

## Bundle Public Board 2 November 2023

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- 121.2 Questions from members of the public  
3 *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*

# **Business Meeting of the Board of Directors**

**Thursday 2 November 2023**

**Session in PUBLIC**

**10.00-12.00**

**Education centre (location 40), QVH**



**MEMBERSHIP  
BOARD OF DIRECTORS  
November 2023**

**Members (voting):**

Trust Chair	-	Jackie Smith
Senior Independent Director	-	Paul Dillon-Robinson
Non-Executive Directors	-	Karen Norman
	-	Peter O'Donnell
	-	Shaun O'Leary
	-	Russell Hobby
Chief Executive Officer	-	James Lowell
Medical Director	-	Tania Cubison
Chief Nurse	-	Nicky Reeves
Chief Finance Officer	-	Maria Wheeler

**In full attendance (non-voting):**

Director of Strategy and Partnerships	-	Abigail Jago
Director of Communications and Corporate Affairs	-	Clare Pirie
Interim Chief People Officer	-	Rob Stevens
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
<b>Non-executive and executive members of the board (cont)</b>								
<b>Jackie Smith</b> Trust Chair	Directorship of WeNurses	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>James Lowell</b> Chief Executive Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Paul Dillon-Robinson</b> 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

<b>Karen Norman</b> 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
<b>Peter O'Donnell</b> Non-Executive Director	Non-executive director for Nottingham Building Society	Nil	Nil	Trustee for Cardiac Risk in the Young	Nil	Nil	Nil	Nil

<b>Shaun O'Leary</b> Non-Executive Director	Nil	Nil	Nil	Chair and Trustee of St Wilfreds Hospice, Eastbourne	Nil	Nil	Nil	Nil
<b>Russell Hobby</b> Non-Executive Director	Director of 5 Lewes Crescent Mgt Co. RVHB Ltd	Nil	Nil	Chief executive officer of Teach First (education charity)	Nil	Nil	Nil	Nil
<b>Tania Cubison</b> 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 patients to me and the QVH.	Nil
<b>Maria Wheeler</b> Chief Finance Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Nicky Reeves</b> Chief Nurse	Nil	Nil	Nil	Trustee of McIndoe Burns Support Group	Nil	Nil	Nil	Nil
Other members of the board (non-voting)								

<b>Abigail Jago</b> Director of Strategy and Partnerships	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Clare Pirie</b> Director of Communications & Corporate Affairs	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
<b>Robert Stevens</b> Interim Chief People Officer	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.
<b>Non-executive and executive members of the board (voting)</b>							
Jackie Smith Trust Chair	N/A	N/A	N/A	N/A	N/A	N/A	N/A
James Lowell Chief Executive Officer	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
Karen Norman Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Peter O'Donnell Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Shaun O'Leary Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Russell Hobby Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tania Cubison Medical Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Maria Wheeler Chief Finance Officer	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
<b>Other members of the board (non-voting)</b>							
Abigail Jago Director of Strategy and Partnerships	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Clare Pirie Director of Communications & Corporate Affairs	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Robert Stevens Interim Chief People Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

**Agenda: session held in public**

**WELCOME**

101-23	<b>Welcome, apologies and declarations of interest</b> <i>Jackie Smith, Trust Chair</i>
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<b>STANDING ITEMS</b>		<b>Purpose</b>
102-23	<b>Patient story</b>	<i>Assurance</i>
103-23	<b>Staff story</b>	<i>Assurance</i>
104-23	<b>Guardian of safe working report</b> <i>Jennifer O'Neill, guardian of safe working</i>	<i>Assurance</i>
105-23	<b>Draft minutes of the public meeting held on 7 September 2023</b> <i>Jackie Smith, Trust Chair</i>	<i>Approval</i>
106-23	<b>Matters arising and actions pending from previous meetings</b> <i>Jackie Smith, Trust Chair</i>	<i>Review</i>
107-23	<b>Chair's report</b> <i>Jackie Smith, Trust Chair</i>	<i>Assurance</i>
108-23	<b>Chief executive's report</b> <i>James Lowell, chief executive officer</i>	<i>Assurance</i>

**GOVERNANCE AND STRATEGY**

109-23	<b>Strategic development committee assurance</b> <i>Jackie Smith, Trust Chair</i>	<i>Assurance</i>
110-23	<b>Audit and risk committee assurance</b> <i>Paul Dillon-Robinson, non-executive director and committee Chair</i>	<i>Assurance</i>

**Key strategic objectives 1 and 2: outstanding patient experience and world class clinical services**

111-23	<b>Quality and safety committee assurance</b> <i>Karen Norman, non-executive director and committee Chair</i>	<i>Assurance</i>
112-23	<b>Quality and safety report</b> <i>Nicky Reeves, chief nursing officer</i> <i>Tania Cubison, chief medical officer</i>	<i>Assurance</i>
113-23	<b>National inpatient survey results</b> <i>Nicky Reeves, chief nursing officer</i>	<i>Information</i>

**Key strategic objective 3: operational excellence**

114-23	<b>Financial, workforce and operational performance assurance</b> <i>Paul Dillon-Robinson, senior independent director</i> <i>Russell Hobby, non-executive director</i>	Assurance
115-23	<b>Operational performance report</b> <i>James Lowell, chief executive officer</i>	Assurance
Key strategic objective 5: organisational excellence		
116-23	<b>Workforce performance report</b> <i>Rob Stevens, interim chief people officer</i>	Assurance
117-23	<b>WRES and WDES data and EDI action plan</b> <i>Rob Stevens, interim chief people officer</i>	Approval
118-23	<b>Gender pay gap annual report and action plan</b> <i>Rob Stevens, interim chief people officer</i>	Approval
Key strategic objective 4: financial sustainability		
119-23	<b>Financial performance</b> <i>Maria Wheeler, chief finance officer</i>	Assurance
MEETING CLOSURE		
120-23	<b>Any other business (by application to the Chair)</b> <i>Jackie Smith, Trust Chair</i>	Discussion
MEMBERS OF THE PUBLIC		
121-23	<b>Questions from members of the public</b> <i>We welcome relevant, written questions on any agenda item from our staff, our members or the public. To ensure that we can give a considered and comprehensive response, written questions must be submitted in advance of the meeting (at least three clear working days). Please forward questions to <a href="mailto:Leonora.may1@nhs.net">Leonora.may1@nhs.net</a> clearly marked "Questions for the board of directors". Members of the public may not take part in the Board discussion. Where appropriate, the response to written questions will be published with the minutes of the meeting.</i>  <i>Jackie Smith, Trust Chair</i>	
<i>Further to paragraph 39.1 and annex 6 of the Trust's Constitution, it is proposed that members of the public and representatives of the press shall be excluded from the remainder of the meeting for the purposes of allowing the Board to discuss issues of a confidential or sensitive nature. Any decisions made in the private session of the Trust Board will be communicated to the public and stakeholders via the Chair's report.</i>  <i>Jackie Smith, Trust Chair</i>		



Report cover-page					
<b>References</b>					
<b>Meeting title:</b>	Board of Directors				
<b>Meeting date:</b>	02/11/2023	<b>Agenda reference:</b>		104-23	
<b>Report title:</b>	Guardian of safe working review				
<b>Sponsor:</b>	Tania Cubison, medical director				
<b>Author:</b>	Jennifer O'Neill, QVH consultant and Guardian of Safe Working				
<b>Appendices:</b>	None				
<b>Executive summary</b>					
<b>Purpose of report:</b>	Summary of rota gaps, locum use and exception reports				
<b>Summary of key issues</b>	<p>The larger oncology cases in maxfax can still trigger exception reports when they overrun - payments have been actioned for that and also extra hours worked for plastics trainees.</p> <p>There was a supervision concern raised for a plastic surgery clinic with complex cases seen by a registrar late in the day. All registrars need to be supervised and there is always the duty consultant on. This has been escalated via the Surgical Tutor and local faculty group.</p> <p>A safety concern was raised in maxfax due to a busy trauma clinic on induction day for the junior doctors, this has been escalated that to the Consultants, Manager and local faculty group with the goal to watch for a pattern in that clinic and to prevent future problems on that induction day in the future.</p>				
<b>Recommendation:</b>	The Board is asked to review and <b>note</b> the contents of the report.				
<b>Action required</b>	Approval	Information	Discussion	<b>Assurance</b>	Review
<b>Link to key strategic objectives (KSOs):</b>	<b>KSO1:</b> <i>Outstanding patient experience</i>	<b>KSO2:</b> <i>World-class clinical services</i>	<b>KSO3:</b> <i>Operational excellence</i>	<b>KSO4:</b> <i>Financial sustainability</i>	<b>KSO5:</b> <i>Organisational excellence</i>
<b>Implications</b>					
<b>Board assurance framework:</b>	Safe rotas				
<b>Corporate risk register:</b>	None				
<b>Regulation:</b>	None				
<b>Legal:</b>	None				
<b>Resources:</b>	Human resources				
<b>Assurance route</b>					
<b>Previously considered by:</b>	NA				
	Date:		Decision:		
<b>Next steps:</b>	Reporting to Board 2 November 2023				

**Report to:** Board of Directors  
**Agenda item:** 104-23  
**Date of meeting:** 2 November 2023  
**Report from:** Tania Cubison, medical director  
**Report author:** Jennifer O'Neill. Guardian of Safe Working  
**Date of report:** 16 October 2023  
**Appendices:** None

### Guardian of Safe Working report (6 months)

#### Quarterly report on safe working hours: doctors and dentists in training Quarter 1 - April to June 2023

##### 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

Number of doctors / dentists in training (total): 64  
 Number of doctors / dentists in training on 2016 contract (total): 37  
 Amount of time available in job plan for guardian to do the role: 0.75 PAs / 3 hours per week  
 Admin support provided to the guardian (if any): Ad hoc  
 Amount of job-planned time for educational supervisors: 0.25 PAs per trainee

##### a) Exception reports (with regard to working hours)

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Anaesthetics	0	0	0	0
Maxillofacial	0	10	10	0
Orthodontic	0	0	0	0
Plastics	0	15	14	1
Radiology	0	0	0	0
<b>Total</b>	<b>0</b>	<b>25</b>	<b>24</b>	<b>1</b>

##### Exception Reports for Hours breached this Q only

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics	0	0
Maxillofacial	9	0

Orthodontic	0	0
Plastics	7	0
Radiology	0	0
<b>Total</b>	<b>16</b>	<b>0</b>

**Exception reports for missed Education and Training this Q only**

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics	0	0
Maxillofacial	1	0
Orthodontic	0	0
Plastics	8	1
Radiology	0	0
<b>Total</b>	<b>9</b>	<b>1</b>

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
ST3 +	0	20	19	1
CT1-2 / ST1-2	0	5	5	0
<b>Total</b>	<b>0</b>	<b>24</b>	<b>24</b>	<b>1</b>

Exception reports (response time)					
	Addressed within 48 hours	Addressed within 7 days	Addressed 8 to 30 days	Addressed over 30 days	Still open
All grades	0	3	10	11	1
<b>Total</b>	<b>0</b>				<b>1</b>

**b) Work schedule reviews**

We have had no work schedule reviews in this quarter

**c) Locum bookings**

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	9	9	0	90.00	90.00
Maxillofacial	27	27	0	238.80	238.80
Orthodontics	2	2	0	8.00	8.00
Plastics	188	188	36	1,766.98	1,766.98
Total	226	226	36	2,103.78	2,103.78
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*	94	94	36	801.30	801.30
ST3 +*	132	132	0	1,302.48	1,302.48
Total	226	226	36	2,103.78	2,103.78

**i) Bank**

\*Includes Trust Grade doctors – Health Roster is not configured to identify HEE/Trust 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	138	138	36	1,327.50	1,327.50
Sickness	10	10	0	77.30	77.30
Increase in workload*	47	47	0	347.50	347.50
Other**	31	31	0	351.48	351.48
Total	226	226	0	2,103.78	2,103.78

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

\*\* Other includes: Annual Leave, On Call, Special Leave, Study leave, Maternity

Locum bookings (bank) by department and reason

Specialty	Vacancy	Sickness	Increased Workload*	Other **	Number of shifts
Anaesthetics	0	0	9	0	9
Maxillofacial	11	3	6	7	27
Orthodontics	0	0	2	0	2
Plastics	127	7	30	24	188
Total	138	10	47	31	226

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

\*\* Other includes: Annual Leave, On Call, Special Leave, Study leave, Maternity

## ii) Agency

Locum bookings (agency) by department				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Anaesthetics	0	0	0.00	0.00
Maxillofacial	0	0	0.00	0.00
Orthodontic	0	0	0.00	0.00
Plastics	36	36	376.00	376.00
Radiology	0	0	0.00	0.00
Total	36	36	376.00	376.00

Locum bookings (agency) by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-2	36	36	376.00	376.00
ST3-8	0	0	0.00	0.00
Total	36	36	376.00	376.00

Locum bookings (agency) by reason				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	36	36	376.00	376.00

Sickness	0	0	0.00	0.00
Total	36	36	376.00	376.00

#### Locum work carried out by trainees

Vacancies by month						
Specialty	Grade	Month 1	Month 2	Month 3	Total gaps (average)	Number of shifts uncovered*
Anaesthetics	ST3+	0	0	0	0.0	
Maxillofacial Core	CT1-2	1	1	1	1.0	
Maxillofacial higher	ST3+	0	1	1	0.6	
Plastic surgery core	CT1-2	3	4	2	3.0	
Plastic surgery higher	ST3+	1	1	0	0.6	
Orthodontics	ST3+	0	0	0	0.0	
Total		5	7	4	5.2	

#### d) Vacancies

*\*Currently non reportable*

#### e) Fines

Fines by department		
Department	Number of fines levied	Value of fines levied
Plastics	2	£1,419.38
OMFS	3	£,574.76

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at the end of this quarter
£6,840.52	£1,994.14		£8,834.66

### Qualitative information

There are now some agency (rather than bank) locum shifts being filled in Plastics - this is a change as previously we have relied on Bank staff.

### Issues arising

The exceptional payments for the large maxfax oncology cases that run over are somewhat predictable and this has been raised. The trainees tell me that appreciate the experience of the cases and the payment but it is something to monitor.

Some AESs are much more efficient (than others) at meeting with their trainees to address these reports and some are not doing that. I am going to take steps to motivate the trainer and trainee team to use this tool and get the reports closed with satisfactory resolutions to make it a worthwhile tool.

The one report that remains open is a supervision report about a clinic in the later part of the afternoon with no consultant present at that time - except virtually- for support at that time of the day. I have written to the AES and Surgical Tutor for help in finding out what happened and taking steps to prevent that happening again - we know that all trainees must be supervised by a consultant present and there is a duty consultant too so it needs to be explored and the report dealt with.

### Summary

There were no immediate safety concerns raised but there were 16 over hours or work pattern reports, 8 educational opportunity exception reports and one supervision report.

## Quarterly report on safe working hours: doctors and dentists in training Quarter 2 - 1 July 2023 to 30 September 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

Number of doctors / dentists in training (total):	64
Number of doctors / dentists in training on 2016 contract (total):	37
Amount of time available in job plan for guardian to do the role: per week	0.75 PAs / 3 hours
Admin support provided to the guardian (if any):	Ad hoc
Amount of job-planned time for educational supervisors: trainee	0.25 PAs per

#### a) Exception reports (with regard to working hours)

Exception reports by department				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
Anaesthetics	0	0	0	0

Maxillofacial	0	6	4	2
Orthodontic	0	0	0	0
Plastics	1	9	7	3
Radiology	0	0	0	0
<b>Total</b>	<b>1</b>	<b>15</b>	<b>11</b>	<b>5</b>

#### Exception Reports for Hours breached or work pattern this Q only

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics	0	0
Maxillofacial	5	2
Orthodontic	0	0
Plastics	5	1
Radiology	0	0
<b>Total</b>	<b>10</b>	<b>3</b>

#### 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	4	1
Radiology	0	0
<b>Total</b>	<b>4</b>	<b>1</b>

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
ST3 +	1	12	9	3
CT1-2 / ST1-2	0	3	1	2
<b>Total</b>	<b>1</b>	<b>15</b>	<b>10</b>	<b>5</b>



Exception reports (response time)					
	Addressed within 48 hours	Addressed within 7 days	Addressed 8 to 30 days	Addressed over 30 days	Still open
All grades	1	3	2	5	4

**b) Work schedule reviews**

We have had no work schedule reviews in this quarter

**c) Locum bookings**

**i) Bank**

Locum bookings (bank) by department					
Specialty	Number of shifts requested	Number of shifts worked	Number of shifts given to agency	Number of hours requested	Number of hours worked
Anaesthetics	11	11	0	117.50	117.50
Maxillofacial	70	70	0	756.75	756.40
Orthodontics	0	0	0	0.00	0.00
Plastics	215	215	15	2095.00	2095.00
Total	296	296	15	2,969.25	2,968.90

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*	83	83	15	831.50	831.50
ST3 +*	213	213	0	2,137.75	2,137.75
Total	296	296	15	2,969.25	2,969.25

\*Includes Trust Grade doctors – Health Roster is not configured to identify HEE/Trust 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	146	146	15	1,576.50	1,576.50
Sickness	6	6	0	25.00	25.00
Increase in workload*	62	62	0	413.50	413.50
Other**	82	82	0	954.25	954.25
Total	296	296	15	2,969.25	2,969.25

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

\*\* Other includes: Annual Leave, On Call, Special Leave, Study leave, Maternity

Locum bookings (bank) by department and reason					
Specialty	Vacancy	Sickness	Increased Workload*	Other **	Number of shifts
Anaesthetics	0	0	11	0	11
Maxillofacial	0	2	7	61	70
Orthodontics	0	0	0	0	0
Plastics	146	4	44	21	215
Total	146	6	62	82	296

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

\*\* Other includes: Annual Leave, On Call, Special Leave, Study leave, Maternity

## ii) Agency

Locum bookings (agency) by department				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Anaesthetics	0	0	0.00	0.00
Maxillofacial	0	0	0.00	0.00
Orthodontic	0	0	0.00	0.00
Plastics	15	15	154.00	154.00
Radiology	0	0	0.00	0.00
Total	15	15	154.00	154.00

Locum bookings (agency) by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-2	15	15	154.00	154.00
ST3-8	0	0	0.00	0.00
Total	15	15	154.00	154.00

Locum bookings (agency) by reason				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	15	15	154.00	154.00
Sickness	0	0	0.00	0.00
Total	15	15	154.00	154.00

#### Locum work carried out by trainees

##### d) Vacancies

Vacancies by month						
Specialty	Grade	Month 1	Month 2	Month 3	Total gaps (average)	Number of shifts uncovered*
Anaesthetics	ST3+	0	0	0	0.00	
Maxillofacial Core	CT1-2	1	1	0	0.66	
Maxillofacial higher	ST3+	0	0	0	0.00	
Plastic surgery core	CT1-2	1	0	0	0.33	
Plastic surgery higher	ST3+	0	2	4	2.00	
Orthodontics	ST3+	0	0	0	0.00	
Total		2	3	4	3.00	

\*Currently non reportable

##### e) Fines

Fines by department		
Department	Number of fines levied	Value of fines levied
Plastics	1	£236.15

Fines (cumulative)			
Balance at end of last quarter	Fines this quarter	Disbursements this quarter	Balance at the end of this quarter
£8,834.66	£236.15		£9,070.81

**Qualitative information:**

There were less exception reports this period but I have the perception that the AES team are engaging more with the exception reporting system and I have had some good discussions with the team.

**Issues arising:**

We had an immediate safety concern about a busy maxillofacial trauma clinic on induction day. I have raised this with the consultants, manager and at the LFG and they have investigated and will monitor this. I will now close that report. The report that I carried over was a supervision report but now this has been escalated and investigated by both the AES and Surgical Tutor, I will close that report now too.

**Summary:**

One immediate safety concern was raised and escalated. 10 additional hours exception reports were raised for payment (split equally between Plastics and Maxfax). Four educational exception reports were raised all by plastic surgery trainees.

**Recommendation**

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

<b>Document:</b>		<b>Minutes (DRAFT)</b>	
<b>Meeting:</b>		<b>Board of Directors (session in public)</b> <b>10.00-12 noon 7 September 2023</b> <b>Learning and development centre training room, QVH</b>	
<b>Present:</b>	Jackie Smith	Trust Chair (voting) (Chair)	
	Paul Dillon-Robinson (PDR)	Senior independent director (voting)	
	Karen Norman (KN)	Non-executive director (voting) (via MS Teams)	
	Shaun O’Leary (SOL)	Non-executive director (voting)	
	Peter O’Donnell (POD)	Non-executive director (voting)	
	Abigail Jago (AJ)	Director of strategy and partnerships and acting CEO (voting)	
	Maria Wheeler (MW)	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)	
	Robert Stevens (RS)	Interim chief people officer (non-voting)	
<b>In attendance:</b>	Leonora May (LM)	Deputy company secretary (minutes)	
	Liz Blackburn (LB)	Deputy chief nurse (for item 75-23)	
<b>Apologies:</b>	Russell Hobby (RH)	Non-executive director (voting)	
<b>Members of the public:</b>	No members of public, ten governors (three in person and seven via Ms Teams) and four members of staff (one for the staff story)		
<b>Welcome</b>			
<b>74-23</b>	<b>Welcome, apologies and declarations of interest</b> The Chair opened the meeting welcoming members of the Board, including RS to his first Board meeting, and those observing the meeting including ten governors, seven of whom had joined the meeting via MS Teams, and three members of staff.  The Chair reminded those observing the meeting that they were not invited to participate in discussions and that there will be an opportunity for governors to ask questions at the end of the meeting.  Apologies were received from RH and the meeting was declared as being quorate.  There were no declarations of interest other than those already recorded on the register of interests.  The Chair made some opening remarks, reminding Board members of a renewed focus on spotting signals and being curious, listening and acting on concerns. She made the following statement regarding the Lucy Letby case:  The Health Secretary has announced a statutory inquiry to be chaired by Lady Justice Thirlwall; we do not yet know the terms of reference. This inquiry will examine the case’s wider circumstances, including the Countess of Chester NHS Trust response to clinicians who raised the alarm, and the conduct of the wider NHS and its regulators. We will of course provide any evidence that may be asked of us and respond as appropriate to any recommendations arising from the inquiry.		
<b>Standing items</b>			
<b>75-23</b>	<b>Patient story</b> [This item was taken after 76-23] LB joined the meeting for this item]  NR shared a statement from a profoundly deaf sign language user who was treated as an		

	<p>inpatient and subsequently as an outpatient at QVH.</p> <p>The statement described a negative patient experience as a profoundly deaf sign language user due to a lack of disability awareness and lack of awareness of the Accessible Information Standards Act. During the patient's treatment, a British Sign Language interpreter (BSL) was not made available to the patient and her husband, who is also profoundly deaf but has lip reading and spoken language abilities. The patient's husband had acted as the sign language and spoken English translator. The patient's needs were attended to when the deputy chief nurse was notified.</p> <p>The patient was not able to communicate with staff, understand what was happening clinically or have confidence about the medication advice given to her upon leaving hospital. The patient expressed in her statement a want for QVH to learn from her poor experience in order that all patients, regardless of their communication needs, receive a high level of care and quality of treatment.</p> <p>The Board expressed disappointment and sadness regarding how this patient was treated and that she was not able to access a BSL interpreter at QVH. The Board recognised this as being an example of QVH staff not spotting signals that a patient needed help, and emphasised the importance of staff recognising that it is everybody's responsibility to ensure that the Trust responds appropriately to patients who have individual needs and that appropriate action is taken with empathy and understanding.</p> <p>NR confirmed that following further investigation of what happened, work will be undertaken to help all staff to recognise when a patient's needs are not being met and know what action can be taken. This learning will extend to all patients with additional needs. She stated that is not suitable for family members to act as interpreters.</p> <p>The Board expressed thanks to be passed on to the patient for sharing her moving story, the learning from which will have a positive impact for future patients.</p> <p>[LB left the meeting]</p>
<b>76-23</b>	<p><b>Staff story</b>  [This item was taken before 75-23]</p> <p>The Board welcomed the Trust's site practitioner and trauma co-ordinator, who had joined the meeting to give an account of his experience as a member of staff at QVH.</p> <p>The site practitioner explained that he moved to the UK from Mauritius at the age of 24 and that he joined QVH nine months ago. He described learning new software as a challenge when starting the job as well as not knowing where to find information. He had wondered if he had made the right choice at times but his colleagues were and are very helpful, supportive and welcoming. He described QVH as a family and stated that he feels a sense of belonging.</p> <p>The 'one team, many nationalities' poster in the main corridor resonated with this member of staff when he saw Mauritius was listed. He was able to feel a pride for and identification with QVH like that he feels for the country of his birth.</p> <p>In response to questions from Board members, the member of staff shared that he thinks the Trust could make better use of technology, and limit the number of different systems it uses. He also suggested that the local induction could be better tailored to members of staff who are new to the UK and the NHS.</p>

	<p>The Board extended thanks to the site practitioner for sharing his experience as a member of staff at QVH.</p> <p>[The site practitioner left the meeting]</p>
<b>77-23</b>	<p><b>Draft minutes of the public meeting held on 7 July 2023</b></p> <p>The Board <b>agreed</b> that the minutes of the public Board meeting held on 7 July 2023 are a true and accurate record of that meeting and <b>approved</b> them on that basis.</p>
<b>78-23</b>	<p><b>Matters arising and actions pending from the public meeting held on 7 July 2023</b></p> <p>There was one pending action and the Board noted that:</p> <ul style="list-style-type: none"> <li>- 232-23 (gender pay report and actions) has been postponed until November 2023 due to resource constraints. The Board sought and received reassurance that this deadline will be met</li> </ul> <p>The Board <b>noted</b> the matters arising report and the update received on the pending action.</p>
<b>79-23</b>	<p><b>Chair's report</b></p> <p>JS presented her Chair's report to the Board and shared that she had attended an NHS conference for provider Chairs the day prior to the meeting, and that the event had been rightly focussed on problem sensing for Boards. Boards should focus on spotting signals and being curious. She highlighted that following the Lucy Letby trial verdict, she had invited all QVH staff to open staff meetings to discuss the issues that the trial raised, noting that the former chief executive officer of the Countess of Chester was employed at QVH as the interim chief executive. The meetings were used as an opportunity to ensure that the Trust's culture of raising concerns and channels are well understood.</p> <p>JS confirmed that the new NHS fit and proper person framework will be implemented at QVH ahead of 31 March 2024.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>80-23</b>	<p><b>Chief Executive's report</b></p> <p>AJ presented the report to the Board, reporting that there is a renewed focus to ensure that the executive team are hearing concerns, ensuring that staff feel able to speak up using mechanisms that are effective and inclusive and that staff who do speak up receive timely feedback.</p> <p>The Board discussed the contents of the report as follows:</p> <ul style="list-style-type: none"> <li>- Discussion was had regarding the recent power issue and JS thanked all those involved in responding to the incident for their work. The Board sought assurance that plans are in place to avoid the issue from reoccurring and emphasised that robustness is required for the estate, despite ongoing work to develop the Trust's estates and facilities strategy. MW confirmed that building resilience for the estates team is a priority and will help to ensure that contracts and processes are in place. She confirmed that an interim director of estates is starting in post shortly. She agreed to present an update to the finance and performance committee including RAAC. <b>Action MW</b></li> <li>- The Board noted that the work being undertaken to triangulate data from the various speaking up routes in a strategic and thematic way is ongoing. The Board requested that a review of speaking up routes also be undertaken and that all of this work is addressed with urgency. <b>Action NR</b></li> <li>- The Board acknowledged that the Trust's approach to performance and accountability requires a refresh and focus on priority areas. The Board emphasised the importance of the performance dashboard being a meaningful tool and AJ</li> </ul>

	<p>agreed to review how it is being used and bring a revised version to the next Board meeting. <b>Action AJ</b></p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>Governance</b>	
<b>81-23</b>	<p><b>Board assurance framework (BAF) and corporate risk register (CRR)</b></p> <p>CP presented the update on work completed to date to the Board, emphasising that the focus of the work is about improving the management of risks as a priority. She explained that BAF risk seven has been reworded to focus on information assets and agreed to circulate the new working outside of the meeting. <b>Action CP.</b></p> <p>In response to questions from Board members, CP confirmed that relationships, culture and engagement will be themes that will be present throughout all of the BAF risks, and that each will feature on the corporate risk register to ensure effective management.</p> <p>Discussion was had regarding issues and CP confirmed that an issues log is being established and will be monitored by the executive management team. Significant issues will be visible to the Board through performance reporting.</p> <p>Board members emphasised the need for assurance that risks are being well managed as the BAF and CRR are developed.</p> <p>Board members commented that this work is progressing well and <b>noted</b> the contents of the report.</p>
<b>82-23</b>	<p><b>Board sub-committee changes</b></p> <p>JS presented the report to the Board and requested that the Chairs and executive lead for each of the committees meet and agree the remit and frequency of each committee.</p> <p>The Board noted that the reference to governor representatives within the quality and safety committee terms of reference will be removed.</p> <p>Discussion was had regarding the audit and risk committee terms of reference and PDR suggested that the committee be named audit, risk and assurance committee, and that the reference to the scheme of delegation and reservation of power within the authority section should be removed because the committee should remain independent. The Board agreed to delegate authority to the committee to agree its final terms of reference.</p> <p>The Board <b>approved</b> the revised terms of reference for the finance and performance and quality and safety committees, <b>noting</b> that they may come back with further iterations in due course.</p>
<b>83-23</b>	<p><b>Nomination and remuneration committee terms of reference</b></p> <p>The Board <b>approved</b> the nomination and remuneration committee terms of reference.</p>
<b>84-23</b>	<p><b>NHS Sussex shared delivery plan</b></p> <p>AJ presented the report to the Board, highlighting that the executive team have reviewed the shared delivery plan to ensure alignment with the Trust's priorities and are comfortable on that basis. The Board noted that the Trust will be linking in with other systems as well as NHS Sussex regarding development of the strategy.</p> <p>In response to a question, AJ confirmed that the development of a provider collaborative within NHS Sussex is in its infancy but that there is shared ambition across the system.</p> <p>The Board <b>approved</b> the NHS Sussex shared delivery plan.</p>



85-23	<p><b>Strategic development committee assurance</b></p> <p>JS presented the report to the Board and highlighted that this was the committees' first meeting. The Board noted that there will be a governor working group attached to this committee.</p> <p>Discussion was had regarding themes arising from strategy engagement undertaken to date and AJ confirmed that key themes arising include a sincere passion for QVH internally and externally, and openness to consider future options and positive feedback related to community options. Currently people are pleased to be engaged with this work and the Board acknowledged that there may be more challenges as the strategy develops.</p> <p>The Board <b>noted</b> the contents of the report.</p>
86-23	<p><b>Audit assurance</b></p> <p>KG presented the report to the Board.</p> <p>MW provided the Board with an updated on the appointment of an external auditor, reporting that there has been a lack of interest in the contract from external firms but that it is expected that one provider will submit a bid next week. This provider has a good reputation and it is expected that a contract will be in place for 1 November 2023. The current external auditors will remain in contract until then.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>Trust strategy</b>	
<b>Key strategic objective 5: Organisational excellence</b>	
87-23	<p><b>Workforce performance report</b></p> <p>RS presented the report to the Board and reported there are some challenges related to equality, diversity and inclusion. The team has taken the opportunity for a reset and an action plan that addresses a small number of particular concerns and opportunities has been developed. The Board will receive this action plan at its November meeting as well as confirmation that the workforce race and equality (WRES) and workforce disability and equality (WDES) standards data has been published. RS agreed to share this data with the Board and seek approval outside of the meeting ahead of publication.</p> <p>The Board agreed that the equality, diversity and inclusion action plan and systems should be owned by the whole hospital management team and taken forward as a priority.</p> <p>A Board member asked where data regarding HR matters such as grievances, disciplinarys and related appeals is reviewed and how the Board will have sight of themes arising from this data. In response, AJ confirmed that this will be considered as part of the review of the whole performance framework.</p> <p>RS and MW recognised the need for a permanent solution for the ongoing workforce ledger issue.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>Key strategic objective 4: financial sustainability</b>	
88-23	<p><b>Financial performance report</b></p> <p>MW presented the month three data to the Board and reported that months four and five are showing a similar trend. It is expected that the Trust will break even at year end, but there are risks related to industrial action, fuel inflation and additional estates costs, all of which need to be monitored. Available capital has been prioritised.</p>

	<p>Discussion was had regarding the system's financial position and MW shared that NHS Sussex has a deficit of c.£20m which is expected to get worse. All partners within the system are required to break even at year end and it is possible that QVH may be asked to deliver a surplus and reduce its expenditure. The Board agreed that it would be beneficial to have a planned approach to expenditure reduction.</p> <p>CP reminded the Board about the support that QVH Charity and the League of Friends can provide for initiatives over and above business as usual to support patients and staff.</p> <p>The Board noted that new guidance for reinforced aerated autoclaved concrete (RAAC) had been published at the beginning of September. MW confirmed that an initial internal survey indicated low risk of RAAC given the age of the Trust's buildings. The Trust is seeking an external opinion from a structural surveyor and MW agreed to flag to the Board if any issues that could impact patient or staff safety arise.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>Key strategic objective 3: operational excellence</b>	
<b>89-23</b>	<p><b>Operational performance report</b></p> <p>SMM presented the report to the Board, highlighting future industrial action dates and confirming that it continues to cause reduced capacity. The Board noted that there is a risk that the industrial action will impact the Trust's ability to meet its financial and operational plans.</p> <p>In response to a question regarding what factors are impacting the waiting list, SMM explained that the forecast increase for the waiting list is 12% more than what was forecasted at the beginning of the year and that this is due to increased demand within sleep and plastics services. Work with system partners regarding referrals and validation of the waiting list is ongoing. The Board recognised that the size of the waiting list has an impact on patient experience and patient safety and requested that analysis and intelligence regarding the factors impacting the waiting list, the barriers to reducing the waiting list and an updated forecast position is reported to the finance and performance committee. <b>Action SMM.</b></p> <p>The Board agreed with a suggestion that going forwards the detailed data within performance report appendices is appropriately summarised and clear in the performance dashboard.</p> <p>The Board extended thanks to all staff who continue to work through the impact of industrial action.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>90-23</b>	<p><b>Financial, workforce and operational performance assurance</b></p> <p>PDR presented the report to the Board who <b>noted</b> its contents.</p>
<b>Key strategic objectives 1&amp;2: outstanding patient experience and world-class clinical services</b>	
<b>91-23</b>	<p><b>Quality and safety report</b></p> <p>NR presented the report to the Board and reported that following the verdict of the Lucy Letby trial, NHS England wrote to all trusts about doing everything possible to prevent anything like this happening again. The detail of this letter was reviewed and discussed by the quality and safety committee at its meeting in August.</p> <p>The Board noted an upward trend in prescribing errors and TC confirmed that there are no new trends or significant harm arising from the errors but that there are instances where</p>

	<p>errors are being made by the same members of staff. She confirmed that controls including staff training are being implemented.</p> <p>NR confirmed that there is a risk of patient harm due to the size of the waiting list and that patients on the plastics service waiting list are being reviewed for harm using new data. This review will extend to surgeries cancelled due to power outages and appropriate action will be taken.</p> <p>The Board noted that theatre availability is being prioritised according to urgency.</p> <p>The Board <b>noted</b> the contents of the report.</p>
<b>92-23</b>	<p><b>Annual reports</b></p> <p>NR presented the reports to the Board who noted that they had been reviewed in detail and discussed by the quality and safety committee at its meeting in August.</p> <p>Discussion was had regarding the reports as follows. A Board member suggested considering learning from deaths performance with an enhanced quality lens, looking to end of life providers or asking for feedback from bereaved relatives to enhance performance.</p> <p>In response to a question regarding the statement about senior staff not being engaged with safeguarding in a meaningful way within the safeguarding report, NR confirmed that focussed work has been undertaken to ensure that all staff are aware of their safeguarding obligations and although there has been some improvement, there is still work to be done. The safeguarding resource at the Trust is limited and a business case to address this has not yet been approved. The Board emphasised the need to ensure that the right safeguarding resource is in place and that safeguarding is prioritised</p> <p>The Board discussed the business planning process and agreed it is important that the Board has a role in guiding business planning and priorities ahead of the plan being presented for approval. MW confirmed that the finance and performance committee will review key assumptions early into the development of the business plan for the next financial year. <b>Action MW.</b></p> <p>The Board <b>noted</b> the annual reports.</p>
<b>93-23</b>	<p><b>Quality and safety assurance</b></p> <p>KN presented the report to the Board and confirmed that the committee has reviewed the letter sent by NHS England regarding the verdict in the trial of Lucy Letby, noting actions to be taken forward as a result.</p> <p>She highlighted the following:</p> <ul style="list-style-type: none"> <li>- The committee recognises both incidents and complaints reporting, investigation and action planning as areas for improvement and a need for the correct resource and skill to ensure that these areas can be prioritised. It is also important to ensure that lower level concerns are appropriately investigated and learning embedded</li> <li>- The committee noted that there are a number of fragile services with limited resources</li> <li>- There has been a decrease in external scrutiny of the Trust's quality accounts and the committee have noted a risk related to this. Governors are encouraged to ask the Chair of the committee more questions about committee business and quality and safety through mechanisms in place to hold the non-executive directors to account for the performance of the Board</li> </ul> <p>The Board <b>noted</b> the report.</p>

<b>Meeting closure</b>	
<b>94-23</b>	<p><b>Any other business (by application to the Chair)</b></p> <p>The Board noted that this was AJ's last Board meeting as acting chief executive and extended thanks to her for all that she had done during her time in the role, recognising that it had been challenging.</p> <p>There was no further business and the meeting closed.</p>
<b>Members of the public</b>	
<b>95-23</b>	<p><b>Questions from members of the public and governors</b></p> <p>No questions were received from members of public ahead of the meeting. The Chair invited the lead governor to ask questions regarding any of the items discussed during the meeting on behalf of the governors. The following questions were asked and responses given.</p> <p><b>Question</b>          Is the right equality diversity and training in place for staff given the patient story shared this morning? Does it need to be reviewed?</p> <p><b>Response</b>          There is lots of learning to be embedded from this patient story and there is work to be done to ensure that staff are able to identify when a patient needs additional help in the future. NR is going to take this forward.</p> <p><b>Question</b>          What are we doing to bring to the attention of NHS Sussex the importance of interworking with the wider NHS including Kent, Surrey and South London to ensure that the system is not isolated?</p> <p><b>Response</b>          NHS Sussex are aware of the importance of working with the wider NHS and it is regularly discussed and raised by the Board. The Board have a meeting with NHS Sussex on 19 September 2023 to share work completed to date on developing the strategy.</p> <p>The Chair thanked governors for observing the meeting and for their questions. There was no further business and the meeting closed.</p>
<b>96-23</b>	<p><b>Exclusion of members of the public</b></p> <p>Further to paragraph 39.1 and annex 6 of the Trust's constitution, it is proposed that members of the public and representatives of the press shall be excluded from the remainder of the meeting for the purposes of allowing the Board to discuss issues of a confidential or sensitive nature. Any decisions made in the private session of the Trust Board will be communicated to the public and stakeholders via the Chair's report.</p>

Matters arising and actions pending from previous meetings of the Board of Directors - <b>PUBLIC</b>								
ITEM	MEETING Month	REF.	TOPIC	AGREED ACTION	OWNER	DUE	UPDATE	STATUS
1	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.	<del>LA</del> RS	<del>6 July 2023</del> <del>7 September 2023</del> 2 November 2023	March 2023: 2022/23 report scheduled on Board agenda for 6 July 2023 meeting June 2023: Gender pay gap annual report and actions postponed until September due to resource constraints. July 2023: This has been postponed until November. October 2023: Gender pay gap annual report scheduled on November Board agenda.	Pending
2	Sept-23	80-23	Estates	Provide a detailed update to the finance and performance committee regarding ongoing work to ensure the robustness of the estate including RAAC.	MW	25 September 2023	September 2023: Estates update presented to the finance and performance committee at its September meeting. The Board will receive assurance via the committee report to Board at its November meeting.	Complete
3	Sept-23	80-23	Speaking up	Review of effectiveness of speaking up routes and triangulation of data from various routes reported to the Board in strategic and thematic way.	NR	23 October 2023	October 2023: The quality and safety committee will receive an update on work completed to date at its October meeting. The Board will receive assurance via the committee report to Board at its November meeting.	Complete
4	Sept-23	80-23	Performance dashboard	Review performance dashboard and present a revised version to the Board.	AJ	11 January 2023	October 2023: Ongoing work to review the Trust's performance framework	Not yet due
5	Sept-23	87-23	WRES and WDES data	Share data with Board and seek approval for publication outside of meeting ahead of 30 October 2023 deadline.	RS	30 October 2023	October 2023: Data and actions shared with EMT and finance and performance committee at its October meeting in order to publish before the end of October 2023	Complete
6	Sept-23	89-23	Waiting list	Analysis and intelligence regarding factors impacting the waiting list including barriers to reducing the list an updated forecast position reported to the finance and performance committee.	SMM	25 September 2023	September 2023: Waiting list update presented to the finance and performance committee at its September meeting. Further information requested by the committee will be presented at its October meeting and the Board will receive assurance via the committee report to Board at its November meeting.	Complete
7	Sept-23	92-23	Business planning	Key business planning assumptions to be reviewed by the finance and performance committee ahead of being presented for approval.	MW	23 October 2023	October 2023: Business planning assumptions will be reviewed by the finance and performance committee at its meeting in October. The Board will receive an update at its November meeting	Complete

Report cover-page					
<b>References</b>					
<b>Meeting title:</b>	Board of Directors				
<b>Meeting date:</b>	02/11/2023	<b>Agenda reference:</b>	107-23		
<b>Report title:</b>	Chair's report				
<b>Sponsor:</b>	Jackie Smith, Trust Chair				
<b>Author:</b>	Jackie Smith, Trust Chair				
<b>Appendices:</b>	None				
<b>Executive summary</b>					
<b>Purpose of report:</b>	The purpose of the report is to update the board of Directors on Chair, non-executive director and governor activities since the last meeting				
<b>Summary of key issues</b>					
<b>Recommendation:</b>	The Board is asked to <b>note</b> the contents of the report				
<b>Action required</b>	Approval	<b>Information</b>	Discussion	Assurance	Review
<b>Link to key strategic objectives (KSOs):</b>	<b>KSO1:</b> <i>Outstanding patient experience</i>	<b>KSO2:</b> <i>World-class clinical services</i>	<b>KSO3:</b> <i>Operational excellence</i>	<b>KSO4:</b> <i>Financial sustainability</i>	<b>KSO5:</b> <i>Organisational excellence</i>
<b>Implications</b>					
<b>Board assurance framework:</b>	None				
<b>Corporate risk register:</b>	None				
<b>Regulation:</b>	None				
<b>Legal:</b>	None				
<b>Resources:</b>	None				
<b>Assurance route</b>					
<b>Previously considered by:</b>	NA				
	Date:		Decision:		
<b>Next steps:</b>	NA				

**Report to:** Board Directors  
**Agenda item:** 107-23  
**Date of meeting:** 2 November 2023  
**Report from:** Jackie Smith, Trust Chair  
**Report author:** Jackie Smith, Trust Chair  
**Date of report:** 25 October 2023  
**Appendices:** None

### **Chair's report**

#### **Thirlwall Inquiry terms of reference announced**

The terms of reference of the Thirlwall Inquiry were announced on 19 October 2023. The inquiry relates to the crimes of Lucy Letby at the Countess of Chester hospital. It is being set up at pace to ensure vital lessons are learned and provide answers to the parents and families impacted as soon as possible. The statutory inquiry will be chaired by Lady Justice Thirlwall and will be established by 17 November 2023.

The areas the inquiry will consider include: "The effectiveness of NHS management and governance structures and processes, external scrutiny and professional regulation in keeping babies in hospital safe and well looked after, whether changes are necessary and, if so, what they should be, including how accountability of senior managers should be strengthened. This section will include a consideration of NHS culture."

This will include examination of the following questions, among others:

- Whether recommendations to address culture and governance issues made by previous inquiries into the NHS have been implemented into wider NHS practice? To what effect?
- What concerns are there about the effectiveness of the current culture, governance management structures and processes, regulation and other external scrutiny in keeping babies in hospital safe and ensuring the quality of their care?
- What further changes, if any, should be made to the current structures, culture or professional regulation to improve the quality of care and safety of babies? How should accountability of senior managers be strengthened?
- Would any concerns with the conduct of the board, managers, doctors, nurses and midwives at the Countess of Chester Hospital have been addressed through changes in NHS culture, management and governance structures and professional regulation?

Given that the inquiry will look into NHS culture more broadly, it is likely that QVH will be asked to provide the inquiry with information related to the recruitment of Tony Chambers as interim chief executive for four months earlier this year. We will of course fully support the inquiry, providing whatever it needs to be effective.

#### **Guinea Pig Club and East Grinstead Museum**

Sadly since the last Board meeting Sam Gallop and Jan (Black) Stangryciuk, the last two surviving members of the Guinea Pig Club, have passed away. Both men were aged 101.

I spent some time recently at East Grinstead Museum, where the story of QVH's past is beautifully brought to life. I met with Lester Porter, chair of the museum's trustees and with Bob Marchant who is both a retired QVH operating department practitioner and the Secretary of the Guinea Pig Club.

The Guinea Pig Club was established 82 years ago, and this unique club has played an important role not only in terms of the great friendship between the 649 members but as a model for other organisations of the value of shared experience, psychological healing and understanding alongside physical treatment.

I know there will be those working at QVH and many of our friends in the wider community who are deeply saddened by the loss of these last surviving champions of the Trust's history. Our thoughts are with the friends and families of Sam Gallop and Jan Black at this time.

### **Service visits**

As part of our ongoing work to connect Board members throughout the organisation, the non-executive directors have visited theatres, the Canadian wing wards, psychological therapies and our burns unit, getting to know staff from across the Trust and collecting soft intelligence. Any specific issues raised by staff will be followed up with executives or escalated through other routes as appropriate.

### **Regional and national links**

Since the last meeting, I have met with Giles York, Chair of Sussex Community NHS Foundation Trust. While QVH is best known for specialist surgical services, our community services are very important for people in East Grinstead and the surrounding areas. Our links with the community trust are important for understanding the strategic approach and operational join up which enables us to provide the best possible care for our local populations.

During September, the Board met with Adam Doyle, chief executive of NHS Sussex and Stephen Lightfoot, Chair of NHS Sussex to discuss the development of the Trust's strategy. I also attended a quarterly Sussex forum for chief executives and Chairs at the end of October with our chief executive officer, James Lowell.

I have also met with Chris Hopson, chief strategy officer at NHS England to discuss, amongst other things, the Thirlwall Inquiry and the new fit and proper person test for all NHS Board members.

### **Governors**

I continue to meet regularly with our lead governor to discuss key issues and we are establishing a deputy lead governor role to support the lead governor in their duties, acting as a sounding board, sharing the workload and deputising for the lead governor as required.

Stephen Lightfoot, Chair of NHS Sussex, is attending the Council of Governors meeting on 30 October 2023 to provide governors with an ICS update.

### **Recommendation**

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



Report cover-page					
<b>References</b>					
<b>Meeting title:</b>	Board of Directors				
<b>Meeting date:</b>	07/09/2023	<b>Agenda reference:</b>	108-23		
<b>Report title:</b>	Chief executive's report				
<b>Sponsor:</b>	James Lowell, chief executive officer				
<b>Author:</b>	James Lowell, chief executive officer Clare Pirie, director of communications and corporate affairs				
<b>Appendices:</b>	None				
<b>Executive summary</b>					
<b>Purpose of report:</b>	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				
<b>Summary of key issues</b>	This report includes: <ul style="list-style-type: none"> <li>National inpatient survey performance</li> <li>Relaunch of internal Team Brief</li> <li>Open evening for young people</li> </ul>				
<b>Recommendation:</b>	It is recommended that the Board <b>notes</b> the contents of the report				
<b>Action required</b>	Approval	<b>Information</b>	Discussion	Assurance	Review
<b>Link to key strategic objectives (KSOs):</b>	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
<b>Implications</b>					
<b>Board assurance framework:</b>	None				
<b>Corporate risk register:</b>	None				
<b>Regulation:</b>	None				
<b>Legal:</b>	None				
<b>Resources:</b>	None				
<b>Assurance route</b>					
<b>Previously considered by:</b>	NA				
	Date:		Decision:		
<b>Next steps:</b>	NA				

**Report to:** Board Directors  
**Agenda item:** 108-23  
**Date of meeting:** 02 September 2023  
**Report from:** James Lowell, chief executive officer  
**Report author:** James Lowell, chief executive officer  
Clare Pirie, director of communications and corporate affairs  
**Date of report:** 25 October 2023

### **Chief executive's report**

#### **QVH top in the country in national inpatient survey**

It was with great delight that I received this news in the week before I joined QVH. The results of the latest Care Quality Commission Adult Inpatient Survey released on Tuesday 12 September show that across the 51 questions QVH received the highest score in the country.

In the specific categories QVH also scored highest in the country on questions specifically about nurses, and on the experience of leaving hospital. Patients felt nurses answered questions in ways they could understand, included patients in conversations about their care, and patients felt there were enough nurses on duty to care for them. Patients felt they left hospital with the right information about how to care for themselves in the days ahead, and felt involved in decisions around leaving hospital. Patients also said that they knew what would happen next with their care after leaving QVH.

This exceptionally positive result reflects the conversations I have had with patients since joining the Trust, which have been overwhelmingly positive about the whole hospital journey. These results are thanks to the hard work and dedication of all staff, both those who work directly with patients and those in our behind the scenes services.

The full results are here <https://www.qvh.nhs.uk/adult-inpatient-survey-2022-qvh/> and included in the paper later on this public Board agenda.

#### **Industrial Action**

Since the last Board meeting there has been further industrial action. I am grateful to all our staff who helped with planning and worked to keep our patients safe at the same time as supporting colleagues who exercised their right to take industrial action.

#### **Waiting lists**

Colleagues may have personally experienced or will have seen in the news that health and care services are under significant pressure at the moment, with growing waiting lists nationally now reaching 7.75m we have an obligation as a specialist surgical trust to do what we can to increase ring fenced elective capacity for the South East and beyond. We have been successful in ensuring that no patient waits over 104 weeks for treatment at QVH and we are focused on reducing our waiting lists further so that no patient waits more than 65 weeks for treatment by March 2024. This however is not enough and we must move to collaborate with other systems partners to reduce the time people across the South East wait for treatment. We are asking our organisational leaders to help develop plans to step up and assist, as we did so well during the first part of the covid pandemic.

**Flu and covid vaccination for staff**

We are encouraging QVH staff to come forward for their flu and COVID-19 vaccinations. This is important both because health care workers are more likely to be exposed to the flu and COVID-19 viruses, which can be life threatening, and because we care for people who may be at greater risk and it is easy to pass these viruses on without knowing.

**Retirement of QVH director of operations, Shane Morrison-McCabe**

Shane Morrison-McCabe, our director of operations, retired on Friday 20 October after 38 years in the NHS. Shane started life in the NHS as a student nurse and has worked across the NHS in both commissioning and provider organisations. We wish her a long and happy retirement.

**Internal Team Brief**

We have relaunched our monthly staff briefing system. Team Brief is designed to ensure all staff receive information about our hospital in a timely and consistent way, as well as give everyone the opportunity to raise questions, provide news and offer ideas. Team Brief brings the organisation's leaders together and is an opportunity for sharing good news, discussing difficulties and recognising achievements as a team.

Supported by executive colleagues I held an initial session which is open to all staff. This is an opportunity for updating colleagues on how we are performing, short and longer term plans as well as improvements and developments. A Team Brief sheet is available with core content designed to be delivered in just 15 minutes. Each executive then met with their direct reports and began a cascade briefing which carries on into every team in the organisation.

In October the focus was on three things:

How we hear from staff

Following the Letby verdict there has been a lot of thinking about how staff speak up and how staff can be sure that the organisation will respond. We have also discussed the national report on sexual harassment and assault in the UK surgical workforce published in September; that study also found a widespread lack of faith in organisations' dealing with sexual misconduct.

