
	(94,160)
OPERATING SURPLUS/(DEFICIT)	1,476
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	(277)
Remove capital donations/grants/peppercorn lease I&E impact	277
Adjusted financial performance surplus/(deficit)	0

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
- Increased respiratory devices £0.5m assumed funded by ICB
- No Growth included

Expenditure

- Inflation as per National Guidance 2.9% net
- Incremental Drift £0.3m
- Identified CIPS £3.5m
- Unidentified CIPs of £2.1m
- Costs to deliver 109% of 19/20 activity including McIndoe centre activity £2.8m
- CDC Expenditure £2.6m

Risks

- Excess Inflation (e.g Energy costs) may increase above planned levels - will need to increase CIP
- None achievement of elective activity levels will result in not achieving ERF income-Action will be needed at earliest opportunity to mitigate this.
- Current unidentified CIPs. Recurrent CIPS need to be identified and delivered.

QVH

2023/24 QVH Provisional Budgets

Queen Victoria Hospital NHS
NHS Foundation Trust

- The 23/24 Sussex ICB system Financial Plan has not been finalised and currently has a deficit of £59.7m, primarily driven by excess inflationary costs of £52.6m.

- A route to Breakeven plan has been developed by Sussex ICB in collaboration with Sussex providers and is currently being discussed with NHSE.

- The Sussex System are expecting to submit a compliant Plan (with some fine tuning at time of writing this report underway), which will be re-submitted next Tuesday 25th April:-
  - All providers to look to deliver 5.5% efficiencies in their individual financial plan and adequately contribute to the Sussex system, which has resulted in QVH having no changes to its financial or activity plans (QVH Plan is based on achieving 109% and Breakeven with 5.5% efficiencies):
  - Confirm final approach and efficiency vs inflation/cost reduction split
  - Approach to allocating any inflation funding

- As a result of this, the ICB Plan, and any potential impacts on provider plans, is not yet finalised.
- Provisional Budgets have been developed with QVH operational and clinical staff which are consistent with the QVH financial plan. These Provisional budgets will allow effective financial management in the early months of the year until the finalisation of the ICB Plan and final ratification of the QVH Budgets.

- The provisional budgets are based on agreed planning assumptions,
  - Achieving 109% of 19/20 activity levels and 5.5% efficiencies
  - Workforce levels to deliver the activity plan after removing historic vacancy factors
  - Known inflationary pressures and Pay Awards
  - Consistent with the Breakeven Financial Plan

2023/24 QVH Provisional Budgets

Queen Victoria Hospital NHS
NHS Foundation Trust

- The provisional Budgets have been discussed and approved by the EMT and, following Directors' sign off, will form the basis for financial control.

- The Provisional Budgets are in line with the Financial Plan and allow for the ESR to be aligned with the financial budget which is a theme that has been evident in Performance Reviews

- Following finalisation of the ICB Plan, a full presentation of the Budgets will be made to F&P Committee and Board in accordance with recognised Governance procedures.

- Plan to have budgets signed off and in place for Month 2 reporting

KSO5 – Organisational Excellence

Risk Owner: Interim Director of Workforce & OD
Date 27 April 2023

Strategic Objective
We seek to be the best place to work by maintaining a well led organisation delivering safe, effective and compassionate care through an engaged and motivated workforce

Risk
- CRR ID 1291 Overarching Corporate Risk - Keeping our staff engaged, motivated and supported during a time of great change
- The impact on recruitment and retention across the Trust leads to an increase in bank and agency costs and having longer term issues for the quality of patient care and staff engagement
- Significant challenges being seen with staffing levels in individual areas with high vacancy rates.
- Trust establishment and vacancy levels and ability to meet required activity levels
- Staff Survey results relating to WRES and WDES indicators and Metrics in relation to Bullying and Harassment

Risk Appetite The Trust has a **moderate appetite** for risks that impact on Organisational Excellence . The engagement and motivation of the workforce, supported by evidence based research, will impact on patient experience

Rationale for risk current score
- National workforce shortages in key nursing areas
- 2-3 years to train registered practitioners to join the workforce
- Managers skill set in triangulating workforce skills mix against activity and financial planning
- Ensuring the National People Promise is being delivered across the organisation
- Staff survey results and SFFT staff engagement have shown stability in a challenging operational environment. The 2021 survey outcome remained stable with improvements seen for team working, however challenges are being seen in our results for our staff with protected characteristics
- Overseas nurses having a positive impact upon workforce and vacancy challenges.
- Workforce KPI's highlight workforce stability over sustained period of time
- Availability and willingness of staff to undertake additional activity with Trust initiatives such as WLI and Bank Shift Supplements due to wellbeing concerns or financial implications

Initial Risk 3(C)x 5(L)=15, moderate
Current Risk Rating 4(C)x 4(L)=16, high
Target Risk Rating **3**(C)x 3(L) = 9 moderate

Future risks
- An ageing workforce highlighting a significant risk of retirement in workforce
- Many services rely upon single staff/small teams that lack capacity and agility.
- Unknown longer term impact of COVID-19 pandemic on workforce recruitment and retention
- Impact of future waves of the pandemic and associated variants including potential vaccination booster programme requirements
- Impact on workforce confidence in a sustainable future, due to uncertainty or misinformation from outside and inside the Trust related to future of the organisation
- Industrial action currently raised by 3 unions operational impact in Winter 2023

Future Opportunities
- Closer partnership working with Sussex Health and Care Partnership - ICS.
- ICB Collaboration amongst Sussex on key areas including Occupational Health, Payroll Services, Equality Diversity and Inclusion with anticipated shared resource potentially available
- Sussex ICB undertaking work to introduce a collaborative bank amongst providers to improve cost and economies of scale along with consistent approach
- Streamlining internal HR processes and procedures

Controls / assurance
- More robust workforce/pay controls as part of business planning and weekly vacancy control
- Leading the Way, leadership development programme to be revisited and launched for our staff with line management responsibilities
- Overseas recruitment successful and will be reviewed as part of business planning, improving picture
- Stay Well Team, health and wellbeing initiative to establish a Trust Wellbeing Strategy

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

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**04/05/2023**		**Agenda reference:**	**17-23**	
Report title:	**Workforce and organisational development report**				
Sponsor:	Clare Pirie, director of communications and corporate affairs				
Author:	Workforce and organisational development team				
Appendices:	Appendix one: Workforce Data – March 2023 data				
Executive summary					
Purpose of report:	To provide an update on key issues around workforce and organisational development activity, highlighting achievements and challenges for the organisation in this domain.				
Summary of key issues	Focused work underway around appraisal quality and delivery of an annual review for every member of staff Staff network development and the need to attract a new Chair for the EDS staff network				
Recommendation:	The committee is asked to **note** the report				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:** ***Outstanding patient experience***	**KSO2:** ***World-class clinical services***	**KSO3:** ***Operational excellence***	KSO4: *Financial sustainability*	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:	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:	1291 - Overarching Corporate Risk - Keeping our staff engaged, motivated and supported during a time of great change				
Regulation:	Well Led				
Legal:	n/a				
Resources:	Pressures on workforce team noted in paper				
Assurance route					
Previously considered by:	Finance and Performance Committee				
	Date:	24/04/23	Decision:	Discussed and noted	
Next steps:	NA				

Report to:	Board Directors
Agenda item:	17-23
Date of meeting:	4 May 2023
Report from:	Clare Pirie, director of communications and corporate affairs
Report authors:	Clare Pirie, director of communications and corporate affairs Workforce and organisational development team
Date of report:	25 April 2023
Appendices:	Appendix one: Workforce Data – March 2023 data

Workforce and organisational development report

Appraisals – compliance and quality
Appraisal compliance is currently at 83.90%, below the 90% KPI. More detailed scrutiny of the data has shown a number of staff with appraisals outstanding for more than six months; action is being taken to address these promptly and reporting to the executive team has been established so that significantly overdue appraisals are escalated and addressed.

While we ask all line managers to have 'continuous conversations' with staff to address issues of wellbeing and short term objectives, an annual review meeting within a more formal framework is an important part of ensuring all our people have protected time with their line manager to review their achievements and plan for the year ahead. The review process involves setting individual work objectives that are in line with corporate, directorate and team objectives; identifying appropriate career, experience and skills development opportunities; ensuring all staff understand where their work fits in the organisation and are fully supported to deliver continuous improvements in line with QVH values.

The most recent national staff survey tells us that QVH staff rate the organisation above average on appraisals that help staff improve how they do their job, agree clear objectives for their work and feel that their work is valued by the organisation. There is of course the opportunity for further improvement. Training is available both for line managers in how to carry out an effective appraisal, and for appraisees on how to get the most out of an appraisal, but we do not currently review the quality of completed appraisal documentation or talk directly to individual participants about their experience. We will be reviewing how we can assess the quality of appraisals and further improve our approach.

Staff networks
Staff networks, which are developed by communities of staff who share an affiliation with a protected characteristic, have a very important contribution to make in maintaining a well led organisation delivering safe and compassionate care through an engaged and motivated workforce. Their collaboration and engagement can help to improve the culture of our organisation; support management practices to ensure the impact on minorities and discriminated against groups are taken into account; and provide visible promotion of the Trust's commitment to equality, diversity and inclusion.

In a small trust like QVH networks can be reliant on the good will and enthusiasm of small numbers of staff, so in September 2022 we published guidance for staff on how to balance their involvement within staff networks alongside their paid employment.

The ethnically diverse staff (EDS) network which was established at QVH in 2020 has been ably co-chaired by Kokila Ramalingam, specialty team lead for plastic and reconstructive surgery, and Aneela Arshad, senior biomedical scientist in histopathology. The network is an important source of knowledge, support and experience for individuals as well as helping the Trust to address issues of equality, diversity and inclusion.

Attracting a new network chair or co-chairs at the end of Kokila and Aneela's term has proved challenging and we are seeking external expertise to help us. Work is also underway to establish other staff networks including an LGBTQ+ staff network, a women colleagues' network and a network for disabled staff and it is hoped that other networks will follow.

Civility and an inclusive working environment
Our staff survey, and our Workforce Race Equality Standard and Workforce Disability Equality Standard reports, tell us that we have more work to do to create an inclusive working environment. In February and March 2023 more than 70 staff took part in a series of workshops which used drama and active learning techniques to create an immersive, enjoyable and effective development opportunity on how to tackle incivility and how to create more inclusive working environments. Feedback from participants was very positive and consideration is being given to requests from some teams for further bespoke sessions to help improve working environments.

Work experience
As part of our local community, QVH has an important role to play in supporting young people to gain insight into NHS careers, informing their career choices and supporting their applications to further education. As a major local employer we also recognise the value of work experience and work related learning for students in attracting our future workforce. The nature of work experience opportunities was fundamentally impacted by the pandemic and the development of online learning provided new opportunities for how we approach this. We have therefore put in place three different strands of work experience - virtual work experience open to any age; work experience events for 15-17 year olds; work placement opportunities for 15-17 year olds.

On 30 March 2023 we held the first of our work experience events in this new format attended by 30 students who live or go to school within a ten mile radius of the hospital. The evening involved presentations and a variety of hands on activities for attendees to get a better understanding of working in the NHS. Feedback from students and parents was very positive, and we are very grateful to the staff who put their time and skill into delivering a successful event.

Workforce and organisational development team
We are currently recruiting for a Chief People Officer to help us maintain a fully engaged and supported, highly skilled and high-performing workforce, recognising the need to ensure our workforce is fit for the future and that we have an organisational culture of compassion, inclusivity, and fairness. The workforce and organisational development team are working hard in the interim period to maintain their service to departments across the Trust, deliver on national, regional and system data requirements, and maintain a focus on areas of improvement. I would like to record my thanks to the team for their dedication and hard-work through a period of change.

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

Workforce and Organisational Development
March 2023 data

Queen Victoria Hospital
NHS Foundation Trust

Workforce KPI Summary

Queen Victoria Hospital NHS Foundation Trust

	KPI	Mar-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Establishment WTE Including Bank & Agency		1116.88	1057.16	1057.16	1057.16	1057.16	1057.16	1057.16	**1057.16**
Establishment WTE excluding Bank & Agency		1080.03	1026.97	1026.97	1026.97	1026.97	1026.97	1026.97	**1026.97**
Staff In Post WTE		939.56	950.70	952.56	954.75	952.49	953.62	957.54	**959.47**
Agency Total worked in month WTE		10.50	9.22	8.31	8.96	8.55	10.95	10.02	**14.76**
Bank WTE Total worked in month WTE		91.93	72.25	79.72	76.91	66.17	76.53	74.26	**91.30**
Staff in Post Vacancy WTE		140.47	76.27	74.41	72.22	74.48	73.35	69.43	**67.50**
Vacancies % Including Bank & Agency Usage	8%	6.71%	2.36%	1.57%	1.56%	2.83%	1.52%	1.45%	**-0.79%**
Staff in Post Vacancies %	8%	13.01%	7.43%	7.25%	7.03%	7.25%	7.14%	6.76%	**6.57%**
Band 5 Nurse Vacanies WTE			19.71	21.36	26.05	25.05	26.18	26.18	**27.42**
Band 2 & 3 HCSW Vacancies WTE All clinical and non clinical support to clinical staff			12.33	14.93	1.03	-0.21	-1.89	-3.26	**-3.52**
Qualified AHP Vacancies WTE			8.04	5.68	-0.25	-0.52	-0.72	1.38	**2.38**
Trust rolling Annual Turnover % Excluding Trainee Doctors	10%	15.40%	13.38%	13.60%	13.27%	12.95%	13.24%	13.31%	**13.73%**
Starters WTE In month excluding HEE doctors		11.01	15.71	7.01	9.07	8.70	13.80	8.64	**14.20**
Leavers WTE In month excluding HEE doctors		7.61	3.47	12.27	7.48	7.31	12.80	8.63	**11.86**
12 Month Rolling Stability % Remained employed for the 24 month period	85%	83.43%	84.77%	84.62%	82.43%	86.11%	86.49%	87.74%	**86.12%**
24 Month Rolling Stability % Remained employed for the 12 month period		74.65%	76.12%	75.22%	74.70%	74.75%	75.20%	76.33%	**75.00%**
12 month sickness rate (all sickness)	3%	3.90%	4.17%	4.17%	4.18%	4.31%	4.25%	4.22%	**TBC**
12 month sickness rate of which is Long Term		2.05%	1.86%	1.85%	1.85%	1.83%	1.79%	1.82%	TBC
12 month sickness rate of which is Short Term		1.85%	2.31%	2.32%	2.33%	2.48%	2.46%	2.39%	TBC
Monthly Sickness Absence % All Sickness		4.70%	3.94%	4.44%	4.75%	5.72	4.06%	3.86%	TBC