Team Brief is a two way process and we have asked every team to consider and feedback on the following questions:

- Do you feel safe to speak up about something that concerns you at work?
- If you needed to speak up who would you contact?
- How would you like to receive feedback if you raised a speak up concern?
- How confident are you that this organisation would address your concern if you spoke up?

Investment in QVH

We discussed the potential to increase our theatres usage and to develop a local anaesthetic unit so that our main theatres, with their larger operating teams and additional space, can focus on patients who need a general anaesthetic. The briefing also covered the work on the community diagnostic centre.

QVH as an anchor institution

We have begun a conversation with staff about our ability to make a difference through our purchasing choices, our provision of employment and skills, our

Green Plan. The director of communications and corporate affairs is taking forward this cross functional work.

### **Executive director service and team visits – September and October**

All members of the executive team are asked to support Board connectivity across the organisation; all visits to team meetings, work shadowing, presentation of long service awards to individual staff and so on are now logged, along with detail of any issues discussed so that we can support triangulation of issues and ensure the organisation is taking action when we need too.

Executives have been positively received by staff and patients. In the last two months there have been many examples of how this is improving communication and information flow, coaching our leaders to resolve potential problems swiftly and increasing understanding from colleagues about programmes of work.

Board connections to and visibility in services and departments will continue and there are clear benefits in terms of better Board level understanding and knowledge of our frontline and back office services.

### **Macmillan coffee morning**

Alongside the Mayor, I had the serious task of official tasting in a cake bake competition in my first week at the Trust. The coffee morning was run by our QVH Macmillan centre team, with donations from staff across the hospital plus local bakers and companies supporting fundraising. QVH staff rise to a challenge and are clearly as skilled at baking as at patient care.

### **QVH work experience event in October**

About 25 local school students came along on 19 October for an evening of talks and hands on experiences, introducing them to the wide range of clinical healthcare careers. Some of the young people brought their parents, and the feedback from both students and parents was very positive.

It was a pleasure to speak to students at this event about my own journey through the NHS, and the ways in which the organisation can open doors to many different careers and support the development of a wide range of skills. This will become an important part of our work to reach out to disadvantaged communities in our role as an anchor employer as discussed above. I am very grateful to all the staff who supported this event especially those who let me try out our VR headsets!

### **Recommendation**

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

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/11/2023	Agenda reference:	109-23		
Report title:	Strategic development committee assurance				
Sponsor:	Jackie Smith, Trust Chair				
Author:	Leonora May, deputy company secretary				
Appendices:	None				
Executive summary					
Purpose of report:	To provide the Board with assurance regarding the development of the Trust strategy and an update on the meetings of the strategic development committee				
Summary of key issues					
Recommendation:	The Board is asked to <b>note</b> the contents of the report				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	NA				
Corporate risk register:	The committee continues to have oversight of the strategy development risks, issues and opportunities, noting delivering a sustainable future for the organisation and engagement with system and regional stakeholders as the key risks. The committee will continue to monitor controls and mitigations in place to address these risks				
Regulation:	Well led review				
Legal:	NA				
Resources:	NA				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	NA				

**Report to:** Board Directors  
**Agenda item:** 109-23  
**Date of meeting:** 2 November 2023  
**Report from:** Jackie Smith, Trust Chair  
**Report author:** Leonora May, deputy company secretary  
**Date of report:** 24 October 2023  
**Appendices:** None

## **Strategic development committee assurance**

### **Introduction**

Since the last Board meeting, the strategic development committee has met on 27 September and 18 October 2023. This report provides an overview of those meetings.

### **Committee business**

There is a need for the committee to remain agile and flexible in order to add value into the development of the Trust strategy and support strategic thinking. The committee agreed the following areas of focus for future meetings:

1. The development of a strategic approach to addressing health inequalities
2. Organisational development and culture
3. Deep dives into strategic risks

### **Trust strategy development**

The committee received an update on Trust strategy development at both of its meetings. The committee recognises that the timeline is ambitious but that good progress is being made.

Executive leads for each of the enabling strategies have been agreed and they are in early stages of development. The committee will continue to have oversight over the progress made against development of the enabling strategies, seeking assurance that they integrate with one another and the wider strategy. Trust culture and organisational development has been described as the golden thread that will be visible throughout the Trust strategy and enabling strategies. The financial strategy is recognised as an important tool to facilitate informed decision making, although decisions will not be financially driven.

The Board has had early sight of a possible decision making framework but this is still being developed. In addition, the vision to support the strategic approach is the next key milestone which will take into account the extensive engagement sessions.

The committee is monitoring the strategic risks, issues and opportunities. Engagement regarding hopes, fears and ideas for the future of the Trust has been comprehensive; the committee considered the risk that the right people will not be engaged with the development of the strategy at the right time.

### **Other**

- The next meeting of the committee will be held on 22 November 2023, and the Chair will provide a further committee assurance report for the Board at its meeting on 11 January 2024.

### **Recommendation**

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

Report cover-page					
<b>References</b>					
<b>Meeting title:</b>	Board of Directors				
<b>Meeting date:</b>	02/11/2023	<b>Agenda reference:</b>		110-23	
<b>Report title:</b>	Audit and risk committee assurance				
<b>Sponsor:</b>	Paul Dillon-Robinson, Non-executive director, Chair of Audit and Risk Committee				
<b>Author:</b>	Paul Dillon-Robinson, Non-executive director, Chair of Audit and Risk Committee				
<b>Appendices:</b>	None				
<b>Executive summary</b>					
<b>Purpose of report:</b>	Assurance on matters of governance, risk management and internal control, within the remit of the committee's terms of reference.				
<b>Summary of key issues</b>	<ul style="list-style-type: none"> <li>• Fit and Proper Person framework: policy approved and framework supported</li> <li>• QVH Charity: accounts recommended for approval, subject to final audit clearance</li> <li>• Risk management project update: noted and supported</li> <li>• Internal audit progress: improvements in contract management highlighted</li> <li>• Assurance on KSOs: taken</li> <li>• External audit appointment: recommendation made to Council of Governors</li> </ul>				
<b>Recommendation:</b>	The Board is asked to note the matters discussed and seek further clarification.				
<b>Action required</b>	Approval	Information	Discussion	<b>Assurance</b>	Review
<b>Link to key strategic objectives (KSOs):</b>	KSO1:	KSO2:	<b>KSO3:</b>	<b>KSO4:</b>	<b>KSO5:</b>
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<b>Operational excellence</b>	<b>Financial sustainability</b>	<b>Organisational excellence</b>
<b>Implications</b>					
<b>Board assurance framework:</b>	KSO3, KSO4 and KSO5 are relevant to this area. No BAFs were reviewed, given the work being done to revise them				
<b>Corporate risk register:</b>	Corporate risks allocated for oversight by the committee were reported upon and deep dives undertaken on two				
<b>Regulation:</b>	Some KPIs link into the oversight framework of reporting to NHSE and CQC. Issues within Estates have regulatory impacts				
<b>Legal:</b>	No specific legal implications				
<b>Resources:</b>	Resources are fundamental to the delivery of performance				
<b>Assurance route</b>					
<b>Previously considered by:</b>	Finance, operational and workforce reports go through a variety of routes to reach the committee				
	Date:		Decision:		
<b>Next steps:</b>	Review by Board				

**Report to:** Board Directors  
**Agenda item:** 110-23  
**Date of meeting:** 2 November 2023  
**Report from:** Paul Dillon-Robinson, Non-executive Director and Committee Chair  
**Report author:** Paul Dillon-Robinson, Non-executive Director and Committee Chair  
**Date of report:** 23 October 2023  
**Appendices:** None

### **Audit and Risk Committee assurance report**

#### **Introduction**

The audit and risk committee met on 10 October 2023.

#### **Fit and Proper Person framework**

The committee approved the policy and noted the framework for its implementation. The importance of this was fully recognised, along with the reputational risk to the trust if incorrectly implemented. The matter would return to the committee in Q1 of 2023/24.

#### **Assurance on Key Strategic Objectives**

Assurance was received on KSO3 (operational performance). Whilst there remained areas for improvement (waiting list growth, increased demand, industrial action) and risks (capacity, data quality) the overall assurance was that the Trust was operating satisfactorily, that it was meeting regulatory standards and there were the governance systems in place to support it. Assurance was also received on KSO4 (financial sustainability). Whilst the situation was regarded as positive in the short to medium term, with the Trust's systems and processes in place, the longer-term risk is less clear and dependent on a number of uncertain factors.

The committee was keen to move from an understanding of the processes involved, to reviewing evidence of the effectiveness of the systems. This will evolve with the further development of the board assurance framework (see below).

#### **Risk management project update**

Progress in re-developing the Trust's system of risk management, along with the associated work on board assurance frameworks, was noted and supported. The emphasis was given on this improving the management of risks, rather than reporting. The committee also highlighted the importance of "system" risks (i.e. from NHS Sussex and the ICS) being incorporated.

#### **QVH Charity audited accounts**

The committee reviewed the accounts along with the report from the external auditors. Subject to being notified of any final issues the committee was content to recommend approval of the accounts to the corporate trustee.

#### **External audit annual report**

The external auditor's formal report on the Trust's 2022/23 audit, which had been discussed before and published on the Trust's website, was formally noted along with the management response to recommendations. This being their last meeting as external auditors, KPMG were thanked for their work over the years.



**Internal audit progress**

Progress against the plan was noted, including good progress in implementing agreed audit actions. An audit on contract management, asked for by management, had resulted in a limited opinion, which was consistent with expectation. The report had raised a number of recommendations that management were addressing, however the committee asked for a fuller action plan, to be produced for the next meeting that would develop the function to an appropriate level of competence.

**Local counter fraud progress**

Progress against the plan was noted and the areas of work. A benchmarking report on single tender waivers was also discussed. This is an area where there is a continued need to challenge their use and assurances

**Financial assurance**

The committee received reports on losses and special payments, purchases without purchase orders, contracts over £30k and single tender waivers. It will continue to receive full reports on single tender waivers, but other items will report by exception at future meetings.

**Appointment of external auditor**

In its private meeting the committee reviewed the results of the tender process for a new external auditor and agreed its recommendation for the Council of Governors meeting on 30 October 2023.

**Recommendation**

The Board is asked to **NOTE** the matters above and discuss any issues.

Report cover-page					
<b>References</b>					
<b>Meeting title:</b>	Board of Directors				
<b>Meeting date:</b>	02/11/2023	<b>Agenda reference:</b>	111-23		
<b>Report title:</b>	Quality and safety assurance				
<b>Sponsor:</b>	Karen Norman, non-executive director and committee Chair				
<b>Author:</b>	Leonora May, deputy company secretary				
<b>Appendices:</b>	None				
<b>Executive summary</b>					
<b>Purpose of report:</b>	The purpose of the report is to provide assurance on matters considered and discussed by the quality and governance committee at its meeting on 23 October 2023.				
<b>Summary of key issues</b>	<ul style="list-style-type: none"> <li>The committee received an update on work completed to date to review the Trust's speaking up routes and further actions to be taken</li> <li>Two new serious incidents reported</li> <li>14 formal complaints received during August and September 2023</li> <li>Congratulations to all staff for the positive inpatient survey results</li> </ul>				
<b>Recommendation:</b>	The Board is asked to <b>note</b> the contents of the report, the assurance where given and risks identified.				
<b>Action required</b>	Approval	Information	Discussion	<b>Assurance</b>	Review
<b>Link to key strategic objectives (KSOs):</b>	<b>KSO1:</b>	<b>KSO2:</b>	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
<b>Implications</b>					
<b>Board assurance framework:</b>	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				
<b>Corporate risk register:</b>	The committee continues to review the patient safety risks including those arising from long waiting lists				
<b>Regulation:</b>	Health and Social Care Act 2008 CQC standards of quality and safety				
<b>Legal:</b>	As above				
<b>Resources:</b>	None				
<b>Assurance route</b>					
<b>Previously considered by:</b>					
	Date:		Decision:		
<b>Next steps:</b>					

**Report to:** Board Directors  
**Agenda item:** 111-23  
**Date of meeting:** 23 October 2023  
**Report from:** Karen Norman, non-executive director and committee Chair  
**Report author:** Leonora May, deputy company secretary  
**Date of report:** 25 October 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 meeting on 23 October 2023.

### **Raising concerns**

The committee received an update on work completed to date to review the Trust's speaking up routes, including actions to be taken following receipt of the letter sent by NHS England regarding the Lucy Letby trial and the report 'Breaking the Silence: Addressing Sexual Misconduct in Healthcare'

1. Freedom to speak up (FTSU) guardian to complete the NHS FTSU planning tool during October 2023
2. Continued raising awareness about the importance of speaking up in the name of patient care, patient and staff experience and improvement and especially when they have concerns
3. Introduce new questions into the quarterly engagement survey to ensure staff have regular opportunity to share their views. This will commence from January and in the meantime an online survey has been commissioned so that immediate actions can be taken forward in a timely way
4. Support the development of training for managers and staff in line with the deployment of other training to support engaged and compassionate leadership
5. Enhance the role of the FTSU guardian in contributing to cultural change by meeting regularly with the chief nurse and chief people officer to monitor patterns, trends and potential areas of concern

The committee understood culture as a barrier, with some staff not speaking up because they do not think it will bring about change. Feedback after a concern has been raised is important in this context, as well as providing evidence that staff who have spoken up have not been disciplined and ensuring that staff members are not isolated from their peers if they speak up.

There will be a separate action to support the recommendations from the national report into sexual misconduct and a non-executive director FTSU champion will be identified.

This is work in progress and there is more to be done, including changes to reporting speaking up issues to Board. A consolidated speaking up report from all sources will be included within either the quality and safety or workforce report in the future.

### **Clinical quality and patient safety**

There have been two new serious incidents declared, one of which may be downgraded in the future and the committee received a report which provided assurance regarding lessons learned. Serious incident terminology may change in

the future with the implementation of patient safety incident response framework (PSIRF). PSIRF will focus on learning and a culture of improvement.

A cohort of patients have been identified as having potentially come to harm due to delays. These patients were manually added to the clinical harm review process by clinicians instead of through the existing process for reviewing patients who may come to harm as a consequence of long waiting times. The committee were assured that new clinics have been established to ensure that the cohort of patients at risk of significant harm can be treated in a timely way.

### **Patient experience**

The Trust received 14 formal complaints during August and September 2023 and no cases have been reopened. The main themes are delays to treatment, perceived incorrect treatment and staff behaviour and communication.

The committee flagged the financial impact of claims and complaints as an area to be considered for reporting to a sub-committee of the Board.

### **Other**

- The committee congratulated all staff for the very positive inpatient survey results
- The committee received a first draft of the patient engagement strategy for comment, noting that this will be developed into a patient and public engagement strategy, and that this addresses an internal audit recommendation
- Assurance was taken from the guardian of safe working report regarding safe working hours for junior doctors. This report will be presented to the Board at its meeting on 2 November 2023
- An update on getting it right first time (GIRFT) was received. The committee noted good progress has been made and that there remains actions for completion including the procedure room workstream. The finance and performance committee continue to monitor theatre utilisation
- All Commissioning for Quality and Innovation (CQUIN) indicators are being achieved and there is confidence that the 80% requirement for flu vaccines for staff will be met
- An update on the steps being taken to address Martha's rule was received and the committee supported a suggestion that the Trust creates its own simple leaflet for patients explaining Martha's rule

### **Recommendation**

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

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/11/2023	Agenda reference:	112-23		
Report title:	Quality & Safety Report				
Sponsor:	Nicky Reeves, Chief Nurse, Tania Cubison, Chief Medical Officer				
Author:	Nicky Reeves, Chief Nurse, Tania Cubison, Chief Medical Officer				
Appendices:	None				
Executive summary					
Purpose of report:	To provide updated quality and safety information and assurance.				
Summary of key issues	<p>The Board's attention should be drawn to the following areas detailed in the reports:</p> <ul style="list-style-type: none"> <li>Two serious incidents reported in September 2023 under investigation</li> <li>Continued improvements to our speak up communication</li> <li>Re-fresh of the corporate risk register</li> <li>Safe staffing levels reported across the Trust</li> <li>Improvement in medical turnover rates</li> </ul>				
Recommendation:	The Board is asked to <b>note</b> the contents of the report				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	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 Safety Committee				
	Date:	23/10/23	Decision:	Approved for Board	

# Board Report

## Contents

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## Summary - Chief Nurse and Chief Medical Officer

We continue to see positive patient feedback via our patient experience report, friends and family test, individual written plaudits and online via Care Opinion. The Trust has also scored highly in the national inpatient survey.

Following the September patient board story an investigation in to the issues has been completed. The chief nurse will be writing to the patient to update her on the actions being taken to ensure we are able to deliver an improved patient experience for patients who communicate using British Sign Language.

During August and September, we have reviewed the “speak up” arrangements within the organisation following the Letby case but also following the recent publication of the report “Breaking the Silence, Addressing Sexual Misconduct in Healthcare” The chief nurse and chief medical officer are the executive leads for these areas

As part of the corporate risk register refresh, work continues within quality and safety to ensure local issues and risks are being appropriately managed. There are no local risks which require escalation at this time.

The seasonal flu vaccination campaign has commenced and colleagues are being encouraged to book their Covid 19 vaccination booster.

The recent deep dive into antibiotic husbandry by the Deputy Medical Director has highlighted the difficulties with Consultant Microbiology engagement from current provider and the need for a more detailed audit of practice to target areas of practice, particularly documentation. The QVH specific Microguide protocols (a digital platform with prescribing advice for medical staff) have been updated and are awaiting microbiology team sign off. The 2023 NICE guidance has been reviewed and QVH’s systems are compliant. The CQUIN for the changing of intravenous to oral antibiotics has been achieved in Q1 and Q2 and the use of restricted antibiotics shows good compliance with standards.

The Public and Patient Engagement Strategy is being developed and has been reviewed in the Quality and Safety Committee, following further amendment it is hoped to publish this during November 2023.

The Trust has declared two serious incidents in September, which will be investigated, and learning discussed via Quality and Safety committee.

The Chief Nurse and Chief medical Officer are working collaboratively to revise the quality and safety board report and ensure it is reflecting an accurate picture of the safety culture of QVH

## Safe Performance Indicators (1)

KPI Description	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Number of Serious Incidents reported (including IG breaches)	0	0	1	0	2	0	0	0	0	0	0	0	2
Compliance with Duty of Candour % of instances complied with Duty of Candour	na	na	na	na	100%	na	100%	na	100%	na	na	na	100%
Number of Duty of Candour notifications moderate harm or above	0	0	0	0	2	0	1	0	1	0	0	0	2
Number of Never Events	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of patient safety incidents with no harm near miss	44	48	63	38	36	26	47	28	24	41	31	32	36
No of patient safety incidents with moderate harm	0	0	0	0	0	1	0	0	0	1	0	0	0
No of patient safety incidents with severe harm or death	0	0	0	0	0	0	1	0	0	0	0	0	0
Rate of Serious Incidents per 1,000 bed days	0.0	0.0	1.0	0.0	2.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2.0
No of medication administration incidents reported	4	4	4	1	3	6	3	6	4	2	3	3	5
No of Mixed Sex Accommodation (MSA) breaches reported	0	0	0	0	0	0	0	0	0	0	0	0	0
Number of formal Complaints received	3	5	6	5	9	4	9	8	6	9	3	6	5
Number of Complaints per 1,000 bed days	3.5	5.7	5.7	6.4	11.5	4.9	10.3	9.4	7.1	9.2	3.5	6.1	5.0
% of complaints acknowledged within three working days	100%	75%	100%	100%	89%	100%	89%	88%	100%	89%	100%	100%	100%
FFT recommendation - Inpatient Adult	99%	100%	99%	100%	99%	98%	100%	100%	100%	100%	100%	99%	100%
FFT recommendation - Inpatient Children	100%	100%	100%	100%	99%	100%	100%	100%	100%	98%	100%	100%	98%
FFT recommendation - MIU	92%	97%	94%	94%	96%	94%	97%	97%	98%	93%	92%	93%	93%
FFT recommendation - Outpatients	95%	95%	95%	97%	95%	96%	96%	96%	96%	96%	96%	96%	95%
% FFT Recommendation Rate Overall	95%	96%	96%	96%	96%	96%	96%	97%	97%	96%	96%	96%	95%
FFT response - Inpatient	53%	39%	24%	31%	44%	40%	39%	49%	44%	43%	47%	52%	39%
FFT response - Inpatient Children	30%	36%	17%	25%	37%	32%	36%	29%	45%	41%	37%	41%	35%






FFT response - MIU	21%	23%	21%	26%	24%	22%	20%	25%	29%	21%	23%	23%	23%
FFT response - Outpatients	17%	17%	17%	18%	21%	19%	17%	19%	20%	16%	17%	16%	18%
FFT Response Rate overall	21%	21%	22%	23%	26%	23%	21%	24%	28%	20%	22%	20%	22%
No of low/no harm falls	2	4	1	1	4	5	5	0	0	2	6	7	3
No of falls resulting in moderate or severe harm or death	0	0	0	0	0	0	0	0	0	0	0	0	0
Rate of falls per 1,000 patient bed days	2.3	4.5	1.0	1.3	5.1	6.1	5.7	0.0	0.0	2.0	7.0	7.1	3.0
Patient falls assessment completed within 24 hrs of admissions	100%	100%	100%	97%	95%	100%	100%	100%	96%	89%	100%	100%	97%
No. of pressure ulcer development category 2 (hospital acquired)	1	0	0	0	3	2	0	0	0	0	1	0	2
No of Grade 3 and 4 pressure ulcer reported (hospital acquired)	0	0	0	0	0	0	0	0	0	0	0	0	0
Rate of pressure ulcer per 1,000 patient bed days	1.2	0.0	0.0	0.0	3.8	2.4	0.0	0.0	0.0	0.0	1.2	0.0	2.0
Pressure ulcer assessment completed on admission (%)	-	-	-	-	-	-	-	-	-	94%	-	-	95%
Ward patients with sepsis receiving antibiotic therapy within one hour (total number)	-	0	1	1	0	0	1	0	1	1	0	1	-
	-	na	100%	100%	na	na	100%	na	100%	100%	na	100%	-
Occupational Health data no. of contaminated Sharps injuries for staff	3	2	1	4	3	3	2	0	4	2	2	1	2
Number of HCAI Root Cause Analysis (RCA) and Post Infection Review (PIR) undertaken	No reportable infections	100%	No reportable infections	No reportable infections	100%	No reportable infections	No reportable infections	No reportable infections	No reportable infections	No reportable infections	100%	100%	No reportable infections
No of CDI reported (Trust acquired, post 72hrs after admission)	0	1	0	0	1	0	0	0	0	0	0	0	0
No of MRSA reported (Trust acquired, post 48hrs after admission)	0	0	0	0	0	0	0	0	0	0	0	0	0
No of E.coli reported (Trust acquired, post 48hrs after admission)	0	0	0	0	1	0	0	0	0	0	1	1	0
No of MSSA reported (Trust acquired, post 48hrs after admission)	0	0	0	0	0	0	0	0	0	0	0	0	0















Infection prevention and control training compliance (all staff clinical and non clinical)	89%	91%	91%	91%	89%	88%	90%	90%	91%	90%	92%	93%	92%
Confirmation Infection Control Audits are undertaken	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Emergency Re-Admissions within 30 days	2.1%	2.7%	2.5%	2.1%	1.7%	2.1%	2.1%	2.7%	1.7%	2.1%	2.1%	1.9%	1.7%
Crude mortality (all patients)	4	2	1	2	1	2	6	2	1	2	2	1	2
Safer staffing compliance (inc Site)	98%	99%	100%	98%	100%	98%	99%	98%	100%	100%	100%	99%	100%
% clinical staff appraisal (rolling 12 month period)	83%	84%	84%	84%	85%	85%	85%	86%	86%	86%	87%	87%	87%
% non-clinical staff appraisal (rolling 12 month period)	81%	80%	79%	79%	79%	79%	79%	79%	79%	80%	80%	80%	80%

## 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.

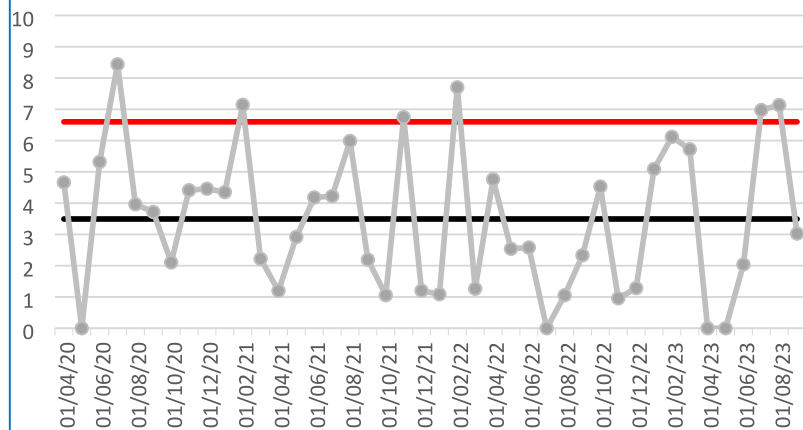
## Board Report - Quality Metric Summary

KPI	Date	Measure	Assurance	Variation	Comments for the latest period shown for each metric
Serious Incidents	Sep-23	2			2 serious incidents reported, investigations are in progress – duty of candour pending
Falls per 1000 bed days	Sep-23	3			Within normal limits, no concerns
QVH Acquired PU per 1000 bed days	Sep-23	2			Within normal limits, no concerns.
Complaints	Sep-23	5			Within normal limits, no concerns.
Mortalities	Sep-23	2			All mortalities have been reviewed as per process
Re-admission within 30 days	Sep-23	2%			Within normal limits, no concerns.
12mth Medical Staff turnover rate	Sep-23	14%			Our medical turnover has shown sustained improvement.

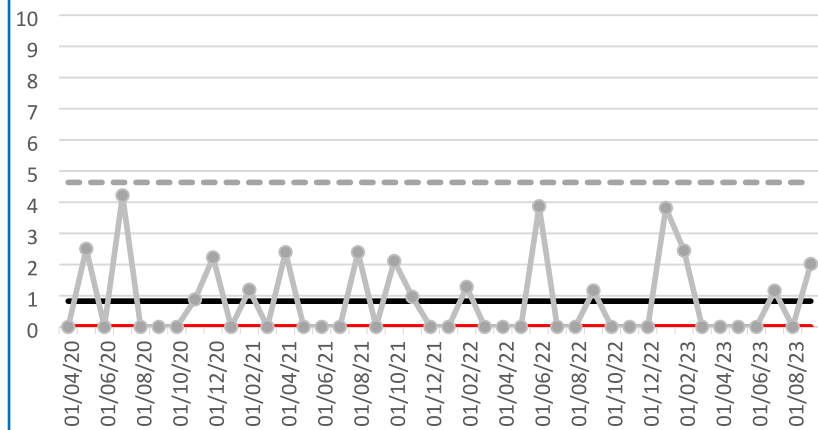
Our fall rate continues to be variable but within expected limits.

QVH acquired Pressure Ulcers continues within normal variability, with an average of less than 1 per month, per 1000 bed days.

**Falls per 1000 bed days**

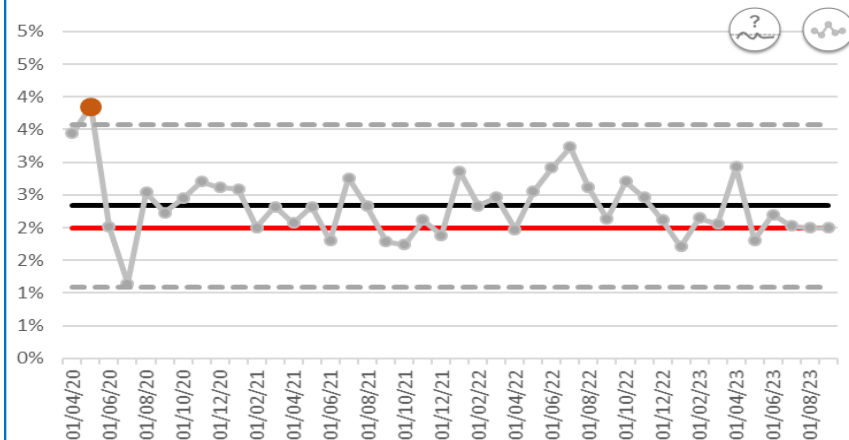


**QVH Acquired PU per 1000 bed days**

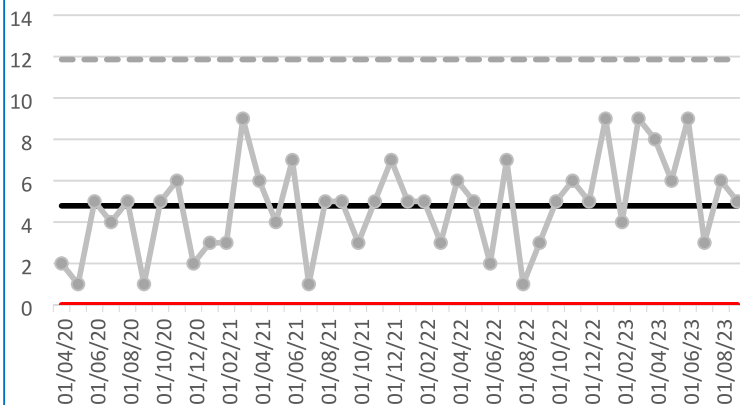


Re-admission levels remain within expected levels. Specialty governance leads review, discuss re-admissions of concern at their local governance meetings, and re-admissions of note are report to CGG quarterly.

Re-admission within 30 days

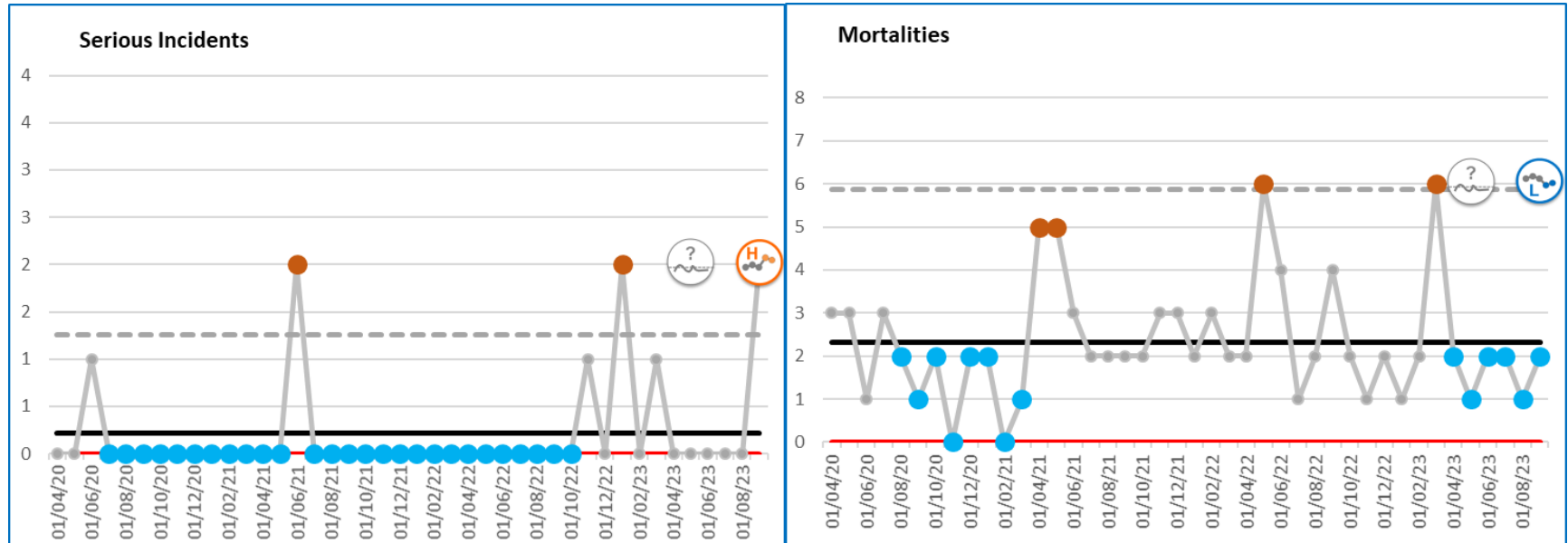


Complaints



Complaints are slightly higher than our average but remain within expected variation. All complaints are shared with department leads to discuss within the team.

There has been an increase in the number of SI reported in the last year, compared to 4 in the previous two years. Mortalities are reviewed as per policy



## Nursing Workforce - Performance Indicators

	KPI	Sep-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Establishment WTE Including Bank & Agency		393.92	384.33	383.75	383.75	383.75	383.75	383.75	383.75
Establishment WTE excluding Bank & Agency		343.69	351.75	343.38	343.38	343.38	343.38	343.38	343.38
Staff In Post WTE		332.49	327.99	331.24	333.12	333.22	334.76	334.64	342.34
Agency Total worked in month WTE		3.27	5.21	7.65	6.13	7.27	6.66	11.27	7.65
Bank WTE Total worked in month WTE		33.62	47.45	35.38	33.06	33.88	32.35	36.61	38.21
Staff in Post Vacancy WTE		11.20	23.76	12.14	10.26	10.16	8.62	8.74	1.04
Vacancies % Including Bank & Agency Usage	8%	6.20%	0.96%	2.47%	2.98%	2.44%	2.60%	0.32%	-1.16%
Staff in Post Vacancies %	8%	3.26%	6.75%	3.54%	2.99%	2.96%	2.51%	2.55%	0.30%
Qualified Nurses (NMC) Vacancies WTE		6.93	35.12	12.51	14.96	17.25	17.42	16.54	14.88
Theatre Practitioners (AHP) Vacancies		-2.39	1.75	2.04	2.04	1.04	1.04	2.04	-0.96
Band 2 & 3 HCSW Vacancies WTE Clinical support to clinical staff		7.80	-6.85	-0.07	-2.57	-3.43	-6.33	-5.13	-2.86
Band 2 & 3 HCSW Vacancies WTE Non clinical support to clinical staff		4.54	3.33	-0.49	0.17	0.01	0.01	0.01	-1.27
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)		-2.11	-8.24	-2.34	-4.18	-4.70	-3.52	-4.72	-10.02

Trust rolling Annual Turnover % Excluding Trainee Doctors	10%	10.41%	7.98%	7.64%	8.50%	9.12%	8.42%	8.37%	8.56%
Starters WTE In month		4.27	5.40	3.00	4.00	1.87	4.76	3.00	4.61
Leavers WTE In month		1.00	2.40	3.00	3.61	1.92	2.40	1.00	1.51
12 month sickness rate (all sickness)	3%	5.09%	5.01%	4.99%	4.89%	4.82%	4.67%	4.55%	TBC
Monthly Sickness Absence % All Sickness		4.65%	5.09%	4.75%	3.18%	3.10%	3.63%	3.45%	TBC

Combined Staffing inc. Site							Target 95%						
DAY	Planned staff			Actual staff			Aug-23						
	RN	NA	HCA	RN	NA	HCA							
	5359	218.5	2777	5319	218.5	2754							
				99.2%	100.0%	99%	Total Hrs Planned and Actual						
							% Planned Hrs Met						
			713			667	Total Site Team Hrs - Planned and Actual						
			9068			8959	Total Hrs Planned & Actual - Combined reg, HCA & site						
						98.8%	% Planned Hrs Met - Combined reg, HCA & site						
NIGHT	Planned staff			Actual staff									
	RN	NA	HCA	RN	NA	HCA							
	4198	103.5	1495	4140	103.5	1472							
				98.6%	100.0%	98.5%							
			713			713							
			6509			6429							
						98.8%							

Combined Staffing inc. Site							Target 95%						
DAY	Planned staff			Actual staff			Sep-23						
	RN	NA	HCA	RN	NA	HCA							
	4991	195.5	2910	4991	195.5	2910							
				100.0%	100.0%	100%	Total Hrs Planned and Actual						
							% Planned Hrs Met						
			690			684.3	Total Site Team Hrs - Planned and Actual						
			8786			8780	Total Hrs Planned & Actual - Combined reg, HCA & site						
						99.9%	% Planned Hrs Met - Combined reg, HCA & site						
NIGHT	Planned staff			Actual staff									
	RN	NA	HCA	RN	NA	HCA							
	3324	57.5	1219	3324	57.5	1219							
				100.0%	100.0%	100.0%							
			690			684.3							
			5290			5284							
						99.9%							

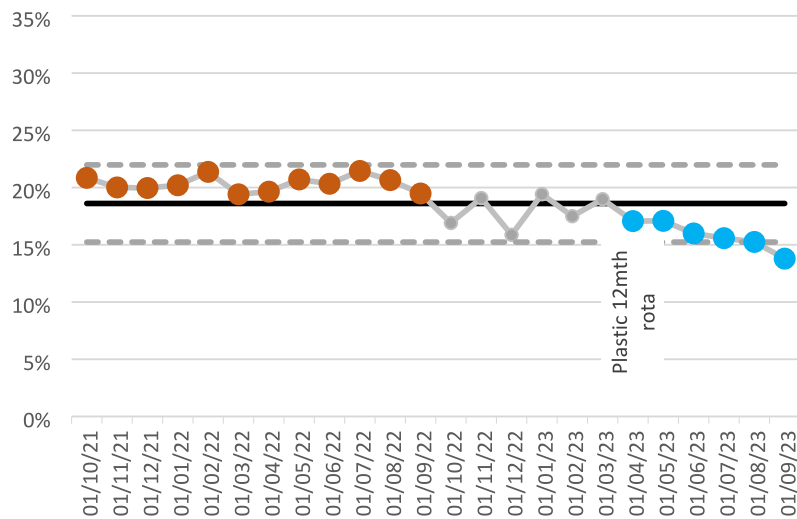
Safe staffing levels have been maintained across the Trust.



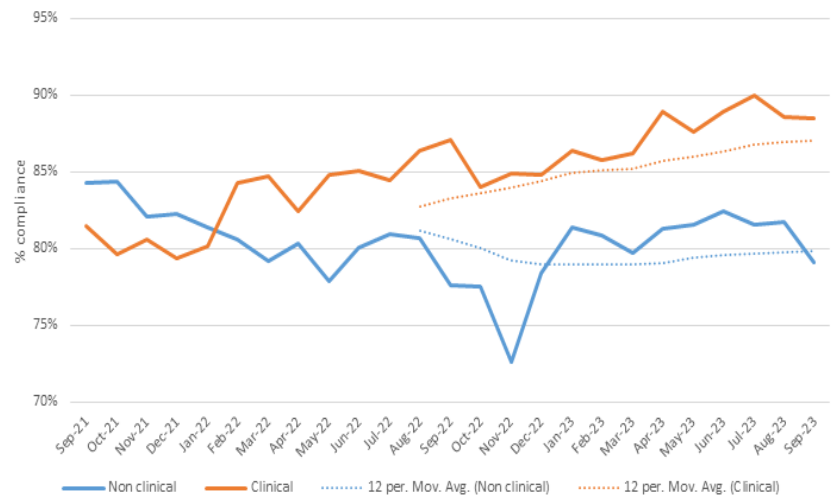
## Medical Workforce - Performance Indicators

Metrics	Q3 2022-23			Q4 2022-23			Q1 2023-24			Q2 2023-24			12 month rolling
Medical Workforce	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	
Turnover rate in month, excluding trainees	2%	0%	0%	4%	0%	1%	1%	0%	2%	0%	3%	na	na
Turnover in month including trainees 9%	3%	0%	0%	10%	1%	3%	6%	1%	1%	2%	10%	na	na
Management cases monthly	0	2	0	2	1	1	0	0	0	0	0	na	na
Sickness rate monthly on total medical/dental headcount	2%	3%	3%	1%	1%	2%	1%	1%	1%	2%	nc	na	na
Appraisal rate monthly (including deanery trainees)	75%	73%	74%	77%	79%	80%	82%	83%	81%	83%	82%	na	
Mandatory training monthly	87%	86%	86%	83%	86%	88%	89%	88%	89%	89%	89%	86%	87%
Exception Reporting – Education and Training	3	0	1	3	1	3	2	0	1	2	0	2	18
Exception Reporting – Hours	2	1	3	2	2	5	0	4	8	1	5	3	36

**12mth Medical Staff turnover rate**



**Appraisal Compliant**



There have been sustained improvements, for medical/clinical staff, for turnover and appraisals. The turnover rate has been improved by a change in the contracts for plastics junior doctors from 6 to 12 months. We can expect to see this trend continue for the rest of the year.

Medical & Dental Staffing	September induction, for Dental Core Trainees who are new to the hospital environment, covered three days of extended training to help them settle in to their new environment. Plans are in place for October induction which will be moved to a new date.
Education	Leadership training for all staff - first cohort of 20 delegates have completed LEEP 1 and 2, excellent feedback, and second cohort open to applications for courses running October and November. LEEP 3 will take place in December. QVH GMC survey results excellent – 19 green flags, one light green flag and no red flags in any specialty for the second year in a row. Well attended lecture evening held on 5 July (NHS 75 anniversary).

Report cover-page					
<b>References</b>					
<b>Meeting title:</b>	Board of Directors				
<b>Meeting date:</b>	02/11/2023	<b>Agenda reference:</b>		113-23	
<b>Report title:</b>	Annual Inpatient Survey Results 2022				
<b>Sponsor:</b>	Nicky Reeves, Chief Nurse				
<b>Author:</b>	Nicky Reeves, Chief Nurse				
<b>Appendices:</b>	1. Picker inpatient survey site report				
<b>Executive summary</b>					
<b>Purpose of report:</b>	To inform the Board of the very positive national inpatient survey results from 2022				
<b>Summary of key issues</b>	<p>The Board's attention should be drawn to the following key areas detailed in the reports:</p> <p>QVH scored <b>top</b> in the league table of overall positive scores nationally</p> <p>Most improved scores and areas for improvement are outlined in the report.</p>				
<b>Recommendation:</b>	The Board is asked to <b>note</b> the content of this report				
<b>Action required</b>	Approval	Information	Discussion	<b>Assurance</b>	Review
<b>Link to key strategic objectives (KSOs):</b>	<b>KSO1:</b>	<b>KSO2:</b>	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>
<b>Implications</b>					
<b>Board assurance framework:</b>	The report contributes directly to the delivery of KSO 1 and 2				
<b>Corporate risk register:</b>	CRR will be reviewed relating to this review				
<b>Regulation:</b>	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.				
<b>Legal:</b>	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.				
<b>Resources:</b>	none				
<b>Assurance route</b>					
<b>Previously considered by:</b>	Private Board				
	Date:	06/07/2023	Decision:	Noted pending publication	
<b>Previously considered by:</b>	Quality and safety committee				
	Date:	23/10/2023	Decision:		
<b>Next steps:</b>					

## National inpatient survey results 2022

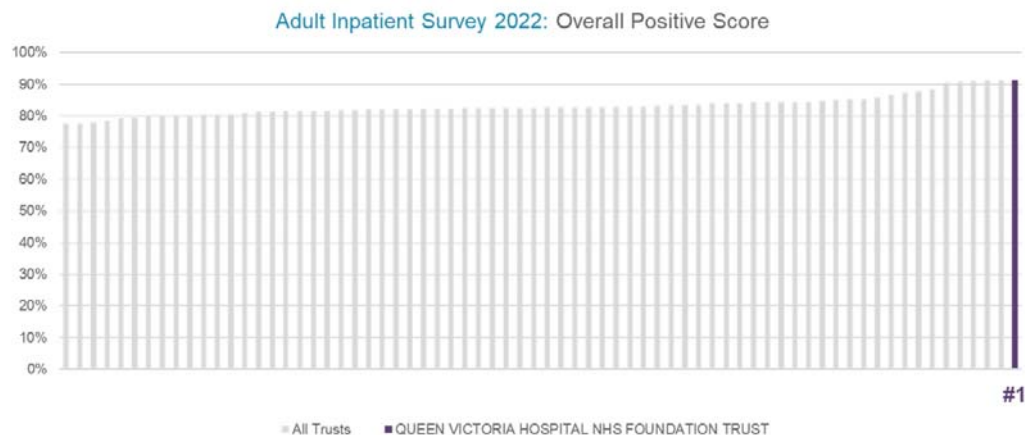
### Introduction

This report summarises the findings from the Adult Inpatient Survey 2022 carried out by Picker, on behalf of QVH and which was published on 12 September 2023. Picker was commissioned by 70 organisations to run their survey – this report presents our results in comparison to those organisations. The full detail is found in appendix 1.

A total of 61 questions were asked in the 2022 survey, of these 50 can be positively scored, with 41 of these which can be historically compared.

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

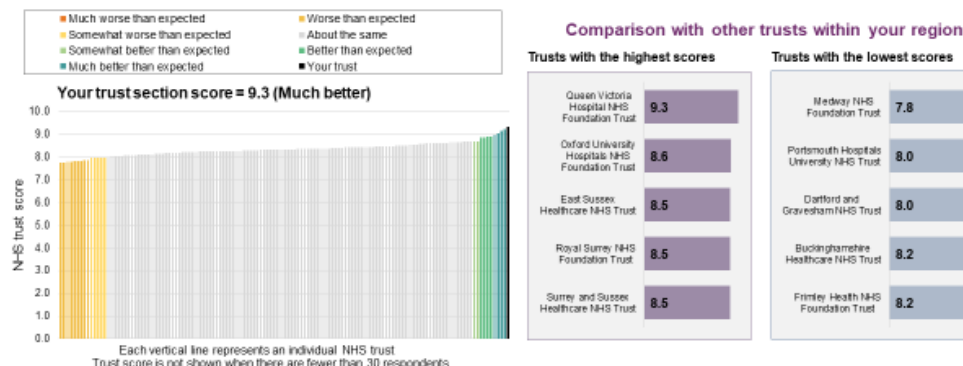
It is pleasing to note the following high scoring results:



## Section 4. Nurses

### Section score

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

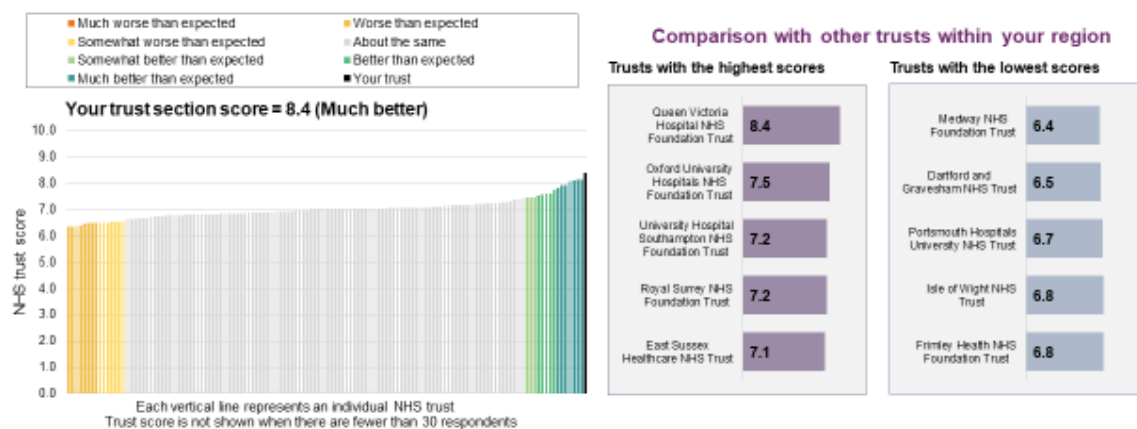


26 Adult Inpatient Survey 2022 | RPC | Queen Victoria Hospital NHS Foundation Trust

## Section 7. Leaving hospital

### Section score

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



27 Adult Inpatient Survey 2022 | RPC | Queen Victoria Hospital NHS Foundation Trust

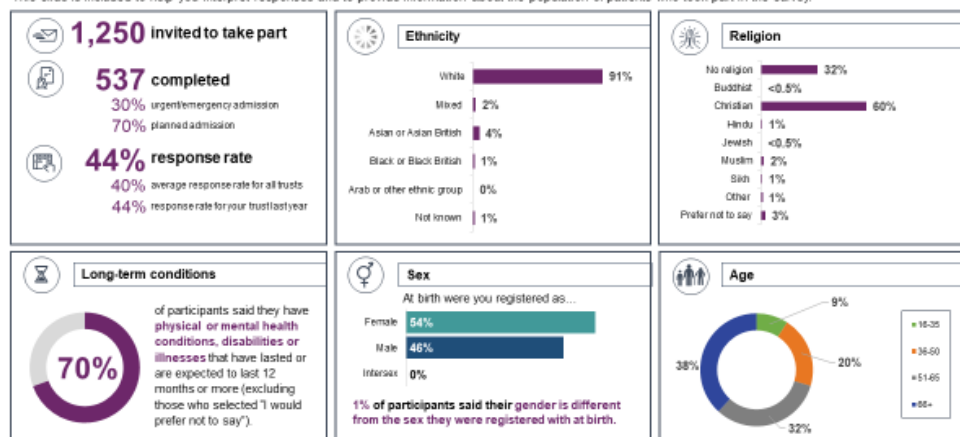
## Executive summary for QVH 2022 inpatient survey

### Respondents and response rate

- 1250 Queen Victoria Hospital NHS Foundation Trust inpatients were invited to complete the questionnaire.
- 537 patients completed the questionnaire
- The response rate for Queen Victoria Hospital NHS Foundation Trust was 44 % against a national average of 40%
- The survey identifies demographic information, which will be used to ensure we are able to meet the needs of our population. Of note is the age profile of our cases with the highest percentage being over 66 years old and also the percentage of patients with long term conditions.

## Who took part in the survey?

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



8 Adult Inpatient Survey 2022 | RfC | Queen Victoria Hospital | NHS Foundation Trust

## Banding

Your trust's results were much better than most trusts for **28** questions.  
Your trust's results were better than most trusts for **13** questions.  
Your trust's results were somewhat better than most trusts for **1** questions.

## Comparisons with last year's survey

Below is the high level summary of the results from 2022 compared to 2021

Top 5 scores vs Picker Average	Trust	Picker Avg
Q5. Not prevented from sleeping at night	72%	48%
Q41. Told who to contact if worried after discharge	92%	75%
Q4. Had help from staff to keep in touch with family & friends	98%	83%
Q47. Asked to give views on quality of care during stay	27%	13%
Q23. Staff did not contradict each other about care and treatment	79%	65%

Most improved scores	Trust 2022	Trust 2021
Q44. Got enough support from health or social care professionals after discharge	90%	86%
Q4. Had help from staff to keep in touch with family & friends	98%	96%
Q46. Rated overall experience as 7/10 or more	95%	93%
Q39. Given information about medicine at discharge	98%	97%
Q40. Knew what would happen next with care after leaving hospital	96%	95%

Most declined scores	Trust 2022	Trust 2021
Q35. Staff discussed need for additional equipment or home adaptation after discharge	88%	93%
Q2. Did not mind waiting as long as did for admission	69%	74%
Q11. Offered food that met dietary requirements	94%	97%
Q41. Told who to contact if worried after discharge	92%	95%
Q37. Given information about what they should or should not do after leaving hospital	93%	95%

The declined scores will be reviewed and work will be carried out to ensure we are able to improve for next year's survey. The deterioration in the score regarding patients waiting for admission is of concern and this will be an area for focus moving forwards.

### Recommendation

The Board is asked to **NOTE**:

- The results of the Annual National Inpatient Survey site report 2022.
- That this report evidences the outstanding patient care we **all** deliver and contribute to at QVH
- That work will be undertaken to improve the scores which have declined whilst maintaining the quality in the other areas.

### Appendix 1

The 2022 QVH Picker Site report

# **NHS Adult Inpatient Survey 2022 Benchmark Report**

Queen Victoria Hospital NHS Foundation Trust



# Contents

1. Background & methodology	2. Headline results	3. Benchmarking	4. Trust results	5. Trends over time	6. Appendix
		Section 1. Admission to hospital	Section 1. Admission to hospital	Section 1. Admission to hospital	
		Section 2. The hospital and ward	Section 2. The hospital and ward	Section 2. The hospital and ward	
		Section 3. Doctors	Section 3. Doctors	Section 3. Doctors	
		Section 4. Nurses	Section 4. Nurses	Section 4. Nurses	
		Section 5. Your care and treatment	Section 5. Your care and treatment	Section 5. Your care and treatment	
		Section 6. Operations and procedures	Section 6. Operations and procedures	Section 6. Operations and procedures	
		Section 7. Leaving hospital	Section 7. Leaving hospital	Section 7. Leaving hospital	
		Section 8. Feedback on care	Section 8. Feedback on care	Section 8. Feedback on care	
		Section 9. Respect and dignity	Section 9. Respect and dignity	Section 9. Respect and dignity	
		Section 10. Overall experience	Section 10. Overall experience	Section 10. Overall experience	
		Section 11. Long-term condition	Section 11. Long-term condition		

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

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# Background and methodology

**This section includes:**

- an explanation of the NHS Patient Survey Programme
- information on the Adult Inpatient 2022 survey
- a description of key terms used in this report
- navigating the report

# Background and methodology

## The NHS Patient Survey Programme

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

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

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

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

## The Adult Inpatient Survey 2022

The survey was administered by the Coordination Centre for Mixed Methods (CCMM) at Ipsos. A total of 165,181 patients were invited to participate in the survey across 133 acute and specialist NHS trusts. Completed responses were received from 63,224 patients, an adjusted response rate of 40.2%.

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

Trusts sampled patients who met the eligibility criteria and were discharged from hospital during November 2022. Trusts counted back from the last day of November 2022, sampling every consecutively discharged patient until they had selected 1,250 patients. Some smaller trusts, which treat fewer patients, included patients who were treated in hospital earlier than November 2022 (as far back as April 2022), to achieve a large enough sample.

Fieldwork took place between January and April 2023.

## Trend data

The Adult Inpatient 2022 survey was conducted using a push-to-web methodology (offering both online and paper completion). There were minor questionnaire changes, including three new questions and changes to question wording. The 2022 results are comparable with data from the Adult Inpatient 2020 and 2021 surveys, unless a question has changed or there are other reasons for lack of comparability such as changes in organisation structure of a trust. Where results are comparable, a section on historical trends has been included.

## Further information about the survey

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

# Key terms used in this report

## The ‘expected range’ technique

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

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

More information can be found in the [Appendix](#).

## Standardisation

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

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

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

## Scoring

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

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

## Trust average

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

## Suppressed data

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

## Further information about the methods

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

# Using the survey results

## Navigating this report

This report is split into six sections:

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

- **Trust results** – includes the score for your trust and breakdown of scores across sites within your trust. Internal benchmarking may be helpful so you can compare sites within your organisation, sharing best practice within the trust and identifying any sites that may need attention.
- **Trends over time** – includes your trust’s mean score for each evaluative question in the survey shown in a significance test table, comparing it to your 2020 and 2021 mean score. This allows you to see if your trust has made statistically significant improvements between survey years.
- **Appendix** – includes additional data for your trust; further information on the survey methodology; interpretation of graphs in this report.

## How to interpret the graphs in this report

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

The two chart types used in the section ‘benchmarking’ use the ‘expected range’ technique to show results. For information on how to interpret these graphs, please refer to the [Appendix](#).

## Other data sources

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

- Full national results; link to view the results for each trust; technical document: [www.cqc.org.uk/inpatientsurvey](http://www.cqc.org.uk/inpatientsurvey)
- National and trust-level data for all trusts who took part in the Adult Inpatient 2022 survey: <https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2022/>. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.
- Information on the NHS Patient Survey Programme, including results from other surveys: [www.cqc.org.uk/content/surveys](http://www.cqc.org.uk/content/surveys)
- Information about how the CQC monitors hospitals: [www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals](http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals)

# Headline results

## This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the top and bottom scores for your trust



# Who took part in the survey?

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



**1,250** invited to take part



**537** completed

30% urgent/emergency admission

70% planned admission



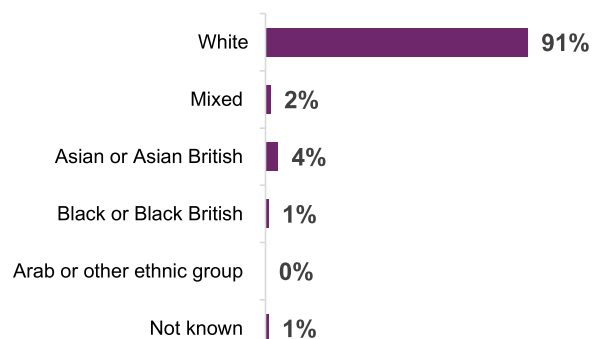
**44%** response rate

40% average response rate for all trusts

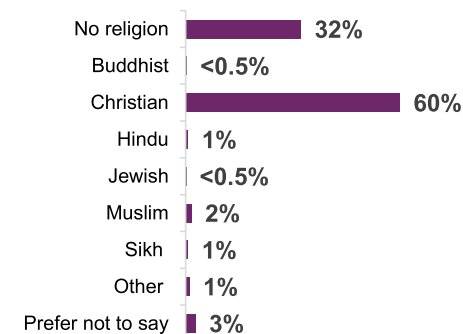
44% response rate for your trust last year



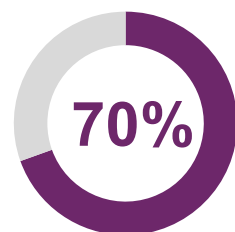
## Ethnicity



## Religion



## Long-term conditions



of participants said they have **physical or mental health conditions, disabilities or illnesses** that have lasted or are expected to last 12 months or more (excluding those who selected "I would prefer not to say").



## Sex

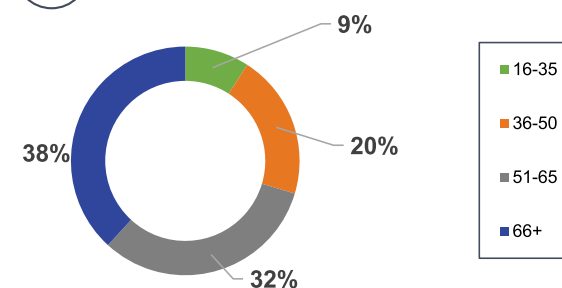
At birth were you registered as...



**1% of participants said their gender is different from the sex they were registered with at birth.**



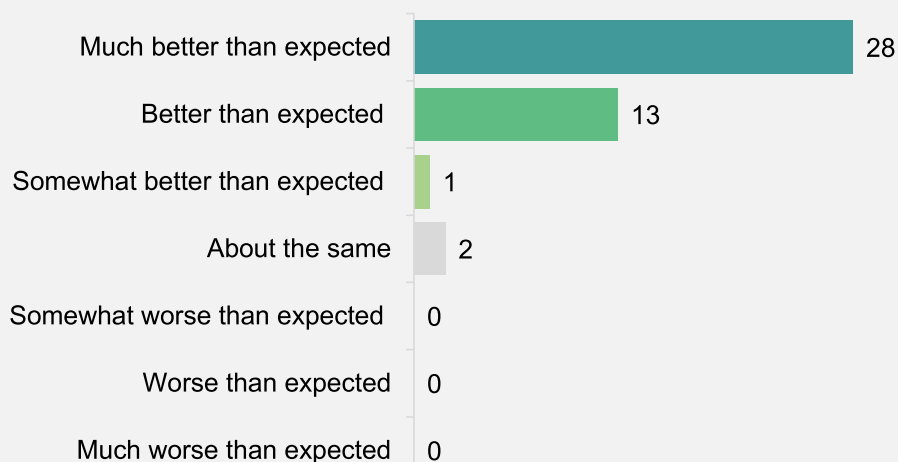
## Age



# Summary of findings for your trust

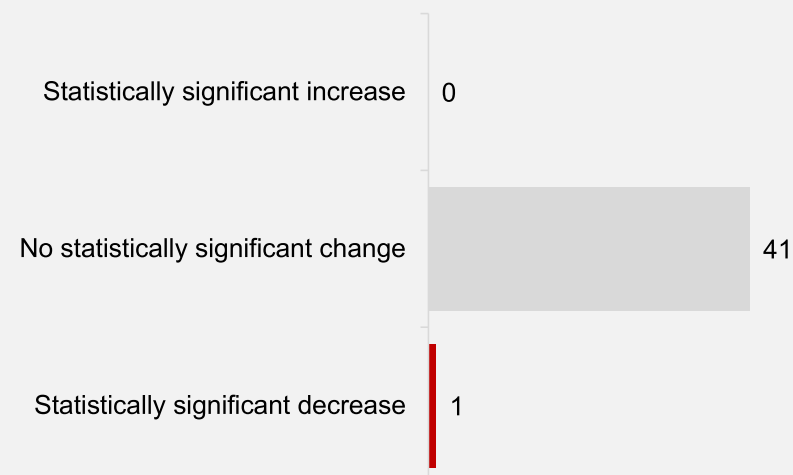
## Comparison with other trusts

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



## Comparison with last year's results

The **number of questions** in this report where your trust showed a statistically significant increase, decrease, or no change in scores compared to 2021 results.



For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the appendix section [“comparison to other trusts”](#). For a breakdown of the questions where your trust showed a statistically significant increase or decrease in scores compared to 2021 and 2020 results, please refer to the appendix section [“comparison to 2021 results”](#) and [“comparisons to 2020 results”](#).

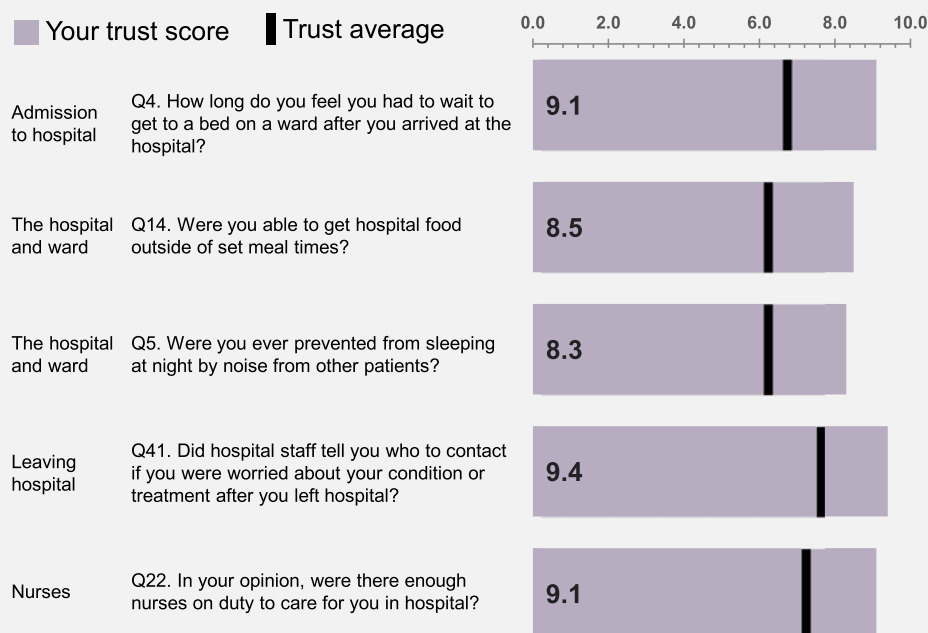


## Best and worst performance relative to the trust average

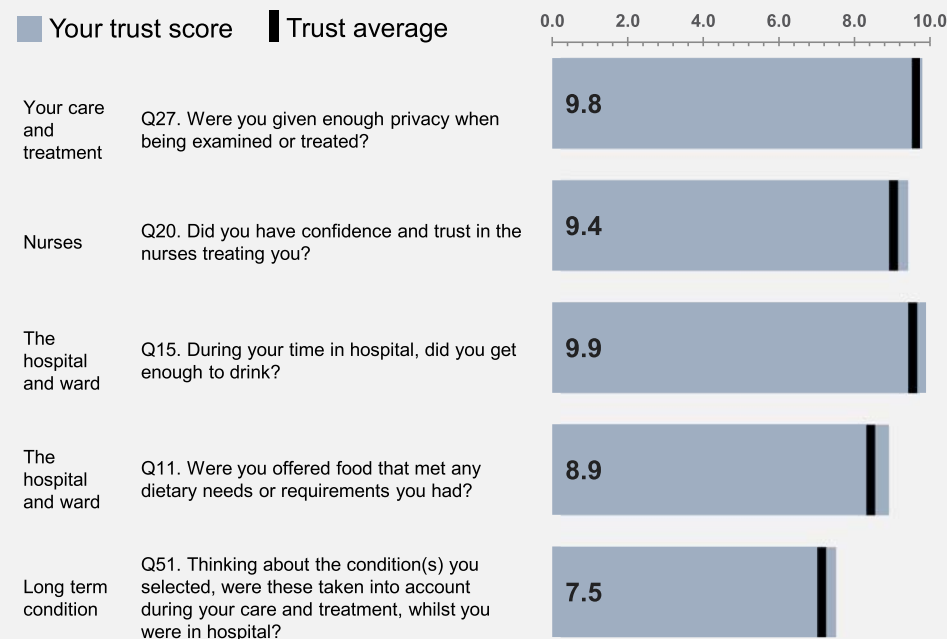
These five questions are calculated by comparing your trust's results to the trust average (the average trust score across England).

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

### Top five scores (compared with trust average)



### Bottom five scores (compared with trust average)



# Benchmarking

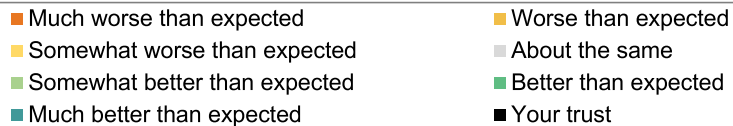
## This section includes:

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

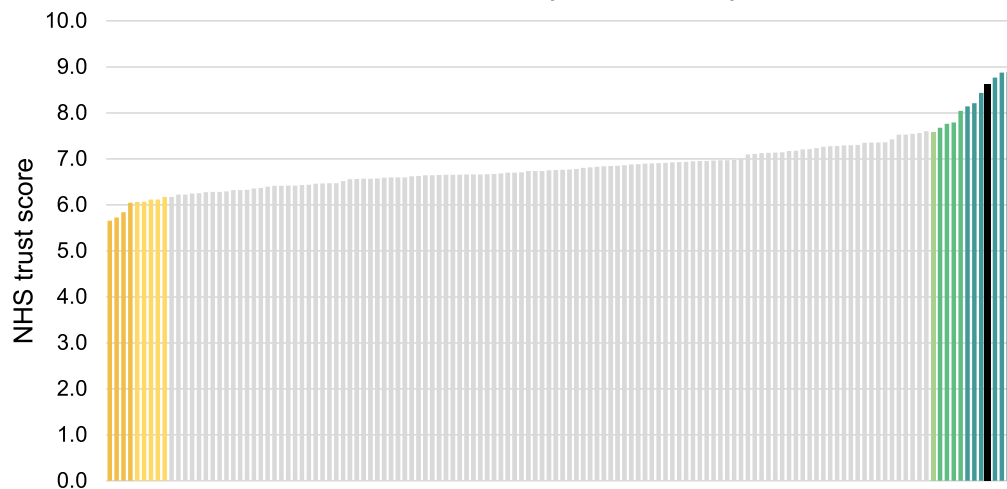
# Section 1. Admission to hospital

## Section score

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



### Your trust section score = 8.6 (Much better)



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

## Comparison with other trusts within your region

### Trusts with the highest scores

Queen Victoria Hospital NHS Foundation Trust	8.6
University Hospital Southampton NHS Foundation Trust	7.4
Maidstone and Tunbridge Wells NHS Trust	7.4
Royal Berkshire NHS Foundation Trust	7.3
Oxford University Hospitals NHS Foundation Trust	7.3

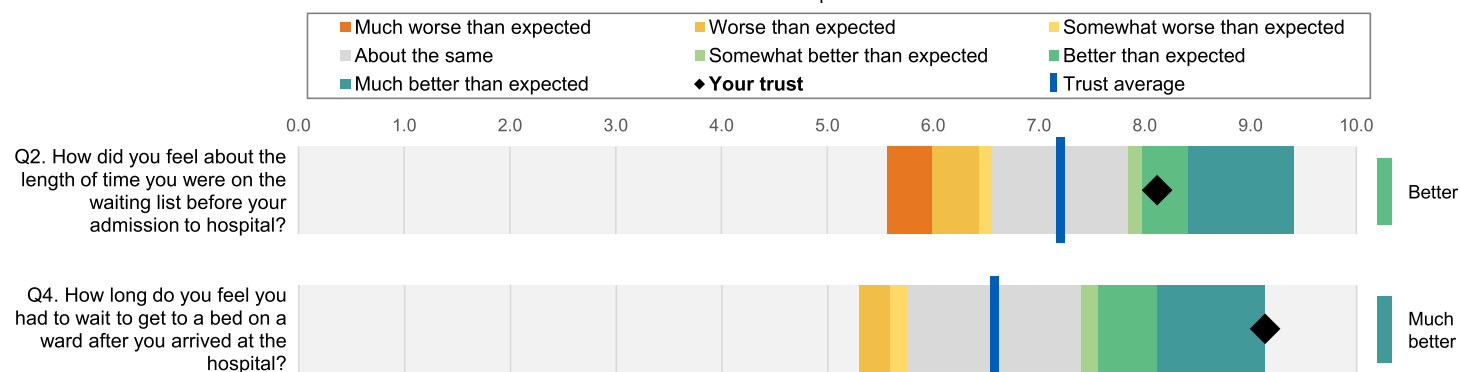
### Trusts with the lowest scores

Dartford and Gravesham NHS Trust	6.0
Surrey and Sussex Healthcare NHS Trust	6.2
Isle of Wight NHS Trust	6.3
East Kent Hospitals University NHS Foundation Trust	6.7
University Hospitals Sussex NHS Foundation Trust	6.7

# Section 1. Admission to hospital (continued)

## Question scores

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



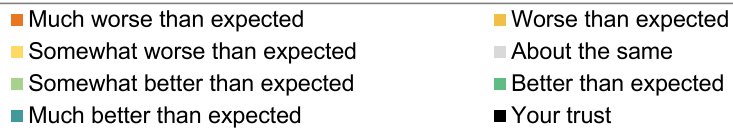
Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
371	8.1	7.2	5.6	9.4

Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
524	9.1	6.6	5.3	9.1

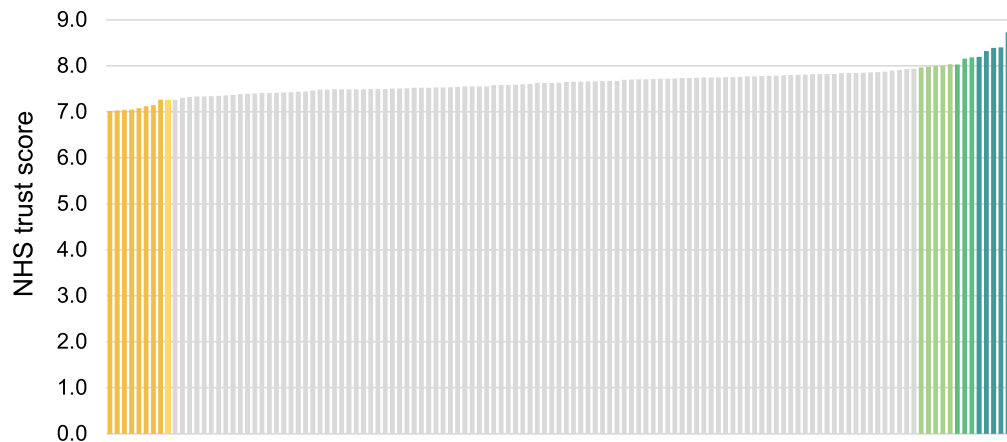
## Section 2. The hospital and ward

### Section score

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



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



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

### Comparison with other trusts within your region

#### Trusts with the highest scores

Oxford University Hospitals NHS Foundation Trust	8.0
East Sussex Healthcare NHS Trust	7.8
Maidstone and Tunbridge Wells NHS Trust	7.8
University Hospitals Sussex NHS Foundation Trust	7.8
University Hospital Southampton NHS Foundation Trust	7.7

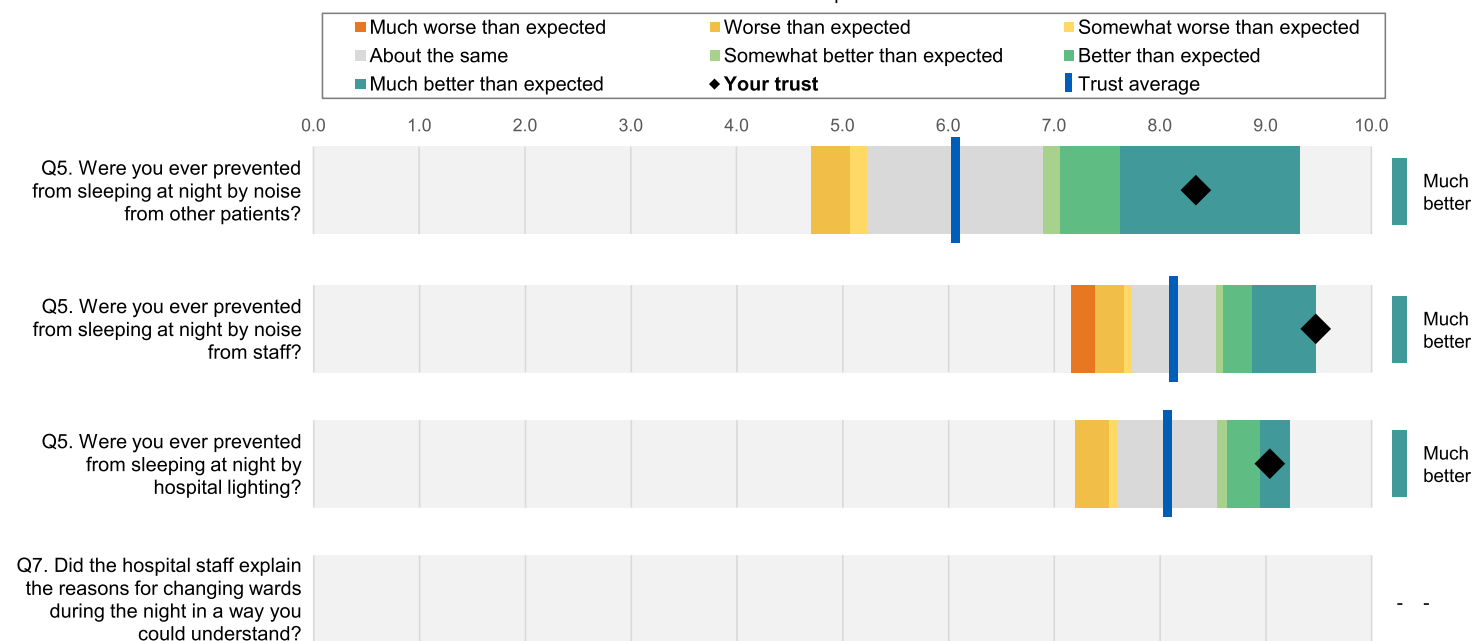
#### Trusts with the lowest scores

Medway NHS Foundation Trust	7.0
Dartford and Gravesham NHS Trust	7.1
Portsmouth Hospitals University NHS Trust	7.3
Buckinghamshire Healthcare NHS Trust	7.5
Ashford and St Peter's Hospitals NHS Foundation Trust	7.5

## Section 2. The hospital and ward (continued)

### Question scores

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



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
454	8.3	6.1	4.7	9.3

454	9.5	8.1	7.2	9.5
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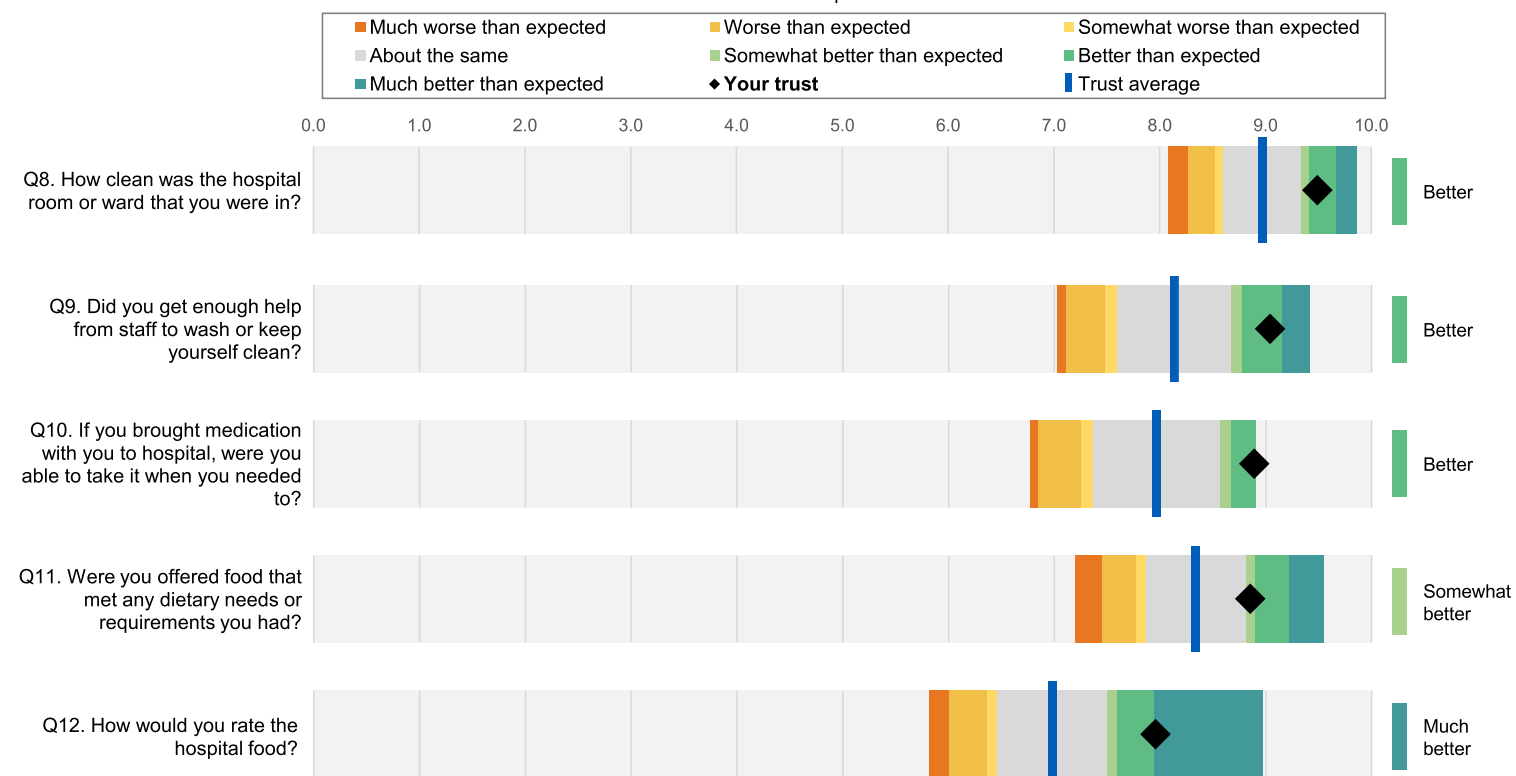
454	9.0	8.1	7.2	9.2
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0	-	6.7	4.8	9.0
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## Section 2. The hospital and ward (continued)

### Question scores

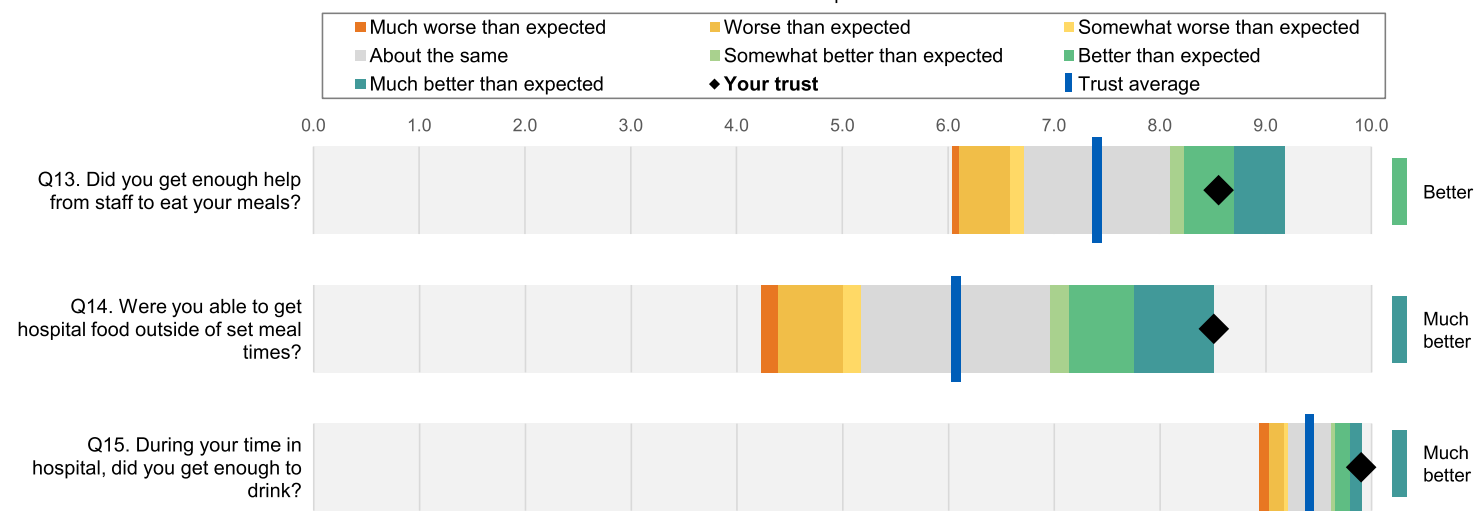
Trust score is not shown when there are fewer than 30 respondents.



## Section 2. The hospital and ward (continued)

### Question scores

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



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
139	8.6	7.4	6.0	9.2

178	8.5	6.1	4.2	8.5
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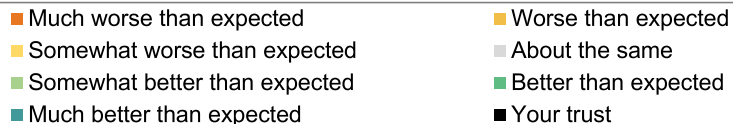
515	9.9	9.4	8.9	9.9
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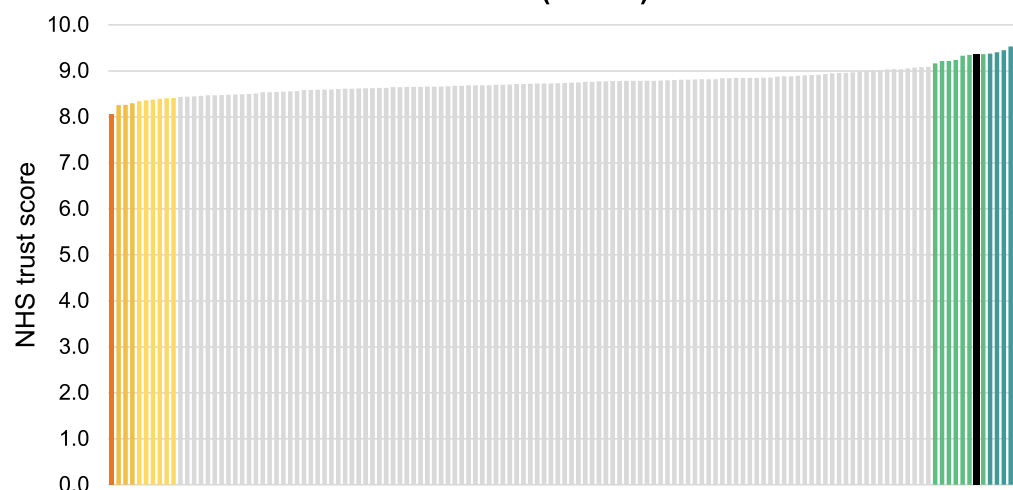
## Section 3. Doctors

### Section score

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



#### Your trust section score = 9.4 (Better)



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

### Comparison with other trusts within your region

#### Trusts with the highest scores

Queen Victoria Hospital NHS Foundation Trust	9.4
Oxford University Hospitals NHS Foundation Trust	9.1
University Hospital Southampton NHS Foundation Trust	8.9
Hampshire Hospitals NHS Foundation Trust	8.9
Royal Surrey NHS Foundation Trust	8.8

#### Trusts with the lowest scores

Medway NHS Foundation Trust	8.3
Isle of Wight NHS Trust	8.5
Dartford and Gravesham NHS Trust	8.5
Ashford and St Peter's Hospitals NHS Foundation Trust	8.5
Frimley Health NHS Foundation Trust	8.6

## Section 3. Doctors (continued)

### Question scores

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



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
473	9.3	8.6	7.9	9.5

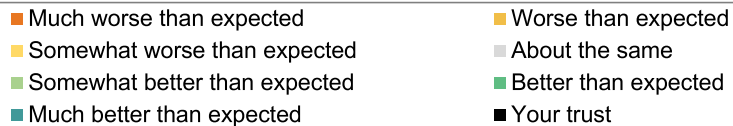
526	9.6	9.1	8.4	9.8
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518	9.1	8.6	7.9	9.7
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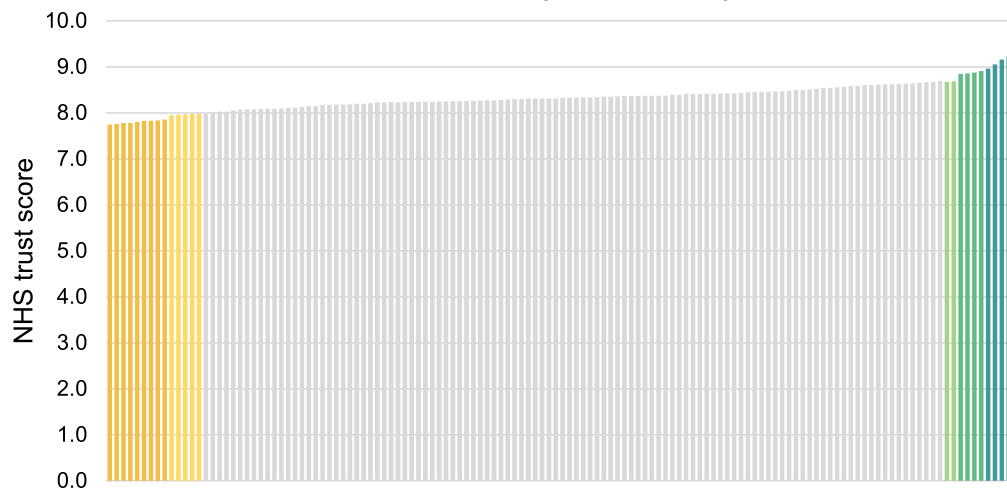
## Section 4. Nurses

### Section score

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



#### Your trust section score = 9.3 (Much better)



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

### Comparison with other trusts within your region

#### Trusts with the highest scores

Queen Victoria Hospital NHS Foundation Trust	9.3
Oxford University Hospitals NHS Foundation Trust	8.6
East Sussex Healthcare NHS Trust	8.5
Royal Surrey NHS Foundation Trust	8.5
Surrey and Sussex Healthcare NHS Trust	8.5

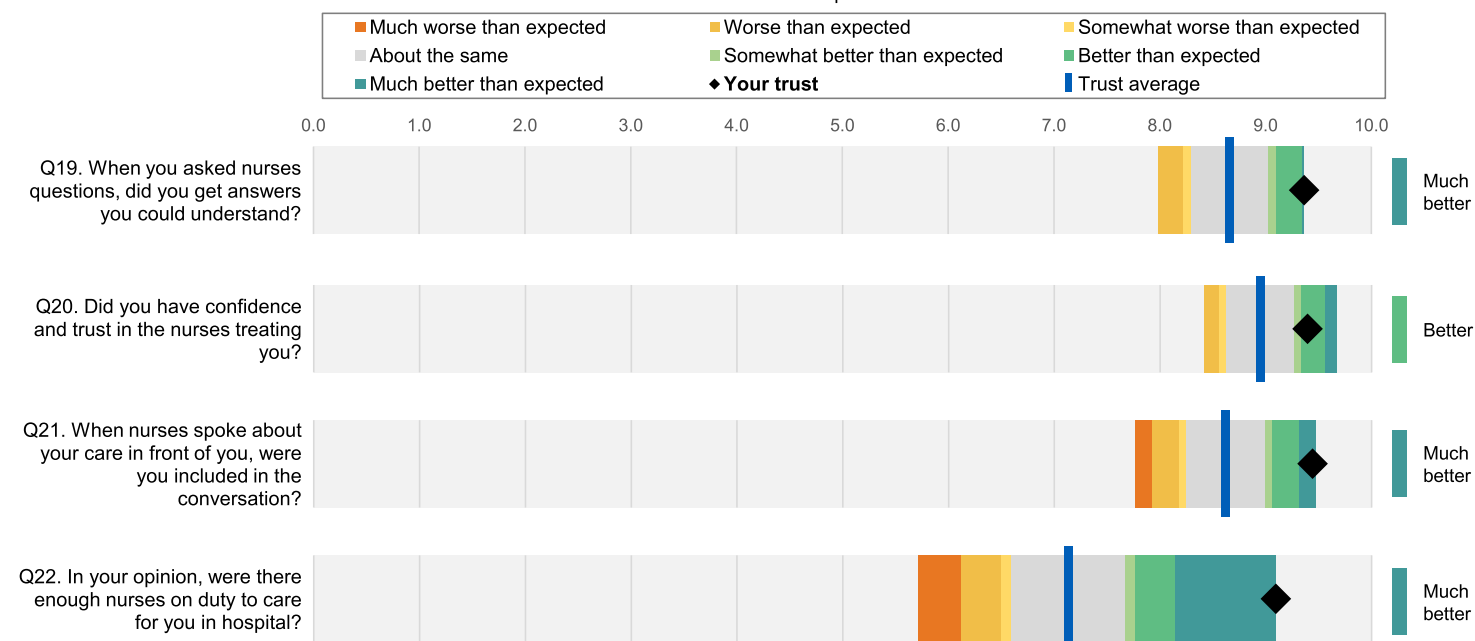
#### Trusts with the lowest scores

Medway NHS Foundation Trust	7.8
Portsmouth Hospitals University NHS Trust	8.0
Dartford and Gravesham NHS Trust	8.0
Buckinghamshire Healthcare NHS Trust	8.2
Frimley Health NHS Foundation Trust	8.2

## Section 4. Nurses (continued)

### Question scores

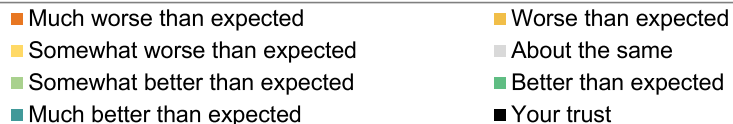
Trust score is not shown when there are fewer than 30 respondents.



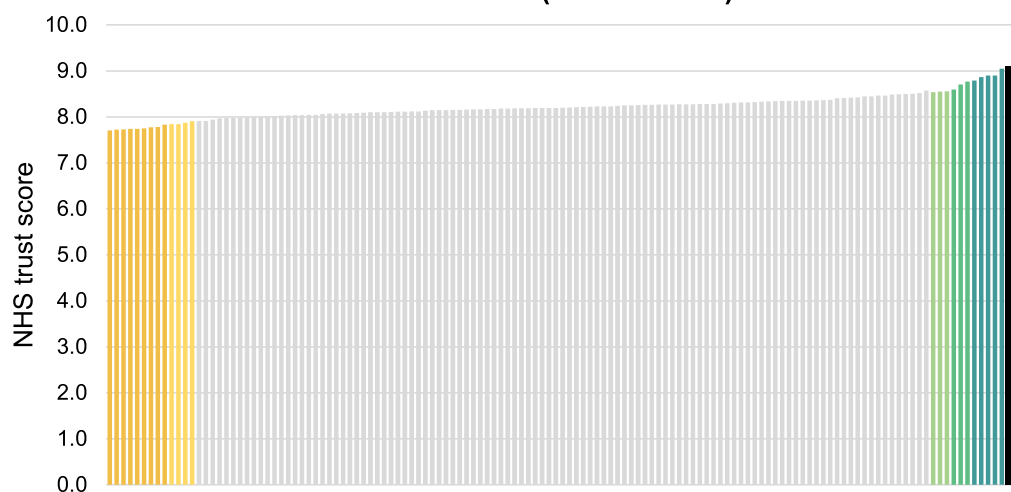
## Section 5. Your care and treatment

### Section score

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



#### Your trust section score = 9.1 (Much better)



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

### Comparison with other trusts within your region

#### Trusts with the highest scores

Queen Victoria Hospital NHS Foundation Trust	9.1
Oxford University Hospitals NHS Foundation Trust	8.6
University Hospital Southampton NHS Foundation Trust	8.4
Royal Surrey NHS Foundation Trust	8.3
Royal Berkshire NHS Foundation Trust	8.3

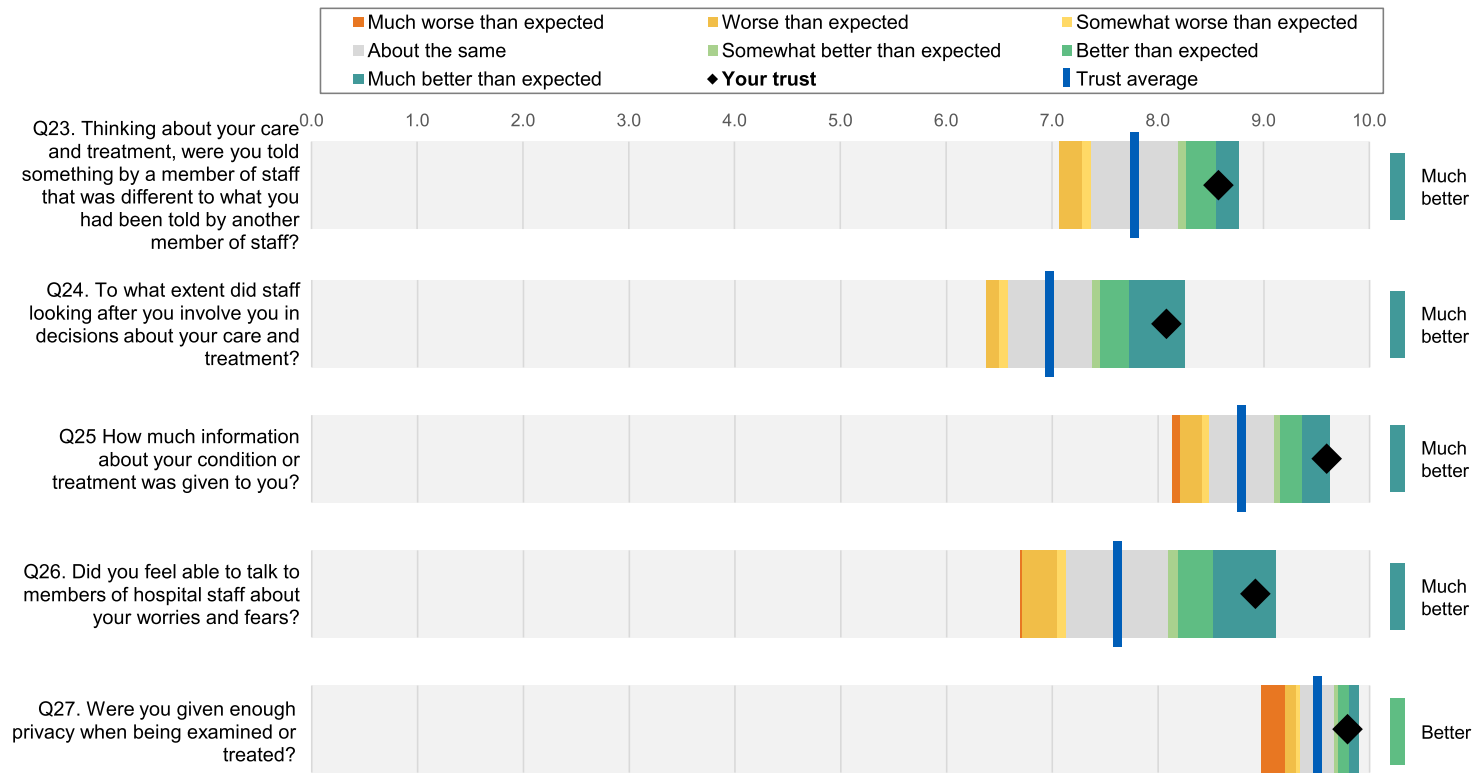
#### Trusts with the lowest scores

Medway NHS Foundation Trust	7.7
Dartford and Gravesham NHS Trust	7.8
Portsmouth Hospitals University NHS Trust	7.9
Isle of Wight NHS Trust	8.0
Ashford and St Peter's Hospitals NHS Foundation Trust	8.0

## Section 5. Your care and treatment (continued)

### Question scores

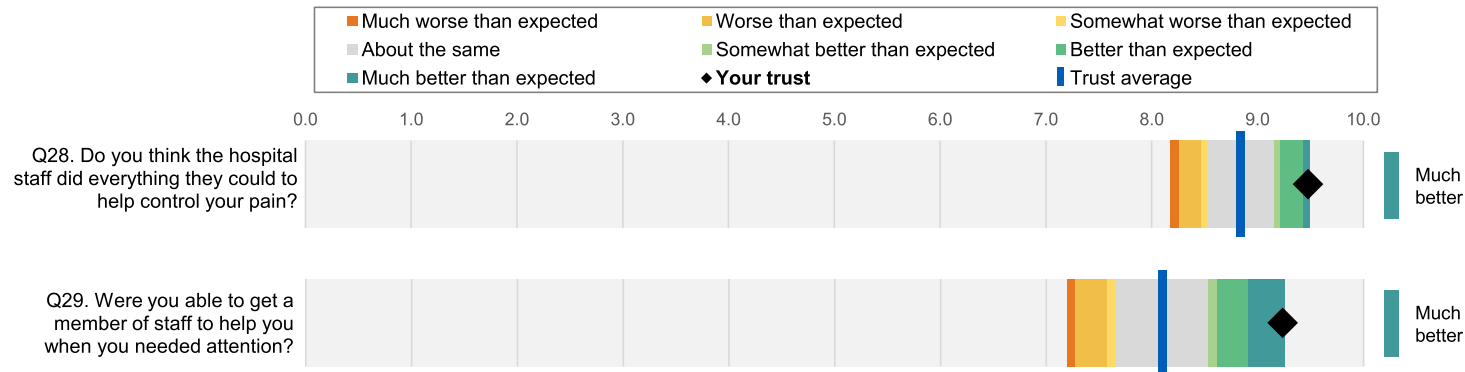
Trust score is not shown when there are fewer than 30 respondents.