	KPI	Mar-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
% staff appraisal compliant	90%	86.08%	83.74%	81.72%	80.56%	82.55%	**84.59%**	**83.97%**	**83.90%**
% staff appraisal compliant AfC only		88.00%	85.25%	83.28%	81.92%	84.27%	**85.86%**	**84.91%**	**84.66%**
% staff appraisal compliant M&D		70.27%	75.31%	73.17%	73.41%	73.56%	**77.36%**	**78.95%**	**79.76%**
Statutory & Mandatory Training	90%	92.35%	91.89%	92.34%	92.16%	91.32%	**91.08%**	**90.62%**	**91.75%**
Statutory & Mandatory Training Bank only			79.52%	81.69%	81.37%	81.93%	**81.32%**	**78.67%**	**81.70%**
Statutory & Mandatory Training AfC only		94.29%	92.91%	93.53%	93.70%	92.82%	**92.76%**	**91.94%**	**92.63%**
Statutory & Mandatory Training M&D		82.49%	87.23%	83.93%	85.48%	84.80%	**83.12%**	**84.76%**	**87.77%**

	2022/23 Qtr 1	2022/23 Qtr 2 (159 responses)	2022/23 Q3 National Staff Survey	2022/23 Qtr 4 (145 responses)
Staff Engagement (National Quarterly Pulse Survey)	7.4	7.3 out of 10	7.4 out of 10	7.0 out of 10

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

2022-23 National Survey
Strongly Agree/Agree: Strongly disagree/disagree
557 = 92% : 10 = 1%

Recruitment Activity

Queen Victoria Hospital NHS Foundation Trust

Stage	KPI	Oct	Nov	Dec	Jan	Feb	Mar	Trend Line
From Advert open to ready to start	45	56.03	70.23	58.75	67.8	62.7	61	
From conditional offer to ready to start	18	27.3	42.6	38.7	40.65	42.2	38.9	
From authorised to ready to start	53	66.66	93.08	68.85	84.7	80.05	70.2	
From authorised to start date	70	78.15	76.73	63.7	125.4	70.42	87.33	
Time to authorise	5	6.05	1.17	4.23	3.07	1.6	0.5	
From authorised to advert live	2	2.65	3.77	3.13	3.07	5.3	0.8	
Time to shortlist	3	12.3	6.84	11.43	15.13	9.2	8	

Number of applications received in hard to fill staff groups

Staff Group	Band	Team	Sum of Number of Applicants
Allied Health Professions	NHS AfC: Band 2	Theatres	19
	NHS AfC: Band 4	Perioperative Services	2
	NHS AfC: Band 5	Day Surgery	11
		Physiotherapy	93
		Radiography	114
		Recovery	18
		Theatres	20
	NHS AfC: Band 6	Hands and Plastics	37
		Theatres	6
	NHS AfC: Band 7	Clinical Psychology	1
	NHS AfC: Band 8a	Radiology	6
Nursing and Midwifery	NHS AfC: Band 2	Peri-Operative Services	1
	NHS AfC: Band 4	Perioperative Services	2
		Surgical	2
	NHS AfC: Band 5	Burns	21
		Day Surgery	11
		Recovery	18
		Surgical Nursing	0
		Theatres	20
	NHS AfC: Band 6	Burns and Plastics	1
		Nursing	2
		Theatres	6
	NHS AfC: Band 7	Operational Nursing	1

Data highlights	Actions
Recruitment KPIs continue to improve with conditional offer to ready start now at 38.9 days compared to 42.2 in Feb.	New applicant portal (add on to Trac, the onboarding system) to begin build of all forms and process w/c 10 April 2023 with go live in May 2023.
Medical and Dental had 13.44 WTE vacancies raised to advertise, 7 conditional offers sent and 8 candidates ready to start in March	
Agenda for Change had 108.2 WTE vacancies raised to advertise, 26 conditional offers and 29 candidates ready to start in March.	Plastics Medical Secretarial roles advertised with externally on additional recruitment job board (Indeed) and joint work with University Hospitals Sussex placing an advert to highlight vacancies within QVH and a joint shortlisting/interview and appointment process.
Despite high number of applications received in hard to fill areas – Radiology 114, Physiotherapy 93 and 68 in qualified nursing (band 5) roles, vacancies are still evident in these areas with some applicants not eligible to work in the UK or without required minimum experience.	

Health and Wellbeing

Queen Victoria Hospital NHS Foundation Trust

Highlights

- Developing a Health & Wellbeing/Wellness plan in line with regional and national teams to implement the "we are safe and healthy" element of NHS People Plan – to include NHS England health and wellbeing self-diagnostic actions
- International Women's Day (8th Mar), Neurodiversity Celebration Week (13th Mar), Ramadan (23rd Mar for 1 month)

Future initiatives/Successes

Men's Colleague, Disability, and Armed Forces Networks being scoped for interest to form – additional questions in National Quarterly Pulse Survey (NQPS) Apr 23

Ethnically Diverse Staff (EDS) Network – term of Chairs ended 31 Mar 23; working to recruit new Chair(s)

April is Keeping Ourselves Healthy: Stress Awareness Month, World Health Day (7th), Eid al Fitr (~21st), Earth Day (22nd)

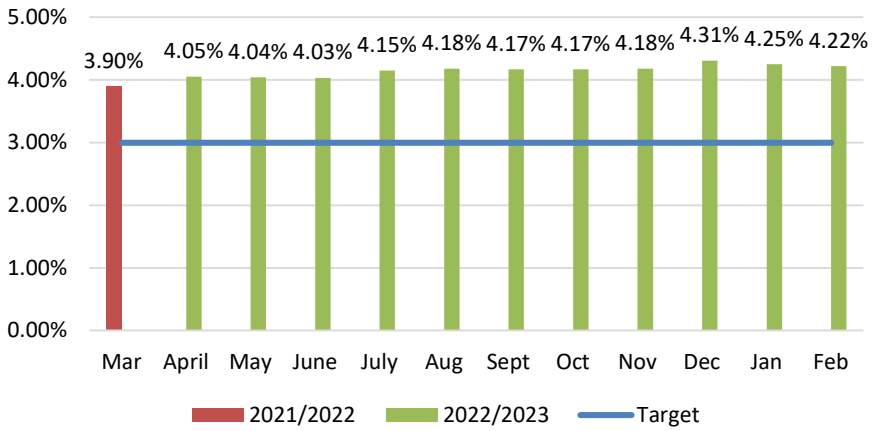
May is Accessibility for All: Equality, Diversity & Human Rights Week (8-13th), International Nurses Day (12th), National Operating Department Practitioner Day (14th), Global Accessibility Awareness Day (18th)

Action Plan	Update
Implementation of the Best Place to Work Trust-wide project priorities	Key priorities agreed by EMT in Feb 23 (inc senior leadership links into staff networks, work with staff re views on reward and recognition). Leadership development support commissioned for senior managers.
Scoping for Occupational Health (OH) new provider	Procurement of a new provider to commence in June 23
Scoping for Employee Assistance Provider (EAP) new provider	Commence specification with procurement in June 23

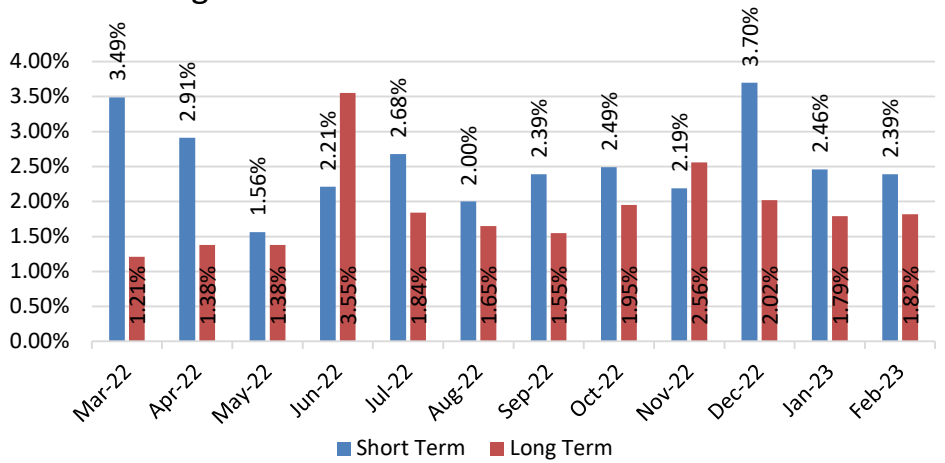
Sickness absence

Queen Victoria Hospital NHS Foundation Trust

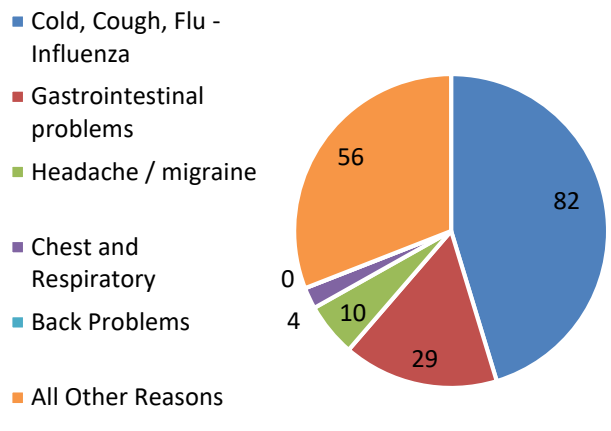
12 month rolling sickness



Long term and short term in month sickness



Short term reasons - 1 month total



Highlights	Hot Spots	Future initiatives/Successes
• 12 month rolling sickness absence has seen a downward trend in Jan and Feb 23 which is anticipated to continue through to the summer months • Short term sickness absence has reduced by 13% and the reason of cold etc. reduced by a further 13% to 82 occasions in Feb 23 (from 94 in Jan) although remains the highest reason • There were no areas where long term was above the Trust's 3% target. In month, Sleep saw the most significant decrease by 1.76% in long term sickness absence from 3.45% (in Jan) to 1.69% in Feb • Short term in Plastics reduced by 1.37% in month (from 3.47% in Jan)	• Long term sickness saw a minor increase from 1.79% in Jan to 1.82% in month (Feb) • Short Term sickness hotspot above the Trust's 5% target is Operational Nursing (3.24%)	Targeted work related stress activities identified for Day Surgery team and Estates department

Action Plan	Update
Advisory team to triangulate sickness absence with health & wellbeing offerings in conversations with managers and staff in hot spot Business Units	Advisory team arranged catch up meetings with engaged managers
Review NHS England improving attendance toolkit as a benchmark to increase offerings at QVH	

Organisational development & learning and medical education

Queen Victoria Hospital NHS Foundation Trust

Compliance summary data up to 31 March 2023

Organisation	Count	MAST %	Change	PDR %	Change
All QVH (all perm)	1087	**91.75%**	**1.12%**	**83.90%**	**0.07%**
Non-perm (excl. hon & locum)	184	**81.70%**	**3.03%**	**N/A**	**N/A**
AfC (excl. bank)	919	**92.63%**	**0.69%**	**84.66%**	**0.25%**
Medical & Dental (excl. hon & locum)	168	**87.77%**	**3.02%**	**79.76%**	**0.81%**

PDR expiry up to 30 November 2022

Total PDR expired	M&D expired	Total PDR > 3mths	M&D expired > 3mths
177	34	56	18

Future initiatives

- Appraisal approach to be reviewed along with the training, form and other supporting resources
- Developing a leadership framework for QVH, signposting staff to available development across ICS
- 5 requests for bespoke events (Plastics, Recovery, Hotel Services, RTT Admin, CCU). 4 x 360o feedback facilitation sessions, 1 coaching request. Plastics admin event arranged for April 2023.
- LEEP (Leadership through Education for Excellent Patient Care) training to be introduced Summer 2023, a programme which meets the requirement for doctors to have taken first steps in leadership before applying for consultant roles and is for cross disciplinary staff group

Highlights

- 20 invited to March Corporate Induction (17 attended, 0 DNA and 3 W/D)
- Of 489 course bookings, 341 attended (71%) 33 DNA (7%) and 85 (17%) W/D
- Met Heads of Depts to share staff survey results and re Action Plans for all teams
- Delivered work experience event on 30 March 2023 for 29 attendees, initial feedback very positive
- Coaching relationship started with staff
- NHS Elect delivered an SOP workshop for Plastics
- Enact training organised for staff at QVH based on Dignity & respect (36) and Diversity & Inclusion (39)
- New Guardian of Safe Working Hours now in post – Jennifer O'Neill, Plastic Surgery Consultant
- The annual GMC survey of trainees is now open

Hot Spots

- Work experience placement process underway. Further work needed re placement opportunities for medical and nursing staff.
- Staff survey action plans needed from heads of departments. GMs asked to submit priorities by 19/05/23.

Action Plan	Due by	RAG	Update
NHS Elect membership to be agreed	Mar 2023		Membership contract now agreed.
Apprenticeship comms to widen participation	June 2023		Articles with a diversity & inclusion focus tied to apprenticeship week developed and promoted across QVH. KB to work with key stakeholders to produce next phase. Deadline extended to June 23 to allow key stakeholders to engage
Appraisal review	July 2023		Appraisal form in development to be shared with E&D group for consultation
Leadership framework	July 2023		A new leadership framework in development to be shared with key stakeholders to gain feedback before implementing across QVH

www.qvh.nhs.uk

NHS SBS payroll – March 2023

Queen Victoria Hospital NHS Foundation Trust

NHS SBS provide monthly data based on the number of employees who have set up a portal profile, feedback scores and query types. Overall our employees are giving a Good or Satisfactory outcome and very few issues have been raised relating to service provision.

Of all calls to the help line 90% were aware of the new payroll provider
Of all portal cases raised 100% were aware of the new payroll provider

Number of Portal registrations cummulative: 694

TELEPHONE SURVEY RESULTS
Based on a 1 to 6 score
(1 being very poor and 6 being very good)

Row Labels	Average of Response
Accuracy of information provided	5
How satisfied are you with the service you have been provided by NHS SBS?	5
I feel that my call was answered within a reasonable amount of time.	4
Knowledge	5
Politeness	6
Professionalism	5
The adviser resolved my query to my satisfaction.	5
Understanding my needs	5

PORTAL SURVEY RESULTS
Based on a 1 to 6 score
(1 being very poor and 6 being very good)

Row Labels	Average of Response
Accuracy of information provided	4
Clarity of information provided	4
Customer service	4
How satisfied are you with the service you have been provided by NHS SBS?	4
Overall how satisfied are you that your case has been fully resolved?	4
Professionalism	4
Quality of information provided	4
Speed of response	4

Queries Raised by main category:

Row Labels	Count of Category
MySBSPay	1
Overpayments	13
Payroll	101
Pensions	47
Grand Total	162

Hotspots	Actions taken
Drop in average Portal scores down to 4 overall	To be highlighted at next SBS review meeting to discuss in detail around "Overall how satisfied are you that your case has been fully resolved" – February score of 5, March score of 4

KSO3 – Operational Excellence

Risk Owner – Director of Operations
Date last reviewed : 20th April 2023

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

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

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

Risk
Sustained delivery of constitutional access standards

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

Rationale for current score

- Increase of RTT waiting list and patients waiting >52 weeks
- ~~Increased capacity required at Uckfield~~.
- ~~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 Increased local referrals – i.e. community services.
- **Sentinel Lymph Node and MOHs demand [CRR 1122] – Insourcing & w/e plan commencing 23.4.2023**
- 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 overall and current ptl size, mutual aid requests ENT**
- ~~McIndoe Q3 & Q4 & Q1 capacity – now confirmed~~
- **Pressures in support services i.e. Prosthetics, therapies, pharmacy – continue**

Future risks

- **QVH Operating and priorities activity plan**
- National Policy changes to access and targets - **65+ target as of April 2023 Plan is now in place**
- NHS funding ~~ERF and fines changes & volatility.~~ Reputation as a consequence of recovery
- **QVH Building our future strategy**
- **Industrial action – national**

Future Opportunities

- Closer ICB / ICS working
- **Closer working between providers , facilitated by the ICS, including opportunities with Kent & Surrey – SLNB imaging, Sleep service**
- **Clinical networks i.e. Sleep, SLNB, Max Fac, trauma**
- **Increasing theatre productivity**
- **Introduction of PbR – April 2023**

Controls / Assurance

- 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

Gaps in controls / assurance

- 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

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**04/05/2023**		**Agenda reference:**	**19-23**	
Report title:	**Operational Performance**				
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	Key items to note: • Year-end achievement of zero 78wk, zero 104wk and 62day cancer standard • Continued increase in 2WW referrals and elevated levels of patient choice • Current Sleep DMO1 position remains a challenge – outsourcing is underway • Theatre productivity improvement action plan underway • CDC continues to deliver the timely diagnostics and digital link to local practices • Outpatient transformation continues to provide virtual clinics, PIFU, reduced DNAs and utilisation at QVH site and spoke clinic sites • The 78wk and 52wk standard has been replaced by the national 65wk standard. A QVH plan is in place to ensure this is delivered. • National Industrial Action remains a risk. Plans and post action recovery in place.				
Recommendation:	The Board is asked to **note** the contents of the report				
Action required				Assurance	
Link to key strategic objectives (KSOs):	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	**KSO3:** ***Operational excellence***	KSO4: *Financial sustainability*	KSO5: *Organisational excellence*
Implications					
Board assurance framework:	**Controls / Assurance:** As described on BAF KSO3				
Corporate risk register:	**Risks:** As described on BAF KSO3				
Regulation:	CQC – operational performance covers all 5 domains				
Legal:	The NHS Constitution, states that patients 'have the right to access certain services commissioned by NHS bodies within maximum waiting times, (i.e. patients should wait no longer than 18 weeks from GP referral to treatment) or for the NHS to take all reasonable steps to offer a range of suitable alternative providers if this is not possible'.				
Resources:	Nil above current resources				
Assurance route					
Previously considered by:	Executive Management Team				
	Date:		Decision:	Noted	
Next steps:	NA				

Operational Performance Report

Shane Morrison-McCabe, Director of Operations

April 2023

Contents

Performance summary – March 2023

Queen Victoria Hospital NHS Foundation Trust

2022/23 year end position:

We have achieved the trajectories of zero 78 week waiters and zero 104 week waiters – the national requirement.
The revised trajectory for 52 week waiters was met.
DMO1 performance in sleep remains behind trajectory but is improving due to Watchpat and Polysonography tests being outsourced. New clinicians have been recruited and will provide additional capacity to meet the increased referral demand.
Cancer 62 day standard has been met.
Community Diagnostic Centre: Continues to deliver timely diagnostics and digital referrals from GP as well as diagnostic reports being sent back to local GPs via the digital platform.
Outpatient transformation: We continue to provide virtual clinic appointments and to place patients on patient initiated follow up (PIFU) pathways. Rates of non-attendance (DNA) are closely monitored and we are below the national average. Further focused work is underway in radiology.

April 2023 key performance focus and forward view:

Theatre productivity improvement programme is ongoing; including improvements to reduce the number of cancellations on the day. Analysis and work is underway aimed at moving Local Anaesthetic cases out of main theatres into procedure rooms and backfilling with general anaesthetic cases to expedite the elective recovery. Improvements are underway aimed at increasing the flow of patients through theatres.
The 78wk and 52wk national waiting time standards will be replaced by a 65wk standard and there is a QVH plan being worked to ensure the zero target by end March 2024 is achieved.
2 week wait referrals have remained high and ensuring outpatient capacity is maintained so that patients can be seen promptly towards continuing to achieve the 62day cancer standard is diligently managed.
Industrial action: Junior doctor, nurses and ambulance industrial action continues to require close planning and post industrial action elective recovery actions.

Performance Summary

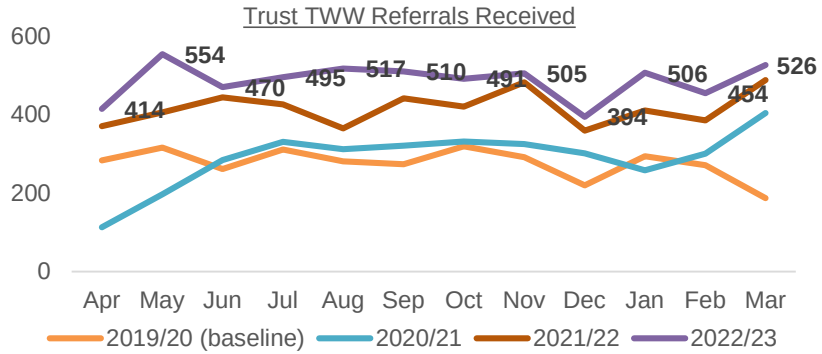
Queen Victoria Hospital NHS Foundation Trust

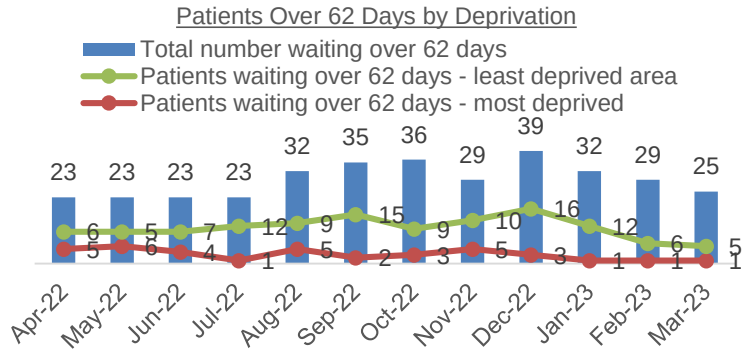
	KPI	TARGET / METRIC	SOURCE	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Change from last month
CANCER	Cancer 2WW	93%	National	83.4%	94.9%	89.5%	92.3%	86.8%	91.7%	91.2%	90.8%	90.5%	85.1%	89.3%		↑
	Cancer 62 day	85%	National	87.5%	89.2%	85.1%	89.5%	91.9%	86.3%	84.0%	85.1%	86.3%	80.0%	85.5%		↑
	Faster Diagnosis	75% (by March '24)	National	82.4%	85.3%	85.5%	84.5%	86.2%	84.4%	81.4%	84.0%	82.9%	82.5%	87.4%		↑
	Cancer 31 day DTT	96%	National	94.4%	94.8%	96.7%	94.0%	90.3%	94.9%	94.2%	97.9%	97.2%	92.4%	95.8%		↑
	31 Day Sub Treat	94% (surgery)	National	83.3%	77.3%	58.3%	70.4%	69.4%	61.7%	71.4%	67.3%	76.0%	66.7%	70.6%		↑
	Cancer 104 day	Internal trajectory	ICS	3	7	7	5	3	4	6	6	4	11	14	10	↓
	Cancer 62 day+ backlog	Internal trajectory	ICS	23	23	23	23	32	35	36	29	39	32	29	26	↓
	Cancer 62 day+ backlog	<5% of PTL	Local	4.9%	4.5%	4.2%	4.1%	5.0%	5.8%	5.8%	4.7%	8.5%	7%	6.1%	5.2%	↓
DIAGNOSTICS	DM01 Diagnostic waits	99% <6 weeks	National	88.0%	88.9%	88.7%	72.1%	71.6%	75.4%	73.9%	70.1%	56.6%	52.8%	62.0%	71.0%	↑
	Histology TAT	90% <10 days	Local	96.0%	95.0%	83.0%	97.0%	96.0%	92.0%	93.0%	94.0%	91.0%	95.0%	94.0%	92.0%	↓
	Imaging reporting	% <7 days	Local	90.0%	99.6%	98.1%	98.9%	96.6%	96.4%	97.6%	99.4%	99.1%	99.2%	98.2%	98.9%	↑
RTT WAITS	Total Waiting List Size	N/A	N/A	14,121	14,290	14,782	15,275	15,706	15,718	15,393	15,222	15,628	15,805	16,040	16,351	↑
	RTT104	0 by March '22	ICS	0	0	0	0	0	0	0	0	1	0	3	0	↓
	RTT78	0 by March '22	Local	8	6	7	6	5	3	11	9	16	7	14	0	↓
	RTT52	0 by March '23	ICS	200	229	273	301	308	296	312	315	327	315	317	313	↓
	RTT18	92%	National	64.3%	66.6%	65.3%	63.5%	64.3%	63.4%	64.4%	65.3%	63.3%	64.2%	63.4%	62.9%	↓
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%	94.0%	106.0%	↓
	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%	-15.0%	-10.0%	↓
	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%	91.0%	97.0%	↑
MIU	MIU	95% discharged <4hrs	National	99.5%	99.9%	99.2%	99.6%	99.7%	99.9%	99.9%	99.9%	99.5%	100.0%	99.1%	99.6%	↑

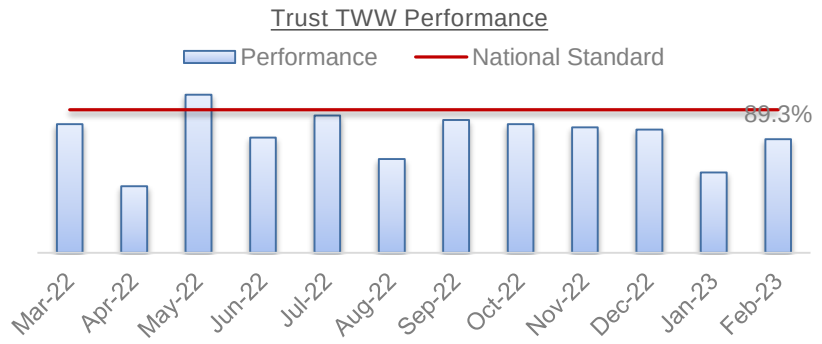
RAG	Deteriorating position or plans / cause for concern	Improving position or plans / local trajectories on track	Delivery of national / local standard

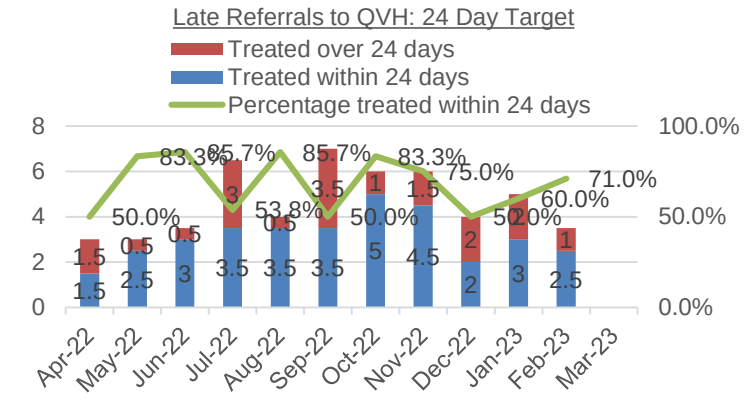
Cancer Performance

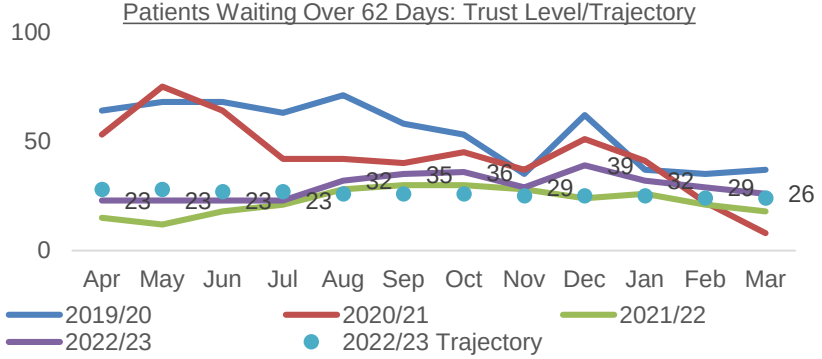
Queen Victoria Hospital NHS Foundation Trust