## Section 5. Your care and treatment (continued)

### Question scores

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



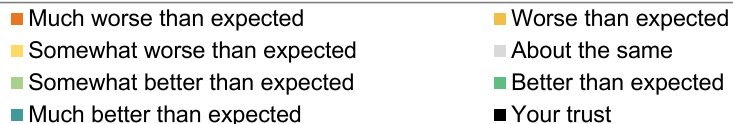
Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
399	9.5	8.8	8.2	9.5

443	9.2	8.1	7.2	9.3
-----	-----	-----	-----	-----

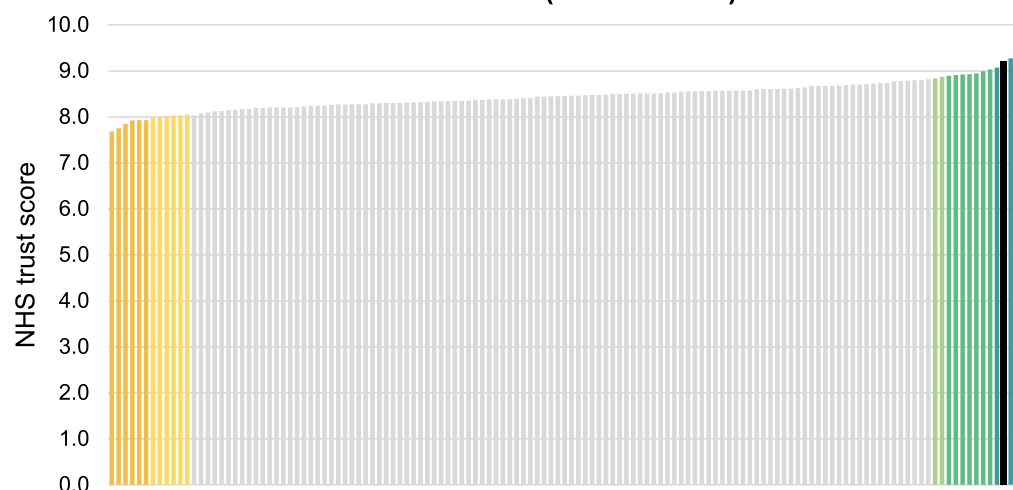
## Section 6. Operations and procedures

### Section score

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



#### Your trust section score = 9.2 (Much better)



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

### Comparison with other trusts within your region

#### Trusts with the highest scores

Queen Victoria Hospital NHS Foundation Trust	9.2
Oxford University Hospitals NHS Foundation Trust	8.7
University Hospital Southampton NHS Foundation Trust	8.6
Buckinghamshire Healthcare NHS Trust	8.5
East Kent Hospitals University NHS Foundation Trust	8.5

#### Trusts with the lowest scores

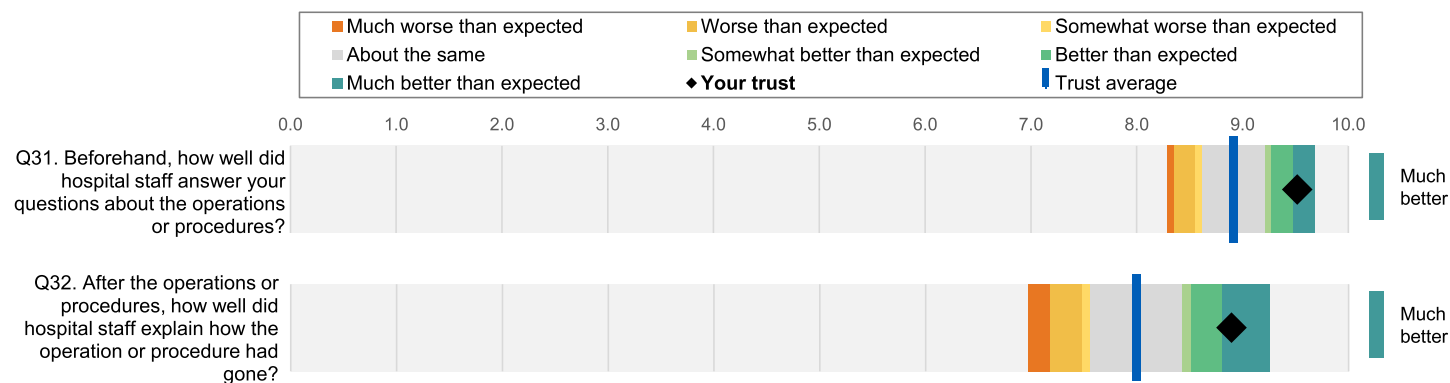
Medway NHS Foundation Trust	7.9
Ashford and St Peter's Hospitals NHS Foundation Trust	8.0
East Sussex Healthcare NHS Trust	8.2
Dartford and Gravesham NHS Trust	8.2
Royal Berkshire NHS Foundation Trust	8.2



## Section 6. Operations and procedures (continued)

### Question scores

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



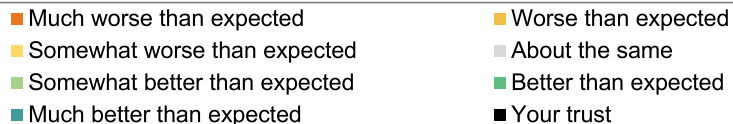
Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
396	9.5	8.9	8.3	9.7

Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
409	8.9	8.0	7.0	9.3

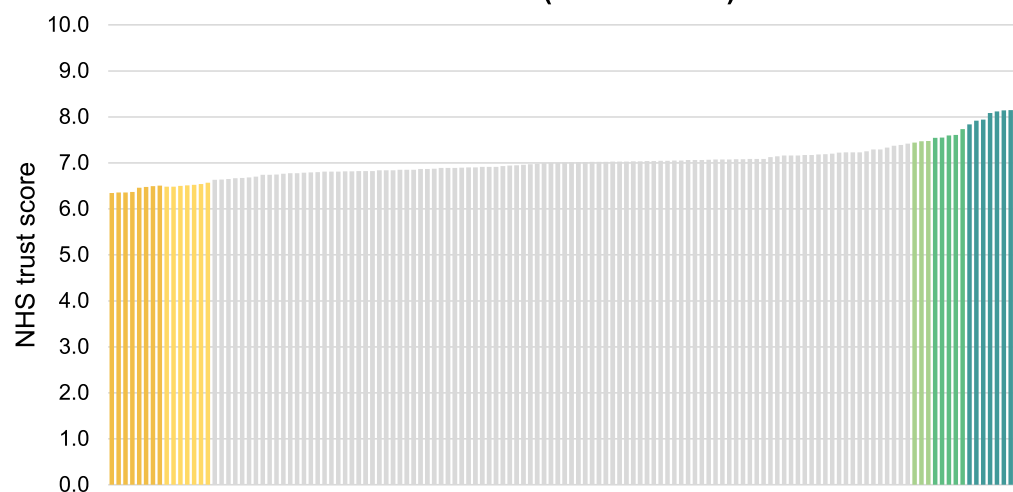
## Section 7. Leaving hospital

### Section score

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



#### Your trust section score = 8.4 (Much better)



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

### Comparison with other trusts within your region

#### Trusts with the highest scores

Queen Victoria Hospital NHS Foundation Trust	8.4
Oxford University Hospitals NHS Foundation Trust	7.5
University Hospital Southampton NHS Foundation Trust	7.2
Royal Surrey NHS Foundation Trust	7.2
East Sussex Healthcare NHS Trust	7.1

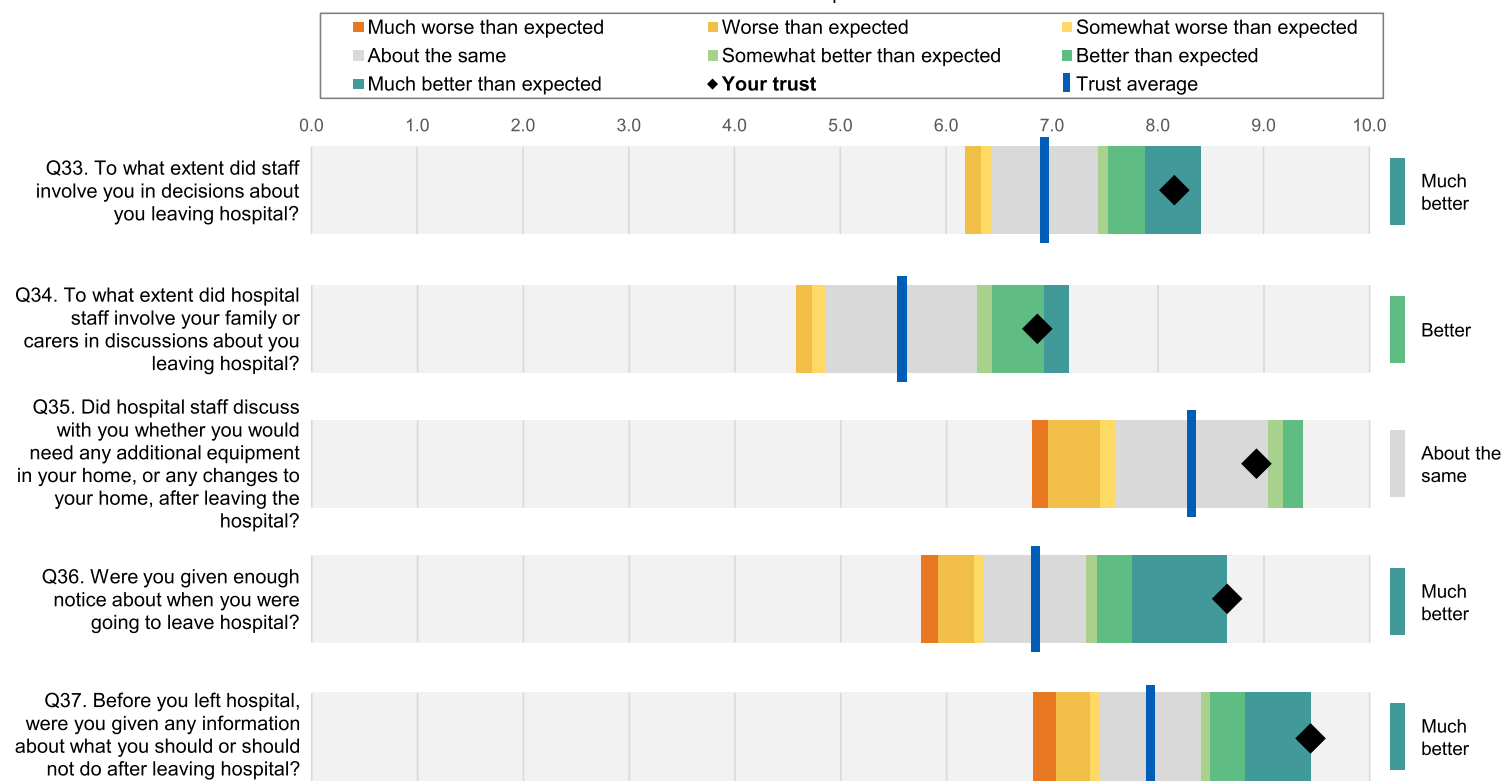
#### Trusts with the lowest scores

Medway NHS Foundation Trust	6.4
Dartford and Gravesham NHS Trust	6.5
Portsmouth Hospitals University NHS Trust	6.7
Isle of Wight NHS Trust	6.8
Frimley Health NHS Foundation Trust	6.8

## Section 7. Leaving hospital (continued)

### Question scores

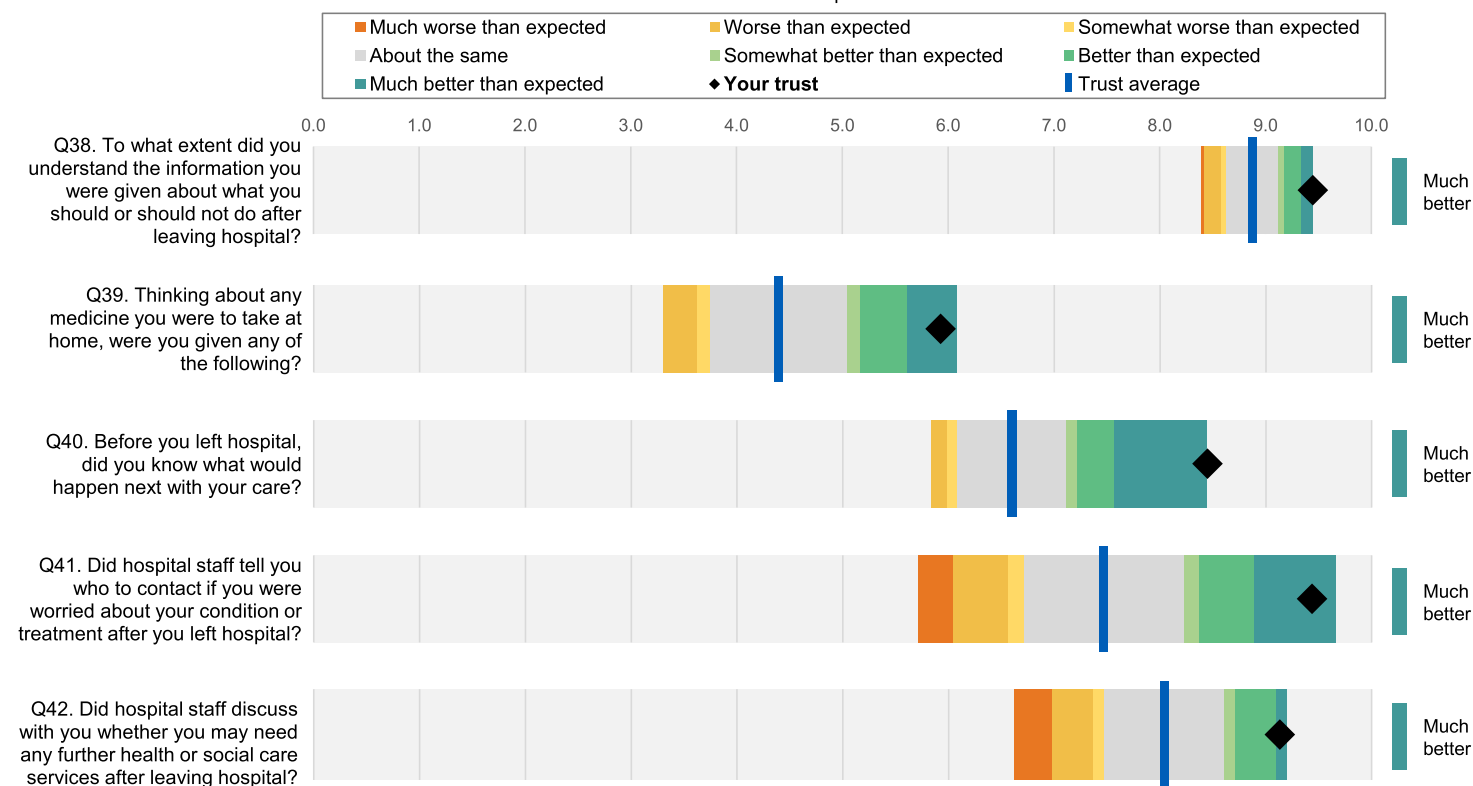
Trust score is not shown when there are fewer than 30 respondents.



## Section 7. Leaving hospital (continued)

### Question scores

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



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
475	9.4	8.9	8.4	9.4

271	5.9	4.4	3.3	6.1
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497	8.4	6.6	5.8	8.4
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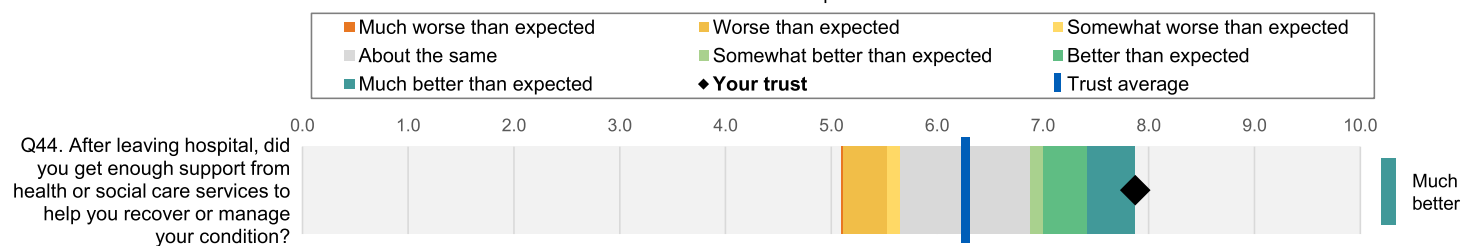
499	9.4	7.5	5.7	9.7
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209	9.1	8.0	6.6	9.2
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## Section 7. Leaving hospital (continued)

### Question scores

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

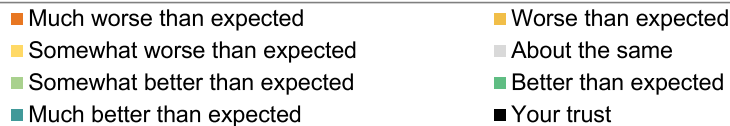


Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
211	7.9	6.3	5.1	7.9

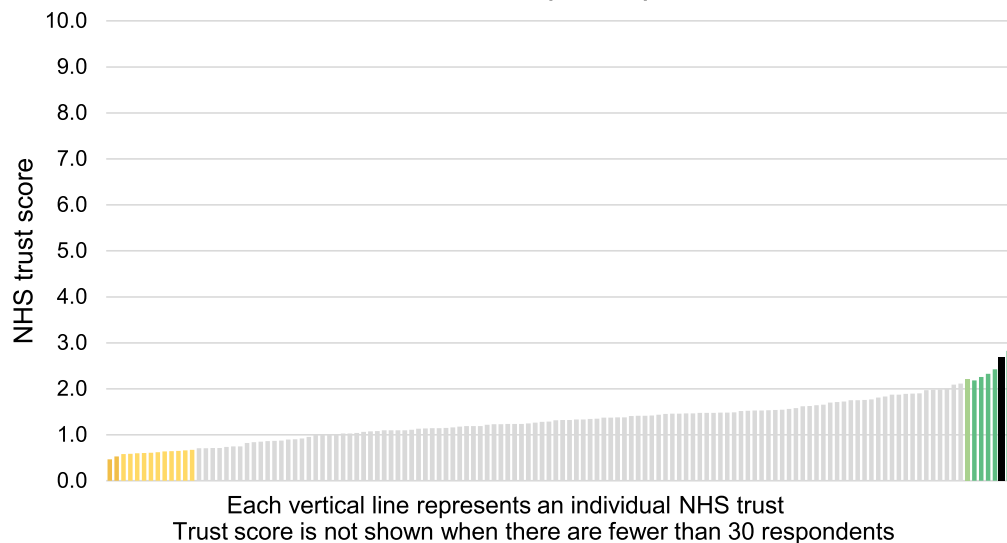
## Section 8. Feedback on the quality of your care

### Section score

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

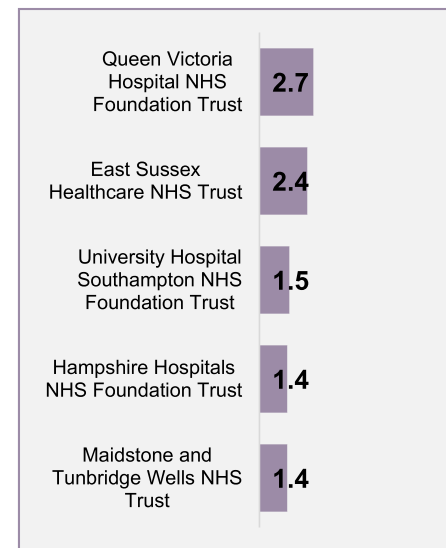


#### Your trust section score = 2.7 (Better)

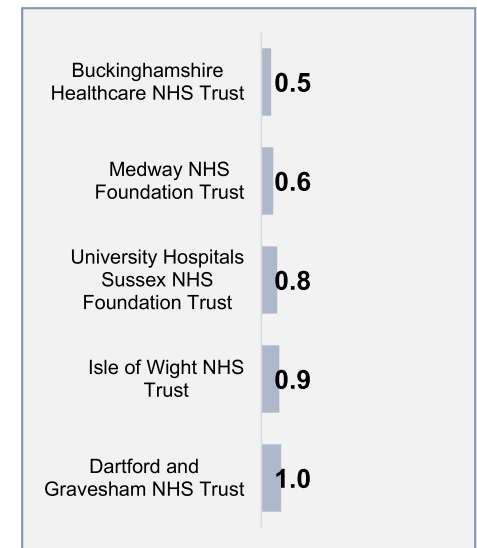


### Comparison with other trusts within your region

#### Trusts with the highest scores



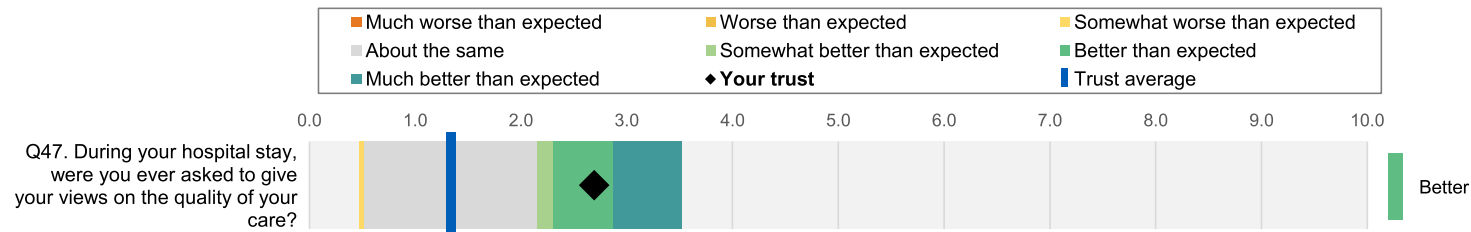
#### Trusts with the lowest scores



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

### Question score

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

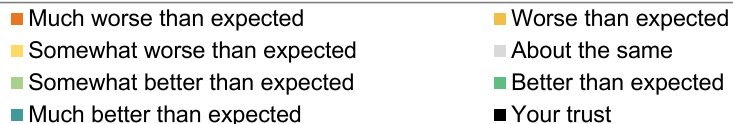


		All trusts in England		
Number of respondents (your trust)	Your trust score	Trust average score	Lowest score	Highest score
435	2.7	1.3	0.5	3.5

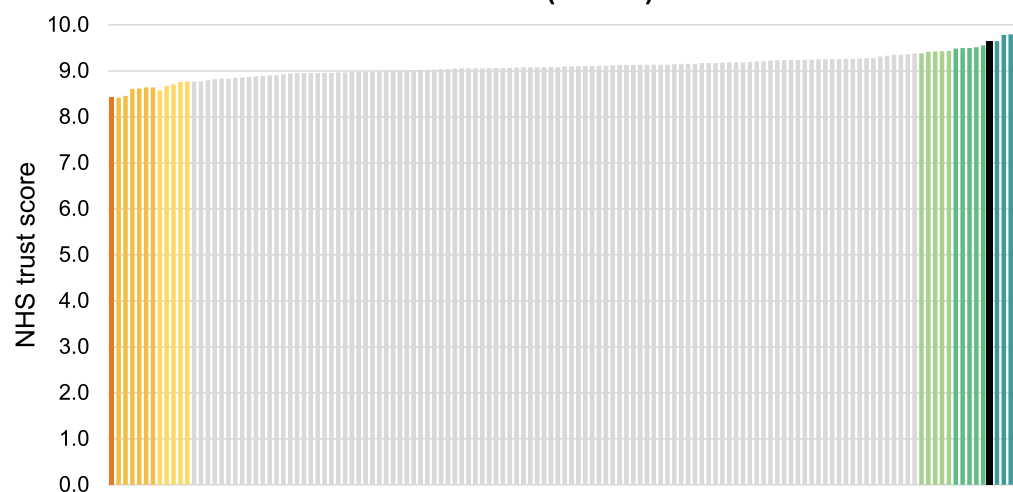
## Section 9. Respect and dignity

### Section score

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



#### Your trust section score = 9.6 (Better)



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

### Comparison with other trusts within your region

#### Trusts with the highest scores

Queen Victoria Hospital NHS Foundation Trust	9.6
Oxford University Hospitals NHS Foundation Trust	9.4
Royal Surrey NHS Foundation Trust	9.3
University Hospital Southampton NHS Foundation Trust	9.3
Surrey and Sussex Healthcare NHS Trust	9.2

#### Trusts with the lowest scores

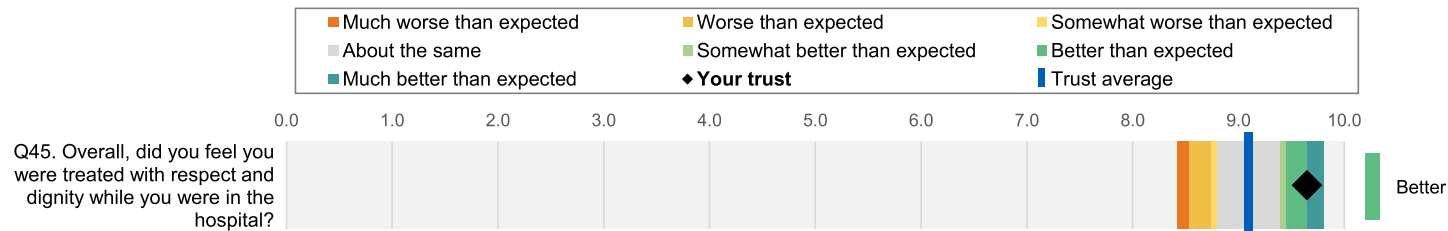
Medway NHS Foundation Trust	8.4
Dartford and Gravesham NHS Trust	8.6
East Kent Hospitals University NHS Foundation Trust	8.8
Portsmouth Hospitals University NHS Trust	8.9
Isle of Wight NHS Trust	8.9



## Section 9. Respect and dignity (continued)

### Question score

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

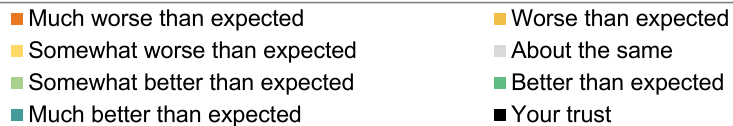


Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
534	9.6	9.1	8.4	9.8

## Section 10. Overall experience

### Section score

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



#### Your trust section score = 9.1 (Much better)



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

### Comparison with other trusts within your region

#### Trusts with the highest scores

Queen Victoria Hospital NHS Foundation Trust	9.1
Oxford University Hospitals NHS Foundation Trust	8.5
University Hospital Southampton NHS Foundation Trust	8.3
East Sussex Healthcare NHS Trust	8.2
Maidstone and Tunbridge Wells NHS Trust	8.1

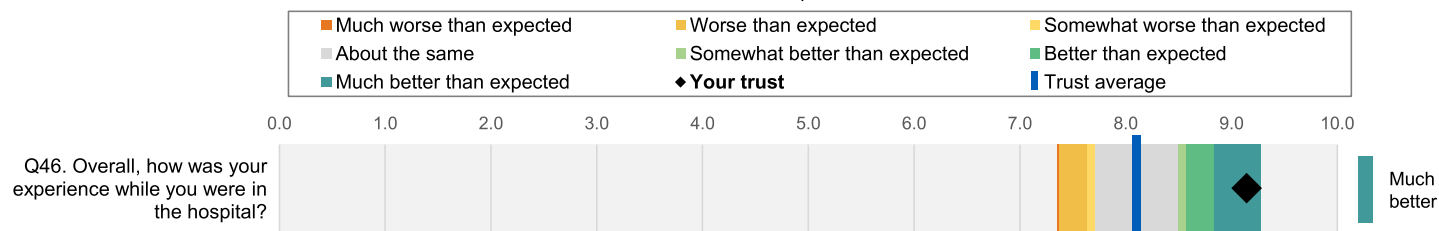
#### Trusts with the lowest scores

Medway NHS Foundation Trust	7.4
Dartford and Gravesham NHS Trust	7.5
East Kent Hospitals University NHS Foundation Trust	7.7
Buckinghamshire Healthcare NHS Trust	7.8
Portsmouth Hospitals University NHS Trust	7.8

## Section 10. Overall experience (continued)

### Question score

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

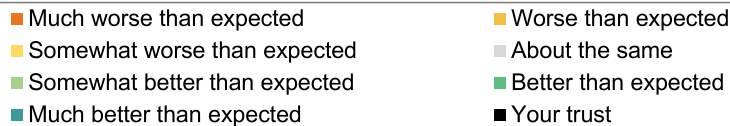


Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
535	9.1	8.1	7.4	9.3

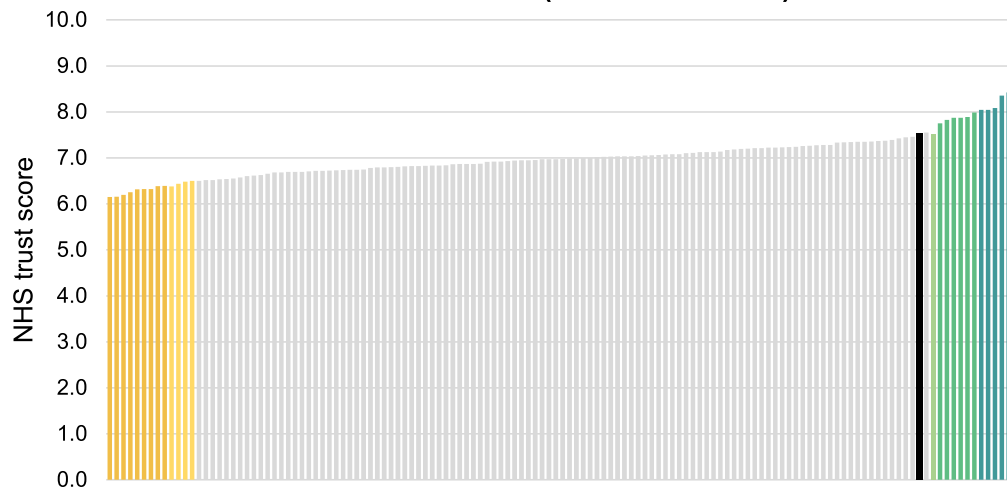
## Section 11. Long-term condition

### Section score

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



#### Your trust section score = 7.5 (About the same)



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

### Comparison with other trusts within your region

#### Trusts with the highest scores

Queen Victoria Hospital NHS Foundation Trust	7.5
University Hospital Southampton NHS Foundation Trust	7.4
Oxford University Hospitals NHS Foundation Trust	7.4
University Hospitals Sussex NHS Foundation Trust	7.2
Royal Berkshire NHS Foundation Trust	7.1

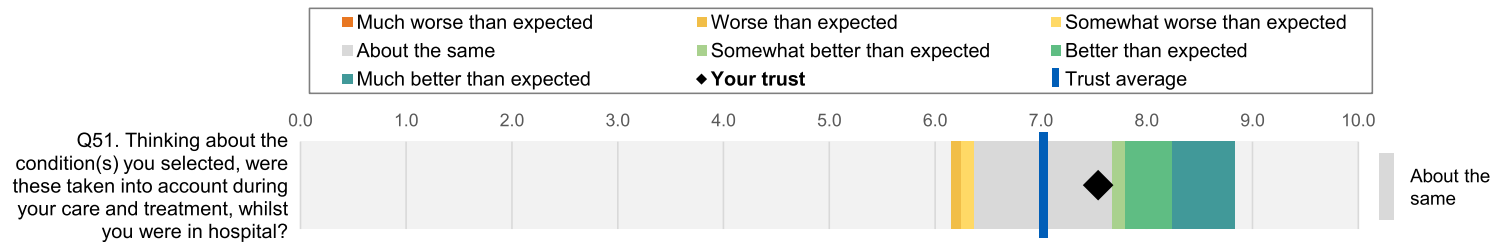
#### Trusts with the lowest scores

Medway NHS Foundation Trust	6.2
Isle of Wight NHS Trust	6.3
Ashford and St Peter's Hospitals NHS Foundation Trust	6.3
Dartford and Gravesham NHS Trust	6.5
Portsmouth Hospitals University NHS Trust	6.7

## Section 11. Long term condition (continued)

### Question score

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



Number of respondents (your trust)	Your trust score	All trusts in England		
		Trust average score	Lowest score	Highest score
320	7.5	7.0	6.2	8.8

# Trust results

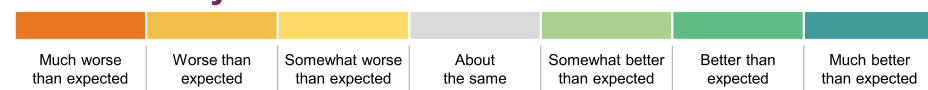
## This section includes:

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

## Admission to hospital

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



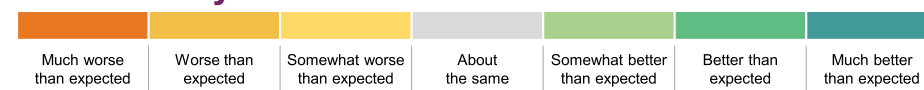
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (371)

## Admission to hospital

**Q4. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



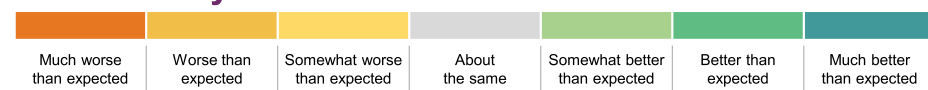
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (524)

## The hospital and ward

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

### Results for your trust



### Your trust score compared with all other trusts:

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



### Breakdown of scores for sites within your trust:

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



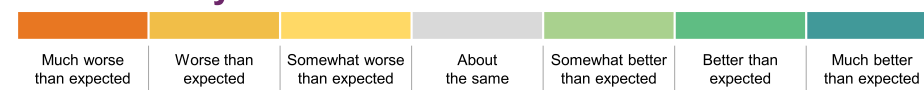
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (454)

## The hospital and ward

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

### Results for your trust



### Your trust score compared with all other trusts:

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



### Breakdown of scores for sites within your trust:

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



Site 1

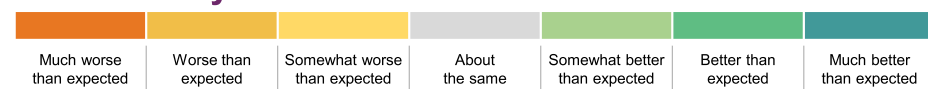
QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (454)



## The hospital and ward

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

### Results for your trust



### Your trust score compared with all other trusts:

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



### Breakdown of scores for sites within your trust:

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



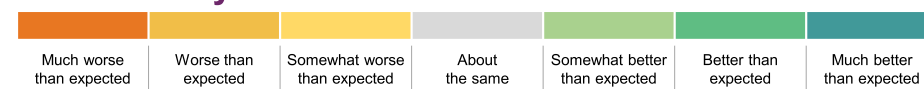
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (454)

## The hospital and ward

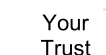
**Q7. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?**

### Results for your trust



### Your trust score compared with all other trusts:

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



### Breakdown of scores for sites within your trust:

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



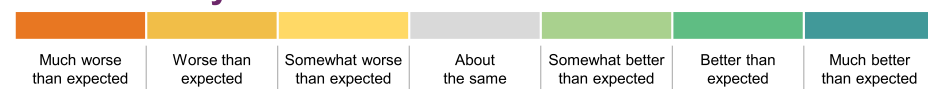
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (-30)

## The hospital and ward

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



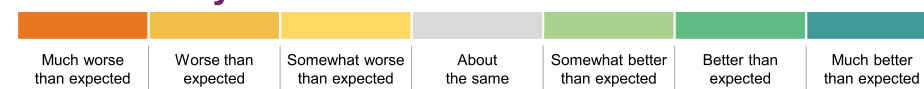
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (531)

## The hospital and ward

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



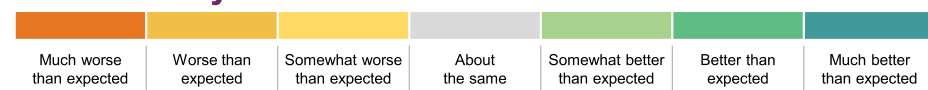
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (319)

## The hospital and ward

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



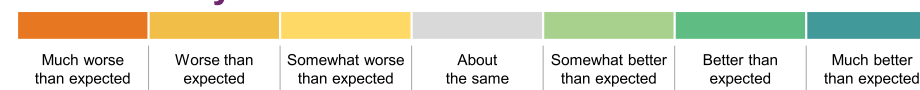
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (319)

## The hospital and ward

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



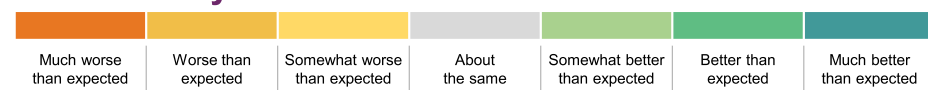
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (249)

## The hospital and ward

### Q12. How would you rate the hospital food?

#### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



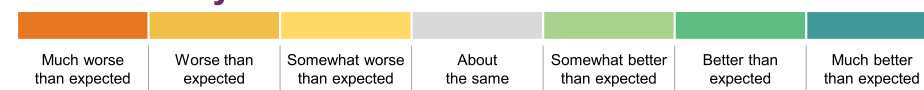
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (449)

## The hospital and ward

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

#### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



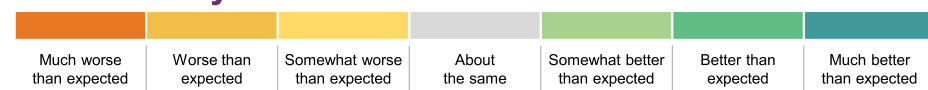
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (139)

## The hospital and ward

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



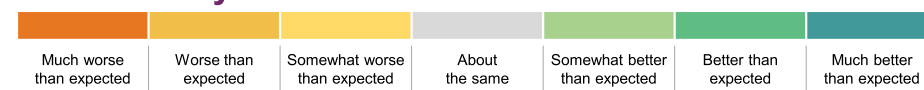
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (178)

## The hospital and ward

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



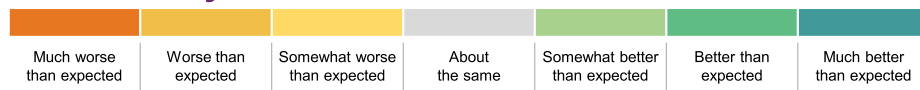
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (515)

## Doctors

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



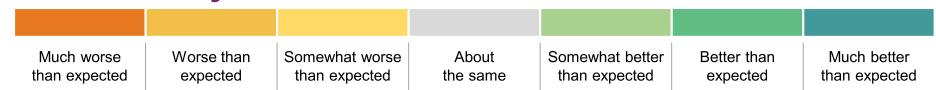
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (473)

## Doctors

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



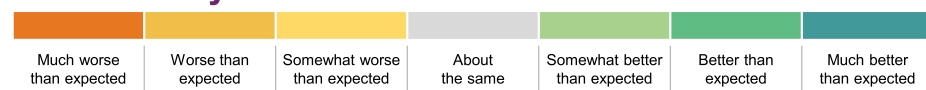
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (526)

## Doctors

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



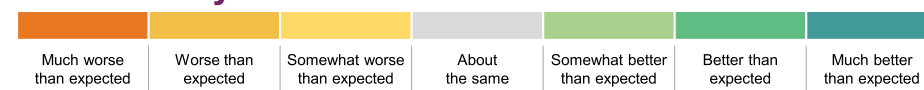
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (518)

## Nurses

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



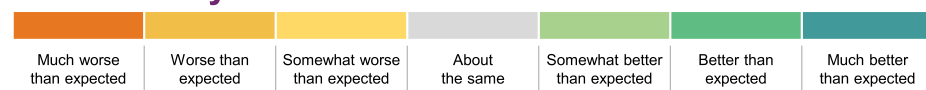
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (513)

## Nurses

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



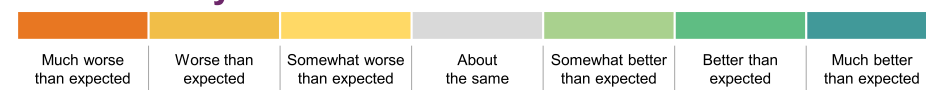
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (531)

## Nurses

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



Site 1

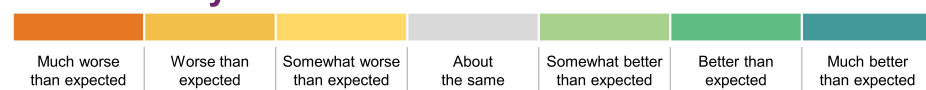
QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (523)



## Nurses

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



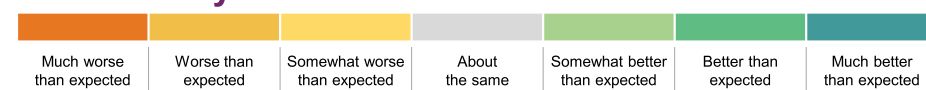
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (528)

## Your care and treatment

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



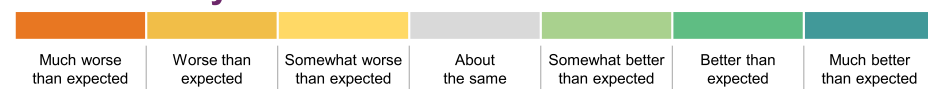
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (480)

## Your care and treatment

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



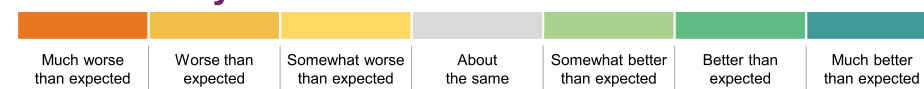
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (506)

## Your care and treatment

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

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



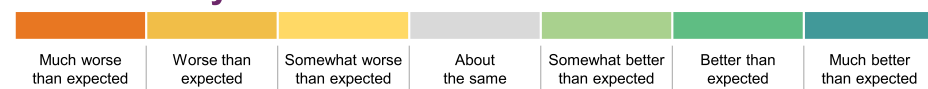
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (523)

## Your care and treatment

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

### Results for your trust



### Your trust score compared with all other trusts:

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



### Breakdown of scores for sites within your trust:

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



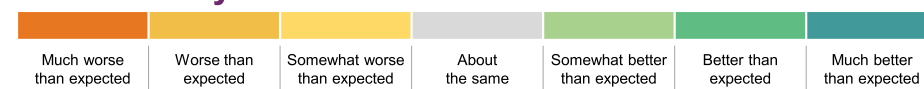
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (444)

## Your care and treatment

**Q27. Were you given enough privacy when being examined or treated?**

### Results for your trust



### Your trust score compared with all other trusts:

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



### Breakdown of scores for sites within your trust:

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



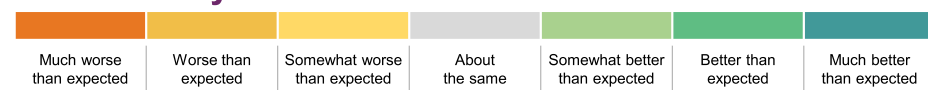
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (524)

## Your care and treatment

**Q28. Do you think the hospital staff did everything they could to help control your pain?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



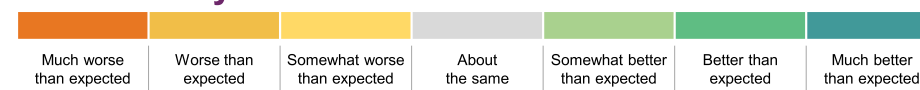
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (399)

## Your care and treatment

**Q29. Were you able to get a member of staff to help you when you needed attention?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



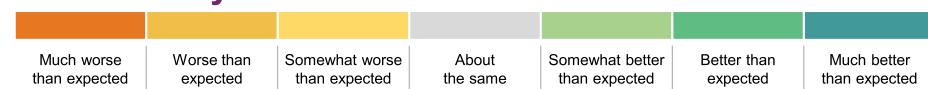
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (443)

## Operations and procedures

**Q31. Beforehand, how well did hospital staff answer your questions about the operations or procedures?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



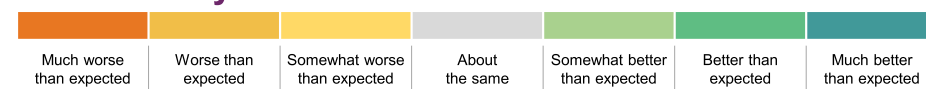
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (396)

## Operations and procedures

**Q32. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



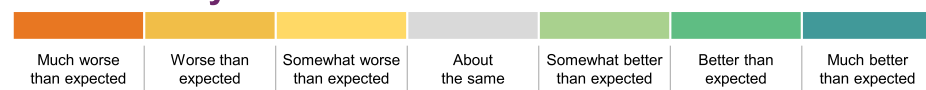
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (409)

## Leaving hospital

**Q33. To what extent did staff involve you in decisions about you leaving hospital?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



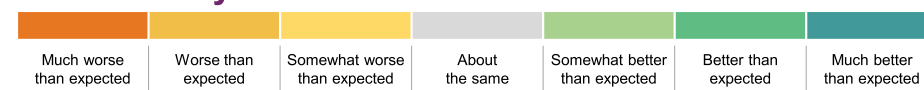
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (499)

## Leaving hospital

**Q34. To what extent did hospital staff involve your family or carers in discussions about you leaving hospital?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



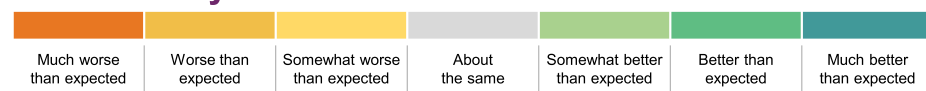
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (256)

## Leaving hospital

**Q35. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?**

### Results for your trust



### Your trust score compared with all other trusts:

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



### Breakdown of scores for sites within your trust:

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



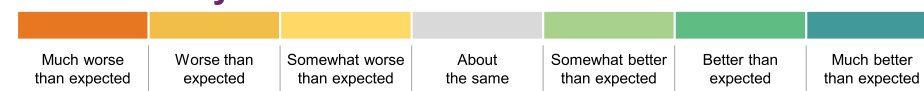
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (126)

## Leaving hospital

**Q36. Were you given enough notice about when you were going to leave hospital?**

### Results for your trust



### Your trust score compared with all other trusts:

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



### Breakdown of scores for sites within your trust:

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



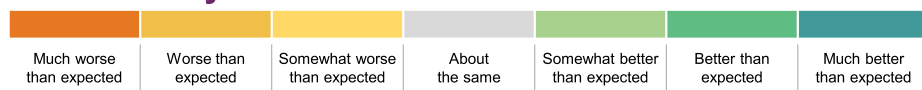
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (533)

## Leaving hospital

**Q37. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



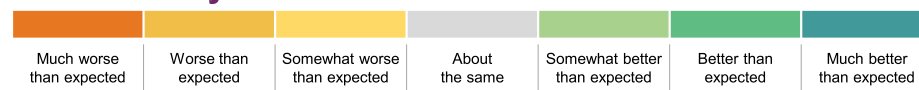
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (511)

## Leaving hospital

**Q38. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



Site 1

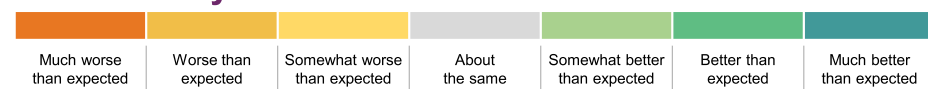
QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (475)



## Leaving hospital

**Q39. Thinking about any medicine you were to take at home, were you given any of the following?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



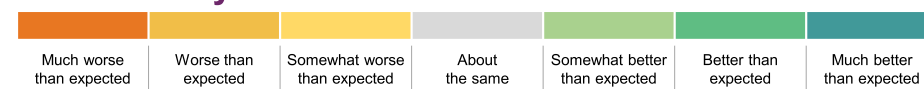
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (271)

## Leaving hospital

**Q40. Before you left hospital, did you know what would happen next with your care?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



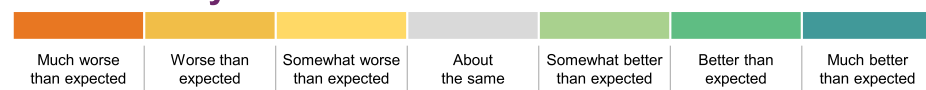
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (497)

## Leaving hospital

**Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



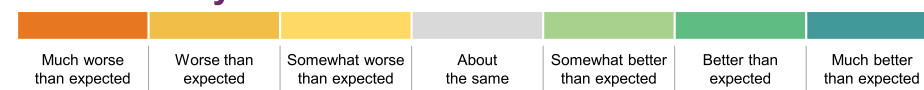
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (499)

## Leaving hospital

**Q42. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



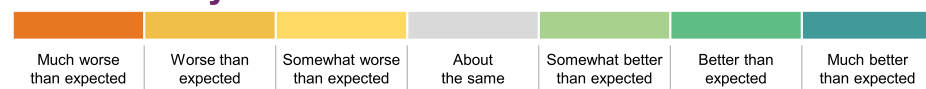
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (209)

## Leaving hospital

**Q44. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?**

### Results for your trust



#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



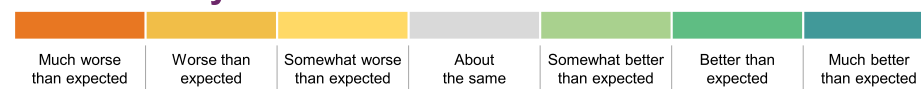
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (211)

## Feedback on care

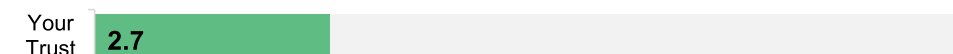
**Q47. During your hospital stay, were you ever asked to give your views on the quality of your care?**

### Results for your trust



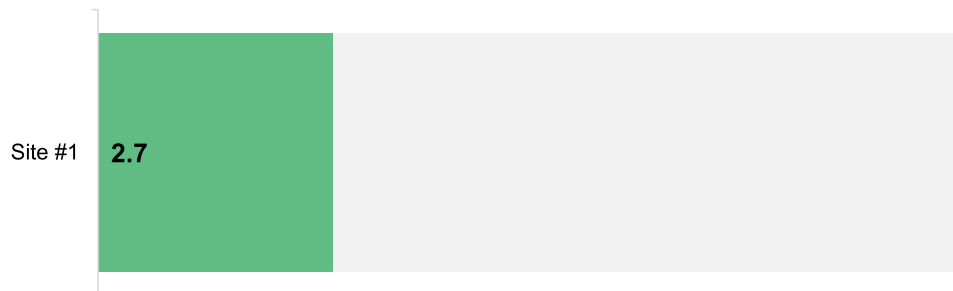
#### Your trust score compared with all other trusts:

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



#### Breakdown of scores for sites within your trust:

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



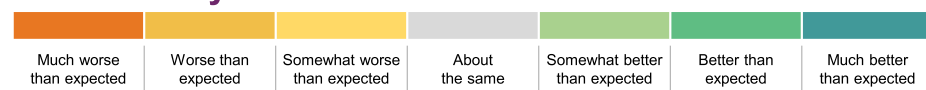
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (435)

## Respect and dignity

**Q45. Overall, did you feel you were treated with respect and dignity while you were in the hospital?**

### Results for your trust



### Your trust score compared with all other trusts:

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



### Breakdown of scores for sites within your trust:

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



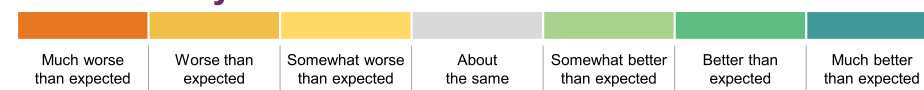
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (534)

## Overall experience

**Q46. Overall, how was your experience while you were in the hospital?**

### Results for your trust



### Your trust score compared with all other trusts:

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



### Breakdown of scores for sites within your trust:

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



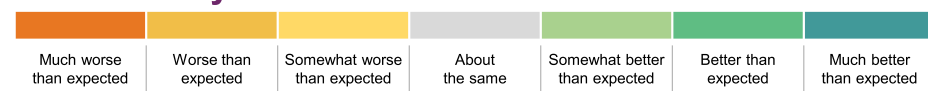
Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (535)

## Long term condition

**Q51. Thinking about the condition(s) you selected, were these taken into account during your care and treatment, whilst you were in hospital?**

### Results for your trust



### Your trust score compared with all other trusts:

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



### Breakdown of scores for sites within your trust:

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



#### Site 1

QUEEN VICTORIA HOSPITAL (EAST GRINSTEAD) (320)

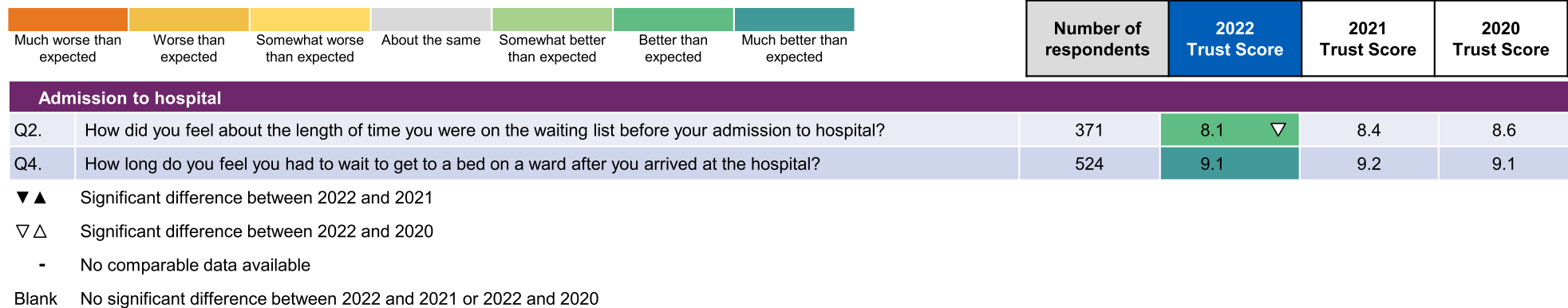
# Trends over time

## This section includes:

- your mean trust score for each evaluative question in the survey
- where comparable data is available, statistical significance testing using a two sample t-test has been carried out against the 2020 and 2021 survey results for each relevant question. Where a change in results is shown as 'significant', this indicates that this change is not due to random chance, but is likely due to some particular factor at your trust. Significant increases are indicated with a up arrow and significant decreases are indicated with a down arrow.
- the following questions were new or changed for 2022 and therefore are not included in this section: Q34, Q51
- the following questions were new or changed for 2021 and therefore no comparable data will be available for 2022 compared to 2020: Q11, Q12, Q14, Q38

## Trends over time – Admission to hospital

The following table displays changes since 2020 and 2021, and whether those changes are statistically significant.



## Trends over time – The hospital and ward

The following table displays changes since 2020 and 2021, and whether those changes are statistically significant.

							Number of respondents	2022 Trust Score	2021 Trust Score	2020 Trust Score
Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected				
The hospital and ward										
Q5.	Were you ever prevented from sleeping at night by noise from other patients?						454	8.3	8.3	8.3
Q5.	Were you ever prevented from sleeping at night by noise from staff?						454	9.5 ▲	9.5	8.9
Q5.	Were you ever prevented from sleeping at night by hospital lighting?						454	9.0	9.2	9.0
Q7.	Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?						0	- -	-	-
Q8.	How clean was the hospital room or ward that you were in?						531	9.5 ▼	9.7	9.7
Q9.	Did you get enough help from staff to wash or keep yourself clean?						319	9.0	9.0	9.1
Q10.	If you brought medication with you to hospital, were you able to take it when you needed to?						319	8.9 ▼	9.4	9.5
Q11.	Were you offered any food that met any dietary needs or requirements you had?						249	8.9 -	9.3	-
Q12.	How would you rate the hospital food?						449	8.0 -	7.9	-
Q13.	Did you get enough help from staff to eat your meals?						139	8.6	8.9	8.6

▼▲ Significant difference between 2022 and 2021

▽△ Significant difference between 2022 and 2020

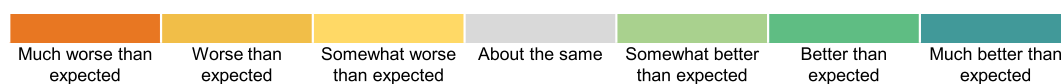
- No comparable data available

Blank No significant difference between 2022 and 2021 or 2022 and 2020



## Trends over time – The hospital and ward

The following table displays changes since 2020 and 2021, and whether those changes are statistically significant.



		Number of respondents	2022 Trust Score	2021 Trust Score	2020 Trust Score
<b>The hospital and ward</b>					
Q14.	Were you able to get hospital food outside of set meal times?	178	8.5 -	8.2	-
Q15.	During your time in hospital, did you get enough to drink?	515	9.9	9.9	9.9

▼▲ Significant difference between 2022 and 2021

▽△ Significant difference between 2022 and 2020

- No comparable data available

Blank No significant difference between 2022 and 2021 or 2022 and 2020

## Trends over time – Doctors / Nurses

The following table displays changes since 2020 and 2021, and whether those changes are statistically significant.