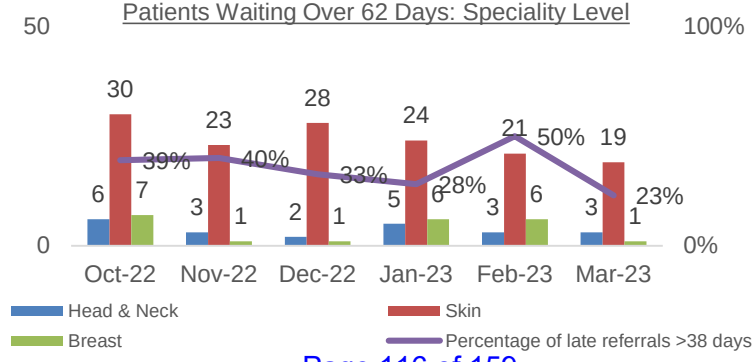












PERFORMANCE COMMENTARY

- **2WW** – standard not met, reporting an increase in performance of 4.2% compared to January. 50% of breaches due to outpatient capacity and 42% of breaches due to patient initiated delays.
- **2WW referrals** – referral numbers are 76% above 2019/20 baseline. Skin reported a 28% increase compared to last month, whilst head & neck numbers remained stable.
- **62 day referral to treat** – standard met. Reporting a total of 4.5 breaches
- **Faster diagnosis** – standard met.
- **31 day decision to treat (DTT)** – standard not met; 0.2% below target
- **31 day subsequent** – standard not met. Reporting 20 breaches, 19 in skin and 1 in breast. Of the 19 in skin, 16 were due to SLNB capacity, and 3 due to theatre capacity
- **62 day+ backlog** – trajectory and PTL not met, however both are in an improving position. The main delays continue to be benign letters, outpatient capacity and an increase in complex patient pathways.
- **Health Inequalities** – The number of patients over 62 days that are over 85yrs remains high, reporting 27% in March (7 patients in total). The number of patients over 62 days from a most deprived area remains low. Over the last 6 months 47% of patients waiting over 62 days are female, and 53% are male.

FORWARD LOOK / PERFORMANCE RISKS

- The unvalidated March performance for **FDS** continues to achieve the standard.
- The unvalidated March performance for **62day** is not achieving the standard.
- **2WW** – unvalidated March position is below target at 90.5%. Capacity remains a key challenge.
- **31 day DTT and 31 day subsequent** are in a failing position; trajectory has the Trust reaching target by August 2023.
- **62day+ backlog remains challenging** in a deteriorating position.

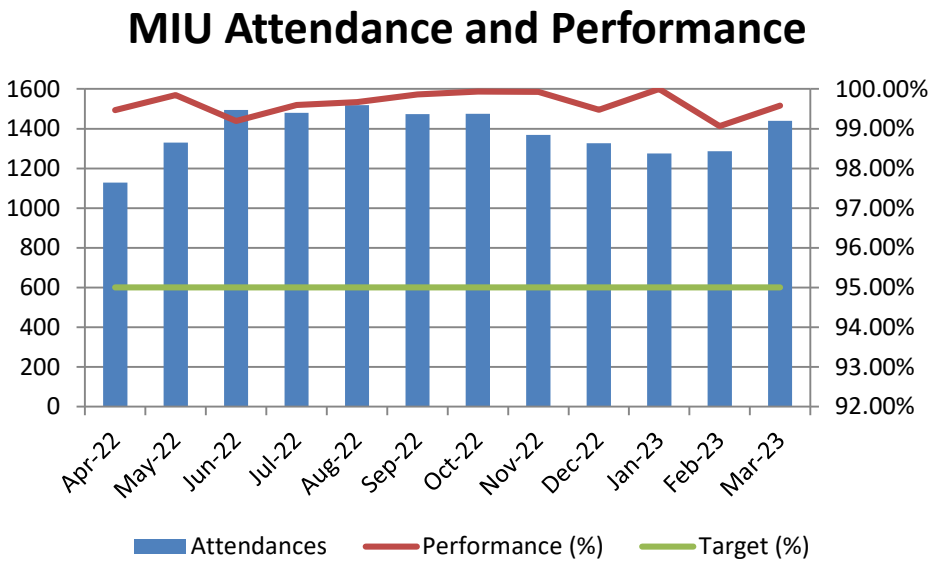
MIU

Diagnostics

DMO1 NATIONAL POSITION: *(look back – Feb 23)*	
National DMO1: 74.9%	**QVH DMO1:** 62.03%

MIU

- MIU attendance has remained at a consistently high level, with the number of attendances in March increasing by 152 compared to February. We continue to meet the 4 hour clinical standard, reaching 99.5% in March which exceeds the target of 95%.



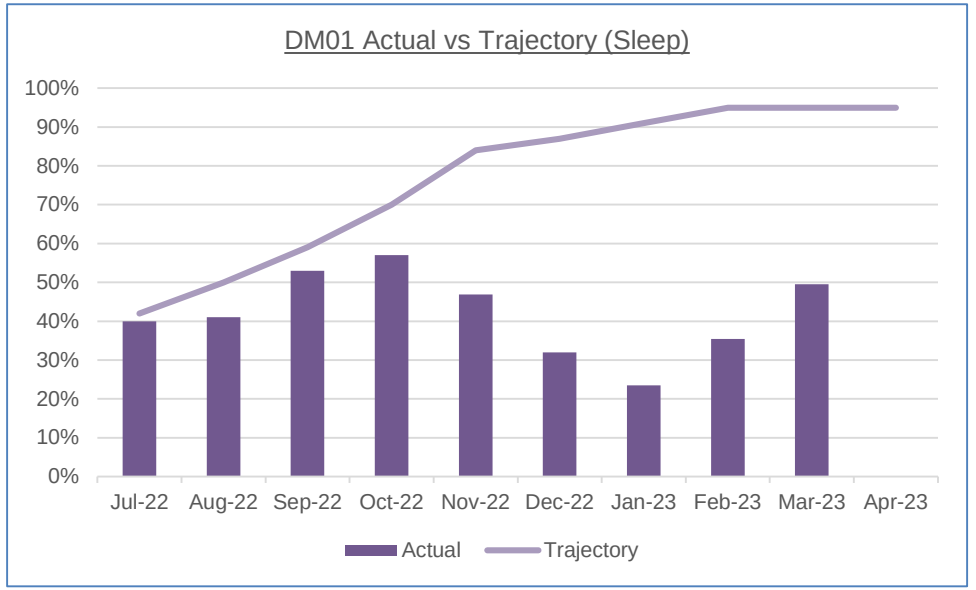
DMO1:

- An improving position at 71% in March, however national target not met; impacted by challenges within Sleep.

- Radiology only DMO1 performance 98.9% for March.

- Sleep only DMO1:

  Performance has increased in month to **50%,** however this remains behind trajectory by 45%. See next slide for commentary and forward look.



Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	4/5/2023		**Agenda reference:**	**20-23**	
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 (24 April 2023)				
Summary of key issues	Operational performance; successful achievement of no 104/78ww patients at year-end. Continuing focus on Sleep services and importance of theatre improvement programme. Workforce; Discussions on appraisals and short-term sickness, broader discussion on support for workforce Finance; Year-end break-even, subject to audit, and planning for 2023/24 Other: Developments in performance review meetings (and how this impacts on the work of the committee)				
Recommendation:	The board is asked to note the matters discussed and seek further clarification.				
Action required *[embolden **one** only]*	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs): *[[embolden KSO(s) this recommendation aims to support]*	KSO1: *Outstanding patient experience*	KSO2: *World-class clinical services*	KSO3: ***Operational excellence***	KSO4: ***Financial sustainability***	KSO5: ***Organisational excellence***
Implications					
Board assurance framework:	BAFs for KSO3, KSO4 and KS05 are relevant and were reviewed at the meeting				
Corporate risk register:	Corporate risks allocated for oversight by the committee were reported upon and note is made where individual risks received more detailed review – if applicable				
Regulation:	Some KPIs link into the oversight framework of reporting to NHSE and CQC				
Legal:	No specific legal implications				
Resources:	Resources are fundamental to the delivery of performance				
Assurance route					
Previously considered by:	Finance, operational and workforce reports go through a variety of routes to reach the committee				
	Date:		Decision:		
Next steps:	Review by Board				

Report to:	Board Directors
Agenda item:	Financial, operational and workforce performance assurance
Date of meeting:	4 May 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:	24 April 2023
Appendices:	N/A

Financial, operational and workforce performance assurance

Introduction
This report covers the meeting of the Finance & Performance Committee on 24 April, reviewing performance information as at the end of March 2023. The committee had also met on 28 March, since the last board meeting, and some issues from that meeting are reflected below.

Operational Performance
The Trust achieved its target of no patients waiting for longer than 104 or 78 weeks, and had improved its performance in reducing 52ww within the revised trajectory. This was the result of concerted work across the teams, that was acknowledged. The 2023/24 target in this area is focussed on no patients waiting longer than 65 weeks by 31 March 2024, and the committee were assured that there is a plan to achieve this.

Improvements in Sleep performance were noted, albeit behind trajectory, primarily through the outsourcing of diagnostics. It was noted that recruitment in this area was positive and discussions were being held with local ICSs around demand and capacity issues.

The programme of work on theatre productivity, aiming to achieve 90% utilisation, was discussed, including the various streams of work and the critical dependencies to improve productivity to ensure that the Trust achieved the 109% of the 2019/20 baseline of value weighted level of activity.

The impact on patients and patient activity from industrial action was noted, along with the work being done to minimise impact to patients

Workforce performance
There was a wide-ranging discussion around workforce issues, and the critical importance of the range of work in this area. The committee felt that discussions at the board would be helpful on the priorities for the Trust and the support that could be given. It was noted that some work was commencing on quality improvements within the Workforce & Organisational Development function.

In particular the committee discussed the importance of staff having their annual reviews / appraisals, but that these needed to be good quality conversations and used to support retention and development. Further work was noted on improving the process, but this needed a firm steer.

The increased levels of short-term sickness was discussed, with a view that there was a seasonality issue (colds and coughs) but that staff were taking longer to

recover from such episodes. This was an area of continue monitoring to understand this insight.

It had previously been noted about the number of staff on fixed term contracts and, whilst some posts are – by their nature – designed to be fixed term, it was important that we looked for substantive appointments in other areas.

Financial performance
The M12 financial out-turn continues to report a break-even, subject to year-end audit. It was also noted that, after a significant focus, the capital programme had been delivered.

The committee looked at capital planning for 2023/24, noting the fact that capital allocations are part of the wider ICS financial picture. As ever, there is a need to prioritise spending in this area, along with the significant investments needed in IT (Electronic Patient Records) and infrastructure (Community Diagnostic Centre), where funding plans still need to be finalised. Learning the lesson from 2022/23 the planning for capital spend has commenced to avoid the bulk of the work being pushed into the final quarter of the year.

The operational and financial plan for 2023/24 was discussed. The NHS has been having significant discussions at ICS and national level given the level of deficits being suggested from planning rounds. The Trust's final plan, to be submitted in early May, is based on breaking-even and delivering 109% activity. Elective activity has moved, nationally, to a payments by results basis, with Elective Recovery Funding expecting to be awarded on a quarterly basis. Assurance was received that the underling operational plan is achievable, albeit with dependencies.

Other
Deep dives were undertaken on two risks; 1231 Late tertiary cancer referrals, and 1245 Junior Doctor Rota Management. Late tertiary cancer referrals has been reviewed on a number of occasions and the committee were keen to focus on what part of the risk was within our control, and what part we had to tolerate because of dependencies on third parties.

The committee had a discussion about performance review meetings of directorates and departments and noted the changes recently made to try and make them more effective by being driven more by management seeking support and less by executives seeking explanations. It was noted that a new performance and accountability framework is being developed

The committee was pleased to note the extremely positive results of the most recent clinical coding audit of elective inpatient activity, noting that a future focus would now shift to outpatient work.

Finally the committee discussed how it would work going forward; looking to focus on reporting by exception, focusing on key performance indicators, blending historical reporting with forecasting / trajectories, seeking insights and looking at remedial actions.

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:	04/05/2023		**Agenda reference:**	**21-23**	
Report title:	Digital committee assurance				
Sponsor:	Kevin Gould, Committee Chair				
Author:	Ellie Simpkin, Governance officer				
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 March 2023 and 17 April 2023.				
Summary of key issues	• All hardware for the IT infrastructure programme has now been delivered and installation is progressing as planned • The approval of the EPR outline business case (OBC) and tender documents has been delayed as further work is required on the finance model and on fully developing the programme benefits • Stakeholder engagement for the development of the digital strategy is ongoing • The committee will review the final QVH digital maturity self-assessment prior to submission on 14 May 2023				
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:** ***Outstanding patient experience***	**KSO2:** ***World-class clinical services***	**KSO3:** ***Operational excellence***	**KSO4:** ***Financial sustainability***	**KSO5:** ***Organisational excellence***
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:	13/03/2023 17/04/2023	Decision:		
Next steps:	N/A				

Report to:	Board Directors
Agenda item:	21-23
Date of meeting:	4 May 2023
Report from:	Kevin Gould, committee Chair
Report author:	Ellie Simpkin, governance officer
Date of report:	19 April 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 meetings on 13 March 2023 and 17 April 2023.

Digital programmes

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

The committee received assurance that all hardware for the IT infrastructure programme has now been delivered and installation is progressing as planned. The committee noted that phase 2a of the programme is also progressing well and all storage hardware was delivered before year end as expected.

The EPR programme has now moved to the pre-market engagement phase. There has been very positive feedback from suppliers and no challenges to the specifications. The EPR programme readiness assessment has been reviewed by the national team and is positive overall with areas for improvement as expected. The approval of the outline business case (OBC) and tender documents has been delayed as further work is required on the finance model and on fully developing the programme benefits. Following the discussions with suppliers, electronic document management (EDM) is being added to the Output Based Specification. Revised timescales for the approval of the OBC and subsequently the full business case (FBC) are being developed. The committee received assurance that the communications and engagement planning for EPR is underway.

Digital strategy

The committee received assurance on the development of a digital strategy. A summary of the stakeholder engagement activity and feedback and the emerging ambitions and priorities was presented to the committee.

Digital maturity assessment

The committee considered the NHS England What Good Looks Like framework for the Digital Maturity Assessment (DMA) programme. All NHS organisations are required to complete a self-assessment to gauge how well they are making use of digital technology and identify key strengths and gaps in the provision of digital services which will help to inform funding decisions. How well the organisation has matured as a result of the funding will be assessed and reviewed annually. The committee will review the final QVH assessment prior to submission on 14 May 2023.

Risk
Agreement has been reached on the corporate risks which will be considered by the digital committee and the committee will now be receiving updates on these risk at each of its meetings.

Other
The committee noted that a chief nursing information officer has now been appointed and will be starting in post at the beginning of May 2023.

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 20th April 2023

Strategic Objective
We put the patient at the heart of safe, compassionate and competent care that is provided by well led teams in an environment that meets the needs of the patient and their families.

Risk 1) Trust may not be able to recruit or retain a workforce with the right skills and experience due to national recruitment
2) In a complex and changing health system commissioner or provider led changes in patient pathways, service specifications and location of services may have an unintended negative impact on patient experience.
3) Ongoing risk of infection outbreak impacting on clinical care Risk 1290
4) Quality and supply issues with current sterile services provider Risk 1255

Risk Appetite The Trust has a **low appetite** for risks that impact on patient experience and patient safety. When patient experience is in conflict with providing a safe service, safety will always be the highest priority

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

Rationale for risk current score
- Compliance with regulatory standards
- Meeting national quality standards/bench marks
- Very strong FFT recommendations
- Sustained excellent performance in CQC 2021 inpatient survey, trust continues to be in the group who performed much better than national average.
- Patient safety incidents triangulated with complaints and outcomes monthly no early warning triggers
- Not meeting RTT18 and 52 week Performance and access standards but meeting agreed recovery trajectories
- Sustained CQC rating of good overall and outstanding for care
- Increasing challenge with recruitment. Risk register has been updated to reflect these challenges
- Ongoing issues with sterile services provider. Weekly contract review meetings.

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

Future Opportunities
- Developing new healthcare roles – will change skill mix
- Implementation of a quality improvement methodology during next 3 to 6 months

Controls / assurance
- Governance and clinical quality standards managed and monitored at the Q&GC, CGG and the JHGM, safer nursing care metrics, FFT and annual CQC audits
- External assurance and assessment undertaken by regulator and commissioners
- Quality Strategy, Quality Report, CQUINS, low complaint numbers
- Benchmarking of services against NICE guidance, and priority audits undertaken
- Trust recruitment and retention strategy mobilised, NHSI nursing retention initiative.
- Clinical Harm Review process
- Burns and Paediatric services not currently meeting all national guidance. Burns Peer Review completed November 2022. ICB and Regulators fully aware of this, mitigation in place including divert of inpatient paed burns from 1 August 2019 via existing referral pathway. Inpatient paeds on exception basis.
- QVH simulation faculty to enhance safety and learning culture in theatres
- Burn Case for Change being developed in collaboration with NHSE and specialised commissioners
- ~~Asymptomatic staff screening, comprehensive IPC board assurance document, patient screening pathways revised in line with national guidance. Risk 1210~~

Gaps in controls / assurance
- Unknown Specialist commissioning intention for some of QVH services eg inpatient paediatric Sussex based service and head and neck pathway Risks 834, 968, 1226
- Ongoing workforce challenges with recruitment and retention
  Risks 1225, 1199, 1077, 1238, 1239

KSO2 – World Class Clinical Services

Risk Owner: Medical Director
Date last reviewed: 24th April 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 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:	**Board of Directors**				
Meeting date:	**04/05/2023**		**Agenda reference:**	**23-23**	
Report title:	Quality & Safety Board Report – April 2023				
Sponsor:	Nicky Reeves, Chief Nurse Tania Cubison, Medical Director				
Author:	Nicky Reeves, Chief Nurse Tania Cubison, Medical Director Jacqueline O'Mara, Clinical Audit and Outcomes Specialist				
Appendices:	none				
Executive summary					
Purpose of report:	To provide updated quality information and assurance that the quality of care at QVH is safe, effective, responsive, caring and well led.				
Summary of key issues	The Committee's attention should be drawn to the following key areas detailed in the report: • 12 non clinical cancellations • 1 SI declared; unexpected death • MRSA screening for elective and trauma cases has dropped; actions in place to address. • There were 5 operations performed out of hours; cases reviewed and deemed appropriate to be operated on out of hours.				
Recommendation:	The Committee is asked to be assured that the contents of the report reflect the quality and safety of care provided by QVH during this time period				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:** ***Outstanding patient experience***	**KSO2:** ***World-class clinical services***	**KSO3:** ***Operational excellence***	KSO4: *Financial sustainability*	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:	The 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:					
Assurance route					
Previously considered by:	Quality and Governance Committee				
	Date:	17/04/23	Decision:	Approved with updates	
Next steps:					

Board Report

Contents

Executive Summary - Domain – Chief Nurse

HIGHLIGHTS & ISSUES

Flu vaccination campaign completed, final submission will be made in mid-April.
At time of reporting 85% of the workforce have received a seasonal flu vaccine or have made a decision to opt out. Below are the recorded reasons for refusal/opt out.

don't like needles	too many vaccination	don't want it	don't think I'll get flu	don't believe the evidence that being vaccinated is beneficial	concerned about possible side effects	times when the vaccination is available are not convenient	too inconvenient to get to a place where I could get vaccine
11	6	20	22	18	57	5	4

These results will help to inform how the 2023/24 seasonal flu campaign is delivered and communicated.

The “board to ward” engagement (Sponsored chair) is now being rolled out. Each Board member has been allocated a clinical area to “sponsor”. This supports staff being able to directly communicate with board members. As this process evolves, updates will be incorporated within this report.

In early April there was a successful Board Seminar session on relevant learning from recent independent enquires, for example Ockenden and East Kent Maternity reports. Actions and updates will be included in this report as we move forwards.

As QVH starts to develop its Quality improvement methodology, this will be included within this report

Exception Report

This month there were 12 non clinical cancellations which can adversely impact on patient experience. Eight cases were due to insufficient time and of these, four were linked to one list where and earlier patient had unexpected complications. One case was cancelled due to the operating clinician contracting covid and three cases were cancelled due to insufficient staff.

MRSA Screening for Trauma cases has dropped in February but have improved in March, however elective screening has dropped below threshold for March. Actions in place to address.

Executive Summary - Domain – Medical Director

HIGHLIGHTS & ISSUES

Industrial Action

In March there were three days of action from Junior Doctors. Safe Services were provided by consultants and SAS doctors working together. We prioritised trauma, urgent care, cancer and longer waiting patients. However, a significant number of operations and outpatient clinic appointments were rescheduled. There are a further four days of industrial action scheduled just after Easter and a similar plan is in place.

Antimicrobial Stewardship

The plan to establish a regular teams meeting for microbiology is moving forwards. A new post of theatre pharmacist is being outlined to address prescribing in theatres to include the use of perioperative antibiotics. We have been unable to recruit into the antimicrobial pharmacist role but hope that the new proposed post will have a higher banding and will therefore create more interest. A new interactive game has been sourced for teaching antimicrobial stewardship and this is being purchase by Medical Education. The App Microguide that provides an easy access information source for staff is being reviewed by the Deputy Medical Director to ensure the microbiology advice is up to date and tailored to QVH caseload.

Out of Hours Operating

There were five operations performed out of hours in Feb and Mar 23. They had average duration of 1.95hrs and range 45 mins – 3.5 hours. Four patients were hand trauma/infection and one for post op bleeding. All cases have been reviewed and deemed appropriate to be operated on out of hours.

Serious Incident

There was an inpatient death in March. We are undertaking an investigation supported by our external Medical Examiner.

Exception Report

None to report

Safe Performance Indicators (1)

Metric Description	Target	Q1 22/23			Q2 22/23			Q3 22/23			Q4 22/23			12 month total/ rolling average
		Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-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	2	0	1	0	0	1	0	0	4
Gram negative bloodstream infections (including E.coli)	0	0	0	0	0	0	0	0	0	0	1	0	0	1
MRSA screening - elective	95%	98%	97%	98%	99%	99%	97%	97%	98%	96%	98%	95%	93%	97%
MRSA screening - trauma	95%	99%	100%	99%	99%	98%	98%	99%	98%	96%	97%	90%	99%	98%
Staff flu vaccine uptake	90%	Reported October - February	Reported October - February	Reported October - February	Reported October - February	Reported October - February	Reported October - February	37%	53%	61%	66%	68%	Reported October - February	
Offered/ Vaccinated/ Vaccinated EW	90%	Reported October - February	Reported October - February	Reported October - February	Reported October - February	Reported October - February	Reported October - February	nc	nc	nc	84%	86%	Reported October - February	
Incidents														
Never Events	0	0	0	0	1	0	0	0	0	0	0	0	0	1
Serious Incidents	0	0	0	0	0	0	0	0	1	0	2	0	1	4
Theatre metrics														
All patients: Number of patients operated on out of hours 22:00 - 08:00	5	0	3	6	6	2	1	2	4	3*	4*	3	2	29
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		5	8	10	10	8	6	5	6	11	4	6	12	114
Needlestick injuries	0	0	2	2	1	2	2	2	3	1	2	2	2	21
Pressure ulcers (all grades)(Theatre metric)		0	0	0	0	0	0	0	0	0	0	0	1	1
Medication errors														
Total number of incidents involving drug / prescribing errors		**6**	**13**	**17**	**19**	**21**	**12**	**18**	**28**	**9**	**12**	**17**	**14**	**186**
No & Low harm incidents involving drug / prescribing errors		5	11	13	15	17	8	14	24	8	9	11	11	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		0.6	1.1	2.3	2.2	2.2	2.2	2.2	2.1	0.7	1.7	3.6	1.7	1.9
Pressure Ulcers Hospital acquired - category 2 or above		0	0	3	0	1	1	0	0	0	3	2	0	10
VTE initial assessment (Safety Thermometer)	95%	100%	100%	100%	96%	100%	100%	100%	100%	100%	95%	96%	100%	99%
Patient Falls														
Patient Falls assessment completed within 24 hrs of admission	95%	95%	100%	100%	100%	100%	100%	100%	100%	97%	95%	100%	100%	99%
Patient Falls resulting in no or low harm (inpatients)		4	2	2	0	1	2	4	1	1	4	5	5	31
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 - ≥16 years old									5	2	1	4	3	
In-Patient Transfers Out - <16 years old									0	1	1	0	0	

Out-Patient Transfers Out ≥16									0	4	2	0	0	
Paediatric Assessment Unit <16									1	0	0	0	0	
Total Transfers Out									6	7	4	4	3	

Safe Performance Indicators (2)

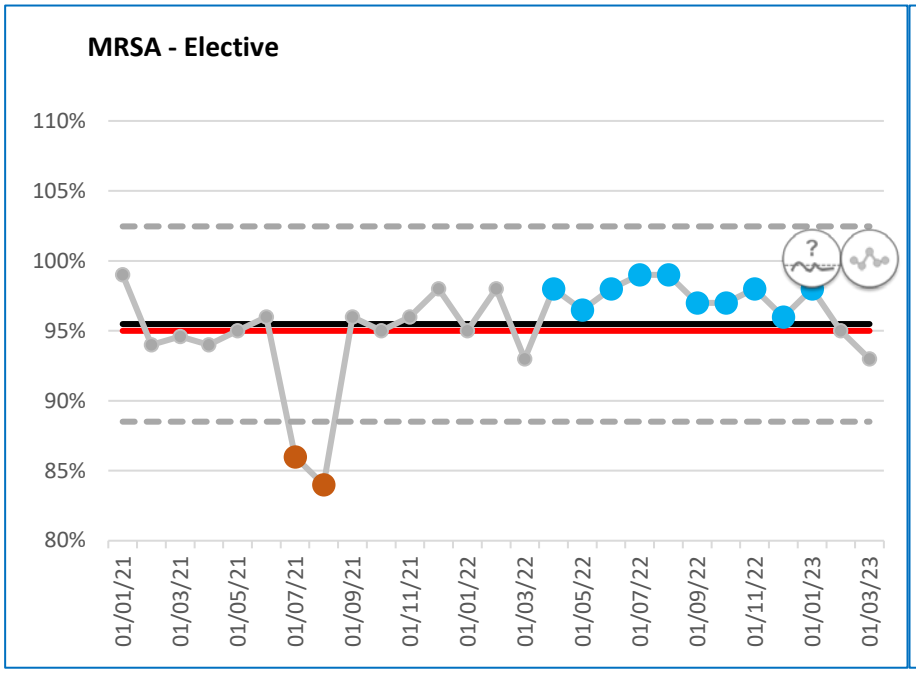
	Variation/Performance Icons		
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	Common cause variation, NO SIGNIFICANT CHANGE.	This system or process is **currently not changing significantly.** It shows the level of natural variation you can expect from the process or system 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.	