		<div><div>Much worse than expected</div><div>Worse than expected</div><div>Somewhat worse than expected</div><div>About the same</div><div>Somewhat better than expected</div><div>Better than expected</div><div>Much better than expected</div></div>					Number of respondents		2022 Trust Score		2021 Trust Score		2020 Trust Score	
Doctors														
Q16.	When you asked doctors questions, did you get answers you could understand?						473	9.3	▼	9.5	9.6			
Q17.	Did you have confidence and trust in the doctors treating you?						526	9.6		9.7	9.8			
Q18.	When doctors spoke about your care in front of you, were you included in the conversation?						518	9.1		9.1	9.2			
Nurses														
Q19.	When you asked nurses questions, did you get answers you could understand?						513	9.4	▼	9.7	9.6			
Q20.	Did you have confidence and trust in the nurses treating you?						531	9.4	▼	9.6	9.7			
Q21.	When nurses spoke about your care in front of you, were you included in the conversation?						523	9.4		9.5	9.6			
Q22.	In your opinion, were there enough nurses on duty to care for you in hospital?						528	9.1		9.1	9.3			
▼▲	Significant difference between 2022 and 2021													
▽△	Significant difference between 2022 and 2020													
-	No comparable data available													
Blank	No significant difference between 2022 and 2021 or 2022 and 2020													

## Trends over time – Your care and treatment

The following table displays changes since 2020 and 2021, and whether those changes are statistically significant..

							Number of respondents	2022 Trust Score	2021 Trust Score	2020 Trust Score
Your care and treatment										
Q23.	Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?						480	8.6 ▼	8.8	9.1
Q24.	To what extent did staff looking after you involve you in decisions about your care and treatment?						506	8.1	8.1	8.3
Q25.	How much information about your condition or treatment was given to you?						523	9.6	9.7	9.8
Q26.	Did you feel able to talk to members of hospital staff about your worries and fears?						444	8.9	9.2	9.1
Q27.	Were you given enough privacy when being examined or treated?						524	9.8	9.8	9.8
Q28.	Do you think the hospital staff did everything they could to help control your pain?						399	9.5	9.6	9.7
Q29.	Were you able to get a member of staff to help you when you needed attention?						443	9.2	9.4	9.5
▼▲	Significant difference between 2022 and 2021									
▽△	Significant difference between 2022 and 2020									
-	No comparable data available									
Blank	No significant difference between 2022 and 2021 or 2022 and 2020									

## Trends over time – Operations and procedures

The following table displays changes since 2020 and 2021, and whether those changes are statistically significant.

<div> <div>Much worse than expected</div> <div>Worse than expected</div> <div>Somewhat worse than expected</div> <div>About the same</div> <div>Somewhat better than expected</div> <div>Better than expected</div> <div>Much better than expected</div> </div>							Number of respondents	2022 Trust Score	2021 Trust Score	2020 Trust Score
<b>Operations and procedures</b>										
Q31.	Beforehand, how well did hospital staff answer questions about the operations or procedures?						396	9.5	9.4	9.6
Q32.	After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?						409	8.9	8.6	8.9

▼▲ Significant difference between 2022 and 2021

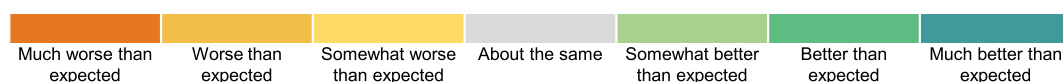
▽△ Significant difference between 2022 and 2020

- No comparable data available

Blank No significant difference between 2022 and 2021 or 2022 and 2020

## Trends over time – Leaving hospital

The following table displays changes since 2020 and 2021, and whether those changes are statistically significant. The following questions were new or changed for 2022 and therefore are not included in this section: Q34.



		Number of respondents	2022 Trust Score	2021 Trust Score	2020 Trust Score
<b>Leaving hospital</b>					
Q33.	To what extent did staff involve you in decisions about you leaving hospital?	499	8.2	8.3	8.4
Q35.	Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital?	126	8.9	9.6	9.4
Q36.	Were you given enough notice about when you were going to leave hospital?	533	8.7	8.4	8.4
Q37.	Before you left hospital, were you given any information about what you should or should not do after leaving hospital?	511	9.4	9.7	9.1
Q38.	To what extent did you understand the information you were given about what you should or should not do after leaving hospital?	475	9.4 -	9.4	-
Q39.	Thinking about any medicine you were to take at home, were you given any of the following?	271	5.9	5.8	5.9
Q40.	Before you left hospital, did you know what would happen next with your care?	497	8.4	8.3	8.7
Q41.	Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	499	9.4 ▽	9.5	9.7
Q42.	Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?	209	9.1	9.5	9.6
Q44.	After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?	211	7.9	8.1	8.0

▼▲ Significant difference between 2022 and 2021

▽△ Significant difference between 2022 and 2020

- No comparable data available

Blank No significant difference between 2022 and 2021 or 2022 and 2020

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

The following table displays changes since 2020 and 2021, and whether those changes are statistically significant.

							Number of respondents	2022 Trust Score	2021 Trust Score	2020 Trust Score
Much worse than expected	Worse than expected	Somewhat worse than expected	About the same	Somewhat better than expected	Better than expected	Much better than expected				
Feedback on care										
Q47.	During your hospital stay, were you ever asked to give your views on the quality of your care?						435	2.7	2.7	2.6
Respect and dignity										
Q45.	Overall, did you feel you were treated with respect and dignity while you were in the hospital?						534	9.6	9.7	9.8
Overall experience										
Q46.	Overall, how was your experience while you were in the hospital?						535	9.1 ▼	9.2	9.4
▼ ▲	Significant difference between 2022 and 2021									
▽ △	Significant difference between 2022 and 2020									
-	No comparable data available									
Blank	No significant difference between 2022 and 2021 or 2022 and 2020									

# For further information

Please contact the Coordination Centre for Mixed Methods:  
[InpatientCoordination@ipsos.com](mailto:InpatientCoordination@ipsos.com)

# Appendix



## Comparison to other trusts

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

### Much worse than expected

- Your trust has not performed "much worse than expected" for any questions.

### Worse than expected

- Your trust has not performed "worse than expected" for any questions.

## Comparison to other trusts

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

### Somewhat worse than expected

- Your trust has not performed "somewhat worse than expected" for any questions.

### Somewhat better than expected

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

## Comparison to other trusts

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

### Better than expected

- Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?
- Q8. How clean was the hospital room or ward that you were in?
- Q9. Did you get enough help from staff to wash or keep yourself clean?
- Q10. If you brought medication with you to hospital, were you able to take it when you needed to?
- Q13. Did you get enough help from staff to eat your meals?
- Q16. When you asked doctors questions, did you get answers you could understand?
- Q17. Did you have confidence and trust in the doctors treating you?
- Q18. When doctors spoke about your care in front of you, were you included in the conversation?
- Q20. Did you have confidence and trust in the nurses treating you?
- Q27. Were you given enough privacy when being examined or treated?
- Q34. To what extent did hospital staff involve your family or carers into account when planning for you to leave hospital?
- Q45. Overall, did you feel you were treated with respect and dignity while you were in the hospital?
- Q47. Overall, how was your experience while you were in the hospital?

### Much better than expected

- Q4. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?
- Q5. Were you ever prevented from sleeping at night by noise from other patients?
- Q5. Were you ever prevented from sleeping at night by noise from staff?
- Q5. Were you ever prevented from sleeping at night by hospital lighting?
- Q12. How would you rate the hospital food?
- Q14. Were you able to get hospital food outside of set meal times?
- Q15. During your time in hospital, did you get enough to drink?
- Q19. When you asked nurses questions, did you get answers you could understand?
- Q21. When nurses spoke about your care in front of you, were you included in the conversation?
- Q22. In your opinion, were there enough nurses on duty to care for you in hospital?
- Q23. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?
- Q24. To what extent did staff looking after you involve you in decisions about your care and treatment?
- Q25. How much information about your condition or treatment was given to you?
- Q26. Did you feel able to talk to members of hospital staff about your worries and fears?
- Q28. Do you think the hospital staff did everything they could to help control your pain?
- Q29. Do you think the hospital staff did everything they could to help control your pain?
- Q31. Beforehand, how well did hospital staff answer your questions about the operations or procedures?
- Q32. After the operations or procedures, how well did hospital staff explain how the operation or procedure had gone?
- Q33. To what extent did staff involve you in decisions about you leaving hospital?
- Q36. Were you given enough notice about when you were going to leave hospital?
- Q37. Before you left hospital, were you given any information about what you should or should not do after leaving hospital?
- Q38. To what extent did you understand the information you were given about what you should or should not do after leaving hospital?
- Q39. Thinking about any medicine you were to take at home, were you given any of the following?
- Q40. Before you left hospital, did you know what would happen next with your care?
- Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?
- Q42. Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital?
- Q44. After leaving hospital, did you get enough support from health or social care services to help you recover or manage your condition?
- Q46. During your hospital stay, were you ever asked to give your views on the quality of your care?

## Comparison to 2021 results

The questions in this report where your trust showed a statistically significant increase or decrease compared to 2021 results are listed below.

Significant Increase	Point change	Significant Decrease	Point change
Your trust has not shown a statistically significant increase for any questions		Q19. When you asked nurses questions, did you get answers you could understand?	-0.3

## Comparison to 2020 results

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

Significant Increase	Point change	Significant Decrease	Point change
Q5. Were you ever prevented from sleeping at night by noise from staff?	+0.5	Q10. If you brought medication with you to hospital, were you able to take it when you needed to?	-0.6
		Q23. Thinking about your care and treatment, were you told something by a member of staff that was different to what you had been told by another member of staff?	-0.5
		Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?	-0.5
		Q16. When you asked doctors questions, did you get answers you could understand?	-0.3
		Q20. Did you have confidence and trust in the nurses treating you?	-0.3
		Q41. Did hospital staff tell you who to contact if you were worried about your condition or treatment after you left hospital?	-0.3
		Q46. During your hospital stay, were you ever asked to give your views on the quality of your care?	-0.3
		Q8. How clean was the hospital room or ward that you were in?	-0.2



# NHS Adult Inpatient Survey 2022

## Results for Queen Victoria Hospital NHS Foundation Trust



### Where patient experience **is best**

- ✓ Waiting to get to a bed: patients feeling that they waited the right amount of time to get to a bed on a ward after they arrived at the hospital
- ✓ Food outside set meal times: patients being able to get hospital food outside of set meal times, if needed
- ✓ Noise from other patients: patients not being bothered by noise at night from other patients
- ✓ Contact: patients being given information about who to contact if they were worried about their condition or treatment after leaving hospital
- ✓ Enough nurses: patients feeling there were enough nurses on duty to care for them in hospital

### Where patient experience **could improve**

- Privacy for examinations: patients being given enough privacy when being examined or treated
- Confidence and trust: patients having confidence and trust in the nurses treating them
- Having enough to drink: patients getting enough to drink whilst in hospital
- Dietary needs or requirements: patients being offered food that met any dietary needs or requirements they had
- Long term condition: patients feeling that their long term condition was taken into account whilst they were in hospital

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

This survey looked at the experiences of people who were discharged from an NHS acute hospital in November 2022. Between January 2023 and April 2023, a questionnaire was sent to 1250 inpatients at Queen Victoria Hospital NHS Foundation Trust who had attended in late 2022. Responses were received from 537 patients at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].



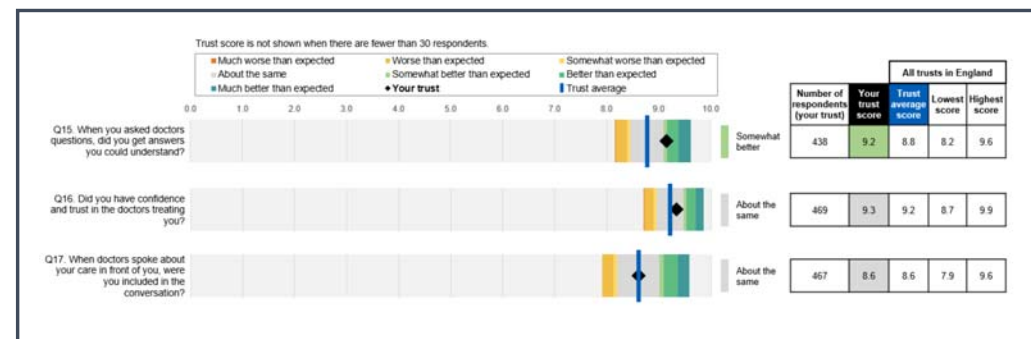
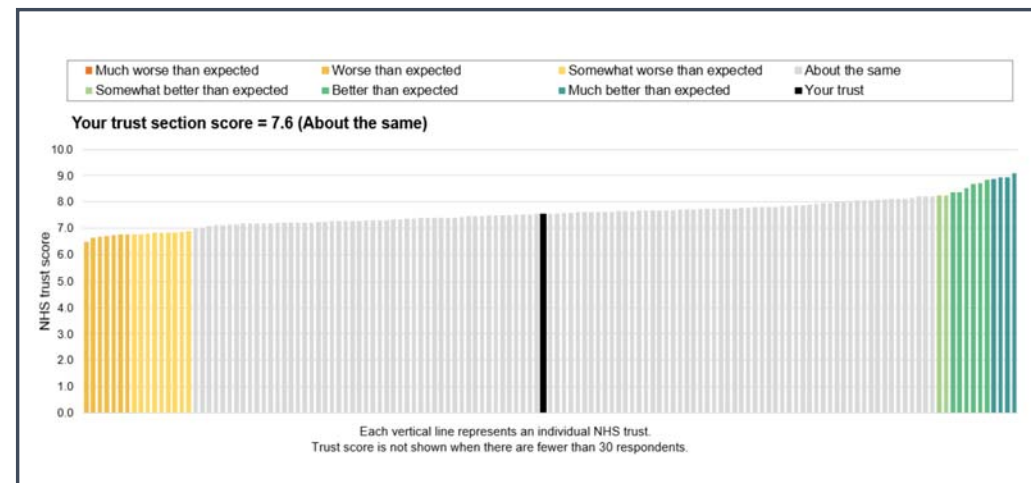
# How to interpret benchmarking in this report

## Trust level benchmarking

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

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

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



# How to interpret benchmarking in this report (continued)

## Trust level benchmarking

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

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

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

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

## Site level benchmarking

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

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

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



## An example of scoring

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

### Calculating an individual respondent's score

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

- The answer code "Yes, always" would be given a score of 10, as this refers to the most positive patient experience possible.
- The answer code "Sometimes" would be given a score of 5, as it is placed at an equal interval along the scale.
- The answer code "No, never" would be given a score of 0, as this response reflects considerable scope for improvement.
- The answer codes "I did not have any questions" and "I did not feel able to ask questions" would not be scored, as they do not have a clear bearing on the trust's performance in terms of patient experience.

### Calculating the trust score for each question

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

### Calculating the section score

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

## Report cover-page

### References

Meeting title:	Board of Directors		
Meeting date:	02/11/2023	Agenda reference:	114-23
Report title:	Financial, workforce and operational performance assurance		
Sponsor:	Paul Dillon-Robinson, committee Chair (until 30 September 2023) Peter O'Donnell, committee Chair (from 1 October 2023) (presented by Russell Hobby, committee member)		
Author:	Paul Dillon-Robinson, Non-executive director Ellie Simpkin, governance officer		
Appendices:	None		

### Executive summary

<b>Purpose of report:</b>	To provide assurance to the Board in relation to matters discussed at the Finance & performance committee meetings on 25 September 2023 and 23 October 2023				
<b>Summary of key issues:</b>	<ul style="list-style-type: none"> <li>Theatre productivity/utilisation remains a focus of the committee</li> <li>An action plan to address findings from work on EDI and the last staff survey has been presented</li> <li>Further assurance is sought on the impact of industrial action on the waiting list and plans to address areas of key operational underperformance..</li> <li>The NHS Workforce Disability Equality Standards (WDES) Annual Report 2022/23 and NHS Workforce Race Equality Standards (WRES) Annual Report 2022/23 and actions have been approved.</li> <li>Received an update on the business planning process for 2024/25 and the system-wide medium-term financial plan.</li> </ul>				
<b>Recommendation:</b>	The Board is asked to <b>note</b> the contents of this report.				
<b>Action required</b>	Approval	Information	Discussion	<b>Assurance</b>	Review
<b>Link to key strategic objectives (KSOs):</b>	<b>KSO1:</b>	<b>KSO2:</b>	<b>KSO3:</b>	<b>KSO4:</b>	<b>KSO5:</b>
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<i>Organisational excellence</i>

### Implications

<b>Board assurance framework:</b>	None
<b>Corporate risk register:</b>	None
<b>Regulation:</b>	None
<b>Legal:</b>	None
<b>Resources:</b>	None

### Assurance route

<b>Previously considered by:</b>				
	Date:		Decision:	
<b>Next steps:</b>	None			

**Report to:** Board Directors  
**Agenda item:** 114-23  
**Date of meeting:** 2 November 2023  
**Report from:** Paul Dillon-Robinson, committee Chair (until 30 September 2023)  
Peter O'Donnell, committee Chair (from 1 October 2023)  
**Report author:** Paul Dillon-Robinson, former committee Chair  
Ellie Simpkin, governance officer  
**Date of report:** 24 October 2023  
**Appendices:** None

## **Financial, workforce and operational performance assurance**

### **Introduction**

This purpose of this report is to provide the Board with assurance on matters considered by the Finance & performance committee at its meetings on 25 September 2023 and 23 October 2023.

*25 September 2023*

### **Operational performance**

Despite a disruption due to electrical supplies and the impact of industrial action the trust had achieved 111% of its value weighted activity, year to date. Risks in achieving 78ww and 65ww were discussed, along with plans to increase capacity to address the issue.

The increase in the size of the overall waiting list is a concern and, whilst validation work is being undertaken, there is a need for greater analysis and understanding the list, the reasons for its growth and the implications for operational delivery.

Theatre productivity / utilisation remains a focus of the committee, and there as a need to speed up the work to take local anaesthetic cases out of theatres to procedure rooms, thereby freeing up capacity in this area.

### **Workforce**

The Trust is performing well against the headline KPIs, although the committee is aware that individual areas have particular issues. The reduction in the 12 month sickness level was noted.

The committee continue to look at areas of non-compliance, with assurance that this is receiving management attention; covering – inter alia - mandatory training and appraisals. It was interested to see the analysis from exit interviews and how this could be used going forward.

The committee also received the annual report on the apprenticeship levy, and supported plans to increase update, particularly in under-represented groups.

An action plan to address findings from work on EDI and the last staff survey was presented; including strategic themes, high level priorities and timelines. The committee was keen to recognise that resources were limited and therefore the work needed to be prioritised.

**Finance**

The current position, year to date and forecast, is for a break-even result, albeit that there are known risks to this (impact of industrial action, excess inflation, financial position of other partners within the ICS).

The capital position was reviewed and assurance received that plans are in place to implement the plan within the financial year, albeit that it is currently behind the plan.

The committee also reviewed a paper on the various sources of income and the potential risk in this area; primarily around delivering activity, but also about the (still to be agreed) reconciliation process.

**McIndoe Centre contract**

On behalf of the Board the committee carried out a detailed review of the contract and gained assurance on the value for money considerations that had taken place in agreeing the contract. Lessons learned should be applied in planning for 2023/24.

**Risk deep dives**

The committee continued to deep dive on two risks; reduced consultant histopathologist cover and the operational / financial elements of the risks to the Community Diagnostic Centre.

**Updates**

Update on Estates & Facilities and Data Quality were noted.

**Policies**

Two policies were approved, although the committee asked the secretariat to review the value of some of the policies coming to board sub-committees.

*23 October 2023*

**Operational performance**

The committee received the operational performance summary for month 6 and further assurance was sought on the impact of industrial action on waiting list numbers and waiting times and the plans being put in place to recover the position and to address key operational areas of underperformance.

The Trust's national Assurance outpatient self-assessment has been completed and submitted to NHS England. QVH has self-assessed as 'partially assured'. There is further work to do in order for QVH to deliver full assurance and actions plans to address the areas of validation, first appointments and outpatient follow-up appointments are being developed. The committee requested a timeline for achieving full assurance.

Following the retirement of the Director of Operations, interim arrangements are being put in place while recruitment for a substantive appointment takes place.

**Workforce**

The Trust is performing well against workforce key performance indicators. Time to hire continues to rise, driven by time taken to shortlist for medical positions which is being taken up with service leads. The initial framework for the people and culture enabling strategy has been formulated. The committee discussed the importance of creating a culture in which staff feel able to be able to speak up and raise concerns and were assured that this is a key priority for Trust management and actions are already underway. They look forward to receiving further details on these actions at

their next meeting. At its next meeting the committee will be receiving an update on the appraisal quality and assurance work which is being undertaken.

The committee approved the NHS Workforce Disability Equality Standards (WDES) Annual Report 2022/23 and NHS Workforce Race Equality Standards (WRES) Annual Report 2022/23 and associated action plans for publication before 30 October 2023, noting that they will be presented to Board at its November meeting.

The committee also considered the analysis of the Trust's Gender Pay Gap for data for 2022/23 and the actions that will be taken to reduce the pay gap. Although the pay gap has reduced, there is a need for the Trust to take further action. In particular, the committee requested that an action plan to address gender disparities in consultant recruitment is strengthened and brought back to a future meeting.

### **Finance**

The Trust continues to report and forecast a breakeven position. The additional pay costs incurred as a result of the industrial action have been largely covered by funding from NHS Sussex. There is a non-pay pressure relating to medical devices due to higher demands in Sleep services. Delivery of the capital programme continues and there is confidence that the delays incurred at the beginning of the financial year will be recovered.

The committee received a report which set out the timetable and approach to business planning for 2024/25. There will be engagement with staff to ensure a fully inclusive approach to the planning process. A further report will be provided to the F&P committee in January and there will be socialisation with Board prior to approval of the final operating plan in February 2024.

NHS England has requested that all Integrated Care Systems (ICS) develop a joint system-wide Medium Term Financial Plan (MTFP) that demonstrates the ability to deliver a recurrent breakeven position by 2025/26. The committee noted the significant financial challenges which are being faced across the ICS.

The committee will be moving to bi-monthly meetings. A debrief and planning session for the committee Chair and executive directors will be held in the months in between formal meetings to ensure the continued effectiveness of the committee.

### **Recommendation**

The Board is asked to **NOTE** the matters above and discuss any issues.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/11/2023	Agenda reference:	115-23		
Report title:	Operational performance report				
Sponsor:	James Lowell, chief executive officer				
Author:	James Lowell, chief executive officer Operations team				
Appendices:	Appendix one: Operational performance data				
Executive summary					
Purpose of report:	To present the Board with an update on operational performance				
Summary of key issues	<ul style="list-style-type: none"> <li>Industrial action continues to impact the Trust's ability to deliver planned elective activity levels for 2023/24</li> <li>Theatre utilisation was 83% against 85% target for M6</li> <li>MIU delivering 99.7% performance against four hour standard</li> <li>DMO1 performance was 80% against 95% target for M6</li> <li>Faster diagnostic cancer standard was met in M5 and a validation error will be corrected</li> <li>Total waiting list has reduced by 1.3% from M5 to M6</li> </ul>				
Recommendation:	The Board is asked to <b>note</b> the contents of the report.				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: <i>Outstanding patient experience</i>	KSO2: <i>World-class clinical services</i>	KSO3: <i>Operational excellence</i>	KSO4: <i>Financial sustainability</i>	KSO5: <i>Organisational excellence</i>
Implications					
Board assurance framework:	New BAF in development				
Corporate risk register:	New CRR in development. Operational corporate risks are being monitored and managed				
Regulation:	National performance targets				
Legal:	None				
Resources:	Director of operations post currently vacant				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	Planned actions taken forward				

**Report to:** Board Directors  
**Agenda item:** 115-23  
**Date of meeting:** 2 November 2023  
**Report from:** James Lowell, chief executive officer  
**Report author:** James Lowell, chief executive officer, operations team  
**Date of report:** 26 October 2023  
**Appendices:** Appendix one: Operational performance data

## **Operational performance report**

### **Introduction**

This report provides the Board with an update on operational performance for month 5 (M5) and month 6 (M6) of 2023/24, including future actions to be taken to improve performance.

An executive summary for the Board is provided below, and performance summary dashboard and the data, current issues, key dependencies and future actions for each performance target and the total waiting list is included within appendix one.

### **Executive summary**

#### Emergency Care

The Minor injuries unit continue to deliver an **outstanding 99.7% performance against the four hour standard** despite being under increased pressure. As part of the Integrated Care Team development we are working with Primary Care colleagues to better understand our local patients choice of care provider and how we better jointly plan for this in the future.

#### Industrial Action

Industrial action has continued to negatively impact the Trust's ability to deliver the planned elective activity levels for 2023/24. In keeping with other organisations nationally, we are seeing significant cumulative impacts of the action. We have 18 patients waiting over 104 days at the end of M6. The original trajectory was three. We did keep **theatre utilisation at 83% against a target of 85% for M6**.

#### Diagnostics waiting times and activity (DMO1)

The Trust's overall DMO1 performance for **M6 was 80% (Improvement of 1.0% from M5)** against a target of 95%. This performance is broken down by the following major subcategories:

- Imaging continues to deliver against plan. **99.3% for M6**
- Sleep service in M6 remains on their improvement trajectory and delivered **60% (improvement of 1.4% from M5)**.

#### Cancer Performance

In line with the recommendation of the 2015 Independent Cancer Taskforce, government has approved that the outdated Two Week Wait target will be replaced with the Faster Diagnosis Standard (FDS) from M7.

The Trust met the FDS in **M5**, recording a post validation position of **79.2%**, however it officially reported a position of **73.8%** due to a validation error which we are attempting to rectify with the national team.

62 day cancer performance in **M5 was 76.1% (improvement of 1.1% from M4)** against a target of 85%.

31 day for diagnostic performance in **M5 was 90.7%, (deterioration of 7.1% from M4)** against a target of 96%.

The Skin pathway accounted for the largest number of patients waiting longer than 31 days for diagnostic and 62 days for treatment. The Directorate Leadership Team (DLT) will undertake a focused timed care pathway review to identify contributory factors and required countermeasures for sustained improvement.

#### Referral to Treatment

The **total waiting list size** has **reduced by 1.3% in M6** compared with M5.

The Trust is performing well against the M5 national position. The **RTT position for QVH was 62.1% vs a national average of 58% for the same period.**

Comparing the percentage of **people waiting over 52 weeks** for the same period, **QVH had 2.1% of people waiting over 52 weeks vs a National average of 5.2%.** Whilst we anticipate an increase in people waiting over 52 weeks in M6 the DLT are working on additional capacity creation from M9.

#### Planned actions

The outpatient and theatre improvement programs require a clinically led refresh to meet the ambition we have set.

In order to bring the Trust's cancer, diagnostic and referral to treatment (RTT) performance in line with previously planned year end trajectories, DLT are working to provide additional capacity via a range of initiatives from M7 onwards. These initiatives include:

- Better patient support and communication including new digital patient portal
- New clinical posts
- Additional weekend operating capacity
- New care models for diagnostic
- More outpatient appointments
- Better management of care pathway process

The validation of year end plans is being led by the DLTs with support from executive directors. We anticipate the work to conclude in M9.

#### **Recommendation**

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



## Operational Performance Board Report

James Lowell, Chief Executive Officer

**October 2023**



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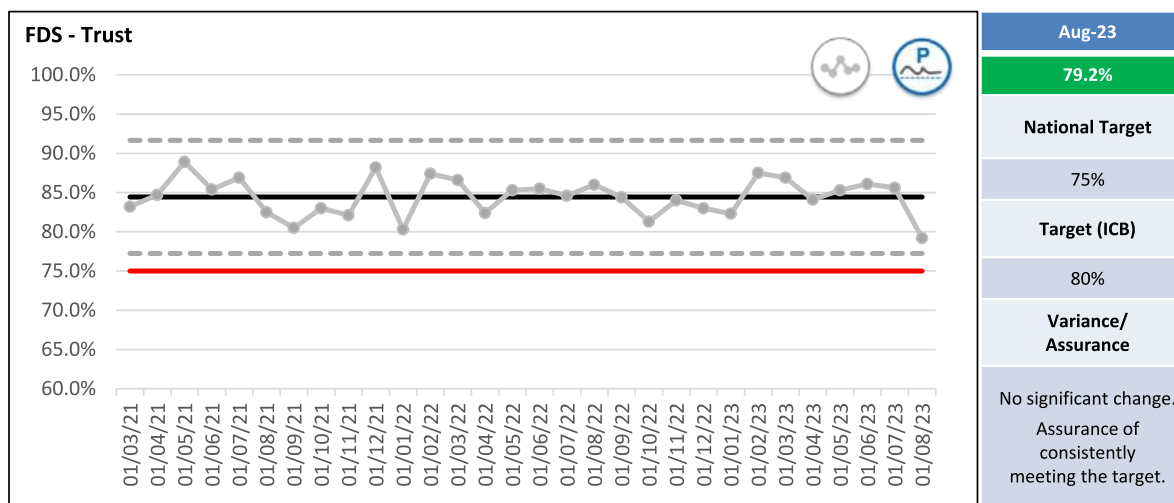
# Performance Summary Dashboard

Category	KPI	Latest month	Measure	Target	Variation	Assurance
Cancer	Cancer - Faster Diagnosis Standard	Aug 23	79.2%	75.0%		
Cancer	Cancer - 62 day+ backlog (internal trajectory)	Sep 23	68	-		
Cancer	Cancer - 62 day performance	Aug 23	76.1%	85.0%		
Diagnostics	DM01 % - Diagnostic tests within 6 wks - Total	Sep 23	80%	95%		
Diagnostics	DM01 % - Diagnostic tests within 6 wks - Sleep	Sep 23	60.2%	95.0%		
Diagnostics	DM01 % - Diagnostic tests within 6 wks - exc. Sleep	Sep 23	93.0%	95.0%		
RTT	RTT - Total Waiting List Size	Sep 23	17336	-		
RTT	RTT 78	Sep 23	6	0		
RTT	RTT 65	Sep 23	85	0		
RTT	RTT 52	Sep 23	442	359		
Activity	Activity - Elective Recovery Increase (admitted) % against 23/24 plan	Sep 23	92%	100%		
Activity	Activity - Elective Recovery Increase (non-admitted) % against 23/24 plan	Sep 23	99%	100%		
Outpatients	Outpatients - Follow up reduction against 19/20	Sep 23	-17%	-25%		
Outpatients	Outpatients - PIFU % utilisation (local target)	Sep 23	1.0%	2.8%		
Outpatients	Outpatients - Missed appointments (DNAs)	Sep 23	5.2%	4.0%		
Theatres	Theatre Utilisation - uncapped (GIRFT target)	Sep 23	83.0%	85.0%		
MIU	MIU % discharged < 4hrs	Sep 23	99.7%	95.0%		



# Cancer Performance

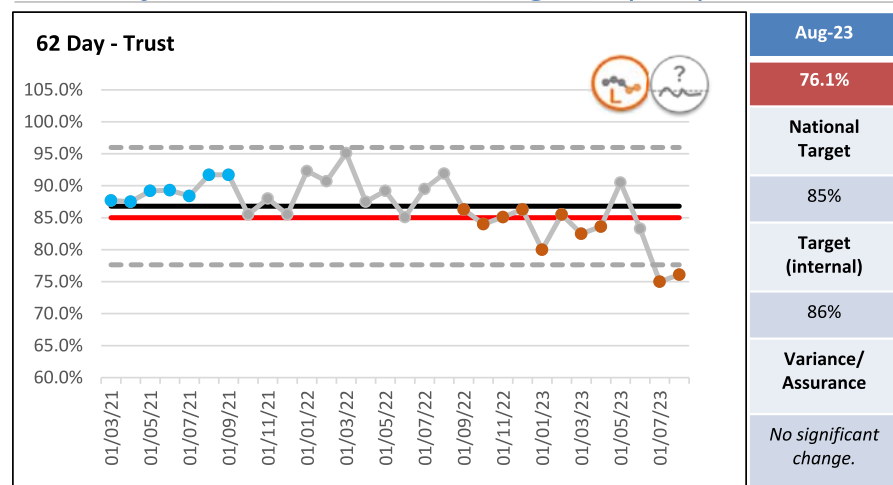
## FDS – August (M5) 2023



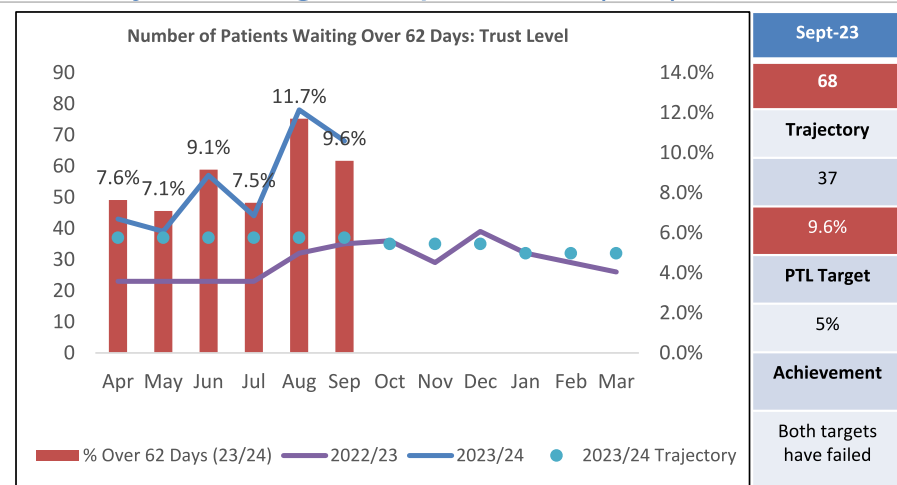
	Updates since previous month	Current issues	Key dependencies	Future actions
<b>Faster Diagnosis Standard</b>	<ul style="list-style-type: none"> <li>Achieved target however performance deteriorated from 85.6% in M4 to 79.2% in M5.</li> <li>Whilst we continue to meet the standard there is more we know we can do to improve the timeliness of care delivered.</li> <li>Enhanced FDS validation and training for all appropriate personnel now in place from mid-M7.</li> </ul>	<ul style="list-style-type: none"> <li>Outpatient clinic capacity</li> <li>Histopathology turnaround times</li> <li>Benign results letter turnaround times</li> <li>ENT vacancy</li> <li>Impact of industrial action</li> </ul>	<ul style="list-style-type: none"> <li>Workforce</li> <li>Capacity</li> <li>Data quality and validation</li> </ul>	<ul style="list-style-type: none"> <li>New process for clinical navigation and benign letter sign off within Plastics from the second week of M7</li> <li>ENT Fellow starting in M8 which will give an additional 35% clinical capacity</li> <li>Exploring a joint ENT post with a partner Trust for possible appointment within 3-6 months.</li> <li>Exploring additional SLT support for hoarseness clinic to increase clinic capacity by 25% in M7</li> </ul>

# Cancer Performance

## 62 Day Performance – August (M5) 2023



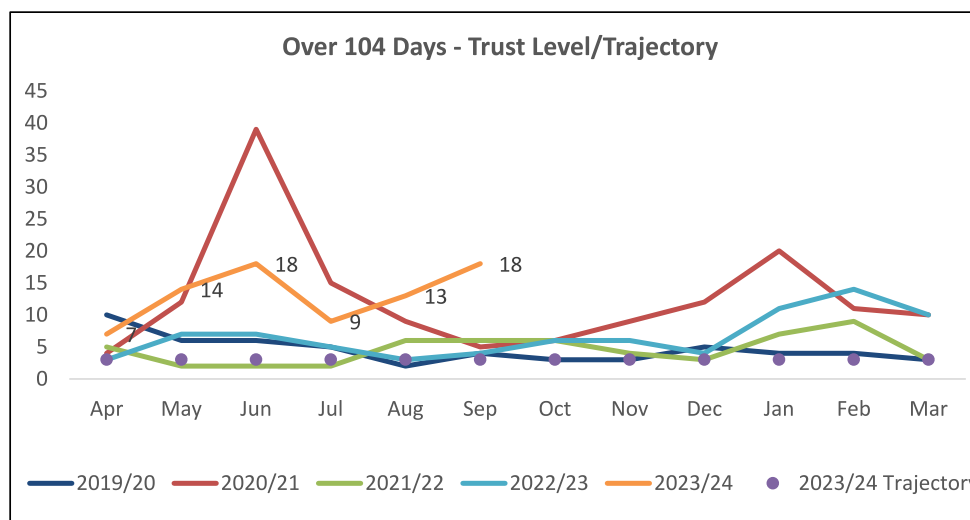
## 62 Day backlog – September (M6) 2023



	Updates since previous month	Current issues	Key dependencies	Future actions
<b>62 Day referral to treatment</b>	<ul style="list-style-type: none"> <li>Reporting <b>76.1% in M5</b>, increased by <b>1.1% compared with M4</b></li> <li>Reporting 46 treatments with 11 breaches; largest volume of breaches is within Skin</li> </ul>	<ul style="list-style-type: none"> <li>Complex pathways</li> <li>Diagnostic delays</li> <li>Outpatient clinic capacity</li> <li>Late referrals</li> </ul>	<ul style="list-style-type: none"> <li>Capacity</li> <li>Workforce</li> <li>Patient choice</li> <li>Pathway transition points</li> <li>Pathway management</li> </ul>	<ul style="list-style-type: none"> <li>Additional 6 all day lists being scheduled in M7/8 for most clinically urgent skin patients: Mohs, skin oncology and P3's which will create some additional capacity whilst we finalise the validation trajectory work before the end of M9</li> <li>Appointment of a second Cancer Coordinator to address the pathway complexities and transition issues.</li> </ul>
<b>62 Day backlog</b>	<ul style="list-style-type: none"> <li>Reporting 68 patients in M6; decreased by 10 from M5</li> <li>The skin position has improved from 54 in M5 to 51 in M6, however this continues to be the most challenged area for 62 day performance</li> </ul>	<ul style="list-style-type: none"> <li>Complex pathways</li> <li>Diagnostic delays</li> <li>Outpatient clinic capacity</li> <li>Provision of pathway management information</li> </ul>		<ul style="list-style-type: none"> <li>Increased teledermatology capacity per triaged clinic due to a locum dermatologist starting in early M8</li> <li>Recommence weekly predicted breach report to highlight at risk patients from M8</li> <li>Utilising appropriate elective capacity for oncology</li> <li>Increased 62 Day validation and training.</li> <li>Validation of future delivery trajectory by end M9</li> </ul>

# Cancer Performance

## 104 Day – September (M6) 2023

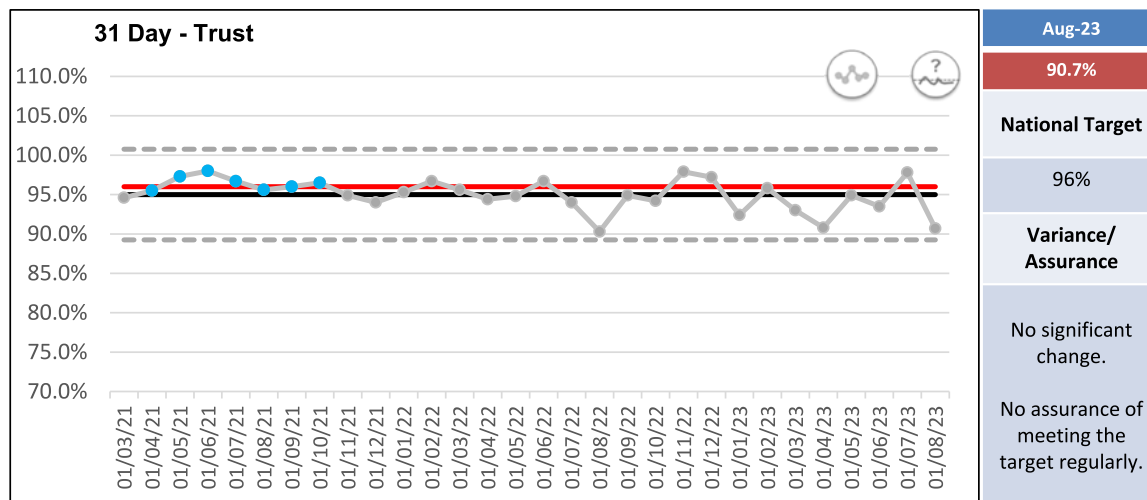


Sept-23
18
Trajectory
3
Achievement
Failed

	Updates since previous month	Current issues	Key dependencies	Future actions
104 Days	<ul style="list-style-type: none"> <li>Reporting an increase from 13 to 18 patients: Skin (13), Breast (1) and Head &amp; Neck (4)</li> </ul>	<ul style="list-style-type: none"> <li>Complex pathways</li> <li>Impact of industrial action</li> </ul>	<ul style="list-style-type: none"> <li>Capacity</li> <li>Pathway management</li> </ul>	<ul style="list-style-type: none"> <li>Recruitment of additional skin consultant (M6)</li> <li>Continued close monitoring at twice weekly PTL meeting; individual patient level discussion</li> <li>GM oversight of weekly high level reporting of all patients over 104 days</li> </ul>

# Cancer Performance

## 31 Day – August (M5) 2023



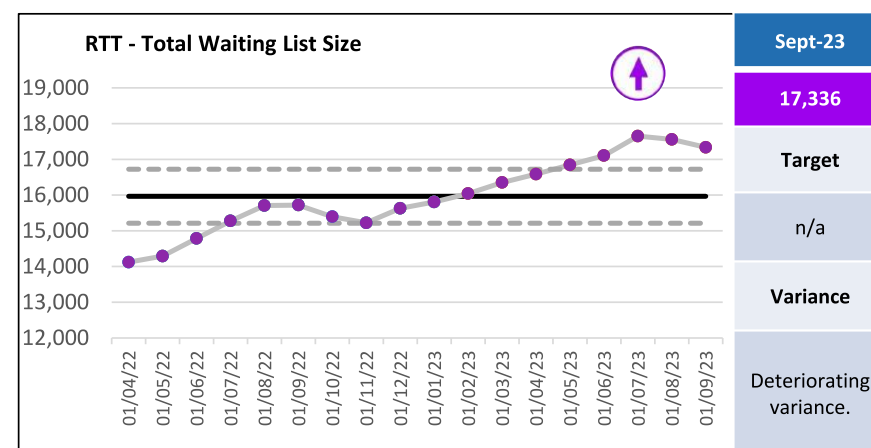
	Updates since previous month	Current issues	Key dependencies	Future actions
31 Day	<ul style="list-style-type: none"> <li>Reporting 90.7% in M5, decreased from 97.8% in M4</li> <li>There were 96 treatments for M5 with 9 breaches</li> <li>Skin treated 77 patients with 5 breaches (93.5%), Head &amp; Neck treated 13 patients with 2 breaches (84.6%) and Breast treated 6 patients with 2 breaches (66.7%)</li> </ul>	<ul style="list-style-type: none"> <li>Treatment capacity</li> <li>Complex pathways</li> <li>Staff capacity</li> </ul>	<ul style="list-style-type: none"> <li>Capacity</li> <li>Workforce</li> </ul>	<ul style="list-style-type: none"> <li>Increased senior daily pathway oversight and leadership.</li> <li>Review of year end trajectory by end M8 2023.</li> <li>Understanding overall capacity and demand.</li> </ul>

# RTT Performance – Total waiting list

## September (M6) 2023

Updates since previous month	Current issues
<ul style="list-style-type: none"> <li>Reporting a 1.3% decrease in total waiting list size from M5 to M6</li> <li>Planned PTL validation on track to conclude by end M9</li> <li>RTT PTL management information platform from mid M7 which will enable future proactive management of the waiting list</li> </ul>	<ul style="list-style-type: none"> <li>Capacity shortfalls due to theatre workforce and estates related issues</li> <li>Capacity shortfalls in Orthodontics (Hypodontia Services)</li> <li>Outpatient and Inpatient cancellations by patients for medical reasons or other unavoidable causes</li> </ul>
Key dependencies	Future actions
<ul style="list-style-type: none"> <li>Workforce</li> <li>Capacity</li> <li>Referral demand</li> <li>Further industrial action</li> </ul>	<ul style="list-style-type: none"> <li>Weekly tracking of patients without a booked appointment who have the potential to be 65WW by 31 March 2024</li> <li>Business case in development to expand Hypodontia service, delivered in partnership with GSTT</li> <li>The validation of year end plans is being led by the DLTs with support from executive directors. To conclude in M9</li> <li>The outpatient and Theatre improvement programmes require a clinically led refresh</li> </ul>

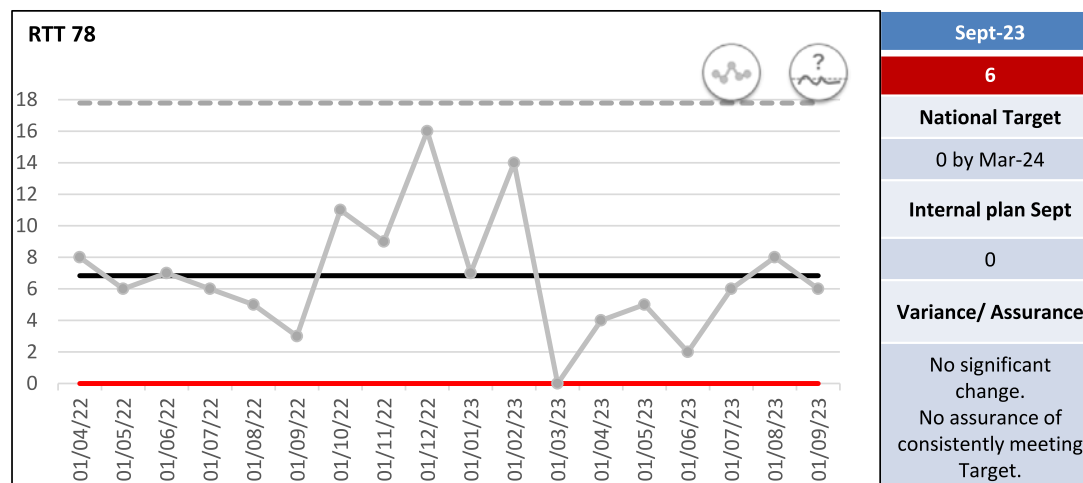
RTT NATIONAL POSITION: (look back – Aug 23)	
<b>National RTT18:</b> 58.0%	<b>QVH RTT18:</b> 62.1%
52WW NATIONAL POSITION: (look back –Aug 23)	
<b>National % &gt;52WW:</b> 5.2%	<b>QVH % &gt;52WW:</b> 2.1%





# RTT Performance – 78 Week Wait

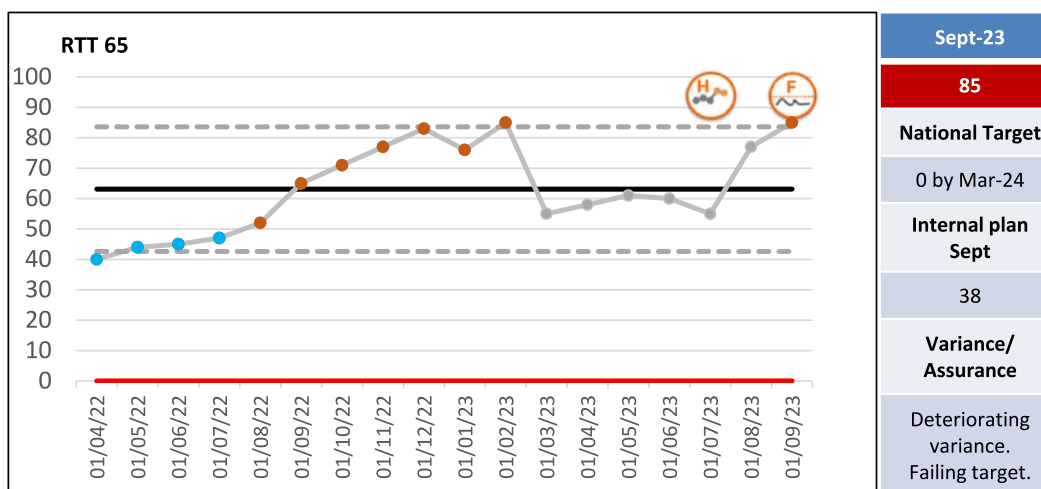
## September (M6) 2023



	Updates since previous month	Current issues	Key dependencies	Future actions
<b>78WW</b>	<ul style="list-style-type: none"> <li>Reporting 6 patients in M6, decreased from 8 in M5</li> <li>Reporting 2 patients each within Corneo, Maxillofacial and Plastics</li> <li>Forward look: predicting 5 in October; failing trajectory</li> </ul>	<ul style="list-style-type: none"> <li>Late referrals from other providers</li> <li>Complex pathways</li> </ul>	<ul style="list-style-type: none"> <li>Capacity</li> <li>workforce</li> <li>Recovery from industrial action</li> </ul>	<ul style="list-style-type: none"> <li>Highlight late referrals on PTL to enable proactive management of pathway challenges</li> <li>Patients over 78WW are tracked weekly at service level and prioritised for outpatient appointments and admission, scheduled where clinically appropriate</li> <li>Patients over 78WW are being added to the Digital Mutual Aid Support (DMAS) system if appropriate; these patients are reviewed each week</li> </ul>

# RTT Performance – 65 Week Wait

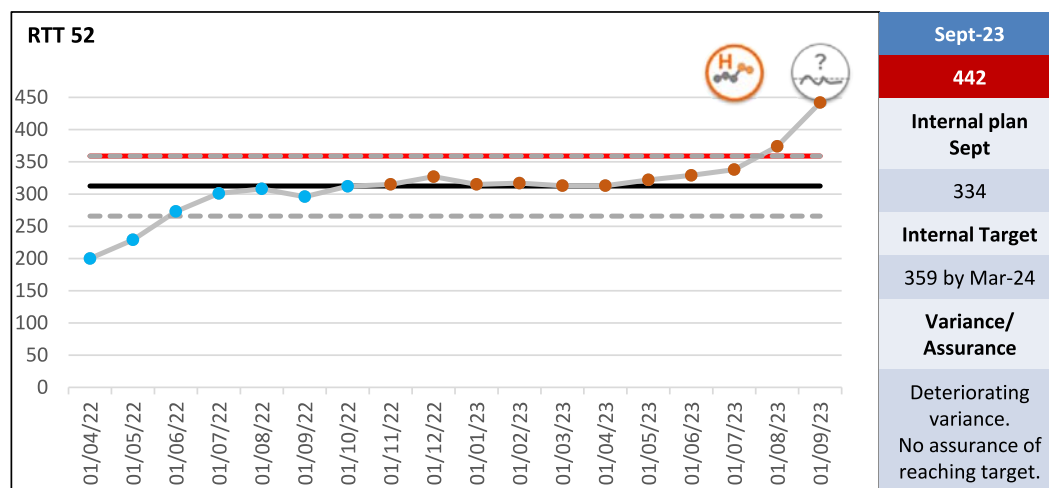
## September (M6) 2023



	Updates since previous month	Current issues	Key dependencies	Future actions
<b>65WW</b>	<ul style="list-style-type: none"> <li>Reporting 85 patients in M6, increased from 77 patients in M5</li> <li>Key driver: underachievement in Plastics</li> <li>Forward look: predicting 95 in M7; failing trajectory</li> </ul>	<ul style="list-style-type: none"> <li>Impact of industrial action</li> <li>Estates and Infrastructure issues</li> <li>Late referrals</li> <li>Staffing challenges</li> <li>Orthodontics identified as an at risk area moving forward</li> </ul>	<ul style="list-style-type: none"> <li>Workforce</li> <li>Capacity</li> <li>Referral numbers</li> <li>Patient choice</li> </ul>	<ul style="list-style-type: none"> <li>Orthodontics: additional clinic dates identified to increase capacity</li> <li>Orthodontics: recruitment of a locum consultant to cover maternity leave gap</li> <li>Plastics: developing a schedule of additional work needed to recover the position</li> <li>Plastics: scheduling additional mid-week Mohs lists and also potential for additional Saturday lists in Nov – Jan</li> <li>Continued close monitoring at service level</li> <li>Understanding overall capacity and demand</li> </ul>

# RTT Performance – 52 Week Wait






## September (M6) 2023






	Updates since previous month	Current issues	Key dependencies	Future actions
52WW	<ul style="list-style-type: none"> <li>Reporting 442 patients in M6, increased from 374 in M5</li> <li>Performance is adverse by 108 against trajectory, mostly attributed to Plastics (97) and OMFS (18)</li> <li>Forward look: predicting 524 in M7; failing trajectory</li> </ul>	<ul style="list-style-type: none"> <li>Impact of industrial action</li> <li>Estates and Infrastructure issues</li> <li>Late referrals</li> <li>Staffing challenges</li> <li>Pathway delays in other specialties, including external and diagnostic services</li> </ul>	<ul style="list-style-type: none"> <li>Capacity</li> <li>Workforce</li> <li>Patient choice</li> </ul>	<ul style="list-style-type: none"> <li>By 31 October 2023, patients over 40WW that meet the criteria will be offered the option to be added to the Patient Initiated Digital Mutual Aid Support (PIDMAS) system</li> <li>A target of 90% of patients over 12 weeks that meet nationally and locally agreed criteria will be validated by 31 October 2023</li> <li>OMFS looking to schedule additional clinics, particularly at spoke site; dates identified</li> <li>Continued close monitoring at service level</li> <li>Understanding overall capacity and demand</li> </ul>

# Statistical Process Control (SPC) Charts Icon Key

## 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 <b>currently not changing significantly</b> . It shows the level of natural variation you can expect from the process or system itself.	<b>Consider if the level/range of variation is acceptable.</b> 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.	<b>Something's going on!</b> 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.	<b>Investigate</b> 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.	<b>Something's going on!</b> 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.	<b>Something good is happening!</b> 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. <b>Celebrate</b> the improvement or success. Is there <b>learning</b> that can be shared to other areas?
	Special cause variation of an IMPROVING nature where the measure is significantly LOWER.	<b>Something good is happening!</b> Your aim is low numbers and you have some - either something one-off, or a continued trend or shift of high numbers. Well done!	