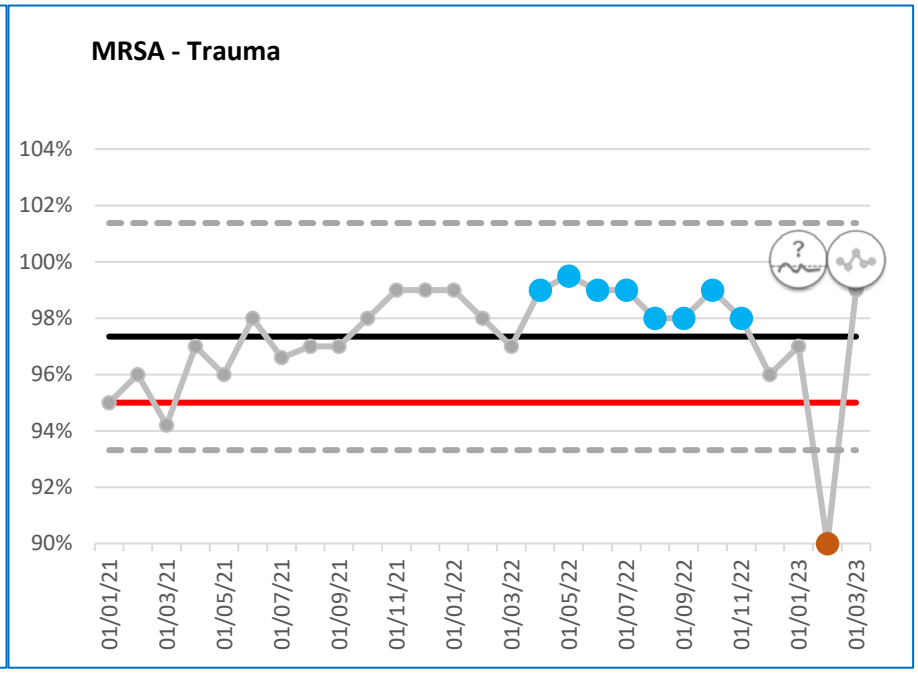
Assurance Icons			
Icon	*Technical Description*	*What does this mean?*	*What should we do?*
	This process will not consistently HIT OR MISS the target as the target lies between the process limits.	The process limits on SPC charts indicate the normal range of numbers you can expect of your system or 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	Varriation	Comments for the latest period shown for each metric
MRSA - Elective	Mar-23	93%	95%			There is no significant improvement or deterioration. We continue to achieve our target.
MRSA - Trauma	Mar-23	99%	95%			There is no significant improvement or deterioration. We continue to achieve our target.
Serious Incidents	Mar-23	1.0	0			1 x SI reported this month.
Total no of incidencts involving drug/prescribing errors	Mar-23	11.0	0			Reporting of incidents continues to be variable, but within expected limits
Falls per 1000 bed days	Mar-23	5.6	6.6			Whilst slightly higher this month this is still within the expected limits and is of no concern.
QVH Accuired PU per 1000 bed days	Mar-23	0.0	0.0			Whilst slightly higher this month than average this is still within the expected limits. TVN involved in identifying issues.
Complaints	Mar-23	9.0	0			Within normal limits, no concerns.
Mortalities	Mar-23	4.0	0			Within normal limits, no concerns.

Safe Performance Indicators (3) - MRSA

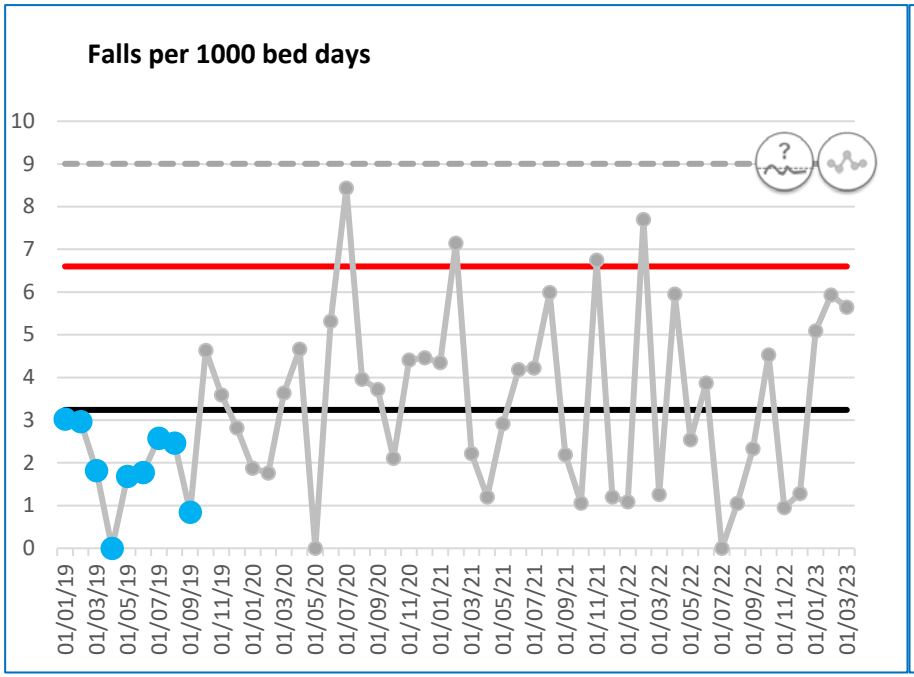
Our compliance with MRSA trauma screening for February 2023 is not as favourable as recent months although this has improved in March. Elective screening is lower than expected for March,

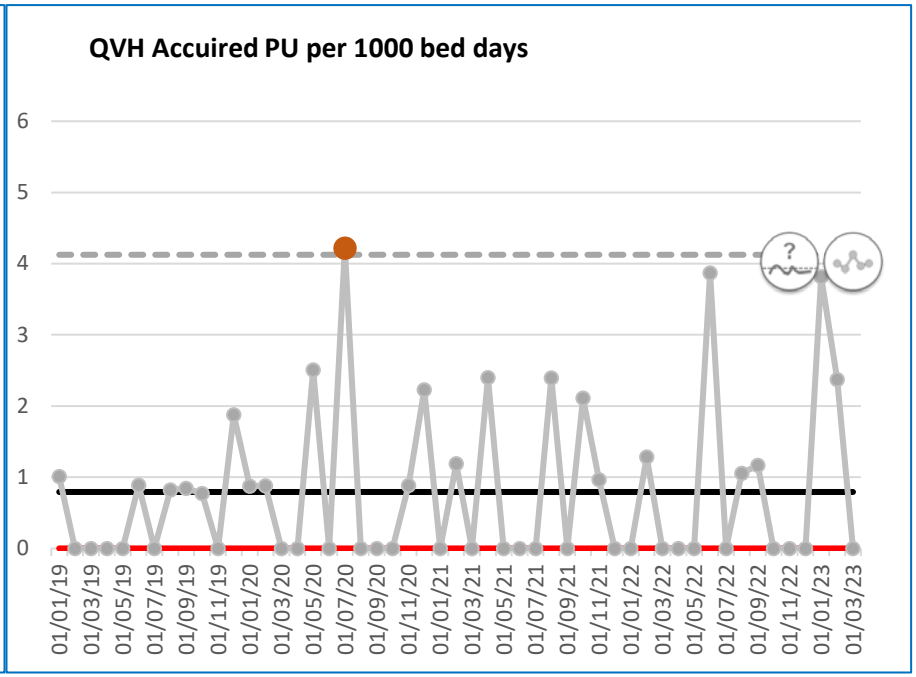




Safe Performance Indicators (4) – Falls & Pressure Ulcers

Although the fall rate this month is higher than previous month, it is within normal variability.
Pressure Ulcer continues within normal variability.



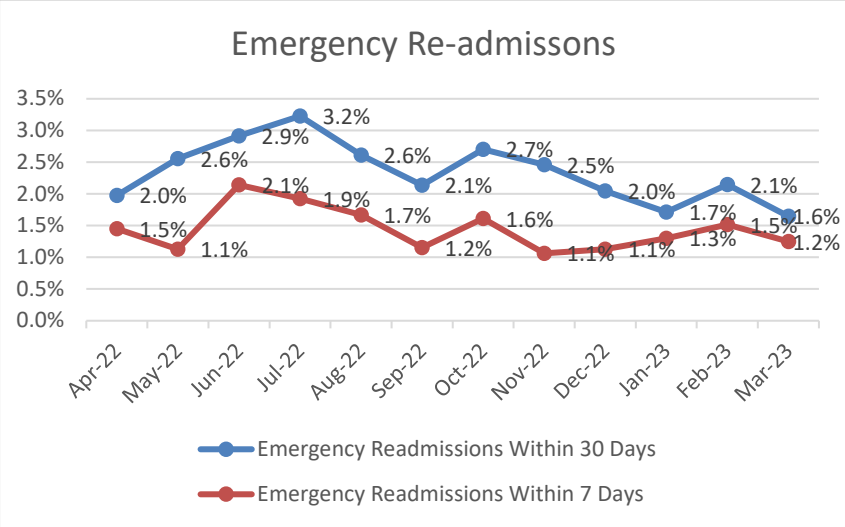


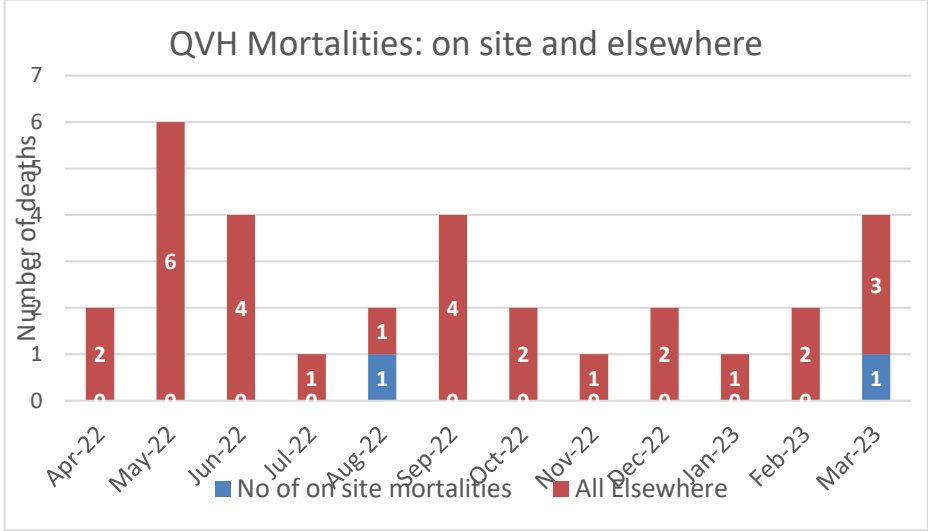
Effective Indicators (1)

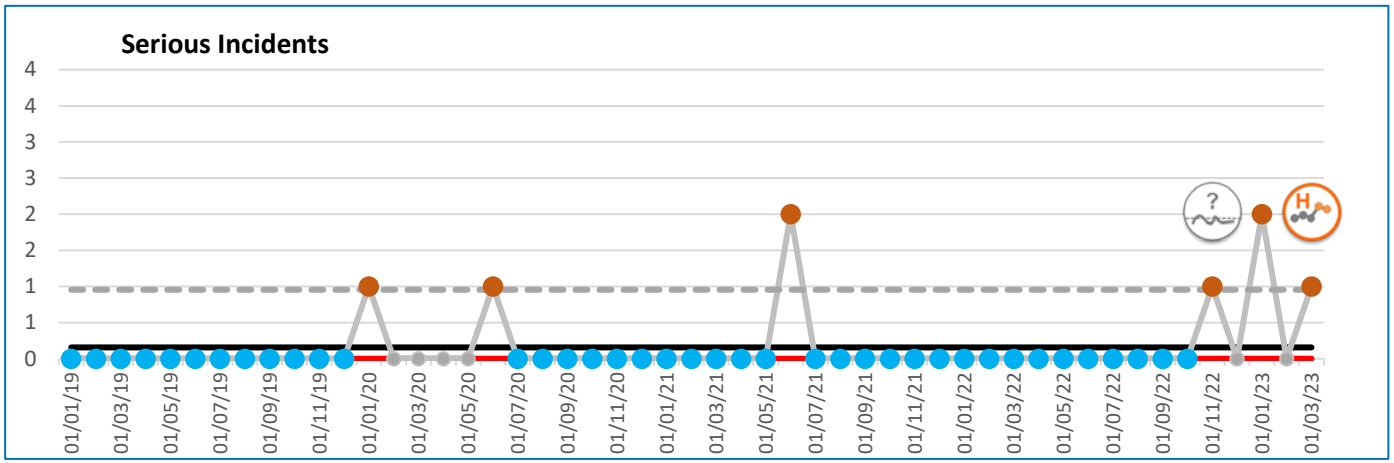
Re-admission levels have reduced (30 day) and follows a period of higher levels than usual. Re-admission (7 days) remain within expected levels. Specialty governance leads review and discuss re-admissions of concern at their governance meetings.

Mortality rates are as expected.

There are currently 11 mortalities awaiting an initial preliminary review.

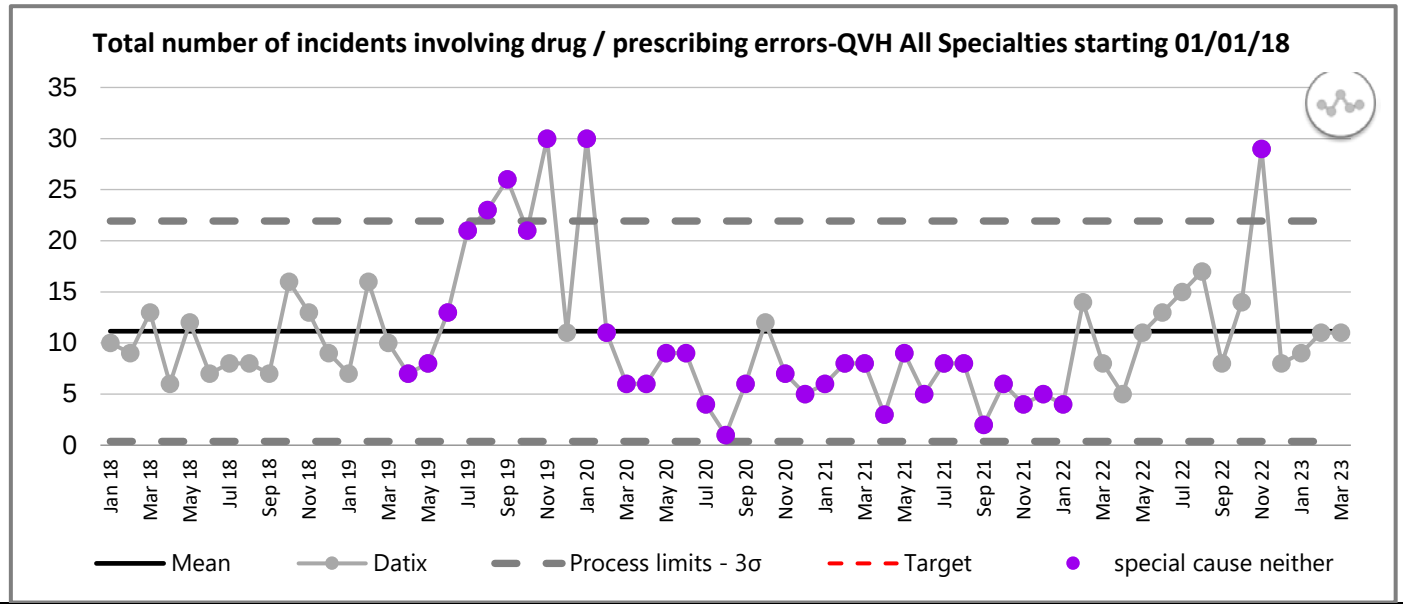






There have been four serious incidents since November 2022

The reporting of incidents related to drug and prescribing errors has been variable over the last four years. Currently our reporting levels are within normal levels.