## 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 <b>within</b> 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 <b>outside of those limits in the wrong direction</b> then you know that the target cannot be achieved.	<b>You need to change something in the system or process if you want to meet the target.</b> 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 <b>outside of those limits in the right direction</b> then you know that the target can consistently be achieved.	<b>Celebrate the achievement.</b> 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.

### Reading/Resources

There are a number of resources to support the use of the Making Data Count methodology, including videos and presentations explaining SPC charts and the approach on the NHS Futures Platform under 'Making Data Count' <https://future.nhs.uk/MDC> An NHS email address is required to sign up and view.

Report cover-page					
<b>References</b>					
<b>Meeting title:</b>	Board of Directors				
<b>Meeting date:</b>	02/11/2023	<b>Agenda reference:</b>		116-23	
<b>Report title:</b>	Workforce and Organisation Development Report				
<b>Sponsor:</b>	Robert Stevens, Interim chief people officer				
<b>Author:</b>	Lawrence Anderson, Deputy chief people officer				
<b>Appendices:</b>	Appendix one: workforce performance				
<b>Executive summary</b>					
<b>Purpose of report:</b>	To provide the Board with a workforce performance update				
<b>Summary of key issues</b>	Review of KPIs, cross-cutting projects and department updates				
<b>Recommendation:</b>	The Board is asked to <b>note</b> the contents of the report				
<b>Action required</b>	Approval	Information	Discussion	<b>Assurance</b>	Review
<b>Link to key strategic objectives (KSOs):</b>	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<b>Organisational excellence</b>
<b>Implications</b>					
<b>Board assurance framework:</b>	None				
<b>Corporate risk register:</b>	None				
<b>Regulation:</b>	None				
<b>Legal:</b>	None				
<b>Resources:</b>	None				
<b>Assurance route</b>					
<b>Previously considered by:</b>	n/a				
	Date:		Decision:		
<b>Next steps:</b>	In report				

**Report to:** Board of Directors  
**Agenda item:** 116-23  
**Date of meeting:** 02 November 2023  
**Report from:** Rob Stevens, Interim Chief People Officer  
**Report authors:** Rob Stevens, Interim Chief People Officer  
**Date of report:** 25 October 2023  
**Appendices:** Appendix one: workforce performance

**Workforce and Organisational Development Report  
(September data / performance unless otherwise stated)**

**Workforce KPIs**

Substantive vacancy has reduced to 3.20% driven by higher than usual in month starters, especially medical staffing and unusually low numbers of recorded leavers. Establishments have remained unchanged since March 2023.

Medical and dental vacancies remain below the 8% Trust target, though theatre nursing remains a hotspot and focus of support. Relative vacancy in therapies and plastic admin in particular will also require specific support.

The Trust was essentially fully established to budgeted whole time equivalent (WTE) in month for substantive and temporary staffing, before accounting for unavailability. Temporary staffing use has reduced marginally in month.

The accompanying data pack provides further key observations and challenges.

**Workforce exceptions**

Resourcing

Time to hire within resourcing continues to rise, driven in part by increasing volumes, the complexity of episodes and operational challenges within service and workforce teams. Workforce team capacity is being addressed with the implementation of Digital ID checks and the New Starter Portal (electronic joiner paperwork) which will drive greater efficiency and we are actively recruiting to vacancies within the team.

Vacancy

The HR Services team have been reviewing establishment data for September from Finance. Further reconciliation is currently underway and the initial recovery position is almost complete. As a result the number of budgeted posts may increase and offset further reductions in vacancy.

The challenge is to now make monthly reconciliation a standard process in month and aligned with Business Planning.

Temporary staffing

The Trust continues to receive pressure to pay above the agency cap for specific medical roles. This is partly driven by the BMA rate cards and the impact this is having on rates available elsewhere. There is currently pressure to review our Waiting List Initiative rates, though the Trust is committed to manage the requirement for Bank and work in partnership with the region to maintain a consistent approach.

Sickness

In July the rolling 12 month sickness absence rate fell below 4% for the first time in 15 months, and has remained below 4% in August (3.90%). Cold, cough, flu continues to be the main reason for short term sickness absence (51 occurrences). It is anticipated that as we enter the winter period, absence rates will rise as has been the trend in previous years and recent spikes in Covid (10 cases a day in August and 20 in September) are indicative of this.

Employee Relations

Within the Trust employee relations caseload, the team are supporting three teams where culture and civility issues require intensive support and intervention. Action plans have been developed with internal and external facilitation to be provided. The team are also applying the HSE Stress indicator tool to identify and address causes of work related stress in two of these departments.

#### Appraisal and mandatory training

Since 2018 all staff mandatory and statutory training compliance has remained above the 90% KPI. In September the all permanent staff compliance was 93.57%

Oliver McGowan mandatory training on learning disability and autism launched on 21 September 2023. As at 23 October, the compliance rate was 34%. All business units have been notified of their current compliance on this and other topics on 10 October 2023.

#### **Trust workforce programmes**

##### Strategy development – People and Culture

An initial strategy framework document has been developed. The working title for our vision for this work is: *“Improving lives together through great work, a learning culture and where staff belong”*.

Our strategic themes are: recruit, retain, develop and reform – in line with the NHS long term plan.

The strategy will reflect and complement the Sussex People Plan and our regional commitments as well as our own specific people and culture priorities.

An initial SWOT analysis has been completed (based on the clinical and corporate engagement stocktake) on both the people and culture elements of the strategy and these will be further explored and developed as they are socialised as part of the Trust strategy review process.

##### Equality, Diversity and Inclusion

Work continues at pace on the Trust’s plan to address the EDI challenges. The Trust WRES, WDES and Gender Pay reports have been completed with clear actions linked to a Trust wide EDI Action plan. The action plan is also aligned to the 6 High Impact Actions identified in the NHS EDI improvement plan.

Key to the delivery of the plan is to establish a Trust EDI group and renewed support for our staff networks to underpin and provide an EDI lens to the organisation. These will commence from November 2023 and a new weekly task and finish group meeting has been established to monitor and manage this within the workforce and organisational development team

##### Culture and organisational development, including speaking up

Following events at Countess of Chester and the recommendations of the recent independent working party report into sexual misconduct in surgery, the workforce and organisational development team are working closely with the chief nurse and chief medical officer to respond to the call to ensure all staff are able to speak up and tackle incidents effectively.

Much of the work will be led through the Speak up Guardian and chief medical officer supported by the forthcoming work on workplace belonging which forms a major part of our EDI Action plan, but as an Executive Team we have worked together to highlight the importance of this through:

- Staff newsletter articles, including 25 September, with offer of executive contacts to raise issues
- Guardian of Safe Working email to all medical staff
- The Chief Medical Officer appointed as lead for eliminating Sexual Misconduct and email to all staff (02 October 2023)
- Team Brief on 11 October – Cascade conversation about “speaking up” and feedback underway
- A review of our Speak Up function and development of an action plan, to be led by the Speak Up Guardian, including the introduction of a diverse cohort of Speak Up Advocates
- A review of the workforce and organisational development directorate implications of the report in relation to our policies and management of cases (on-going)
- Forthcoming Schwartz Round on sexual misconduct at work
- New EDI Group and relaunch of staff network activity (forthcoming).

#### **Trust workforce projects**

##### Appraisal Quality and Assurance

Work continues on the 9 recommendations approved by the finance and performance committee in July. An action plan has been drafted and task and finish group established.

The Trust are moving forward with the implementation of revised appraisal documentation and training programmes for both managers and staff, alongside the introduction of electronic solutions for manager

self-service through ESR which will allow managers to oversee their compliance levels, complete appraisal documentation online and log compliance in real-time.

#### Health and Wellbeing

In September and October the Trust has been celebrating Black History Month, World Mental Health Day, infant loss remembrance and world menopause day. The team are looking at a number of initiatives through November and to take learnings from the recent NHS People Promise in Action week, which has highlighted a number of exemplar sites and work schemes that can be adopted by the Trust.

Recognising our increasingly diverse staff group and in light of the ongoing conflict in Gaza we have also offered support to staff in relation to this and other global conflicts.

We have held further ENACT (civility at work) and LEEP training sessions and look forward to more sessions this year.

#### Violence Prevention and Reduction (VPR)

A Trust VPR group has been established and meets on a monthly basis. A draft policy for VPR has been provided to the Sussex ICS for feedback which will provide Board accountability but also underpin the Trust objectives and plan to address Violence and Aggression towards staff.

A fresh benchmarking exercise has taken place in October which assessed the Trust compliance against the national standards has increased from 21% to 43% following the work that has been undertaken since August. For context the Sussex average compliance is 47%.

Areas of non-compliance to be shared with the Health & Safety Committee on 23 October. This will also be shared with the Quality & Safety and Finance & Performance Committees in November.

The ambition for the group is to be 60% compliant with the standards by April 2024.

#### Staff Survey

QVH NHS Staff Survey launched Monday 2 October 2023. Twice weekly emails are being sent to Heads of Departments and meetings established with General Managers to encourage completion. As of 24 October the response rate was 34%. Reminders and encouragements continue to be sent, with offers of support.

#### CQC preparation

Having completed our initial readiness assessment, the team are taking a holistic approach to “our role in providing great patient care” and “where we have made quality improvements”. We are also reviewing our core HR service process mapping and progress against recommendations from previous years.

#### **Recommendation**

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



## Workforce and Organisational Development Report

October 2023 (September 2023 Data)  
Rob Stevens – Interim Chief People Officer




# Contents

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Workforce KPI Summary	3
Workforce Summary	4
Resourcing Activity	5
Workforce & Rostering	6
Sickness Absence	7
Organisation Development & Learning	8
Medical Education	9

# Workforce KPI Summary

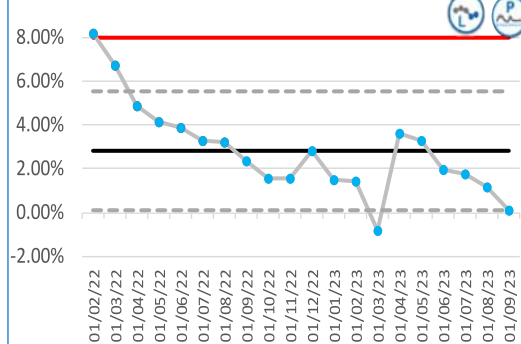
	KPI	Sep-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23		KPI	Sep-22	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23
Establishment WTE Including Bank & Agency		1057.16	1057.16	1082.00	1082.00	1082.00	1082.00	1082.00	1082.00	% staff appraisal compliant	90%	83.74%	83.90%	86.18%	85.46%	86.65%	86.95%	86.11%	85.10%
Establishment WTE excluding Bank & Agency		1026.97	1026.97	1018.31	1018.31	1018.31	1018.31	1018.31	1018.31	% staff appraisal compliant A/C only		85.25%	84.66%	86.93%	85.85%	87.15%	87.63%	86.76%	85.38%
Staff In Post WTE		950.70	959.47	957.33	961.58	966.30	970.70	971.90	985.73	% staff appraisal compliant M&D		75.31%	79.76%	81.88%	83.33%	81.07%	83.13%	82.12%	83.54%
Agency Total worked in month WTE		9.22	14.76	12.98	11.35	14.97	13.21	15.17	13.31	Statutory & Mandatory Training	90%	91.89%	91.75%	92.83%	93.04%	93.37%	93.55%	93.67%	93.57%
Bank WTE Total worked in month WTE		72.25	91.30	72.37	73.73	79.53	79.19	82.46	81.44	Statutory & Mandatory Training Bank only		79.52%	81.70%	82.48%	83.15%	83.69%	83.81%	85.81%	85.63%
Staff in Post Vacancy WTE		76.27	67.50	60.98	56.73	52.01	47.61	46.41	32.58	Statutory & Mandatory Training A/C only		92.91%	92.63%	93.80%	94.22%	94.23%	94.39%	94.56%	95.01%
Vacancies % Including Bank & Agency Usage	8%	2.36%	-0.79%	3.63%	3.27%	1.96%	1.75%	1.15%	0.14%	Statutory & Mandatory Training M&D		87.23%	87.77%	88.22%	87.65%	89.45%	89.64%	89.13%	86.84%
Staff in Post Vacancies %	8%	7.43%	6.57%	5.99%	5.57%	5.11%	4.68%	4.56%	3.20%										
Trust rolling Annual Turnover % Excluding Trainee Doctors	10%	13.38%	13.73%	13.28%	12.92%	13.55%	12.50%	12.84%	12.92%	Staff Engagement (NQPS & NHS Staff Survey)	2023/24 Qtr. 1 (141 responses) 7.0 out of 10	2023/24 Qtr. 2 (168 responses) 7.1 out of 10	2022/23 Q3. National Staff Survey 7.4 out of 10		2022/23 Qtr. 4 (145 responses) 7.0 out of 10				
Starters WTE In month excluding HEE doctors		14.71	14.20	14.00	11.21	8.87	13.80	11.95	17.17										
Leavers WTE In month excluding HEE doctors		3.47	11.86	10.65	7.43	11.93	7.12	10.18	4.75										
12 Month Rolling Stability % Remained employed for the 12 month period	85%	84.77%	86.12%	87.33%	87.44%	87.45%	88.03%	85.15%	87.18%	Treatment NQPS & NHS Staff Survey results to indicate likelihood of recommending QVH to friends & family to receive care or treatment	2023/24 Qrt. 1 Strongly Agree/Agree: Strongly disagree/disagree  133 = 94.3% : 1 = 0.71%	2023/24 Qrt. 2 Strongly Agree/Agree: Strongly disagree/disagree  157 = 93.5% : 1 = 0.60%	2022-23 National Survey Strongly Agree/Agree: Strongly disagree/disagree  557 = 92% : 10 = 1%		2022/23 Qrt. 4 Strongly Agree/Agree: Strongly disagree/disagree  132 = 95.7% : 2 = 1.46%				
24 Month Rolling Stability % Remained employed for the 24 month period	85%	76.12%	75.00%	76.68%	76.09%	76.95%	77.68%	75.78%	77.52%										
12 month sickness rate (all sickness)	3%	4.17%	4.17%	4.09%	4.11%	4.02%	3.92%	3.90%	TBC										
12 month sickness rate of which is Long Term		1.86%	1.86%	1.88%	1.89%	1.89%	2.05%	1.86%	TBC										
12 month sickness rate of which is Short Term		2.31%	2.31%	2.21%	2.21%	2.14%	1.87%	2.04%	TBC										
Monthly Sickness Absence % All Sickness		3.94%	0.04	3.43%	3.16%	2.57%	3.28%	3.52%	TBC										



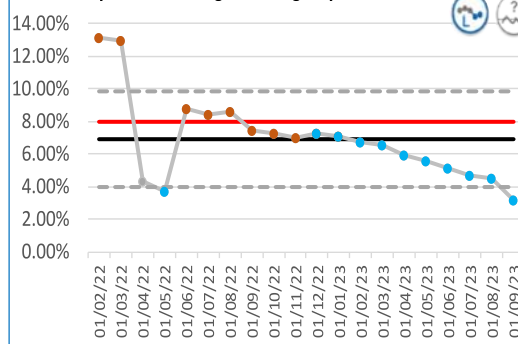


# Workforce summary

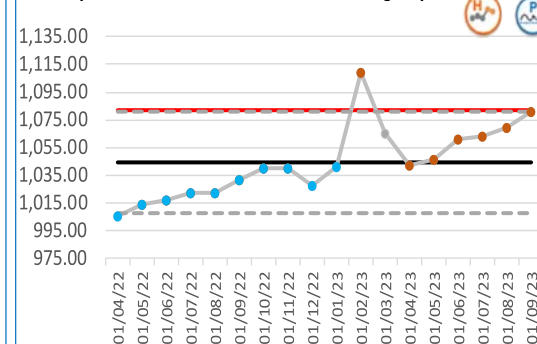
Vacancy Rate -Including Bank & Agency



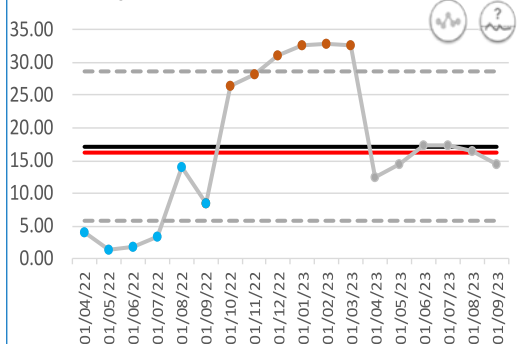
Vacancy rate -Excluding bank & Agency



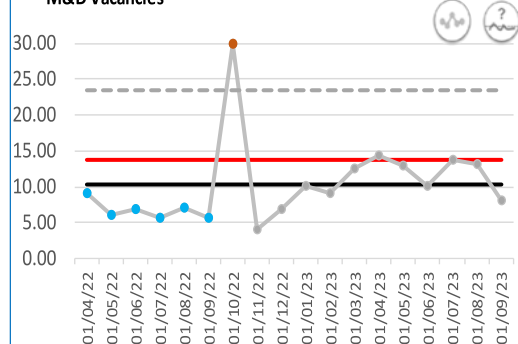
Fully Established - contracted SIP & Bank & Agency



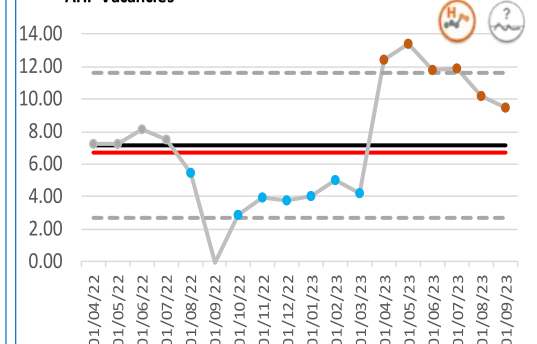
NMC Registered & Qualified Vacancies



M&D Vacancies



AHP Vacancies



## Key observations:

Overall substantive staff vacancy rate across the trust continued to fall in month. There was a positive net change in starters / leavers in month, driven by medical workforce.

Registered Nursing and Medical & Dental vacancies remain within the trust target of 8%, and work is ongoing to reconcile budgeted establishments to provide detailed analysis on precise vacancies.

Before sickness and other unavailability, the trust was essentially fully established.

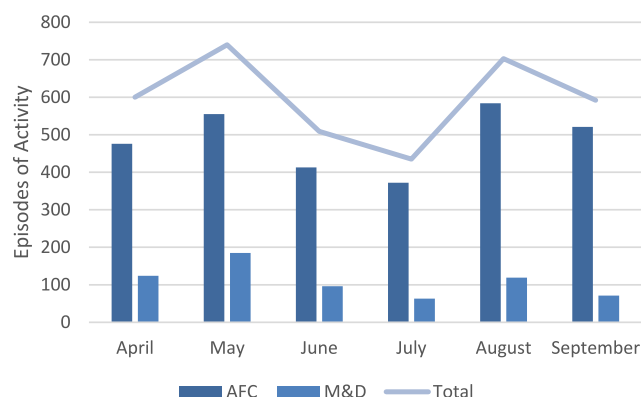
## Key challenges:

In future months plastic admin and theatre nursing / ODP's remain key areas of vacancy, offset by over-establishment elsewhere, subject to reconciliation work.

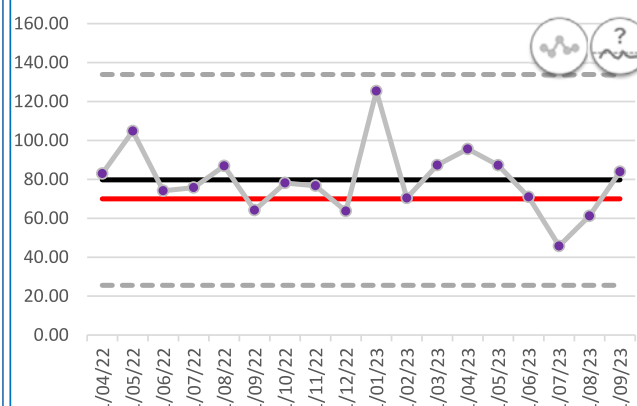


# Resourcing activity – Time to hire

Recruitment Activity in-month



Time to Hire -Days



September 2023  
Agenda for Change v Medical and Dental



## Key observations:

Recruitment activity and time to hire has seen a step change increase since July, driven by an increase in posts being recruited to and the Junior Doctor Changeovers in August, September and October.

Time to hire has increased significantly in September 23 driven by an increased demand upon the service with acute workforce challenges alongside a key increase in Medical and Dental staff completing the necessary employment check documentation. The main areas which have seen a delay include Plastics, Medical Photography and Head of Nursing.

The trust target for time to hire is **70 days** from authorised to recruit to an individual commencing in post. The internal KPI for undertaking all employment checks once a conditional offer is made is **18 days** and KPI for when an advert opens to a candidate being ready to start is **45 days**. These are areas that are very challenged currently, **however overall time to hire is 83.94 days against the KPI of 70 days**

## Key challenges:

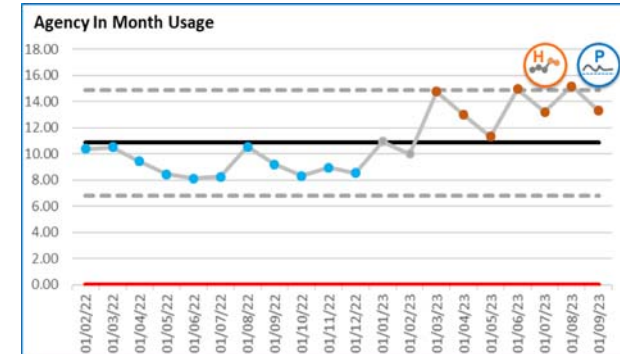
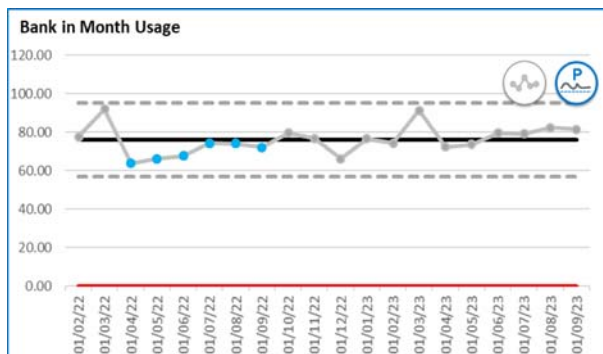
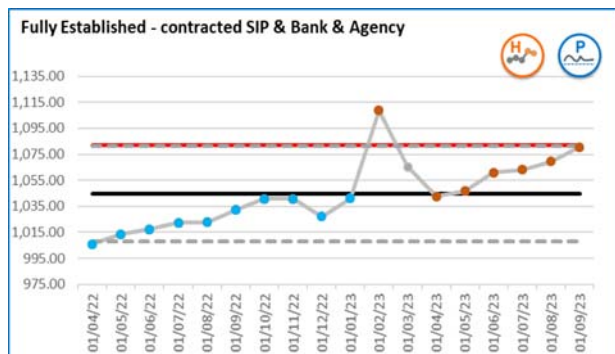
Having identified the main contributors to the rise in time to hire, the following actions have been put in place

- A review of staffing resilience within the Resourcing function
- Trust ID and Trac New Starter portal coming on line in November 2023
- Early escalation of issues to recruiting managers and Workforce Leadership team

Based on current planning, our time to hire rates will return to **70 days** by **January 2024**. This will allow for key resourcing projects to come onto line

Long term the vulnerability of time to hire rates will be addressed by January 2024.

# Resourcing activity – Bank and Agency use



## Key observations:

Bank use is consistently 8% of the combined substantive and temporary staff in post and has not significantly changed in spite of improve staffing, although this could be driven by industrial action and would require further analysis.

Further analysis required to understand if this use could be substantiated as part of Business Planning.

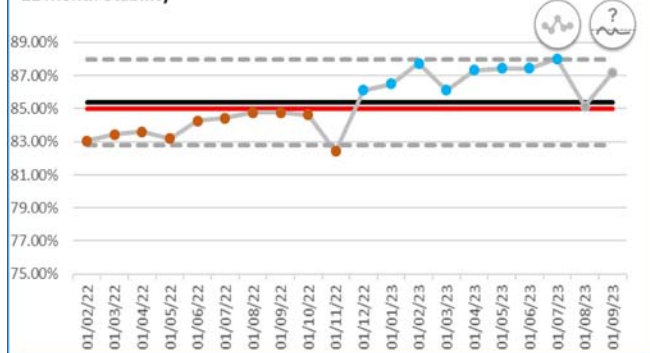
## Key challenges

Bank usage continues to marginally exceed the 12 month, monthly average and has not reduced as vacancy rates fall.

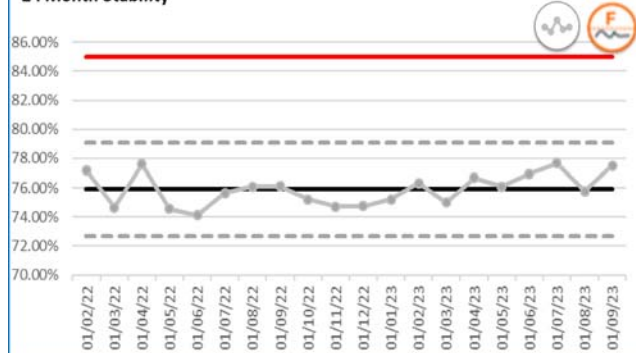
Absolute levels of agency use are above the 12 month, monthly average, but remain less than 1.5% of the combined substantive and temporary staff in post, by WTE.

# Workforce retention

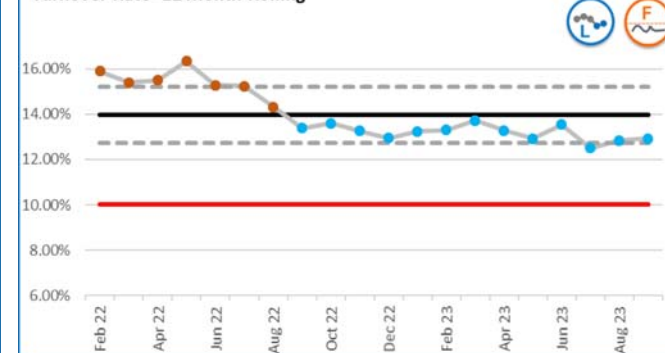
12 Month Stability



24 Month Stability



Turnover Rate- 12 Month Rolling

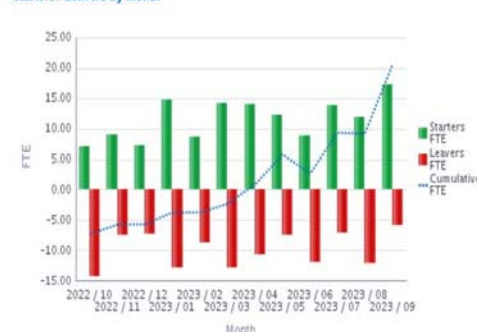


## Key observations:

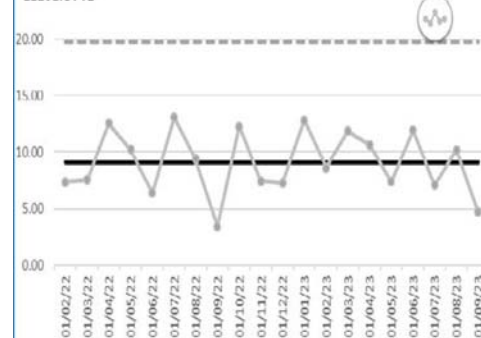
12 and 24 month stability have both reduced in month, while the 12 month rolling turnover rates has increased marginally for the second consecutive month.

Turnover is therefore being driven by staff with 25 months plus service.

Starters / Leavers by Month



Leavers FTE



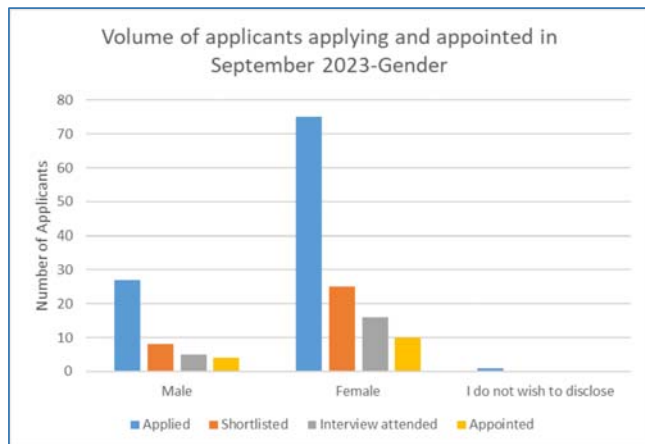
## Key challenges:

The trust recorded 141 (headcount) leavers between 1<sup>st</sup> October 2022 to 30<sup>th</sup> September 2023 (excluding rotational doctors).

Further analysis of the reasons for leaving presented in September. In the meantime, the Trust is drafting a reminder to all managers to hold leavers / exit interviews with staff, with an emphasis on establishing opportunities to prevent a leaver and the option of a meeting with one of the exec team including the Chief Executive.



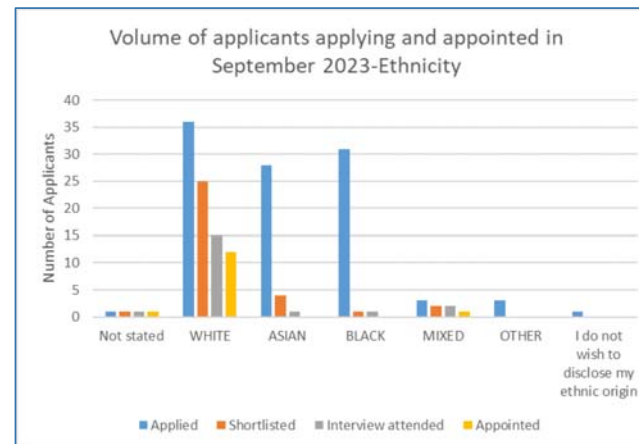
# Equality, Diversity & Inclusion



## Key observations:

Although more females applied for positions in September than males, the proportion of applicants being appointed are proportionally similar.

Out of 103 applications in September, 98 were from applicants who did not declare a disability and only 3 declared. No recorded disabled candidates were employed in month for 13 posts. Due to low numbers in month, visual representation is challenging however an annual trend will be build going forward.



## Key challenges:

The proportion of applicants from Asian or Black backgrounds being shortlisted and appointed relative to white candidates is clearly concerning.

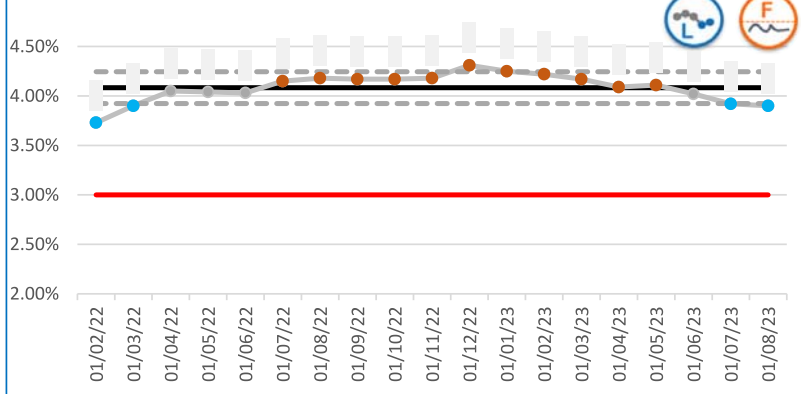
A spot check survey will review the candidates in a random sample of recruitment episodes as an enquiry into the apparent disparity in candidates being shortlisted.

This and other activities planned as part of our EDI action plan will be forthcoming.

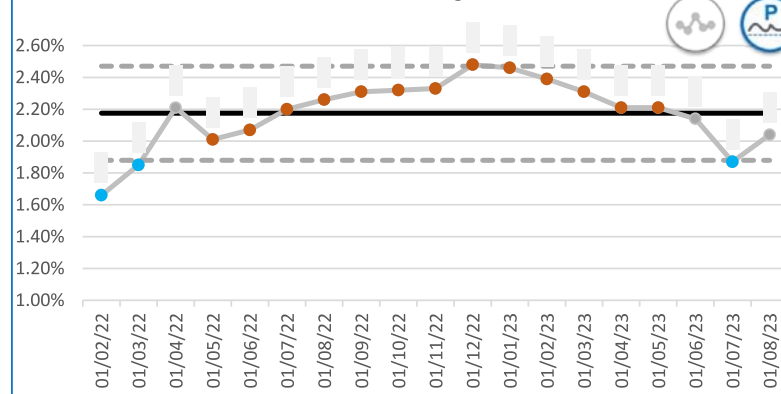


# Health and wellbeing of staff - Sickness

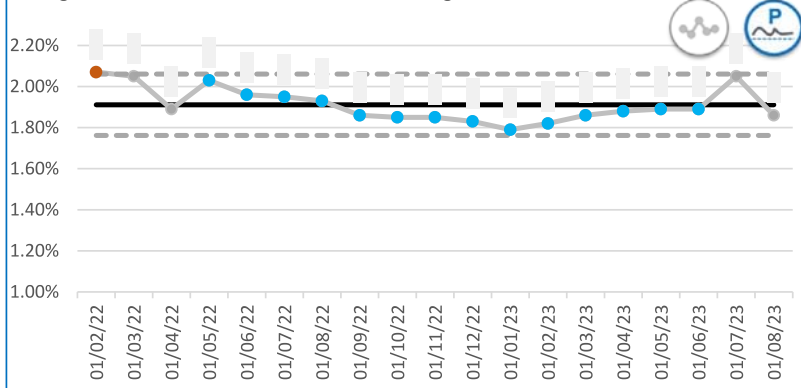
Sickness Rate - 12 month Rolling



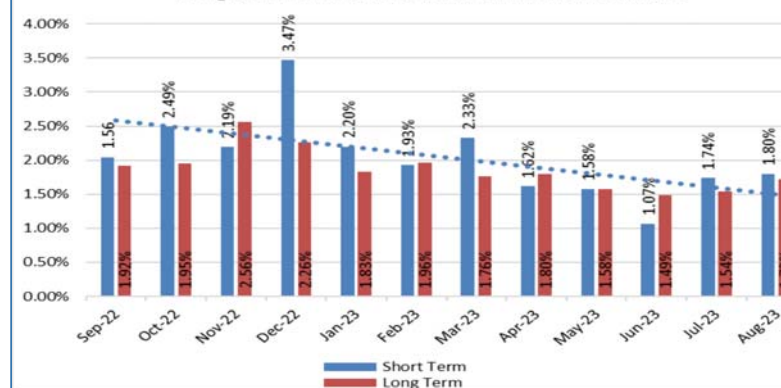
Short Term sickness Rate - 12 month rolling



Long Term Sickness Rate - 12 month rolling



Long term and short term in month sickness



## Key observations:

12 month rolling sickness absence has continued to decline month on month, since it last peaked in December 22, driven by a reduction in short term sickness.

Long term sickness absence has been stable over a 12 month rolling period.

## Key challenges:

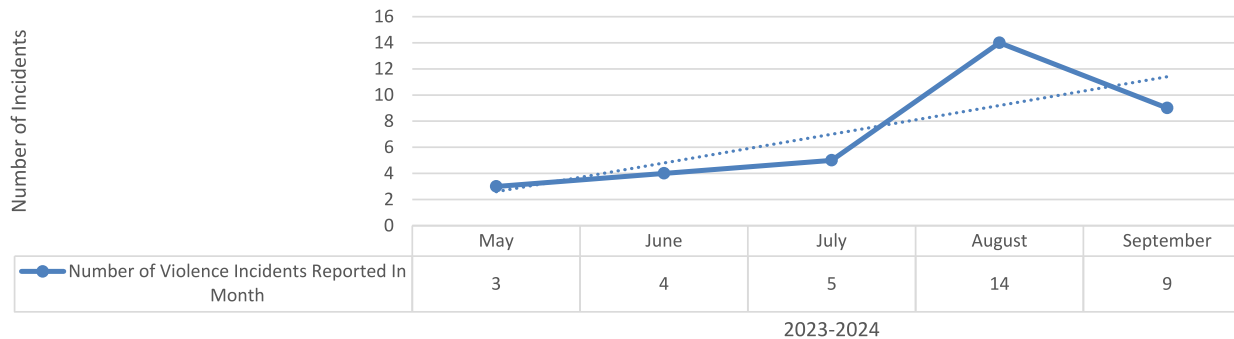
Short term sickness absence related to Covid peaked at 10 cases a day in August and 20 in September. It is anticipated that sickness will increase as we enter the winter months.

The Employee Relations teams are working with the business units to review cases within hotspot areas.



# Health & wellbeing of staff (Violence / aggression from patients)

Incidents of Violence and Abuse against Staff Reported



## Key observations:

There has been a rise in recorded cases of violence and abuse from patients towards staff in month.

This is encouraging following recent communications to encourage staff to speak up and report concerns.

Reported cases will feed into the new Violence Prevention and Reduction (VPR) Group, established in September and now working across staff groups to review our approach to reducing the likelihood and improving our prevention and management of the cases.

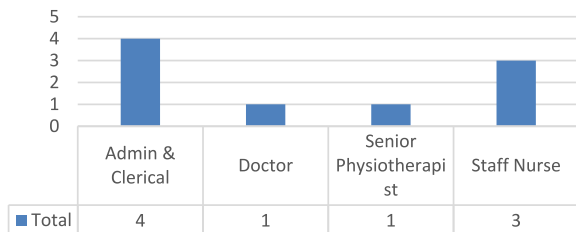
That said, the in August and September rise relates to a single patient in Burn, whose behaviour triggered a number of staff to raise concerns.

The majority of V&A incidents were for verbal abuse to staff reported by Admin & Clerical and Nursing staff.

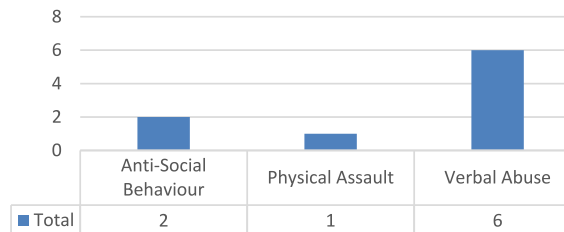
## Key challenges

September has seen a reduction in incidents month on month however is still in a rising trend across the year.

Staff Group reporting Violence and Abuse  
Sept 2023



Category of Violence and Abuse  
Sept 2023



# Organisational Development & Learning

## MAST compliance

Org L4	Assignment Count	Required	Achieved	Compliance %	Prev month	Month on month diff
Statutory & Mandatory Training	1094	13463	12598	93.57%	93.67%	-0.09%
MAST Training - Bank only	184	2290	1961	85.63%	85.81%	-0.17%
MAST Training - AfC only	930	11100	10546	95.01%	94.56%	0.45%
MAST Training - M&D	164	2363	2052	86.84%	89.13%	-2.29%

## Appraisal

Org L4	Assignment Count	Required	Achieved	Compliance %	Prev month	Month on month diff
% staff appraisal compliant	1094	1094	931	85.10%	86.11%	-1.01%
% staff appraisal compliant - AfC only	930	930	794	85.38%	86.76%	-1.38%
% staff appraisal compliant - M&D	164	164	137	83.54%	82.12%	1.42%

	This month	Previous month
Appraisal > 3months	61	62

### Key Observations:

**MAST compliance:**  
Although a 0.09% drop, MAST compliance remains consistently high over the 90% KPI

**Appraisals:**  
AfC compliance saw a drop of 1.38% and M&D an increase of 1.42% resulting in a drop of 1.01%

**Appraisals >3 months:**  
61 outstanding appraisals by > 3mths, compared to 61 in Aug 23

**NQPS:**  
QVH consistently remains in the top 25% quartile for NQPS results. Q2 continues to be higher than our benchmarking group and ICB partners

### Key Concerns:

M&D MAST remains below the 90% KPI at 86.84% and saw a drop of 2.29% compared to prev month

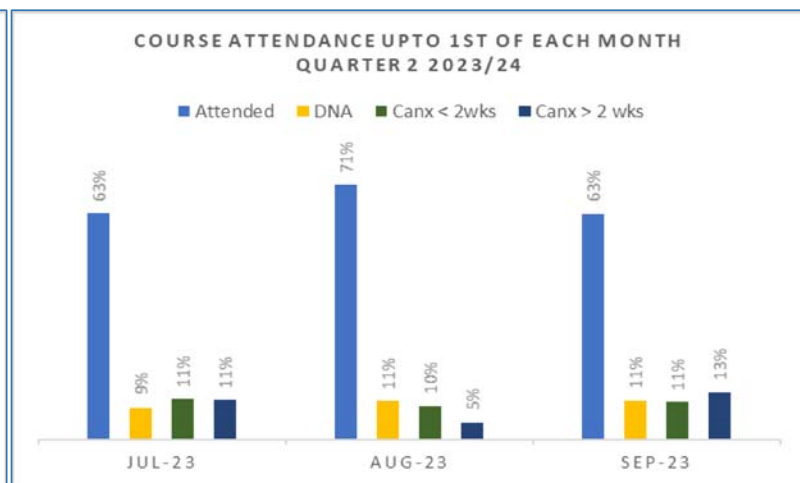
Appraisals continue to remain below 90% KPI

DNAs remain at around 11% of all course bookings

## NQPS results data



## Course attendance data



# Medical Education

## Teaching and training courses

- Plastics monthly teaching morning: 4 Sep
- Extended induction for dental core trainees: 6-8 Sep
- Plastics weekly teaching: 7, 14, 21, 28 Sep
- Dental foundation training: 8, 13, 20, 27 Sep
- OMFS teaching morning: 15 Sep
- Dental CPD training day: 15 Sep
- Mandatory training morning: 25 Sep

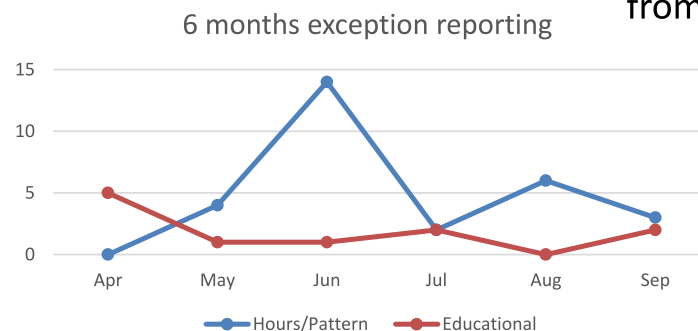
## Junior doctor exception reports submitted

Hours / working pattern:

- 3 (all OMFS)

Training:

- 2 (all Plastic Surgery)



NHSE relocation claims for trainee doctors submitted  
£3,848.55

NHSE study leave claims for trainee doctors submitted  
£9074.17

Trust medical and dental study leave claims approved  
£9446.57, plus £469.80 funded from Medical Education

### Key Observations:

Excellent teaching activity in September, including the extended induction for dental core trainees coming in OMFS.

After a peak in June, hours/pattern related exception reports have reduced, this may be due to junior doctor changeovers in August and September. The Guardian of Safe Working Hours is working with departments to close reports and ensure action is taken.

### Key challenges:

None currently.



Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	02/11/2023	Agenda reference:	117-23		
Report title:	NHS Workforce Disability Equality Standards (WDES) Annual Report 2022/23				
Sponsor:	Robert Stevens, Interim chief people officer				
Author:	Lawrence Anderson, Deputy chief people officer				
Appendices:	None				
Executive summary					
Purpose of report:	This paper sets out the annual WDES report and associated actions that will be taken, based on data collected on 31 March 2023. Having previously been reviewed at F&P 2023 in July minus actions, this version is now the complete report presented to F&P in October 2023, and published in line with NHSE requirements.				
Summary of key issues	<ul style="list-style-type: none"> <li>Staff engagement: overall engagement score for Disabled staff 7.0, non-disabled staff it was 7.5</li> <li>Recruitment: non-disabled candidates 2.05 times more likely to be appointed from shortlisting compared to Disabled candidates; this is an adverse year on year change for Disabled candidates</li> <li>Employment: there is a better representation of Disabled staff in the non-clinical roles compared to clinical role</li> <li>The Trust has agreed its EDI objectives and immediate priorities and the actions set out in this paper align with those priorities</li> </ul>				
Recommendation:	For Information				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<b>Organisational excellence</b>
Implications					
Board assurance framework:	Individual and collective EDI objectives become a mandatory requirement for board members from October 2023				
Corporate risk register:	None				
Regulation:	Individual and collective EDI objectives become a mandatory requirement for board members from October 2023				
Legal:	None				
Resources:	None at this stage. Emergent requirements e.g. in relation to strengthening our networks will be raised separately.				
Assurance route					
Previously considered by:	EMT and F&P				
	Date:		Decision:		
Next steps:	This report was published in October 2023				

# **NHS Workforce Disability Equality Standards (WDES)**

## **Annual Report 2022/23**

## National context

As at 31 March 2022, the NHS had a workforce of approximately 1.4 million people and is in a pivotal position to lead the way in the employment of Disabled people in England.

The Workforce Disability Equality Standard (WDES) is mandated for all Trusts in England with the aim of furthering equality and inclusion for Disabled staff in the NHS. Introduced in 2019, it has now been collecting data on disability inequality for four years, highlighting the collective experiences of Disabled NHS staff and shines a light on disparities between Disabled and non-disabled staff.

The WDES is a collection of 10 metrics that aim to compare the workplace and career experiences of Disabled and non-disabled staff through stages of the employment journey. The standard requires NHS Trusts to develop action plans to address any areas of inequity that the data highlights. It is an annual process to review and improve working conditions for Disabled staff in the NHS.

The report uses a capital 'D' when referring to Disabled staff. This is a conscious decision, made to emphasise that barriers continue to exist for people with long-term conditions. The capital 'D' also signifies that Disabled people have a shared identity and are part of a community that continues to fight for equality.

The evidence set out in the first three data analysis reports for the WDES in the NHS overall highlights that Disabled NHS staff continued to experience inequalities across all of the metrics. The data provides a robust evidence-base and reinforces the need for the WDES to act as a catalyst for change in creating a fairer and more equal NHS.

The WDES is referenced in the NHS People Plan<sup>1</sup>. Published in 2021, the Plan sets out actions to support transformation across the whole NHS. It focuses on how we must all continue to look after each other and foster a culture of inclusion and belonging, as well as take action to grow our workforce, train our people, and work together differently to deliver patient care. The Plan makes clear that the NHS must welcome all, building understanding, encouraging and celebrating diversity in all its forms.

The WDES helps to demonstrate compliance with:

- The UK Government's pledge to increase the number of Disabled people in employment – made in November 2017
- The NHS Constitution – relating to the rights of staff
- The 'social model of disability' – recognising that it is the societal barriers that people with disabilities face which is the disabling factor, not an individual's medical condition or impairment
- The Equality Act 2010 – specific requirements not to discriminate against workers with a disability, advancing equality and fostering good relations

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<sup>1</sup> <https://www.england.nhs.uk/ourhsppeople/> Accessed 08/07/2022

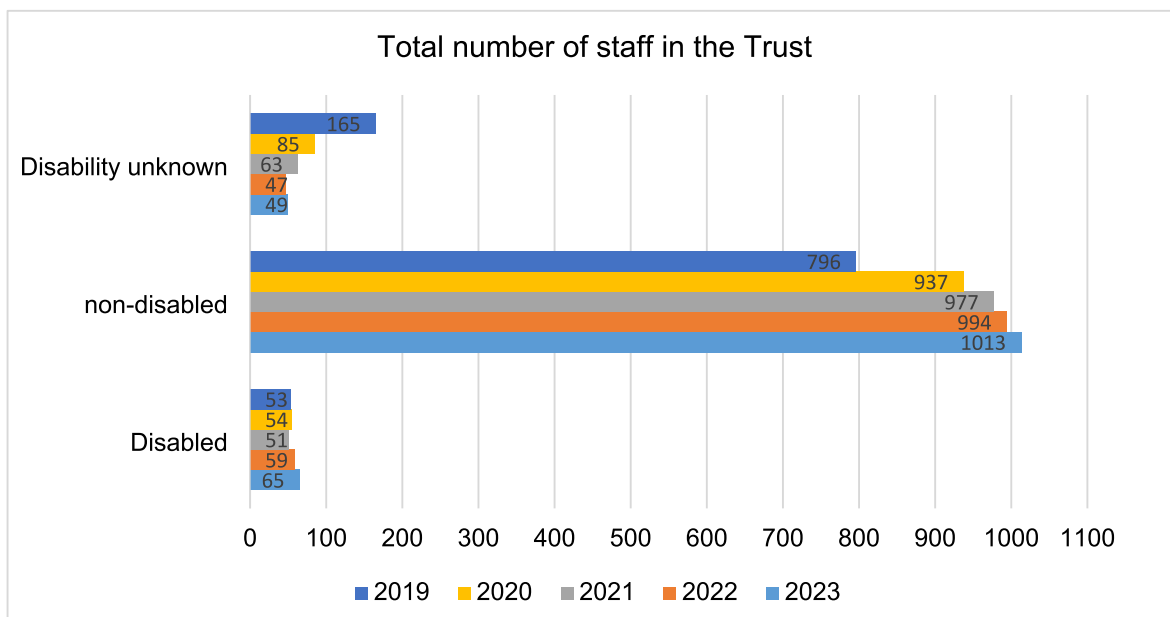
- 'Nothing about us without us' - a phrase used by the disability movement to denote a central principle of inclusion: that actions and decisions that affect or are about people with disabilities should be taken with disabled people.
- 'Disability as an Asset' – refers to the benefits of employing Disabled staff and the positive impact that disability inclusion can have in the workplace, developing a culture in which people can speak openly and positively about disability and bring their lived experience into work.

## Reporting period for this report

This report contains a data snapshot on 31 March 2023, and highlights the improvements that have been seen and the areas that may require further action.

## Background information

The total number of staff in the Trust in 2023 was 1,127 compared to 2022 where there were 1,100 staff. Overall in 2023, 95.7% of the workforce had declared their Disability status, which is the same as in 2022. This is broken down as below:



## How is disability defined under the WDES?

One of the challenges in monitoring workforce disability within the NHS is that the definitions of disability used within the NHS Electronic Staff Record (ESR), NHS Staff Survey and NHS Jobs are not the same. These definitions also vary when compared to the legal definition of disability, as set out in the Equality Act 2010. Under the Act, a person is considered as having a disability if they have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on their ability to do normal daily activities. Work is ongoing centrally in the NHS to align definitions of disability with the Equality Act's definition, as well as set up cross-system, agreed disability question(s).



It should be noted that within the WDES metrics the term 'Disabled compared to non-disabled', analyses the differences in experience between those staff who have responded 'Yes' and 'No' to monitoring questions about whether they have a disability. The label "Unknown" is used to refer to the other options recorded on ESR, namely "Prefer not to answer", "Not declared" and "Unspecified".