A major ward refurbishment commenced in December 2022 with elective patients being co-horted 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 due to high long-term sickness levels amongst staff, and allowing for increased elective beds on Head and Neck.
Staffing continues to be reviewed on a daily basis and deployment initiated as required

Metrics	**Q1 2022/23**			**Q2 2022/23**			**Q3 2022/23**			**Q4 2022/23**		
Nursing Workforce	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Establishment WTE Including Bank & Agency	::	::	::	394	394	394	384	384	384	384	384	384
Establishment WTE excluding Bank & Agency	::	::	::	344	344	344	352	352	352	352	352	352
Staff In Post WTE	::	::	::	327	328	332	329	331	328	329	330	328
Agency Total worked in month WTE	::	::	::	3	4	3	3	3	2	3	3	5
Bank WTE Total worked in month WTE	::	::	::	37	37	34	38	35	31	35	39	47
Staff in Post Vacancy WTE	::	::	::	17	16	11	23	21	24	22	21	24
Vacancies % Including Bank & Agency Usage	::	::	::	7%	7%	6%	4%	4%	6%	5%	3%	1%
Staff in Post Vacancies %	::	::	::	5%	5%	3%	7%	6%	7%	6%	6%	7%
Qualified Nurses (NMC) Vacancies WTE	::	::	::	15	12	7	26	27	27	27	32	35
Theatre Practitioners (AHP) Vacancies	::	::	::	-1.82	-2.13	-2.39	1.75	1.75	1.75	1.75	1.75	1.75
Band 2 & 3 HCSW Vacancies WTE	::	::	::	2	4	8	-2	-2	-4	-5	-6	-7

Metrics	Q1 2022/23			Q2 2022/23			Q3 2022/23			Q4 2022/23		
Nursing Workforce	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23
Clinical support to clinical staff												
Band 2 & 3 HCSW Vacancies WTE Non clinical support to clinical staff	::	::	::	4	4	5	3	3	3	3	3	3
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	0	-2	-4	-6	-2	-5	-8	-8
Trust rolling Annual Turnover % Excluding Trainee Doctors	::	::	::	12%	11%	10%	11%	10%	9%	9%	8%	8%
Starters WTE In month excluding HEE doctors	::	::	::	2	4	4	1	4	2	6	1	5
Leavers WTE In month excluding HEE doctors	::	::	::	3	1	1	3	2	3	3	0	2
12 month sickness rate (all sickness)	::	::	::	5.0%	5.1%	5.1%	5.1%	5.1%	5.4%	5.2%	5.1%	5.0%
Monthly Sickness Absence % All Sickness	::	::	::	5.0%	4.9%	4.6%	4.8%	5.4%	8.0%	5.0%	4.9%	4.7%

Nursing Workforce - Performance Indicators

		Total Hours Planned & Actual (combined reg & support)														
		RN			NA			HCA			Site Practitioner			Total		
		Planned	Actual	%	Planned	Actual	%	Planned	Actual	%	Planned	Actual	%	Planned	Actual	%
Day	Feb-23	4416	4359	99%	213	213	100%	2156	2133	99%	644	633	98%	7429	7337	99%
	Mar-23	5014	4905	98%	288	299	104%	2634	2565	97%	713	690	97%	8649	8459	98%
Night	Feb-23	3646	3565	98%	35	35	100%	989	978	99%	644	621	96%	5314	5198	98%
	Mar-23	3715	3715	100%	81	81	100%	1150	1127	98%	759	736	97%	5705	5659	99%

Medical Workforce - Performance Indicators

Medical Workforce	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	12 mth rolling
Turnover rate in month, excluding trainees	3%	1%	1%	1%	4%	0%	2%	0%	0%	4%	0%	1%	19%
Turnover in month including trainees 9%	5%	1%	0%	1%	16%	3%	3%	0%	0%	10%	1%	3%	45%
Management cases monthly	0	1	0	0	0	0	0	2	0	2	1	1	3
Sickness rate monthly on total medical/dental headcount	2%	1%	3%	3%	2%	2%	2%	3%	3%	1%	1%	nc	nc
Appraisal rate monthly (including deanery trainees)	70%	69%	69%	67%	71%	75%	75%	73%	74%	77%	79%	80%	

Mandatory training monthly	84%	85%	87%	87%	87%	87%	87%	86%	86%	83%	86%	88%	86%
Exception Reporting – Education and Training	1	0	0	0	5	3	3	0	1	3	1	3	20
Exception Reporting – Hours	3	5	7	6	4	4	2	1	3	2	2	5	44

Medical & Dental Staffing	At the February induction, we welcomed Anaesthetics and Plastic Surgery trainees. Plans are in place for the April induction, with Deanery and Trust trainees joining in OMFS, Plastic Surgery and Corneo Plastics.
Education	In February, QVH hosted the regional OMFS teaching, and the March monthly Plastics teaching covered clinical governance, with trainees invited to present their audits. The dental skills lab continues to host dental foundation trainees weekly, and provides HEE managed courses for dental staff on a variety of topics, recent courses have covered photography, endodontics and post and core.

Report cover-page					
References					
Meeting title:	**Board of Directors**				
Meeting date:	**30 March 2023**		**Agenda reference:**	**24-23**	
Report title:	**Emergency Preparedness, Resilience and Response assurance outcome**				
Sponsor:	Nicky Reeves, Chief Nurse				
Author:	Nicky Reeves, Chief Nurse				
Appendices:	Appendix one: Letter Re NHSE EPRR assurance Appendix two: EPRR summary of findings for QVH				
Executive summary					
Purpose of report:	To provide an update on the outcome of the Emergency Preparedness, Resilience and Response peer review and assurance process for 2022				
Summary of key issues	• QVH has achieved substantial compliance during this assurance exercise and maintained this assurance from the previous year. • There are four standards which require action two of which have already been commenced and one has been completed. There are two standards which require action from the deep dive into the Evacuation and Shelter domain.				
Recommendation:	The Board is asked to **note** the sustained compliance as substantial and the contents of this report and appendices.				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	**KSO3:**	**KSO4:**	**KSO5:**
	Outstanding patient experience	***World-class clinical services***	***Operational excellence***	***Financial sustainability***	***Organisational excellence***
Implications					
Board assurance framework:	Any risks to achievement of the action plan will be noted on the relevant BAF				
Corporate risk register:	CRR reviewed and will be updated if required				
Regulation:	Required to meet the CQC regulations				
Legal:	None				
Resources:	Time implications across a range of disciplines to ensure adherence to the targets				
Assurance route					
Previously considered by:	Quality and governance committee				
	Date:	30/3/23	Decision:		
Next steps:					

Report to:	Board Directors
Agenda item:	24-23
Date of meeting:	4 May 2023
Report from:	Nicky Reeves, Chief Nurse
Report author:	Nicky Reeves, Chief Nurse
Date of report:	26 April 2023
Appendices:	Appendix one: Letter Re NHSE EPRR assurance Appendix two: EPRR summary of findings for QVH

Emergency, Preparedness, Resilience and Response (EPRR) – March 2023

Purpose of Report
To inform the Board of the results of the external assessment by the ICB and NHSE of our preparedness against the common NHS Emergency, Preparedness, Resilience and Response (EPPR) Core standards.

Background to EPRR assurance requirements
All provider organisations are required to demonstrate compliance with core standards for Emergency Planning and Business Continuity, which are set by the Local Health Resilience Partnership (LHRP) and National Emergency Planning Requirements.
The 2022 assurance process was a formal review by both the ICB and NHSE of the Trusts self-assessment.

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

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

2022 External Assurance Process
The Chief Nurse (Accountable Executive Officer) and colleagues from the risk team initially undertook a self-assessment against the core standards for emergency planning. This assessment and the supporting evidence uploaded to the Resilience Direct (RD) portal to allow the ICB and NHSE to access to review the information. Once reviewed via RD, the ICB visited site to review and discuss the findings. There are 56 core standards applicable to QVH. The table below identifies the compliance measures used.

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

The Trust demonstrated full compliance in 52 of these (green). Four standards are rated as partially compliant (amber) below is a table indicating how the overall Trust compliance score is assessed:

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

Following this assessment and review the Trust compliance rating was maintained for the second year as **"Substantial"** (appendix 1).
A summary of the areas for action is contained in the table below and QVH was able to demonstrate overall compliance of **"Substantial".** The Trust was also assessed on a "deep dive" item, this year was relating to "Evacuation and Shelter". A summary of the actions needed contained in the table below. It should be noted this element does not contribute to the Trusts overall score.

Ref	Standard	Rating	Commentary
16	Duty to Maintain Plans - Evacuation and shelter	Partially compliant	The plans need to be reviewed to reflect the updated guidance released in October 2021.

Ref	Standard	Rating	Commentary
46	Business Continuity – Business Impact Analysis (BIA)	Partially compliant	A robust business continuity work programme is in place however this has yet to be completed and all service level BIAs updated.
47	Business Continuity – Business Continuity Plans	Partially compliant	A robust business continuity work programme is in place however this has yet to be completed and service level business continuity plans finalised.
51	Business Continuity – BC audit	Partially compliant	A robust business continuity work programme is in place however no external or internal audits have yet been undertaken. An external audit is planned for Q4 2022/23. Internal audits need to be undertaken on a rolling annual cycle.
Deep Dive			
DD1	Evacuation and Shelter – Up to date plans	Partially compliant	The plans need to be reviewed to reflect the updated guidance released in October 2021.
DD13	Evacuation and Shelter – Exercising	Partially compliant	Departmental fire drills to be arranged with heads of departments/ward with Fire Advisor.

Further comments, not impacting on the overall compliance rating

- A clear EPRR policy statement should be added to Section 1 of the EPRR Policy, clearly covering the detail listed in standards 1 and 4, for clarity
- Key lessons identified from debrief reports should be shared wider than at organisation level i.e., through the Sussex Health Responders Group (SHRG) monthly report (Core Standard (CS) 6)
- New and significantly reviewed policies could be shared via SHRG for consultation purposes and shared understanding with partners (CS9)
- Ensure debrief reports are undertaken on all incidents and exercises, collated centrally and shared with partners as appropriate throughout the year (CS11). (It should be noted that this is an outstanding recommendation from the previous year.)
- At the next review ensure the 'Management of Outbreaks' plan reflects Department of Health and Social Care (DHSC) guidance in relation to FFP3 Resilience (CS12)
- Please add paragraph as discussed to note that outsourced activities, suppliers and potential single points of failure are reviewed by the Procurement Team at the point of tender (CS45).

This result was discussed during the joint assurance presentation by the ICB and Deputy Chief Nurse at the Local Health Resilience Partnership meeting in February 2023. The slides are contained in **appendix 2.**

Conclusion and recommendations
The current assessment identifies **four** core standards as amber, which will require focussed work over the next 6 to12 months. This gives a current compliance level of **substantial**. A number of actions to address the amber ratings in standards 46, 47 and 51 have been undertaken already.

The comments in the feedback section of the report have been addressed already and QVH has a significantly improved “debriefing” process after incidents.

Since the review, the Business Continuity plans have also been subject to a planned Internal Audit, which has given an outcome of “**reasonable”** assurance.

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

Recommendation
The Board is asked to **note** the sustained compliance as substantial and the contents of this report and appendices.

Appendix 1

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

NHS Sussex Integrated Care Board
Hove Town Hall
Norton Road
Hove
BN3 4EH

sxicb.eprr@nhs.net
https://www.sussex.ics.nhs.uk/

01 February 2023

Dear Nicky

Re: NHS England EPRR Assurance 2022 - Queen Victoria Hospital NHS Trust

Firstly, can I thank you and your team for all your hard work and close collaboration with the ICB's EPRR team during the assurance process last year.

Following the review of Queen Victoria Hospitals (QVH)'s self-assessment against the 2022 NHS England (NHSE) Emergency Preparedness Resilience and Response (EPRR) core standards at the Local Health Resilience Partnership (LHRP) Executive meeting on 13 December 2022, and the approval from NHSE of the ICS's overall submission in January 2023, we are writing now to formally confirm the outcome of the 2022 process.

Outcome of the assessment process
As discussed at the final meeting in October 2022 QVH have been assessed as substantially compliant against the NHS England EPRR core standards which, it should be noted, were significantly updated in 2022.