## Steps taken and progress in the last reporting period against Actions 2022

Monitor shortlisting process ensuring candidates who declare a disability under the Two Ticks scheme are invited to interview if they meet all essential requirements

Introduction of disability awareness in recruitment including "what is a reasonable adjustment"

### **To increase workplace satisfaction of Disabled staff through initiatives such as:**

- Reasonable adjustments and improve opportunity for flexible working across the Trust – the HR Advisors have been working with managers to support their staff to improve flexible working options within teams/departments in particular those who have been absent from work due to sickness related to a disability. In May (2023) the Health, Wellbeing and Inclusion Coordinator promoted through posters, staff newsletter, and Qnet the theme of 'Accessibility for All' through raising awareness of flexible working options and reasonable adjustments that can be implemented in the workplace. The Health, Wellbeing and Inclusion Coordinator designed a 'Personal Support Profile' for staff who have a long-term health condition, mental health condition, neurodiversity, or disability or difficulty to help them access the support they may need in the workplace which will be launched in May 2023.
- To give Disabled staff a voice – a couple of members of staff have shown an interest to start a Disabled staff network and it is anticipated that this will be achieved in 2023/24.
- Educate and support our people to be proactive in their health and wellbeing – annual calendar of initiatives and information with monthly themes such as 'Keeping Ourselves Healthy' in which stress awareness month (April) promoted resilience and encouraging practices to reduce stress and avoid overwhelm, and the Health, Wellbeing and Inclusion Coordinator set up and manages a Strava group (an app for tracking physical exercise) for QVH staff to challenge each other in physical activities.

### **Implement NHS People Promise – We are safe and healthy**

- The Health, Wellbeing and Inclusion Coordinator engaged with staff and managers to develop an 'Embracing Neurodiversity at QVH' guidance document which was launched during Equality, Diversity and Human Rights Week in May, celebrating our diverse staff and encouraging inclusive behaviours/culture across the Trust.
- Training available to all staff was delivered on disability awareness training. This included learning disability and autism awareness, visual impairment awareness, ADHD workshops, dignity and respect workshops, diversity and inclusion workshops and mandatory equality and diversity training.

## Key findings

**+0.4%**

### Disability Workforce Representation

2022 data shows an increase of 0.4 percentage points to 5.8% of the total workforce

**8%**

### Board representation

In 2022 there was no change to the number of Disabled Board members (25% of voting Board membership)

**7.0**

### Staff engagement

The overall engagement score for Disabled staff in 2022 was 7.0 and for non-disabled staff it was 7.5.

**x0.0020**

Non-disabled staff were 0.0020 times more likely to enter the formal capability process compared to Disabled staff. There are minimal numbers of QVH staff that enter a formal process.

**x2.05**

### Recruitment

Non-disabled candidates were 2.05 times more likely to be appointed from shortlisting compared to Disabled candidates. This is an adverse change for Disabled candidates from 2022 by 1.37 times.

**-1.9%**

### Career progression or promotion

There is a nominal 1.9% difference between Disabled and non-disabled staff believing that the organisation provides equal opportunities for career progression or promotion

## Workforce Disability Equality Metrics

The standard compares the metrics for Disabled and non-disabled staff (using declared status).

### Metric 1 - Percentage of staff in AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce

Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff, and presented in Pay banding clusters as defined by the NHS WDES team.

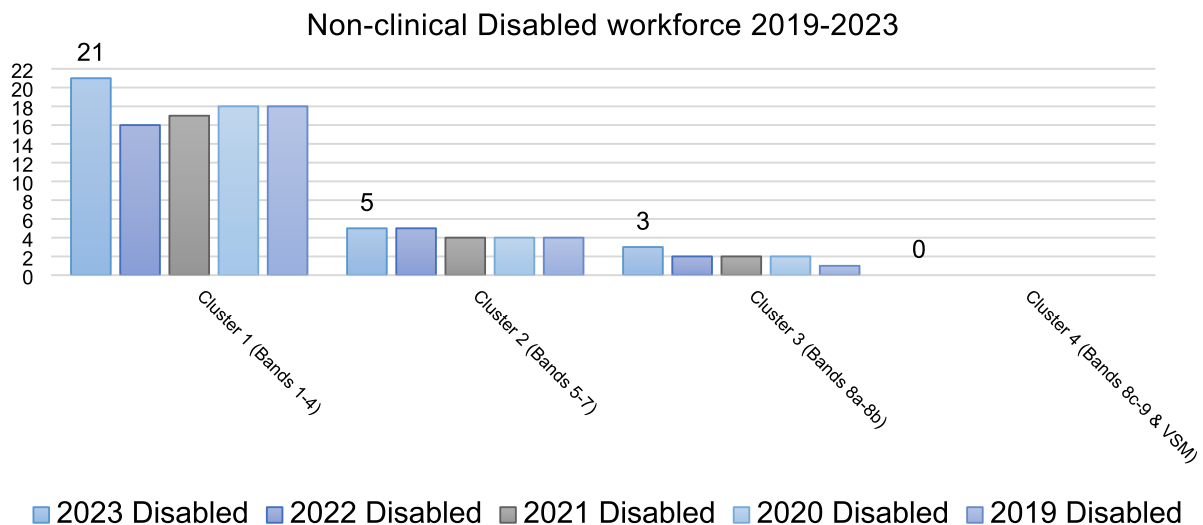
#### For non-clinical workforce

Pay banding	Disabled	non-disabled	Unknown	Total	Disabled %	non-disabled %
Under Band 1	0	0	0	0	0.0%	0.0%
Band 1	0	0	0	0	0.0%	0.0%
Band 2	7	78	7	92	7.6%	84.8%
Band 3	5	80	2	87	5.7%	92.0%

Band 4	9	100	1	110	8.2%	90.9%
Band 5	1	19	2	22	4.5%	86.4%
Band 6	1	24	1	26	3.8%	92.3%
Band 7	3	17	2	22	13.6%	77.3%
Band 8a	2	14	0	16	12.5%	87.5%
Band 8b	1	2	0	3	33.3%	66.7%
Band 8c	0	8	0	8	0.0%	100.0%
Band 8d	0	2	0	2	0.0%	100.0%
Band 9	0	2	0	2	0.0%	100.0%
VSM	0	4	1	5	0.0%	80.0%
Other	0	0	0	0	0.0%	0.0%
Cluster 1 (Bands 1-4)	21	258	10	289	7.3%	89.3%
Cluster 2 (Bands 5-7)	5	60	5	70	7.1%	85.7%
Cluster 3 (Bands 8a-8b)	3	16	0	19	15.8%	84.2%
Cluster 4 (Bands 8c-9 & VSM)	0	16	1	17	0.0%	94.1%
<b>All non-clinical roles</b>	<b>29</b>	<b>350</b>	<b>16</b>	<b>395</b>	<b>7.3%</b>	<b>88.6%</b>

\*The overall percentage in the tables is compared to the 5.8% representation of Disabled staff in the overall workforce.

## Historical comparison from previous WDES reports

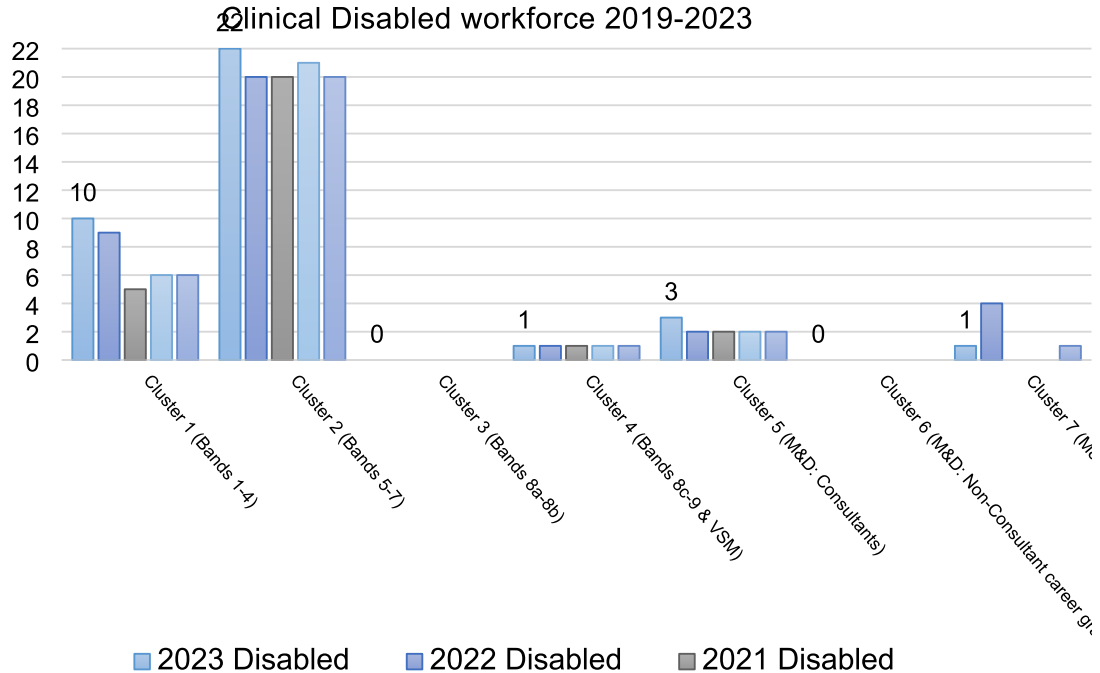


Compared to the overall workforce, in the non-clinical workforce there is a higher representation of Disabled staff in 2023 in Cluster 1 (lowest bands). The least number of Disabled staff are represented in Cluster 4 (highest bands).

## For clinical workforce

Pay banding	Disabled	non-disabled	Unknown	Total	Disabled %	non-disabled %
Under Band 1	0	0	0	0	0.0%	0.0%
Band 1	0	0	0	0	0.0%	0.0%
Band 2	6	68	0	74	8.1%	91.9%
Band 3	4	38	0	42	9.5%	90.5%
Band 4	0	36	0	36	0.0%	100.0%
Band 5	8	100	5	113	7.1%	88.5%
Band 6	8	129	5	142	5.6%	90.8%
Band 7	6	102	2	110	5.5%	92.7%
Band 8a	0	22	0	22	0.0%	100.0%
Band 8b	0	7	1	8	0.0%	87.5%
Band 8c	0	4	1	5	0.0%	80.0%
Band 8d	0	1	0	1	0.0%	100.0%
Band 9	1	1	0	2	50.0%	50.0%
VSM	0	0	0	0	0.0%	0.0%
Other	0	0	0	0	0.0%	0.0%
Cluster 1 (Bands 1-4)	10	142	0	152	6.6%	93.4%
Cluster 2 (Bands 5-7)	22	331	12	365	6.0%	90.7%
Cluster 3 (Bands 8a-8b)	0	29	1	30	0.0%	96.7%
Cluster 4 (Bands 8c-9 & VSM)	1	6	1	8	12.5%	75.0%
<b>Total clinical</b>	<b>33</b>	<b>508</b>	<b>14</b>	<b>555</b>	<b>5.9%</b>	<b>91.5%</b>
Medical & Dental: Consultants	2	74	12	88	2.3%	84.1%
Medical & Dental: Non- consultant career grades	0	22	3	25	0.0%	88.0%
Medical & Dental: Trainee grades	1	59	4	64	1.6%	92.2%
Cluster 5 (M&D: Consultants)	2	74	12	88	2.3%	84.1%
Cluster 6 (M&D: Non-Consultant career grades)	0	22	3	25	0.0%	88.0%
Cluster 7 (M&D: trainee grades)	1	59	4	64	1.6%	92.2%
<b>Total Medical and Dental</b>	<b>3</b>	<b>155</b>	<b>19</b>	<b>177</b>	<b>1.7%</b>	<b>87.6%</b>
<b>All clinical roles</b>	<b>36</b>	<b>663</b>	<b>33</b>	<b>732</b>	<b>4.9%</b>	<b>90.6%</b>

## Historical comparison from previous WDES reports



In 2023, compared to the overall workforce, there is a greater representation of Disabled staff in the clinical workforce Cluster 2. The least number of Disabled staff are represented in Cluster 3 and Cluster 6.

### What the data tells us:

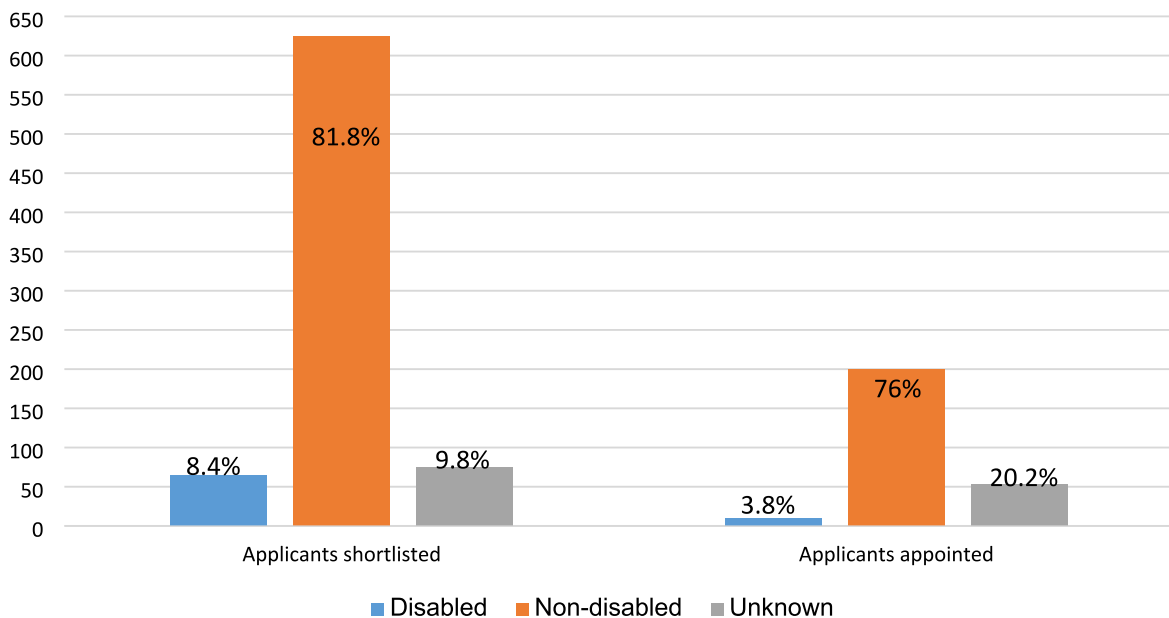
- There is a better representation of Disabled staff in the non-clinical roles (7.3%) compared to clinical roles (4.9%) which is consistent year on year, although the number of Disabled staff in the non-clinical roles has increased by 0.9% since 2019 (6.2%)
- Cluster 4 in clinical roles has the highest level of representation of Disabled staff in the clinical workforce (12.5%), which is a higher than expected level of representation compared to the overall number of Disabled staff in the workplace
- There has been no change to the number of Disabled staff in clinical roles between 2022 and 2023 (n=36), yet there has been an increase of 6 Disabled staff in non-clinical roles in the same period (from 23 to 29)
- There has been a marked increase to the number of Disabled staff in non-clinical roles between 2022 (5.1%) and 2023 (7.3%)
- There are no Disabled staff in cluster 4 (Bands 8c-9 & VSM) of the non-clinical workforce, nor is there any representation in clusters 3 (Bands 8a-8b) and 6 (Medical & Dental: Non-Consultant career grades) of the clinical workforce, with only 2.2% of cluster 5 (Medical & Dental Consultants; n=2)) with a known Disability.

## Metric 2 - Relative likelihood of non-disabled applicants compared to Disabled being appointed from shortlisting across all posts

The relative likelihood of non-disabled candidates being appointed from shortlisting compared to Disabled candidates is 2.05\*\* times greater. In this instance, the data suggests non-disabled candidates are more likely than Disabled candidates to be appointed from shortlisting.

	Disabled	Non-disabled	Unknown	Total
Applicants shortlisted	64	625	75	764
<i>Shortlisted %</i>	8.4%	81.8%	9.8%	
Applicants appointed	10	200	53	263
<i>Appointed %</i>	3.8%	7.6%	20.23%	
Relative likelihood of appointment from shortlisting	16%	32%	71%	
<b>Relative likelihood of being appointed**</b>	<b>0.16</b>	<b>0.32</b>	<b>0.71</b>	<b>2.05</b>

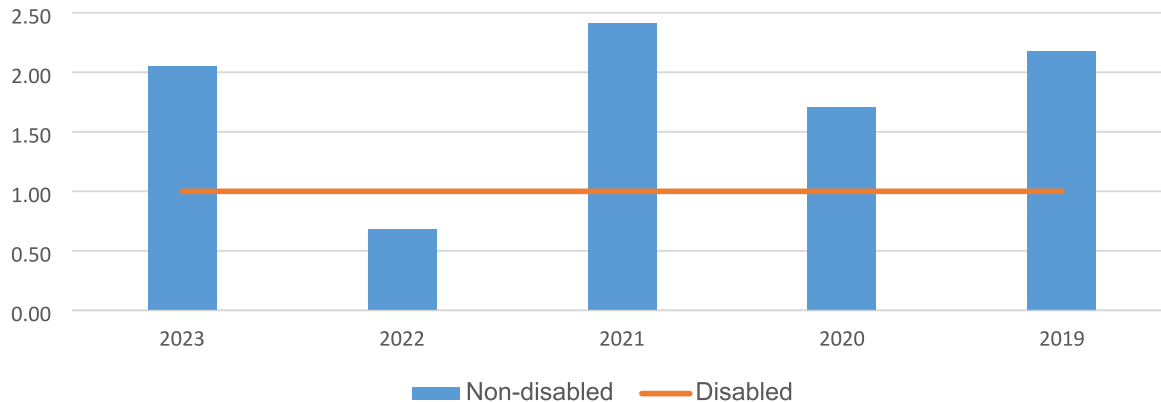
\*\*calculation is 0.32 (non-disabled candidates) / 0.16 (Disabled candidates)



### Historical comparison from previous WDES reports

In the chart below, Disabled applicants have a constant measure of 1.0. Where the Disabled applicants' line is above the non-disabled applicants bar, it would suggest that non-disabled applicants are less likely to be recruited from shortlisting than Disabled applicants. Where the Disabled applicants' line is below the non-disabled applicants bar, it suggests the converse, in that non-disabled applicants are more likely to be recruited from shortlisting than Disabled applicants.

The graph below shows that the relative likelihood of non-disabled candidates being appointed from shortlisting compared to Disabled staff was consistently greater in 2019, 2020 and 2021. However, in 2022 there was a relative likelihood of Disabled candidates being appointed from shortlisting and this has reverted again in 2023 with non-disabled candidates more likely to be appointed from shortlisting.



### What the data tells us:

- The 2023 data suggests that non-disabled applicants are 0.71 times more likely to be appointed from shortlisting than Disabled applicants.
- The relative likelihood of non-disabled applicants being appointed from shortlisting had been greater than Disabled candidates in previous years, until 2022 where the greater relative likelihood of Disabled candidates being appointed from shortlisting improved with Disabled staff being more likely to be offered from shortlisting. This has reverted again in 2023 with non-disabled staff having a greater relative likelihood of Disabled candidates being appointed from shortlisting.

The Trust does not share personal or equal opportunities data with managers at the shortlisting stage to remove potential bias in the recruitment process. Applicants are however able to apply under the guarantee interview scheme (Two Ticks); meaning if an applicant meets all essential requirements in the person specification for a role they are invited to interview. Appointing managers are alerted when they complete shortlisting if they have not moved an applicant who has applied under this scheme through to interview, to allow them to review the application if required.

### Disability Confident Employer Scheme

Queen Victoria Hospital became a disability confident employer (Level 2) in February 2020 to show our commitment to equal opportunities to all applicants. The disability confident scheme supports QVH to attract Disabled candidates in our local community by promoting our membership on all recruitment adverts, public website and recruitment paperwork. The scheme also provides us with the tools to help support an employee who may become disabled whilst employed by us.

### Metric 3 – Relative likelihood of Disabled staff compared to non-disabled staff entering the formal capability process, as measured by entry into a formal capability procedure

*Note: this metric is based on data from a two year rolling average of the current year and the previous year. This metric looks at capability on the grounds of performance, rather than ill-health, and for 2023 how many of these were on the grounds of ill-health.*

	Number of Formal Capability Processes	On the grounds of ill-health	Number in Workforce	***Relative Likelihood of entering procedure
<b>Disabled</b>	0	0	65	0.0000
<b>Non-disabled</b>	2	0	1013	0.00197 (0.20%)
<b>Unknown</b>	0	0	49	0.0000

\*\*\* calculation is:

The likelihood of Disabled staff entering the formal capability process:  $0/65 = 0.00\%$   
 The likelihood of non-disabled staff entering the formal capability process:  $2/1013 = 0.20\%$

We are unable to state the relative likelihood of Disabled staff entering the formal capability process compared to non-disabled staff in 2022 as there were no Disabled staff being managed in line with a formal capability process.

#### Historical comparison from previous WDES reports

In the chart below, non-disabled staff have a constant measure of 1.0. For Disabled staff, if the bar is below the non-disabled staff line, it would suggest that Disabled staff are more likely to enter the formal capability process than non-disabled staff. Where the Disabled staff bar is above the non-disabled staff line, it would suggest that they are less likely to enter a formal capability process.

It can be seen that the relative likelihood of Disabled staff entering the formal capability process was less likely in 2019, 2021, 2022 and 2023 compared to non-disabled staff. 2020 was an exception where Disabled staff were more likely to enter a formal capability process; however it is important to note the minimal numbers of staff entering a process.

The average numbers for 2020 were as follows:

The likelihood of Disabled staff entering the formal capability process:  $1 / 54 = 0.03\%$   
 The likelihood of non-disabled staff entering the formal capability process:  $3 / 937 = 0.00\%$



## Metric 10 – Percentage difference between the organisation's Board voting membership and its organisation's overall workforce, disaggregated

There was one Disabled staff representation of voting executive Board members in 2023 which was the same as in 2022.

	Disabled	Non-disabled	Unknown	Total
<b>Total Board executive members</b>	<b>2</b>	<b>10</b>	<b>1</b>	<b>13</b>
<i>of which voting</i>	<i>1</i>	<i>2</i>	<i>1</i>	<i>4</i>
<i>of which non-voting</i>	<i>1</i>	<i>8</i>	<i>0</i>	<i>9</i>
<i>of which Exec</i>	<i>1</i>	<i>6</i>	<i>1</i>	<i>8</i>
<i>of which Non-Exec</i>	<i>1</i>	<i>4</i>	<i>0</i>	<i>5</i>

	Disabled	Non-disabled	Unknown
Number of staff in overall workforce	65	1014	49
Total Board members - % by Disability	15.4%	76.9%	7.7%
Voting Board Member - % by Disability	25.0%	50.0%	25.0%
Non-Voting Board Member - % by Disability	11.1%	88.9%	0%
Executive Board Member - % by Disability	12.5%	75.0%	12.5%
Non-Executive Board Member - % by Disability	20%	80%	0%
Overall workforce - % by Disability	5.8%	89.9%	4.3%

### What the data tells us:

- There is a better representation of Disabled staff among the total executive Board (12.5%) in 2023 when compared to the overall workforce (5.8%).
- There is a significantly better percentage representation of Disabled staff among the voting members of the Board (25%) when compared to the overall workforce.
- However, when considering these statistics it is important to remember that the Board consists of just 8 executive members, with 4 voting members. Therefore, any variations will appear more significant than they otherwise would in larger groups.

## NHS Staff Survey

QVH surveyed 1081 eligible staff in 2022 compared to 1056 in 2021. Of these, 609 responded making a 56% return, a decrease from 64.5% the year before. Any surveys that were completed, but the individual did not press the submit button were excluded from NHS Staff Survey reporting in 2022. This may have caused a drop in base size against historical data. Partially completed surveys, which have been submitted, was included in reporting.

The following metrics (4-9a) include the 2018-2022 organisation results (for q4b, q11e, q14a-d, q15, and q30b) split by staff with a long lasting health condition or illness (disabled) compared to staff without a long lasting health condition or illness (non-disabled). It also shows results for the staff engagement score for staff with a long lasting

health condition or illness (disabled), compared to staff without a long lasting health condition or illness (non-disabled) and the overall engagement score for the organisation.

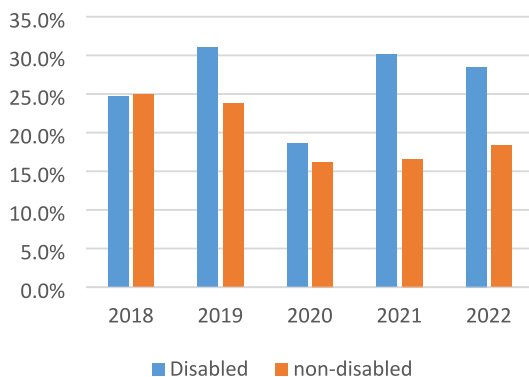
The WDES breakdowns are based on the responses to q30a 'Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?'

It should be noted that within the NHS Staff Survey metrics the term 'staff with a long term condition or illness' is referred to as disabled, and the term 'staff without a long term condition or illness' is referred to as non-disabled.

'Disabled compared to non-disabled', analyses the differences in experience between those staff who have responded 'Yes' and 'No' to questions about whether they have a disability.

#### **Metric 4 – a) Percentage of disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from:**

##### **i) Patients/ service users, their relatives or other members of the public (patients, etc.)**



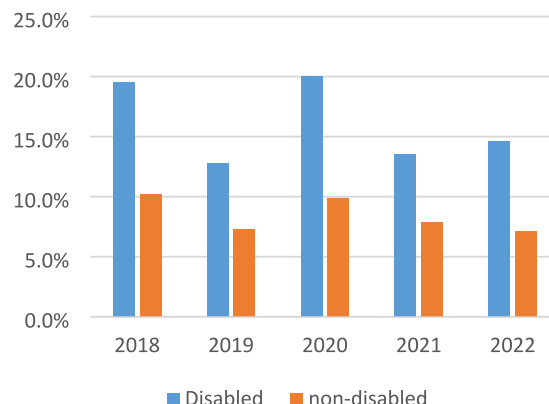
The percentage of disabled staff that experienced harassment, bullying or abuse for this category in 2022 was 28.5% which is considerably more (10.2%) than non-disabled staff where 18.3% responded that they had this experience.

The graph shows that over the 5 year reporting period, disabled staff experience harassment, bullying or abuse for this category on average 6.6% more than non-disabled staff.

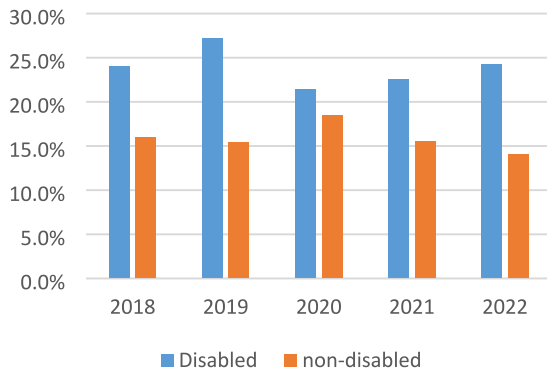
##### **ii) Managers**

The percentage of disabled staff that experienced harassment, bullying or abuse from managers in 2022 was 14.6% which is higher (7.5%) than non-disabled staff where 7.1% responded that they had this experience.

The graph shows that over a 5 year reporting period, disabled staff experience harassment, bullying or abuse from managers on average 7.6% more than non-disabled staff.



### iii) Other colleagues



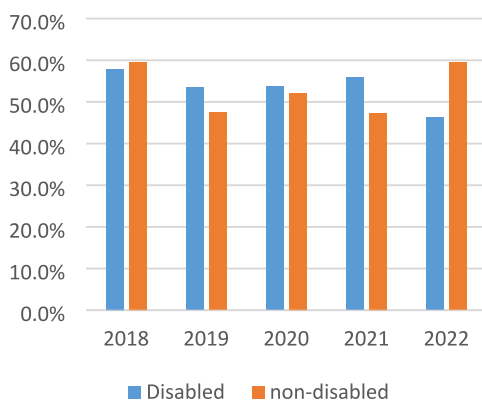
The percentage of disabled staff that experienced harassment, bullying or abuse from other colleagues in 2022 was 24.3% which is 10.2% more than non-disabled staff where 14.1% responded that they had this experience.

The graph shows that over a 5 year reporting period, disabled staff experience harassment, bullying or abuse from other colleagues on average 8.0% more than non-disabled staff.

#### What the data tells us:

- In 2022, there is still a disparity between disabled and non-disabled staff in the level of harassment, bullying or abuse from patients, etc., managers and other colleagues, it is unacceptable that disabled staff experience greater levels of harassment, bullying or abuse from patients, etc., managers and other colleagues more than non-disabled staff.

### Metric 4 – b) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it



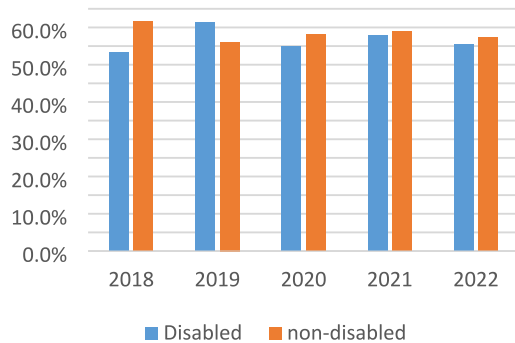
The percentage of disabled staff that said the last time they experienced harassment, bullying or abuse at work they or a colleague reported it in 2022 was 46.3% which is significantly less (13.2%) compared to 59.5% of non-disabled staff who responded.

The graph shows that over a 5 year reporting period, disabled staff said that the last time they experienced harassment, bullying or abuse at work they or a colleague reported it on average 0.2% more than non-disabled staff.

#### What the data tells us:

- In previous years, disabled staff were more likely to report harassment, bullying or abuse at work than non-disabled staff. However in 2022, QVH can see a significant shift in reporting. It is not acceptable that any staff have had this experience in the workplace and that they are able to report their experience.

## Metric 5 – Percentage of disabled staff compared to non-disabled staff believing that their organisation provides equal opportunities for career progression or promotion

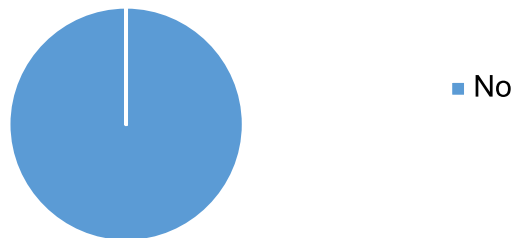


The percentage of disabled staff believing that the organisation provides equal opportunities for career progression or promotion in 2022 was 55.4% which is a nominal 2.0% less than non-disabled staff (57.4%).

The graph shows that over the 5 year period, disabled staff believe that their organisation provides equal opportunities for career progression or promotion on average a minimal 1.9% more too non-disabled staff.

The graph below shows the number of staff that were recruited through open competition (source: Trac) and therefore promoted internally. It can be seen that 100% were non-disabled.

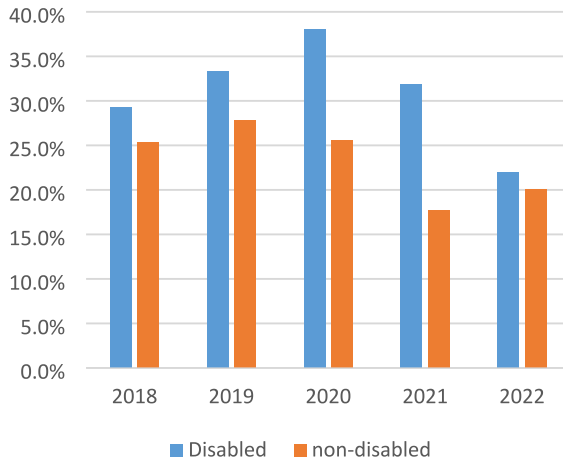
Internal promotions through open recruitment competition



### What the data tells us:

- It is discouraging to see that out of 58 disabled staff none were internally promoted (source; Trac), despite the staff survey results showing 55.4% of disabled staff responded to say they felt the organisation acts fairly with career progression.

## Metric 6 – Percentage of disabled staff compared to non-disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties



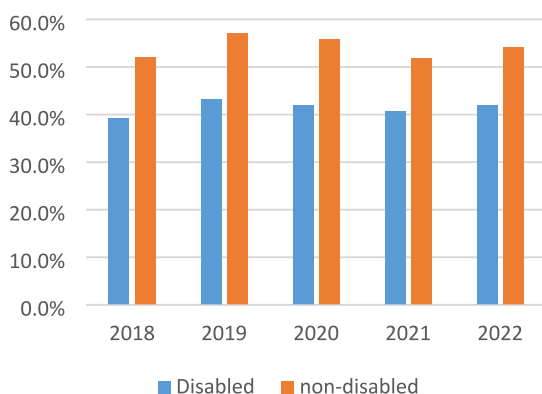
The percentage of disabled staff that said they had felt pressure from their manager to come to work, despite not feeling well enough to perform their duties, in 2022 was 22% which has significantly improved since 2020 (38%) but slightly higher (2%) than non-disabled staff where 20% responded they had felt pressure.

The graph shows that over a 5 year reporting period, Disabled staff said that they had felt pressure from their manager to come to work, despite not feeling well enough to perform their duties on average 7.6% more than non-disabled staff.

### What the data tells us:

- It is encouraging to note that disabled staff have felt less pressure compared to non-disabled staff to come to work when not feeling well enough. However, it is unacceptable that any staff felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

## Metric 7 – Percentage of disabled staff compared to non-disabled staff saying that they are satisfied with the extent to which their organisation values their work



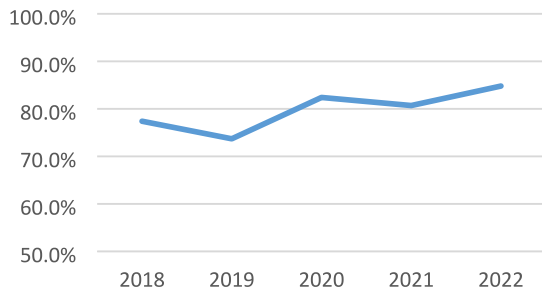
The percentage of disabled staff that said they were satisfied with the extent to which the organisation values their work in 2022 was 42.0% compared to 54.1% of non-disabled staff; who are therefore 12.1% more satisfied.

The graph shows that over a 5 year reporting period, disabled staff have consistently said that they are less satisfied with the extent to which the organisation values their work compared to non-disabled staff. On average disabled staff are 12.8% less satisfied compared to non-disabled staff.

### What the data tells us:

- It is concerning that disabled staff and non-disabled staff have said that they are not satisfied with the extent to which the organisation values their work, however this gap between disabled and non-disabled staff has remained consistent since 2018.

## Metric 8 – Percentage of disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work

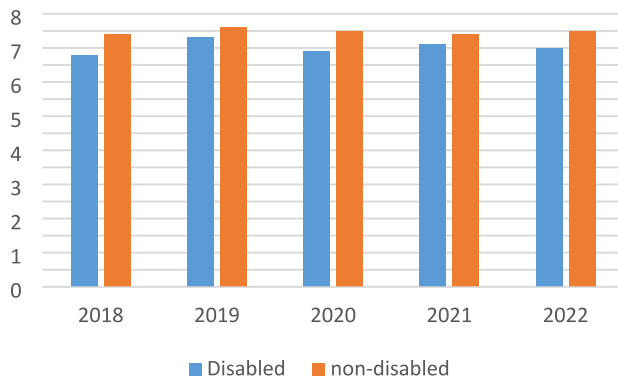


The percentage of disabled staff that said their employer has made adequate adjustment(s) to enable them to carry out their work in 2022 was 84.8% an increase from 80.7% in 2021. The graph below shows that over a 5 year reporting period, on average 79.8% of disabled staff have said that their employer has made adequate adjustment(s).

### What the data tells us:

- It is encouraging to note that more disabled staff have said that their employer has made adequate adjustment(s) to enable them to carry out their work.

## Metric 9a – The staff engagement score for disabled staff compared to non-disabled staff and the overall engagement score



The overall engagement score for all staff was 7.4 in 2022. However, for disabled staff in it was 7.0 and for non-disabled staff it was 7.5.

The score for disabled staff in 2022 was a slight decrease against the score in 2021 (7.1). However, the score has remained consistent and is higher than the score back in 2018.

## Metric 9b – Has the organisation taken action to facilitate the voices of Disabled staff to be heard?

Yes:

- Recruitment process – Disabled applicants are guaranteed interview if they meet a percentage of the criteria as part of being a Disability Confident Employer. Reasonable adjustments to enable candidates to attend interview.
- Organisational Development interventions – when individuals or teams seek OD interventions, QVH seek to identify any accessibility requirements within the OD product request form which is then discussed during the consultation stage. When implementing the OD interventions, we support individuals and teams with any

accessibility support required (i.e. such as method of delivery offered in various formats).

- Employee Relations – implementing recommendations from Occupational Health and Moving & Handling Practitioner/Advisor of reasonable adjustments to improve the experience in the workplace. A couple of members of staff have shown an interest to start a Disabled staff network and it is anticipated that this will be achieved in 2023/24.

## Conclusions

Although there is a better representation of Disabled staff in non-clinical roles (7.3%) compared to clinical roles (4.9%), it is disheartening that there has been a decrease in the number of Disabled staff in clinical roles between 2022 (5.1%) and 2023 (4.9%); however, there has not been a significant increase in the number of Disabled staff in the overall workforce which is 5.8% (from 5.2% in 2019).

Non-disabled applicants are 2.05 times more likely to be appointed from shortlisting than Disabled applicants which is a significant change from 2022 where Disabled applicants were more likely to be appointed. To support the recruitment of Disabled staff into the workforce, the Trust continues to promote its disability confident employer (Level 2) status and aiming for disability confident leader (Level 3) status in 2023/24.

The percentage of Disabled staff that said the last time they experienced harassment, bullying or abuse at work they or a colleague reported it in 2022 was 46.3%; this is significantly less (13.2%) compared to 59.5% of non-disabled staff who responded in 2022. More promotion of anti-bullying awareness is required and support for staff experiencing bullying in the workplace to have a voice.

Finally, it is reassuring to see that Disabled staff compared to non-disabled staff believe that their organisation provides equal opportunities for career progression or promotion.

## Action plan

The WDES identifies that the following are the Trust's top 3 priorities:

Metric	2023		
	Trust	National Average	Rank
<b>Metric 2: Likelihood of appointment from shortlisting</b>	<b>2.05</b>	<b>0.99</b>	<b>205</b>
Metric 4d: Reporting last incident of harassment, bullying or abuse	46.3%	51.3%	177
Metric 1: Disabled representation in the workforce (medical/dental)	1.7%	2.2%	109

The Trust has developed an action plan which is aligned to the Sussex People Plan, National People Plan and the EDI Implementation plan. The actions from our WDES feed into our overarching EDI plan as a Trust, however are specifically provided in **Appendix 1** of this report.



## Appendix 1- WDES Action Plan

WDES Metrics	2022 - 2023 Data	2023 National Average	2022-2023 Action	Timescale
Metric 1 - Percentage of staff in AfC Bands 1-9 and VSM (including Executive Board members) compared with the percentage of staff in the overall workforce	5.80%	4.90%	Apply an EDI lens through lived experience to an end-to-end review of our current internal and external recruitment processes	December 2023
			Undertake an enquiry into workplace belonging – inc. a specific focus on eliminating discrimination and barriers to career progression	January 2024
Metric 2 - Relative likelihood of non-disabled applicants compared to Disabled being appointed from shortlisting across all posts	2.04	0.99	Establish a Trust EDI group as a focus for all our EDI work and to ensure a safe space for conversations on workplace belonging	December 2023
			Become a Disability Confident Leader organisation	March 2024
Metric 4 – d) Percentage of disabled staff compared to non-disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	59.50%	51.30%	Oliver McGowan Training embedded to improve manager insight and competence	October 2023
			To review existing and commission new provision for training for managers and all staff to increase cultural competence, civility and a just restorative culture.	November 2023
	46.30%	49.50%	Support the trusts action plan to improve Speak Up and psychological safety for all staff	November 2023
			Undertake an enquiry into workplace belonging – inc. a specific focus on bullying and harassment at work	January 2024



Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	23 October 2023	Agenda reference:	117-23		
Report title:	NHS Workforce Race Equality Standards (WRES) Annual Report 2022/23				
Sponsor:	Robert Stevens, Interim chief people officer				
Author:	Lawrence Anderson, Deputy chief people officer				
Appendices:	None				
Executive summary					
Purpose of report:	This paper sets out the annual WRES report and associated actions that will be taken, based on data collected on 31 March 2023. Having previously been reviewed at F&P in July 2023 minus actions, this version is now the complete report presented to F&P in October 2023, and published in line with NHSE requirements.				
Summary of key issues	<ul style="list-style-type: none"> <li>• There has been a 105.6% increase in the number of BME staff in non-clinical roles and a 61.9% increase in the number of BME staff in clinical roles between 2016 and 2023</li> <li>• 21.8% of BME staff had personally experienced discrimination at work from a manager, team leader or other colleagues in 2022</li> <li>• White applicants were 2.31 times more likely to be appointed from shortlisting compared to BME applicants</li> <li>• The Trust has agreed its EDI objectives and immediate priorities and the actions set out in this paper align with those priorities</li> </ul>				
Recommendation:	For Information				
Action required	Approval	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<b>Organisational excellence</b>
Implications					
Board assurance framework:	Individual and collective EDI objectives become a mandatory requirement for board members from October 2023				
Corporate risk register:	None				
Regulation:	Individual and collective EDI objectives become a mandatory requirement for board members from October 2023				
Legal:	None				
Resources:	None at this stage. Emergent requirements e.g. in relation to strengthening our networks will be raised separately.				
Assurance route					
Previously considered by:	EMT and F&P				
	Date:		Decision:		
Next steps:	This report was published in October 2023				

# **NHS Workforce Race Equality Standards (WRES)**

## **Annual Report 2022/23**

## National context

As at 31 March 2023, the NHS had a workforce of approximately 1.4 million people with over 100 nationalities represented, of which 24.2%<sup>1</sup> were from a black or minority ethnic (BME) background. This is an increase from 19.1% in 2018. The total number of BME staff at very senior manager level increased by 69.7% since 2018, and there was a 38.1% improvement of board members from a BME background between 2020 and 2022.

The Workforce Race Equality Standard (WRES) programme has now been collecting data on race inequality for seven years, holding up a mirror to the service and revealing the disparities that exist for black and minority ethnic staff compared to white colleagues. The Covid-19 pandemic has put in the spotlight the disadvantage experienced by staff with protected characteristics. As the NHS recovers its services following the pandemic, addressing the issues of equality and inclusion are core to the success for the workforce.

The WRES uses statistical data to demonstrate the experience and outcomes for BME staff compared to white staff through many stages of the employment journey. The standard requires NHS Trusts to develop action plans to address any areas of inequity that the data highlights. It is an annual process to review and improve working conditions for BME staff in the NHS.

The report uses the acronym BME, recognising that within this there are a multitude of ethnic backgrounds and diversity included within the WRES analysis. It does not suggest that the identified issues affect all BME staff equally or that each group's treatment or needs are the same.

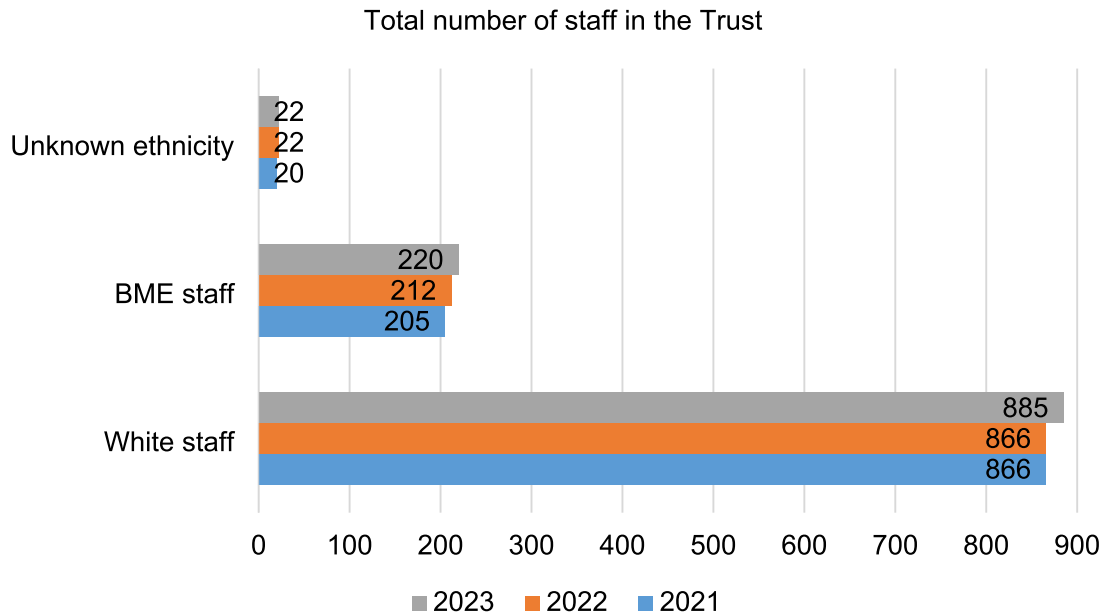
This report contains a data snapshot comparison between 1<sup>st</sup> April 2022 and 31<sup>st</sup> March 2023, and highlights the improvements that have been seen and the areas that may require further action.

## Background information

The total number of staff in the Trust in 2023 was 1127 compared to 2022 where there were 1,100 staff. Overall in 2023, 98% of the workforce had declared their ethnicity, which is comparable to 2022. This is broken down as below:

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<sup>1</sup> NHS Workforce Race Equality Standard: 2022 data analysis report from NHS trusts March 2023, accessed 10/05/2023  
[NHS England » NHS Workforce Race Equality Standard \(WRES\)2022 data analysis report for NHS trusts](#)



### How is BME defined under the WRES?

In line with the categories taken from the 2001 Census:

The BME category includes:	The White category includes:	The unknown category includes:
<ul style="list-style-type: none"> <li>• D – Mixed white and black Caribbean</li> <li>• E – Mixed white and black African</li> <li>• F – Mixed white and Asian</li> <li>• G – Any other mixed background</li> <li>• H – Asian or Asian British – Indian</li> <li>• J – Asian or Asian British – Pakistani</li> <li>• K – Asian or Asian British – Bangladeshi</li> <li>• L – Any other Asian background</li> <li>• M – Black or black British – Caribbean</li> <li>• N – Black or black British – African</li> <li>• P – Any other black background</li> <li>• R – Chinese</li> <li>• S – Any other ethnic group</li> </ul>	<ul style="list-style-type: none"> <li>• A – White – British</li> <li>• B – White – Irish</li> <li>• C – Any other white background</li> </ul>	<ul style="list-style-type: none"> <li>• Z – not stated</li> <li>• Null (NHS Electronic Staff Records code)</li> <li>• Unknown (NHS Electronic Staff Records code)</li> </ul>

## Steps taken and progress in the last reporting period against Actions 2022

### **Trust to launch the Integrated Care Board (ICB) anti-racism statement and promote throughout QVH**

A soft launch of the ICB anti-racism statement was issued in October 2022 during Black History Month through promotions, published on the Trust Intranet and staff newsletter. In March the statement was further shared on posters in all staff areas across QVH.

### **Monitor shortlisting process to ensure equal opportunities given and challenge managers where candidates not shortlisted**

Ongoing spot checks of shortlisting to interview stage to ensure no bias taking place over any protected characteristics with meetings taking place with managers to ensure fair and consistent shortlisting takes place.

### **Develop equality and unconscious bias training as a mandated requirement for all managers**

To form part of trust wide equality and diversity training alongside current one to one training for recruitment managers on specific unconscious bias training.

### **Introduction of developmental roles including direct appointment**

A soft launch with some roles where a full recruitment episode does not have to take place where an existing employee is deemed suitable for a developmental role. Direct external appointments made for specialist and more senior roles where candidates are sourced outside of a standard recruitment episode to ensure the right person is recruited in a faster way. Ongoing work to look at “grow our own” roles within the trust; for example assistant radiographers appointed, training and qualification worked through and provided by the trust to enable move to more senior qualified role without separate application and recruitment process.

### **Implement NHS People Promise – compassionate and inclusive**

- All staff diversity and inclusion training to close the reality gap – all staff have a mandatory requirement to complete Equality & Diversity training at QVH; as at 31 March 2023 the overall Trust compliance was 93.86%. The Trust engaged and procured ENACT to train and communicate key messages in respect of diversity and inclusion through an interactive drama based training using actors which was well received by staff and managers from a cross-section of the organisation.
- All staff bullying, harassment and incivility in the workplace training – the Trust also engaged and procured ENACT to train and communicate key messages in respect of bullying and harassment which was also valued by our people.

### **Build closer working relationships with Freedom to Speak Up Guardian and Guardian of Safe Working**

The Health, Wellbeing and Inclusion Coordinator has reached out to both the Freedom to Speak Up Guardian (FSUG) and the Guardian of Safe Working (GoSW). The GoSW has engaged and regular meetings are scheduled to discuss feedback from Junior Doctors and their forum conversations and actions to improve working experiences. It is anticipated that a relationship with the FSUG will be fostered in 2023/24.

## To increase workplace satisfaction of BME staff through initiatives such as:

The Ethnically Diverse Staff (EDS) network continued to encourage membership through promotion by various mediums.

In March the Health, Wellbeing and Inclusion Coordinator offered all staff the opportunity to utilise confidential drop-ins over a week-long period, and it is hoped that these will gain engagement from staff in 2023/24 to understand the key themes that will then be fed back into network meetings and utilised to develop the health, wellbeing and inclusion strategies for our people.

### Key findings

**+0.2%**

19.5% (220) of staff working at QVH were from a BME background. This is an increase from 19.37% in 2022.

**+47.0%**

47.0% of BME staff felt the organisation acts fairly in respect of career progression in 2022 compared to 59.1% of white staff

**+12.5%**

12.5% of board members at QVH were from a BME background which was an improvement of 4.20% between 2022 and 2023

**x2.31**

White applicants were 2.31 times more likely to be appointed from shortlisting compared to BME applicants; this is an increase from 1.27 in 2022.

**x0.0068**

BME staff were 0.0068 times more likely to enter the formal disciplinary process compared to white staff. There are minimal numbers of QVH staff that enter a formal process.

**21.8%**

21.8% of BME staff had personally experienced discrimination at work from a manager, team leader or other colleagues in 2022

## Workforce Race Equality Indicators

The standard compares the metrics for white and BME staff (using declared status).

### Indicator 1 - Percentage of staff in each of the AfC Bands 1-9 and VSM (including executive Board members) compared with the percentage of staff in the overall workforce

Note: Organisations should undertake this calculation separately for non-clinical and for clinical staff.