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

QVH were fully compliant with 52 of the total 56 standards assessed, and partially compliant with four. The rationale for the assessment is contained in the table below for those standards that were assessed to be partially or non-compliant (please note the deep dive standards do not form part of the overall assessment of compliance):

Ref	Standard	Rating	Commentary
16	Duty to	Partially	The plans need to be reviewed to reflect the updated

Ref	Standard	Rating	Commentary
	Maintain Plans - Evacuation and shelter	compliant	guidance released in October 2021.
46	Business Continuity – Business Impact Analysis (BIA)	Partially compliant	A robust business continuity work programme is in place however this has yet to be completed and all service level BIAs updated.
47	Business Continuity – Business Continuity Plans	Partially compliant	A robust business continuity work programme is in place however this has yet to be completed and service level business continuity plans finalised.
51	Business Continuity – BC audit	Partially compliant	A robust business continuity work programme is in place however no external or internal audits have yet been undertaken. An external audit is planned for Q4 2022/23. Internal audits need to be undertaken on a rolling annual cycle.
Deep Dive			
DD1	Evacuation and Shelter – Up to date plans	Partially compliant	The plans need to be reviewed to reflect the updated guidance released in October 2021.
DD13	Evacuation and Shelter – Exercising	Partially compliant	Departmental fire drills to be arranged with heads of departments/ward with Fire Advisor.
Further comments, not impacting on the overall compliance rating			
• A clear EPRR policy statement should be added to Section 1 of the EPRR Policy, clearly covering the detail listed in standards 1 and 4, for clarity • Key lessons identified from debrief reports should be shared wider than at organisation level i.e., through the Sussex Health Responders Group (SHRG) monthly report (Core Standard (CS) 6) • New and significantly reviewed policies could be shared via SHRG for consultation purposes and shared understanding with partners (CS9) • Ensure debrief reports are undertaken on all incidents and exercises, collated centrally and shared with partners as appropriate throughout the year (CS11). (It should be noted that this is an outstanding recommendation from the previous year.) • At the next review ensure the 'Management of Outbreaks' plan reflects Department of Health and Social Care (DHSC) guidance in relation to FFP3		

Ref	Standard	Rating	Commentary
			Resilience (CS12) • Please add paragraph as discussed to note that outsourced activities, suppliers and potential single points of failure are reviewed by the Procurement Team at the point of tender (CS45).

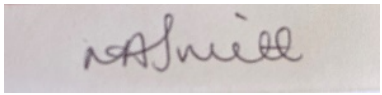
Next steps
It would be helpful if you could confirm to us, via the EPRR inbox, (sxicb.eprr@nhs.net) when you will be taking the outcome of the core standards assurance process to your Board for review.

The ICB EPRR team will be working with your EPRR team to agree a SMART action plan to address the comments noted in the table above by the end of February 2023. The action plan will then be reviewed on a quarterly basis to help facilitate significant improvements by the time the core standards assurance process for 2023 begins.

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

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

Yours faithfully,



Nicki Smith
Director of EPRR

Claudia Griffith
Chief Delivery Officer
Accountable Emergency Officer

On behalf of Sussex NHS Commissioners

Cc: EPRR team

Appendix 2


Sussex
Health and Care Partnership
EPRR Core Standards Assurance Process
Summary of Findings
for Queen Victoria Hospital NHS Foundation Trust
For presentation to LHRP Executive Group
and inclusion in ICS summary submission to NHSE

EPRR Core Standards Assurance Process 2022 – QVH

Overall Assessment rating	RAG colour substantially compliant

Queen Victoria Hospital NHS Foundation Trust	
Top three findings	➢ Improved EPRR Support resulting in overall improvement in documentation and processes – all policies in date ➢ BC Incidents during period managed appropriately with evidence of capturing and sharing lessons identified post event ➢ Continued progress has been made with regards to CBRN Decontamination Training
Top three issues identified	➢ Departmental Business Impact Assessments and Service Level Plans to be updated ➢ Training of on-call staff according to the NHS England EPRR competencies (National Minimum Occupational Standards) ➢ External business continuity management audit awaited
Key actions to deliver improvement	➢ Finalise Reviews of Departmental Business Impact Assessments and Service Level Plans in cooperation with departmental leads ➢ Training Needs Assessment for On-call Staff to be carried out ➢ Internal business continuity management audit arrangements to be reviewed and documented

EPRR Core Standards Assurance Process 2022 – QVH

Queen Victoria Hospital NHS Foundation Trust	
Three areas of best practice identified	➢ Systematic and thorough approach to EPRR evidenced in different Sections of Emergency Plan ➢ Robust command and control framework and governance in place ➢ Appropriate Risk Assessments in place and continued review process
Top three risks on your EPRR risk register	➢ Risk to operational delivery of Pathology Services: IT systems related ➢ Increased Cyber Security Threats due to global challenges ➢ Climate related risks to infrastructure
Any issues to raise nationally (max 3)	➢ Dissemination of System-wide learning from Covid Pandemic would be beneficial to inform future Pandemic and Emerging Diseases Planning

Queen Victoria Hospital NHS Foundation Trust	
High level findings from the deep dive	➢ Emergency Plan Section 13 - Hospital Evacuation Plan to be updated to reflect current guidance ➢ Evacuation exercise schedule to be drawn up ➢ Equality and Health Inequalities Impact Assessment of plans to be carried out ➢ Process in place, but Documentation needs improvement
Summary position for QVH	We are delighted that QVH was able to sustain its rating of substantially compliant for the year 2022 despite various system pressures. There are a few recommendations that the team is working through to ensure that there is continuous improvement of this workstream. The successful participation of Exercise Niagra (day time), Operation London Bridge and internal incidents over the year have evidenced that the plans are working and staff are aware of what is expected of them. Over the course of the next year an emphasise will be put on ensuring that all Business Continuity documentation and a process for regular review and audit is in place. The overall goal is to achieve full compliance in 2023.

Report cover-page					
References					
Meeting title:	Board of directors				
Meeting date:	04/05/2023		**Agenda reference:**	**25-23**	
Report title:	Quality and governance committee assurance				
Sponsor:	Karen Norman, Committee Chair				
Author:	Karen Norman, Committee Chair Ellie Simpkin, governance officer				
Appendices:	None				
Executive summary					
Purpose of report:	The purpose of the report is to provide assurance on matters considered and discussed by the quality and governance committee at its meetings on 27 February 2023, 30 March 2023 and 17 April 2023.				
Summary of key issues	• Two serious incidents in January 2023 and one in March 2023 • Numbers of patients awaiting clinical harm review reduced • Positive feedback received from recent peer review visits to the critical care unit and the burns service • Annual oversight of the quarterly audits on the WHO Surgical Safety Checklist performed within the perioperative department • The committee approved the QVH Quality Priorities for 2023/24				
Recommendation:	The Board is asked to **note** the contents of the report, the assurance where given and risks identified.				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	KSO3:	KSO4:	KSO5:
	Outstanding patient experience	***World-class clinical services***	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:	KSO3- outstanding patient experience- quality and supply issues with providers, ongoing workforce challenges KSO2- World class clinical services- restricted facilities to manage more complex patients				
Corporate risk register:	The committee continues to review the patient safety risks.				
Regulation:	Health and Social Care Act 2008 CQC standards of quality and safety				
Legal:	As above				
Resources:	None				
Assurance route					
Previously considered by:	Quality and governance committee				
	Date:	27/02/23 30/03/23 17/04/23	Decision:		
Next steps:	N/A				

Report to:	Board Directors
Agenda item:	25-23
Date of meeting:	4 May 2023
Report from:	Karen Norman, Committee Chair
Report author:	Karen Norman, Committee Chair Ellie Simpkin, governance officer
Date of report:	19 April 2023
Appendices:	None

Quality and governance committee assurance

Introduction
This purpose of this report is to provide the Board with assurance on matters considered by the quality and governance committee at its meetings on 27 February 2023, 30 March 2023 and 17 April 2023.

27 February 2023

Clinical quality and patient safety
There had been two serious incidents reported for the period related to delayed pathways in Sentinel Lymph Node Biopsy. Both incidents had been identified at the same time and the committee was assured that there had not been a failure in learning. Work with the system is being undertaken to understand and quantify the increase in demand for this service and a detailed action plan to tackle the waiting list is in place.

The committee noted positive feedback received from recent peer review visits to the critical care unit and the burns service.

The committee received an update on clinical harm reviews, noting good engagement during the quarter especially within the area of plastic surgery. The 2021 clinical harm reviews are 95% complete and 72% of the 2022 cohort has been undertaken. In the last two months there have been no new patients identified with moderate or severe harm due to waiting more than 52 weeks. The committee requested that outstanding 2021 clinical harm reviews are completed as a priority.

Infection prevention and control
The lack of the ventilation authorised person was noted as an area of concern and a risk assessment is to be undertaken by the estates team due to the lack of on-site specialist knowledge.

The committee noted that antimicrobial prescribing continues to be an area of challenge. Work on improving documentation and resourcing is progressing, however, staff resourcing in pharmacy is having an impact. Further assurance was sought on the contract monitoring and service level agreements for microbiology services.

One case of clostridium difficile infection (CDI) had been reported during the last quarter with overuse of antibiotics being the likely cause of infection. There had also been one case of corynebacterium diptheriae. There had been a small number of Covid-19 cases in staff groups and it was noted that the funding for the Optigene lab would cease on 1 April 2023.

Feedback from Trust Internal Peer Review Visits
The committee received a report on the feedback received from the recent internal peer review visits (formerly known as compliance in practice visits). A range of staff had visited areas across the Trust to help identify weaknesses ahead of the next CQC inspection. A Trust wide improvement plan has been developed as a result of these visits and individual areas are being provided with specific feedback and action plans. The committee was pleased to note that feedback from staff about their experience of the visits has been very positive.

Getting it right first time (GIRFT)
The committee was provided with the annual oversight of progress against the GIRFT standards and took assurance from the report and the progress being made against the cross cutting themes of clinical coding, day case surgery, outpatients, litigation, and surgical site infection. The committee discussed the use of benchmarking data to help prepare for future clinical specialty deep dive GIRFT visits. The committee noted the considerable on going work in the areas of theatre productivity and outpatient transformation and the importance of rigorous management of annual leave in improving effective utilisation of theatre.

Risk
The committee was pleased to note the appointment of a new consultant in the sleep service which will help to address risk 1198 medical workforce sleep unit.

The committee will be scheduling risk deep dives on an ad-hoc basis over the forthcoming year in order to monitor the impact of risks and the effectiveness of mitigations in place.

Other
- Assurance was taken from the data presented within the patient experience report. There has been a rise in complaints in relation to perceived delays and extended waits for surgery and treatment and consideration is being given to messaging and correspondence. Three cases were referred to the Parliamentary and Health Service Ombudsman (PHSO).
- The committee noted concerns in respect to surgical patients who do not fall under the referral to treatment waiting time targets and agreed a report would be presented to the committee in April.
- The committee received an update on progress being made on data collection on the chosen CQUINs for 2022/23.

30 March 2023

World Health Organisation (WHO) Surgical Safety Checklist Compliance
The committee received a report which provided the annual oversight of the quarterly audits on the WHO Surgical Safety Checklist performed within the perioperative department. The committee was pleased to note that compliance is good and standards are being met in all areas apart from the debrief step of the checklist. The reasons for non-compliance in this area have been identified and work is being carried out to bring about improvements.

Emergency Preparedness, Resilience & Response Report
The committee considered the outcome of the Emergency Preparedness, Resilience and Response (EPRR) peer review and assurance process for 2022. The committee was pleased to note the substantial compliance outcome, maintaining assurance from the previous year. Work has commenced on the action plan to address the four standards which require some improvement.

Other

- The committee was informed of the selected CQUINs for 2023/24, noting that there will be a financial incentive attached to meeting the targets.
- National guidance on the stepping down of covid-19 related measures was still awaited at the time of the committee and it was noted that local policies would be updated when received.
- The committee approved the Code of Practice for Researchers. Further assurance was sought regarding the use of the policy for charitable funds, if appropriate.
- The committee approved the Terms of Reference for the Clinical Governance Group.

17 April 2023

Clinical Quality and Patient Safety
There had been one serious incident declared which related to an unexpected death. The two highest incident categories reported in February and March 2023 were delays in investigation/ diagnosis/ treatment and communication and medication, remaining static from the previous reporting period. The committee was assured that the Integrated Care Board Clinical Quality Review Meetings will now be taking place quarterly as there are currently no areas of concern in relation to QVH's Safety and Quality of care.

The committee received a summary report of a serious incident investigation outcome relating to a death in 2021 which provided assurance that processes have been reviewed and policies have been updated to reflect the learning.

A further update was given on the clinical harm reviews. The 2021 cohort are now 98% complete and the 2022 cohort has improved to 84% completed. The committee noted that discussions are being had at an inter specialty and regional level on the use for severe and moderate harm within different patient groups.

The committee discussed concerns in respect to surgical patients who do not fall under the referral to treatment waiting time targets, noting that processes are being developed for clinical harm reviews to be carried out for these patients. The committee will receive a further update at its meeting in June.

Quality Priorities 2023/24
The committee approved the QVH Quality Priorities for 2023/24 which are built around ambitions to deliver safe, reliable and compassionate care in a transparent and measurable way. These are:

- Patient Safety: Improve anti-microbial stewardship at QVH
- Clinical Effectiveness: Introduce an inter-professional leadership programme
- Patient Experience: Improving patient co-design of services

Sponsorship of Research by QVH
The committee considered the reinstatement of QVH sponsored research activity, which had been paused pending the consideration a merger with University Hospitals Sussex. The committee supported the proposals in principle and suggested that the approach is considered by the Board as part of the development of the wider future strategy for QVH. Further details on practice and processes need to be developed.

NHS Protect Action Plan and Local Security Management Specialist Work Plan
The committee received the security risk assessment and strategic work plan for 2023/24, noting that implementation will be monitored by the health and safety group and estates and facilities steering group with oversight being maintained by the committee.

Risk
Discussion was had on the committee's approach to the review of risks. The committee agreed that in order to prevent duplication it will receive updates on the deep dives being undertaken by the executive-led risk group rather than commence its own programme of risk reviews.

Other
- The committee received a verbal update on the impact of the industrial action taken by junior doctors and the planning which has commenced ahead of the further industrial action announced by the Royal College of Nursing.
- Local Covid-19 measures have now been stepped down in line with national guidance.
- The Trust received 13 formal complaints during February and March 2023. The main themes are communication, medical treatment and behaviour. No cases were reopened or referred to the PHSO.
- The committee received an update on the final submission of CQUIN data for 2022/23.

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