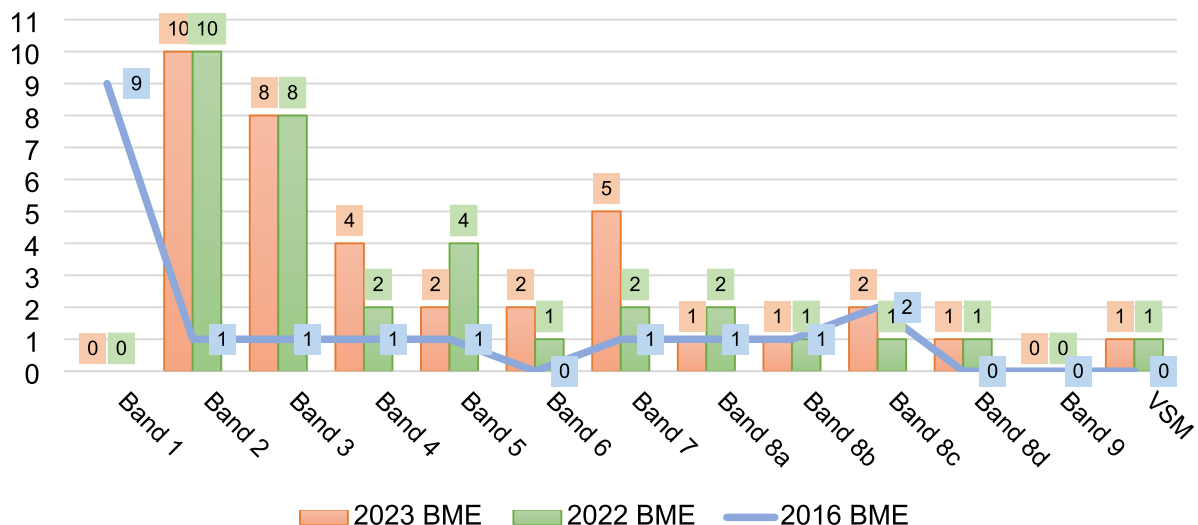
#### For non-clinical workforce

Pay banding	White	BME	Unknown ethnicity	Total	White %	*BME %
Band 1	0	0	0	0		
Band 2	78	10	4	92	84.8%	10.9%
Band 3	77	8	2	87	88.5%	9.2%
Band 4	106	4	0	110	96.4%	3.6%
Band 5	19	2	1	22	86.4%	9.1%
Band 6	22	2	2	26	84.6%	7.7%
Band 7	16	5	1	22	72.7%	22.7%
Band 8a	15	1	0	16	93.8%	6.3%
Band 8b	2	1	0	3	66.7%	33.3%
Band 8c	6	2	0	8	75.0%	25.0%
Band 8d	1	1	0	2	50.0%	50.0%
Band 9	2	0	0	2	100.0%	0.0%
VSM	4	1	0	5	80.0%	20.0%
<b>All non-clinical roles</b>	<b>348</b>	<b>37</b>	<b>10</b>	<b>395</b>	<b>88.1%</b>	<b>9.4%</b>

\*The overall percentage in the tables is compared to the 19.5% representation of BME staff in the overall workforce.

#### Historical comparison from previous WRES reports

##### Non-clinical BME workforce 2022-2023



There has been a 105.6% increase in the number of BME staff in non-clinical roles between 2016 to 2023. However, across all non-clinical roles there is a low representation of BME staff at only 9.4%.

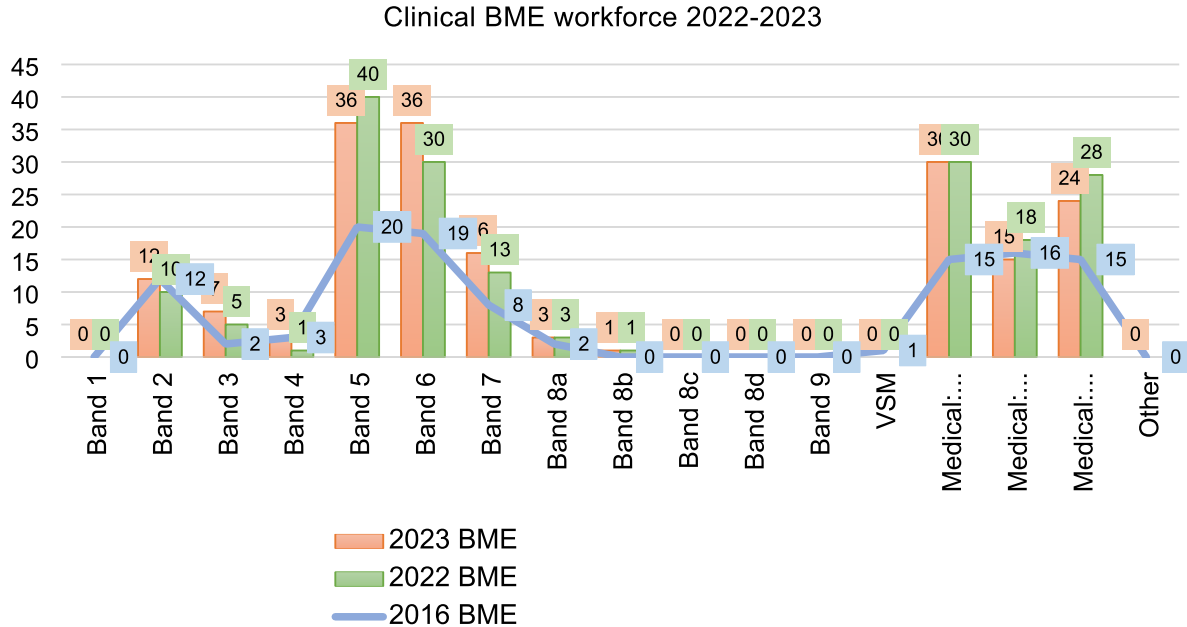
#### For clinical workforce

Pay banding	White	BME	Unknown ethnicity	Total	White %	*BME %
Band 1	0	0	0	0		
Band 2	60	12	2	74	81.1%	16.2%
Band 3	35	7	0	42	83.3%	16.7%
Band 4	32	3	1	36	88.9%	8.3%
Band 5	75	36	2	113	66.4%	31.9%
Band 6	105	36	1	142	73.9%	25.4%
Band 7	93	16	1	110	84.5%	14.5%
Band 8a	19	3	0	22	86.4%	13.6%
Band 8b	7	1	0	8	87.5%	12.5%
Band 8c	5	0	0	5	100.0%	0.0%
Band 8d	1	0	0	1	100.0%	0.0%
Band 9	2	0	0	2	100.0%	0.0%
VSM	0	0	0	0		
Medical: Consultants	56	30	2	88	63.6%	34.1%
<i>**of which Senior medical manager</i>	5	2	0	7	71.4%	28.6%
Medical: Non-consultant career grades	9	15	1	25	36.0%	60.0%
Medical: Trainee grades	38	24	2	64	59.4%	37.5%
<b>All clinical roles</b>	<b>537</b>	<b>183</b>	<b>12</b>	<b>732</b>	<b>73.4%</b>	<b>25.0%</b>

**\*\*Business Unit Clinical Directors (n=4), Deputy Medical Director & Clinical Director of Strategy (n=1), Chief Clinical Informatics Officer (n=1), Clinical Director of Research & Innovation (n=1)**



## Historical comparison from previous WRES reports



Compared to the overall workforce, there is a higher representation of BME staff in Band 5-7 and medical grades. The least number of BME staff are represented in Band 8a to 9. There has been a 61.9% increase in the number of BME staff in clinical roles between 2016 to 2023 which is a year-on-year increase in the representation of BME staff in the overall workforce.

### What the data tells us:

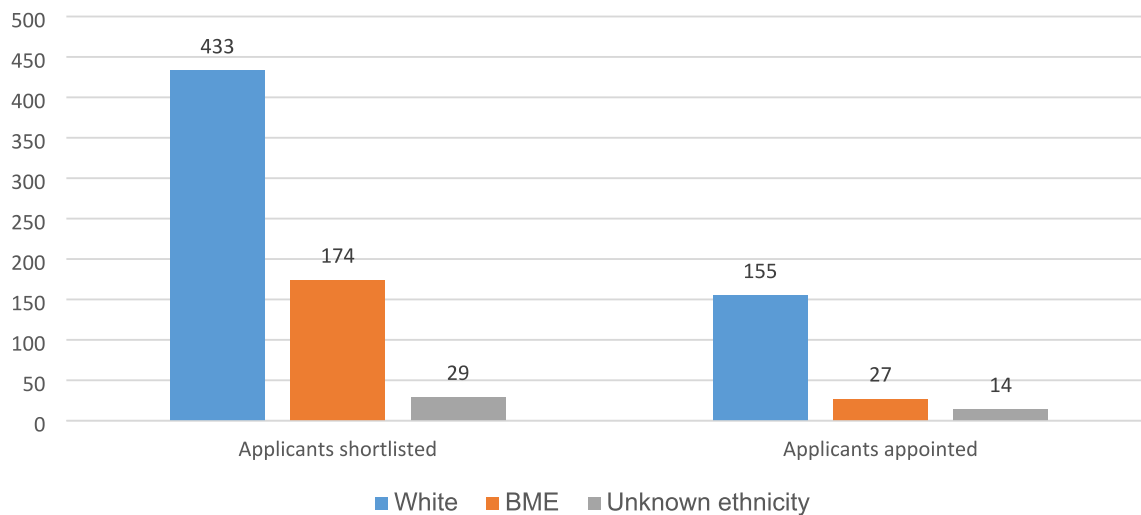
- There is a better representation of BME staff in clinical roles (25.0%) compared to non-clinical roles (9.5%).
- There has been an 105.6% increase in the number of BME staff in non-clinical roles between 2016 and 2023. However, representation of BME staff in non-clinical roles is lower than expected at 9.4% (compared to the overall number of BME staff in the workplace at 19.5%).
- There has been a 61.9% increase in the number of BME staff in clinical roles between 2016 and 2023. There is a higher level of representation of BME staff in clinical roles at 25.0% compared to the overall number of BME staff in the workplace.
- Band 5-6 and medical grades in clinical roles have a higher level of representation of BME staff compared to the overall number of BME staff in the workplace which has remained consistent since 2016.
- Band 8c-9 and VSM have no representation of BME staff in clinical roles. However, it is important to note that the number of staff in these roles are small (each below 5, with only 1 member of staff in Band 8d and 2 staff in Band 9), resulting in variations appearing more significant than in larger groups.

## Indicator 2 - Relative likelihood of applicants being appointed from shortlisting across all posts

The relative likelihood of white candidates being appointed from shortlisting compared to BME staff is 2.31\*\* times greater. In this instance, the data suggests white candidates are more likely than BME candidates to be appointed from shortlisting.

Applicant ethnicity	White	BME	Unknown ethnicity	Total
Applicants shortlisted	433	174	29	636
<i>Shortlisted %</i>	68.1%	27.4%	4.6%	
Applicants appointed	155	27	14	196
<i>Appointed %</i>	79.1%	13.8%	7.1%	
Relative likelihood of appointment from shortlisting	35.9%	15.5%	48.3%	
<b>Relative likelihood of being appointed</b>	<b>0.36</b>	<b>0.16</b>	<b>0.48</b>	<b>2.31</b>

\*\*calculation is 0.36 (white candidates) / 0.16 (BME candidates)



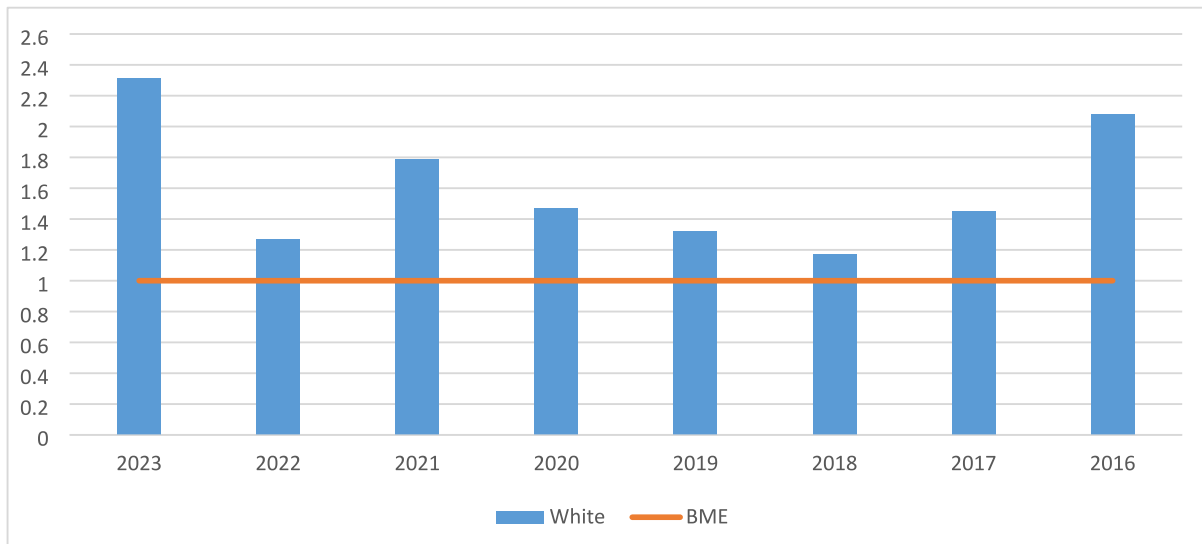
### Historical comparison from previous WRES reports

In the chart below, BME applicants have a constant measure of 1.0. Where the BME applicants line is above the white applicants bar, it would suggest that white applicants are less likely to be recruited from shortlisting than BME applicants. Where the BME applicants line is below the white applicants bar, it suggests the converse, in that white applicants are more likely to be recruited from shortlisting than BME applicants.

It can be seen that the relative likelihood of white candidates being appointed from shortlisting compared to BME staff has increased and is the highest since 2016.

The Trust does not share personal or equal opportunities data with managers at the shortlisting stage to remove bias in the recruitment process. However, hiring managers are able to view an applicant's right to work status and country of residence at this stage, as there are some candidates that cannot be processed in line with the Department of Health & Social Care Code of Practice for the International Recruitment of Health and Social Care

## Personnel in England and World Health Organisation Health Workforce Support and Safeguard List.



### What the data tells us:

- The relative likelihood of white applicants being appointed from shortlisting compared to BME staff has increased in 2023 to 2.31 compared to 1.27 in 2022.
- The data suggests that the relative likelihood of white applicants being appointed from shortlisting compared to BME staff has been consistently greater between 2016 and 2023 with slight decreases in 2022 and 2018.

### Indicator 3 – Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal disciplinary investigation

*Note: this indicator is based on data from a two year rolling average of the current year and the previous year.*

The likelihood of white staff entering the formal disciplinary process:  $0 / 885 = 0.00\%$

The likelihood of BME staff entering the formal disciplinary process:  $1.5 / 220 = 0.68\%$

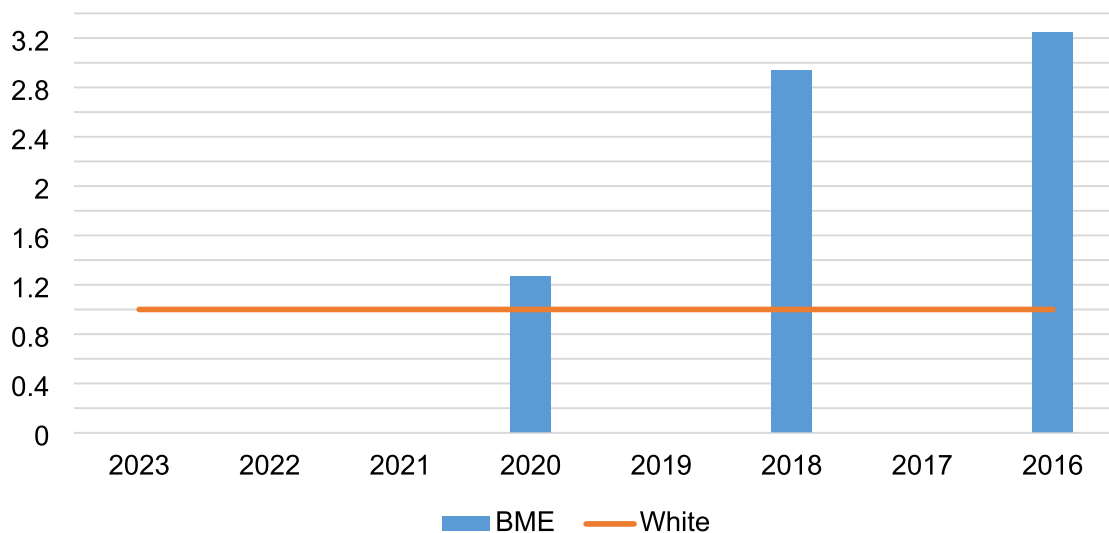
We are unable to state the relative likelihood of BME staff entering the formal disciplinary process compared to white staff in 2023 due to the minimal numbers seen below.

Staff Ethnicity	Number of Disciplinary Procedures	Number in Workforce	Relative Likelihood of entering procedure
White	0	885	0.0000
BME	1.5	220	0.0068 (0.68%)
Unknown	0	22	0.0000

## Historical comparison from previous WRES reports

In the chart below, white staff have a constant measure of 1.0. For BME staff, if the bar is below the white staff line, it would suggest that BME staff are less likely to enter the formal disciplinary process than what staff. Where the BME staff bar is above the white staff line, it would suggest that they are more likely to enter a formal disciplinary process.

It can be seen that the relative likelihood of BME staff entering the formal disciplinary process compared to white staff is variable over the eight reporting years.



### What the data tells us:

- The relative likelihood of BME staff entering the formal disciplinary process compared to white staff has been variable between 2016 and 2023. However, the data over the 8 reporting years suggests that this has reduced between 2016 and 2023.

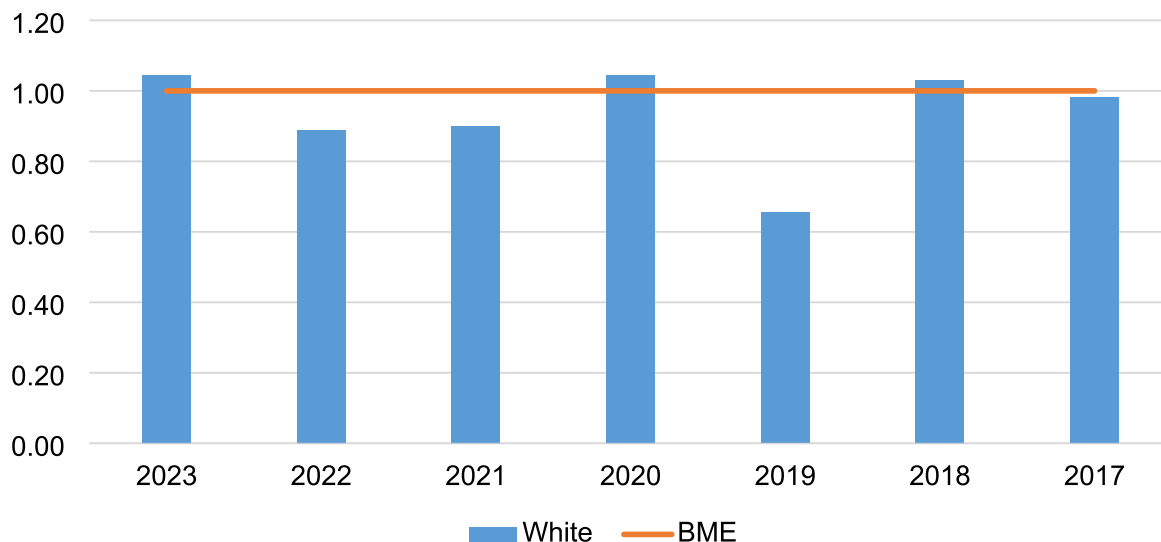
## Indicator 4 – Relative likelihood of staff accessing non-mandatory training and CPD

The relative likelihood of white staff accessing non-mandatory training or CPD compared to BME staff is 1.02\*\*\* times greater. In this instance, the data suggests white staff are slightly more likely than BME staff to access non-mandatory training or CPD.

	White	BME	Unknown ethnicity	Total
Number of staff accessing non-mandatory training and CPD	812	194	18	1068
Likelihood of staff accessing non-mandatory training and CPD	91.58%	88.18%	81.82%	
<b>Relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff</b>	<b>0.92</b>	<b>0.88</b>	<b>0.82</b>	<b>1.04</b>

\*\*\*calculation is 0.95 (white candidates) / 0.93 (BME candidates)

### Historical comparison from previous WRES reports



In the chart above, BME applicants have a constant measure of 1.0. Where the BME staff line is above the white staff bar, it would suggest that white staff are less likely to access non-mandatory training and CPD than BME staff. Where the BME staff line is below the white staff bar, it suggests the converse, in that white staff are more likely to access non-mandatory training and CPD than BME staff.

It can be seen that the relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff continues to be greater or comparable year on year.

### What the data tells us:

- The data suggests that the relative likelihood of white staff accessing non-mandatory training and CPD is 1.05 times greater compared to BME staff in 2023.
- The relative likelihood of white staff accessing non-mandatory training and CPD compared to BME staff is greater than or in line with the previous 7 reporting years.

### Indicator 9 – Percentage difference between the organisations' Board voting membership

*Note: only voting members of the Board are included when considering this indicator.*

There was no BME representation of voting Board members in 2023.

	White	BME	Unknown	Total
<b>Total Board members</b>	12	1	0	13
<i>of which voting</i>	4	0	0	4
<i>of which non-voting</i>	8	1	0	9
<i>of which Exec</i>	7	1	0	8
<i>of which Non-Exec</i>	5	0	0	5

	White	BME	Unknown
Number of staff in overall workforce	885	220	22
Total Board members - % by Ethnicity	92.3%	7.7%	0.0%
Voting Board Members - % by Ethnicity	100.0%	0.0%	0.0%
Non-Voting Board Members - % by Ethnicity	88.9%	11.1%	0.0%
Executive Board Members - % by Ethnicity	87.5%	12.5%	0.0%
Non-executive Board Members - % by Ethnicity	100.0%	0.0%	0.0%
Overall workforce - % by Ethnicity	78.5%	19.5%	2.0%
Difference (Total Board - Overall workforce )	13.7%	-11.8%	-2.0%

### What the data tells us:

- There was no BME representation among voting Board members in 2022-23. This demonstrates a -19.5% difference compared to BME representation in the workplace at 19.5%.
- There is a low level of representation of BME staff in the Board overall at 8.3% compared to the overall number of BME staff in the workplace. However, it is important to note that the Board is comprised of only 8 members, with 4 voting members.

## NHS Staff Survey

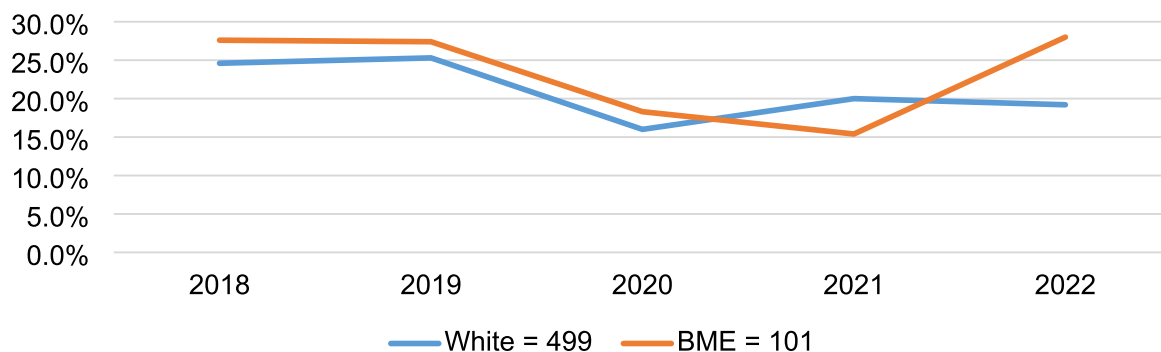
QVH surveyed 1081 eligible staff in 2022 compared to 1056 in 2021. Of these, 609 responded making a 56% return, a decrease from 64.5% the year before. Unsubmitted surveys were excluded from NHS Staff Survey reporting in 2022. This may have caused a drop in base size against historical data. Partially completed surveys, which have been submitted, was included in reporting.

The following indicators (5-8) include the 2017-2022 organisation results (for q14a, q14b&c combined, q15, and q16b) split by ethnicity (by white and BME staff).

### Indicator 5 – Percentage of staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months

The percentage of white staff experiencing harassment, bullying or abuse from patients, relatives, or the public in the last 12 months was 19.2% which is 8.8% less than BME staff (28%). Although overall 79.5% of the workforce at QVH have not had experience of bullying, harassment or abuse from this group, it is unacceptable that 20.5% have this experience. Compared to 2021 there has been a 0.9% decrease from 80.4% of our workforce stating that they had not experienced bullying, harassment or abuse from this group.

#### Historical comparison from previous Staff Survey results



In the chart above, although there had been a significant percentage reduction over the previous 4 year period for BME staff experiencing harassment, bullying or abuse from this group in the last 12 months, QVH has noted that in 2022 the results have significantly deteriorated and has risen to previous levels recorded in 2017.

#### What the data tells us:

- More BME survey respondents have reported experiencing bullying, harassment or abuse from patients, relatives or the public in the last 12 months (28%) compared to white respondents (19.2%).

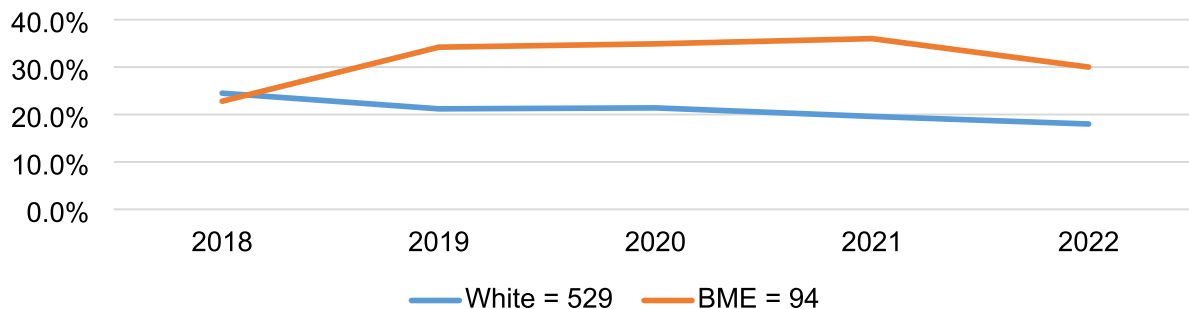
## Indicator 6 – Percentage of staff experiencing harassment, bullying, or abuse from staff in the last 12 months

*Note: this indicator combines the responses to two questions in the staff survey.*

The percentage of BME staff experiencing harassment, bullying, or abuse from staff in the last 12 months was 30% which is 12% more than white staff (18%). This is a significant number of staff.

Unfortunately there was no record of BME staff reporting harassment, bullying or abuse in the last 12 months when looking at the employee relations casework records (Source: ESR) and therefore the Trust has not had the opportunity to address any incidents at the time of occurrence.

### Historical comparison from previous Staff Survey results



It is encouraging to see in the chart above that there has been a 6% decrease in the number of BME staff experiencing harassment, bullying or abuse from staff in the last year and a 1.6% decrease in the number of white staff answering they have had this experience in the workplace. However, no staff should have this experience in the workplace and this needs to improve further.

### What the data tells us:

- The number of BME survey respondents reporting experience of bullying, harassment or abuse from staff in the last 12 months (30%) was 12% higher than white respondents (18%).
- Since 2018, there has been a marked decrease (6.5%) in the number of white respondents reporting experience of bullying, harassment or abuse from staff.
- Since 2018, there has been a marked increase (7.2%) in the number of BME respondents reporting experience of bullying, harassment or abuse from staff.

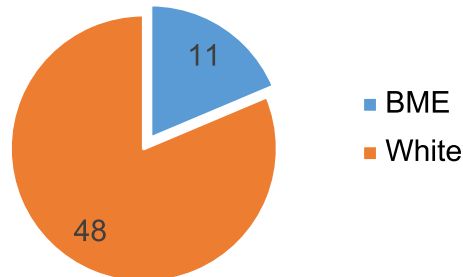
## Indicator 7 – Percentage believing that the Trust provides equal opportunities for career progression or promotion

There is a disparity in the equality of opportunities for career progression or promotion between white and BME staff, where the percentage of white staff is 12.1% higher than BME staff.



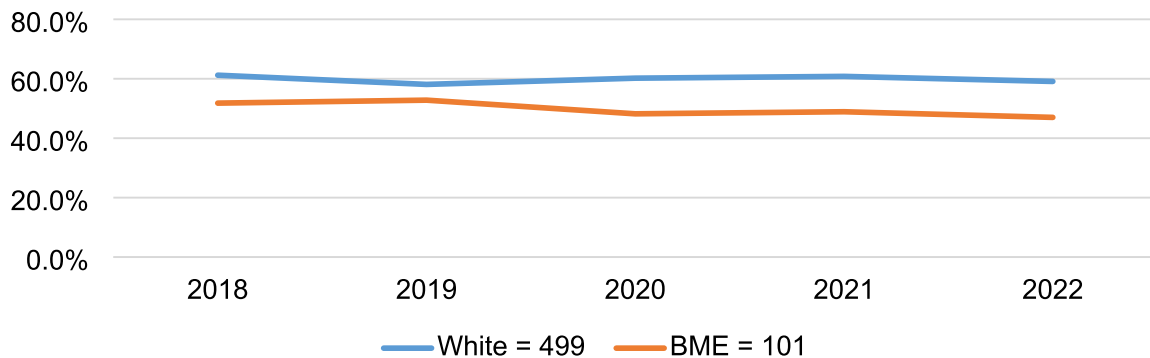
The graph below shows the number of staff that were recruited through open competition (source: Trac) and therefore promoted internally. It can be seen that 19% were BME staff compared to 81% white staff.

Internal promotions through open recruitment competition



### Historical comparison from previous Staff Survey results

Although there has been a marginal variance for white staff and BME staff over a 5 year period, the chart below shows the disparity between white and BME staff where white staff believe they are provided with opportunities for career progression or promotion on average 10.1% more.



### What the data tells us:

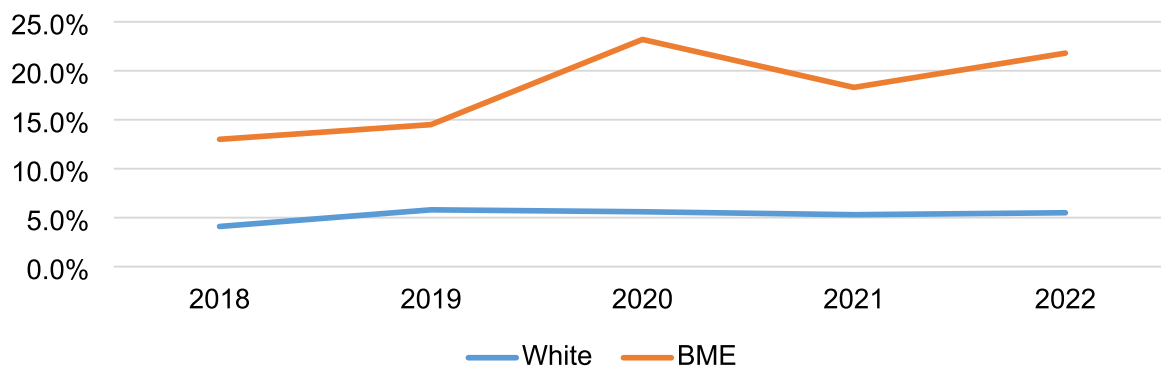
- 12.1% fewer BME survey respondents reported a belief that the Trust provides equal opportunities for career progression and promotion (47%) compared to white respondents (59.1%).
- On average, 10.1% more white respondents have reported a belief that the Trust provides equal opportunities for career progression and promotion when compared to BME respondents over the previous 5 years.
- Of the internal promotions that were recruited by open competition, it can be seen that 81% were offered to white staff compared to 19% of BME staff. However, it is important to note that not all internal promotions are recruited in this manner and therefore may not be captured within this data.

## Indicator 8 – Percentage of staff experiencing discrimination at work from manager/ team leader or other colleagues?

There is a greater disparity in the percentage of BME staff (21.8%) experiencing discrimination at work from managers/ team leaders or other colleagues compared to white staff (5.5%). This is a significant variance of 16.3%.

### Historical comparison from previous Staff Survey results

The graph below shows the significant disparity over a 5 year period where BME staff are experiencing discrimination at work from managers/ team leaders or other colleagues compared to white staff on average 12.9% more.



### What the data tells us:

- The number of BME survey respondents reporting experience of discrimination from managers, team leaders or other colleagues (21.8%) was 16.3% higher than white respondents (5.5%).
- The data suggests that the incidence of discrimination experienced by BME staff from managers or team leaders has increased from 2021 (18.3%) to 2022 (21.8%).
- Since 2018, there has been a marginal increase (1.4%) in the number of white respondents reporting experience of discrimination from managers or team leaders. However, since 2019 the results have remained consistent.
- Since 2018, there has been an increase (8.8%) in the number of BME respondents reporting experience of discrimination from managers or team leaders.
- In the previous 5 years, BME staff have consistently reported a significantly higher incidence of discrimination from managers or team leaders (an average of 12.9% more).

## Conclusions

It is encouraging that there has been a 105.6% increase in the number of BME staff in non-clinical roles and a 61.9% increase in the number of BME staff in clinical roles between 2016 and 2023. The lower level of representation of BME staff in clinical and non-clinical roles at Band 8a-9 and VSM remains a concern, however it is important to consider the statistical relevance as there are fewer roles at these levels.

The concern remains in respect of the number of incidences of bullying, harassment or abuse from staff experienced by BME staff. To address this, the Trust engaged and procured ENACT to train and communicate key messages in respect of bullying and harassment, and diversity and inclusion, which were both valued by our people. It is anticipated that this alongside other initiatives in 2023/24 will improve the staff experience in the workplace.

Finally, the relative likelihood of white candidates being appointed from shortlisting compared to BME staff increased from 1.27 (2022) to 2.31 times greater (2023) which remains a significant concern. It is important to note that not all internal promotions are recruited in this manner and therefore may not be captured within this data. However, this needs to be addressed in the action plan for 2023/24.

## Action plan

The Trust has developed an action plan which is aligned to the Sussex People Plan, National People Plan and the EDI Implementation plan. The actions set out in **Appendix 1** feed into our overarching EDI plan.

## Appendix 1 – Action Plan

WRES Indicator	2021-2022 Data	2022-2023 Data	2022-2023 Action	Timescale
2.Relative likelihood of white staff being appointed from shortlisting	1.27	2.31	Recommit to trust anti-racism statement though Board, exec and senior leadership development and awareness raising for all staff  Apply an EDI lens through lived experience to an end-to-end review of our current internal and external recruitment processes	October 2023  December 2023
7. % of staff believing that the Trust provides equal opportunities for career progression or promotion	BME 48.9%  White 60.8%	BME 47%  White 59%	Undertake an enquiry into workplace belonging – inc. a specific focus on eliminating discrimination and barriers to career progression  Expand career development opportunities within roles and support internal and external career progression for more staff	January 2024  January 2024
5. In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...Patients / service users, their relatives or other members of the public	BME 15.4%  White 20%	BME 28%  White 19.2%	Multi-disciplinary violence prevention and reduction group established and focused reducing incidents involving staff and patient.  Undertake an enquiry into workplace belonging – inc. a specific focus on bullying and harassment at work  To review existing and commission new provision for training for managers and all staff to increase cultural competence, civility and a just restorative culture.	November 2023  January 2024  November 2023
8. In the last year have you personally experienced discrimination at work from your manager, team leader or other colleagues	BME 18.3%  White 5.2%	BME 21.8%  White 5.5%	Establish individual and collective EDI objectives for all executive and non-executive board members  Support the trusts action plan to improve Speak Up and psychological safety for all staff  To invite expression of interest and training to become an inclusion agent within the workplace  Establish a Trust EDI group as a focus for all our EDI work and to ensure a safe space for conversations on workplace belonging  Support networks development and growth	From October 2023  November 2023  November 2023  December 2023  December 2023

# Report cover-page

## References

Meeting title:	Board of Directors		
Meeting date:	02/11/2023	Agenda reference:	118-23
Report title:	Gender Pay Gap Report 2023		
Sponsor:	Rob Stevens, Chief People Officer		
Author:	Lawrence Anderson, Deputy Chief Officer Gemma Farley, Head of Employee Relations and Wellbeing		
Appendices:	None		

## Executive summary

<b>Purpose of report:</b>	To provide information and analysis on the Trust Gender Pay Gap for data as of 31 March 2023 and set out the actions that will be taken.				
<b>Summary of key issues</b>	<ul style="list-style-type: none"> <li>The Trust gender pay gap for 2023 is 33.8% (Mean) and 30.6% (Median)</li> <li>The gap is driven by the hourly rate that our male medical staff earn which is higher than female colleagues and itself driven by the historic disparity in bonus payments paid to male consultant staff.</li> <li>The Trust median pay gap has reduced 10% since 2017 and mean gap has reduced 3.3% in the same period.</li> <li>The actions in this report are aligned to the 6 High Impact actions being developed in the Trust EDI Action plan. Further specific data analysis and actions will be co-created with the EDI Group and other representatives with lived experience.</li> </ul>				
<b>Recommendation:</b>	The Board are asked to <b>approve</b> the report for external publication.				
<b>Action required</b>	<b>Approval</b>	Information	Discussion	Assurance	Review
<b>Link to key strategic objectives (KSOs):</b>	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<i>Operational excellence</i>	<i>Financial sustainability</i>	<b>Organisational excellence</b>

## Implications

<b>Board assurance framework:</b>	Individual and collective EDI objectives become a mandatory requirement for board members from October 2023
<b>Corporate risk register:</b>	None
<b>Regulation:</b>	Individual and collective EDI objectives become a mandatory requirement for board members from October 2023
<b>Legal:</b>	None
<b>Resources:</b>	None at this stage. Emergent requirements e.g. in relation to strengthening our networks will be raised separately.

## Assurance route

Previously considered by:	EMT and F&P			
	Date:	10/10/23	Decision:	Approved
Next steps:	Report with actions to be published on public facing website			

# The Gender Pay Gap

## Introduction

Organisations with 250 or more employees are mandated under the Equality Act 2010 (Gender Pay Gap Information) Regulations 2017 to publish information annually on their gender pay gap using specific measures, as detailed in this report.

The gender pay gap is the difference between average hourly earnings (excluding overtime) of men and women as a proportion of men's average hourly earnings (excluding overtime). **The gender pay gap is a measure across all jobs in the hospital, not of the difference in pay between men and women for doing the same job.**

The intention of pay gap reporting is to focus attention on the evidence for taking action to reduce pay inequality, improve staff experience, retention and make Queen Victoria NHS Foundation Trust (QVH) a great place to work.

The gender pay gap report is a snapshot as at 31 March 2023.

As at 31 March 2023, QVH employed 1,127 people in full time and part time positions compared to 2022, where there were 1,100 staff. For the purposes of this report, electronic staff record (ESR) data has been used to undertake this analysis, and therefore it is dependent on staff reporting their gender via ESR self-service. There were no gaps in the reporting of gender this year.

## Methodology

Gender pay gap reporting is based on the government's methodology for calculating the difference in pay between full-pay relevant female and male employees.

'Relevant employees' are all employees employed on the snapshot date, including employees who are part-time, job-sharing, on leave, and those who are self-employed, where they must perform the work themselves and not subcontract any part of the work or employ their own staff to do it.

'Full-pay relevant employees' refers to all employees employed on the snapshot date who are either paid their usual full basic pay or paid less than their usual basic pay but not because of leave (for example, because they have irregular working hours). It does not include anyone who was not paid their usual full basic pay because they were on leave (including maternity, paternity, adoption, parental leave, sick leave, special leave, study leave).

Data on 'relevant employees' is used to calculate any gender pay gap in bonus pay. Data on 'full-pay relevant employees' is used for all other gender pay gap calculations.

'Equal pay' means being paid equally for the same/similar work. The 'pay gap' is the difference in the average pay between the two groups.

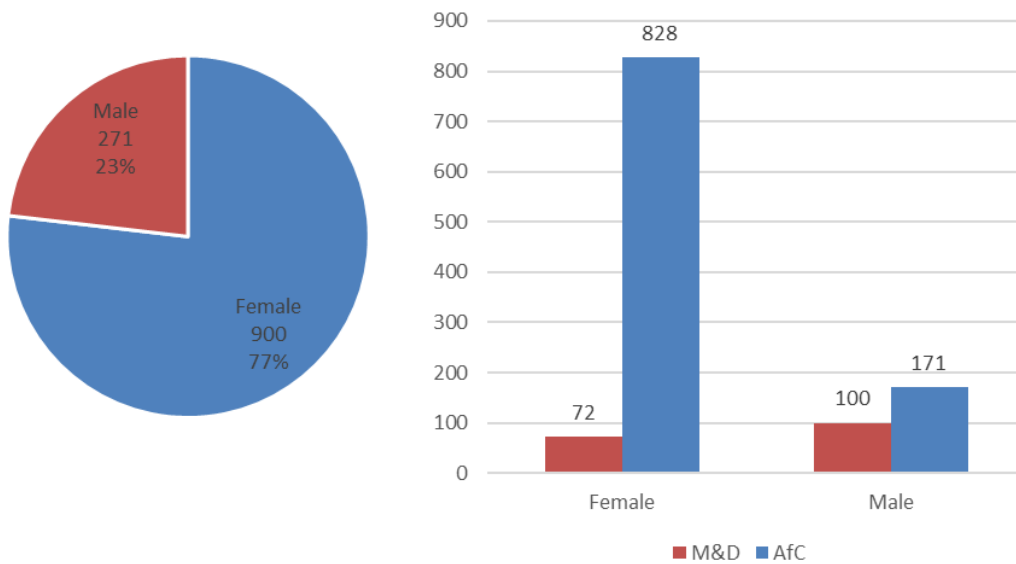
The report includes information on the:

- Gender distribution of staff by grade
- Gender pay gap
- Bonus gender pay gap
- Gender pay trend since 2017

## QVH gender distribution by grade

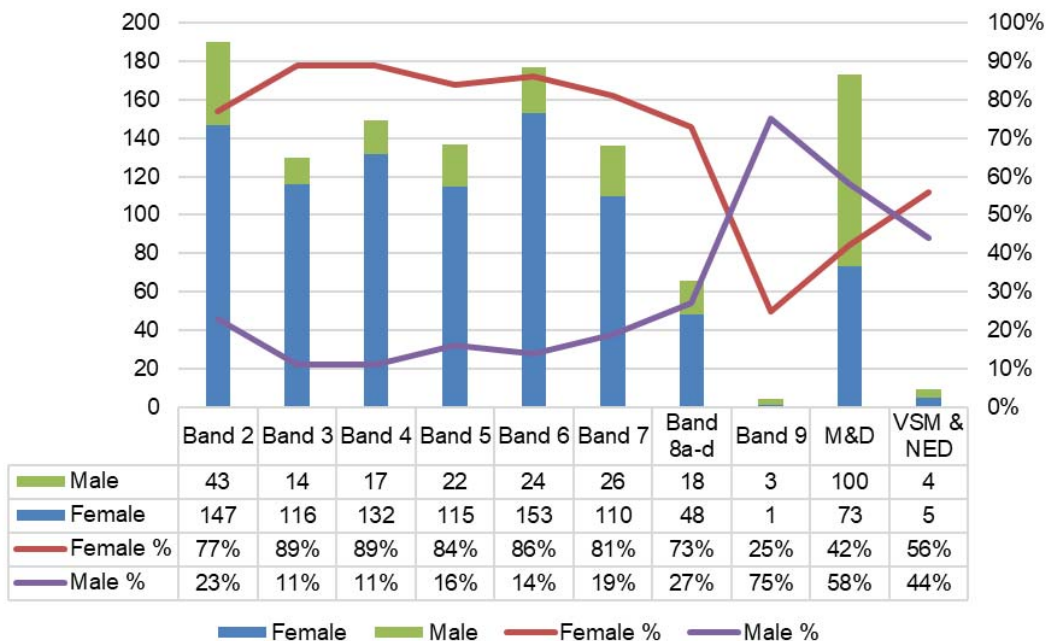
As of 31 March 2023, QVH's 1,171 full-pay relevant employees comprised 77% women and 23% men.

The graph below shows the split between Agenda for Change (AfC) and Medical & Dental (M&D) employees.



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

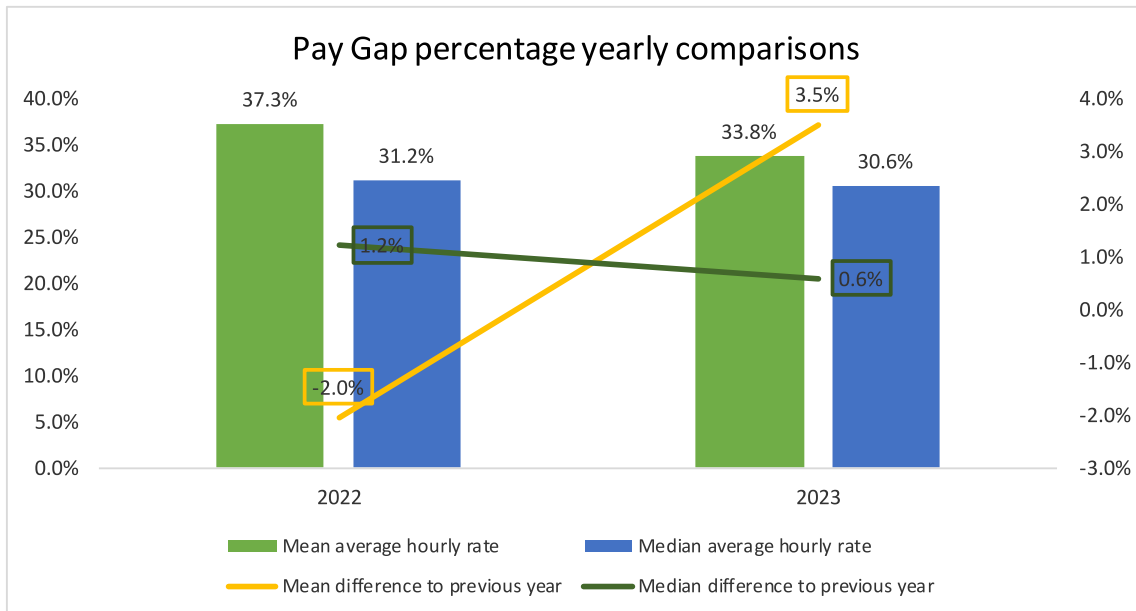
### Gender by pay band



The majority of employees are concentrated in the lower pay bands (2-7). There continue to be more men (58%) than women in medical and dental roles in 2023, although the proportion of women in VSM and NED roles (56%) has increased, compared to 2022 (50%).

## QVH gender pay gap

The gender pay gap trend for QVH in the graph below shows improvements made from the previous year in respect of the **mean** gender pay gap which was 33.8% in March 2023, representing an in-year reduction in the gap by 3.5% percentage points.



The table below demonstrates the same data for all staff groups as in the graph above in terms of the average hourly rates actually paid.

	2022		2023	
Gender	Mean average hourly rate	Median average hourly rate	Mean average hourly rate	Median average hourly rate
Male	£29.19	£23.44	£29.25	£24.38
Female	£18.30	£16.13	£19.36	£16.91
Difference	£10.89	£7.32	£9.89	£7.47
Pay Gap %	37.3%	31.2%	33.8%	30.6%



## Gender pay gap – Agenda for Change (AfC) workforce

In respect of Agenda for Change (AfC) staff (excluding Executives, Non-Executives and Medical & Dental), the mean pay gap was 10.1%, a gap of £1.94 an hour in favour of men, because there are more men in higher paid roles. The median pay gap was 8.4%, a gap of £1.41 an hour in favour of men, because there are more men in higher paid roles.

Agenda for Change Staff		
Gender	Mean average hourly rate	Median average hourly rate
Male	£19.23	£16.84
Female	£17.29	£15.43
Difference	£1.94	£1.41
Pay Gap %	10.1%	8.4%

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

With regard to Medical and Dental (M&D) staff, the mean pay gap was very significant at 14.1%, a gap of £6.25 an hour in favour of men. The median pay gap was even more significant at 31.3%, a gap of £15.35 an hour in favour of men. This is expected given there are a higher percentage (77.3%) of men in the M&D consultant workforce.

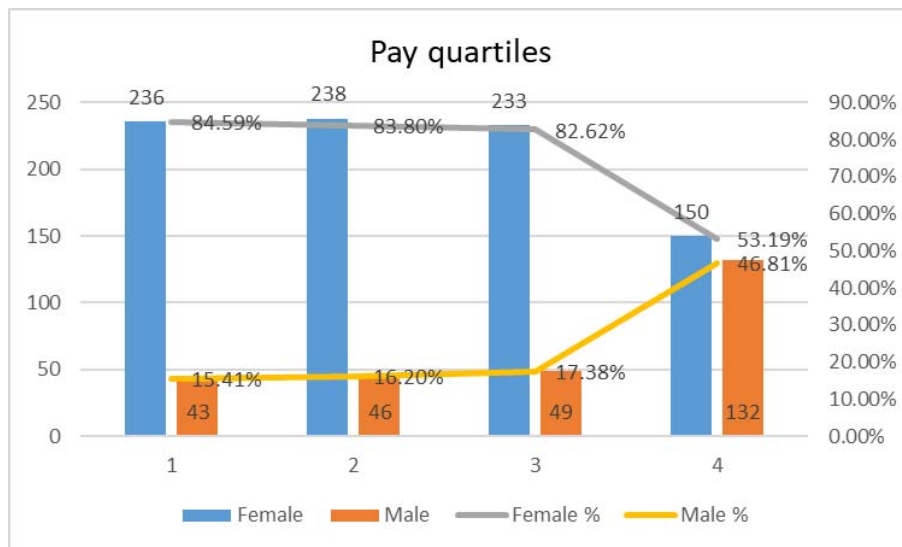
Medical & Dental Staff		
Gender	Mean average hourly rate	Median average hourly rate
Male	£44.28	£49.10
Female	£38.03	£33.75
Difference	£6.25	£15.35
Pay Gap %	14.1%	31.3%

## Proportion of men and women in each pay quartile

Overall at QVH, women occupied 56.3% of the highest paid jobs (upper quartile). However, most (86.0%) employees in QVH in lower quartile (lowest paid) jobs were women, reflecting that male employees were more highly represented in higher paid jobs.

	Quartile	Total women	Total men	Women	Men
1	Lower	251	41	86.0%	14.0%
2	Lower middle	242	51	82.6%	17.4%
3	Upper middle	243	50	82.9%	17.1%
4	Upper	165	128	56.3%	43.7%
	<b>Total</b>	<b>901</b>	<b>270</b>	<b>77.0%</b>	<b>23.1%</b>

The table above and graph below illustrate the gender distribution of the workforce across four quartiles. The proportion of males and females in each quartile, from the lowest to the highest paid, is calculated by dividing the workforce into four equal parts. The first three quartiles contain a higher percentage of women (81.69%) than men (52.59%). There is a higher percentage of men (47.41%) in the upper quartile than women (18.31%).



Comparing these quartiles suggests the lower proportion of men in lower pay bands relative to their share of the population (52.59%) was a key driver of the AfC gender pay gap in QVH.

### QVH bonus gender pay gap

#### Bonus payments - overall workforce

In 2023, QVH made bonus payments in respect of the national and local Clinical Excellence Awards (CEAs) for medical and dental consultants, and new starter premium for Agenda for Change staff.

Of the 1,296 relevant employees, 116 received bonus payments which equates to 2.6% of women and 6.3% of men of the overall workforce.

The bonus payments totalled £786,014.91; of which 70.6% was awarded to men and 29.4% to women. In 2023 the mean bonus gender pay gap for the entire workforce was **25.5%** and the median bonus gender pay gap was **44.6%**. The main contributor to this was the historic distribution of CEA awards within the Medical Consultant body; in spite of the equal distribution of payments since 2021; where the majority of the workforce is male (59 male, 27 female).

Pro-rata bonuses received by part-time employees are not adjusted for the purpose of the gender bonus gap calculations, this impacts the gender pay bonus gap.

Gender	Mean Total Bonus	Median Total Bonus
Male	£7,322.60	£6,806.85
Female	£5,457.70	£3,773.85
Difference	£1,864.89	£3,033.00
Pay Gap %	<b>25.5%</b>	<b>44.6%</b>

#### Bonus payments – Agenda for Change workforce

In the year 2022-3 the Trust offered a new starter premium payments to AfC staff who referred a candidate subsequently employment. The value of this bonus totalled £10,000.00; of which 95% was awarded to females and 5% to males. These payments were paid to a total of 10 individuals.

Gender	Mean Total Bonus	Median Total Bonus
Female	£1,055.56	£1,500.00
Male	£500.00	£500.00
Difference	£555.56	£1,000.00
Pay Gap %	47.4%	33.3%

### Bonus payments – Consultant workforce

There are 86 consultants in the workforce at QVH; of which 27 (22.7% of the consultant workforce) are women and 59 (77.3%) are men. Considerably more men (n=55) compared to women (n=20) received bonus payments in the form of Clinical Excellence Awards (CEA's) awarded by the Trust.

CEA payments totalled £776,014.91. The **mean** (4.9%) was in favour of men who on average received £364.35 more in bonuses than women. The **median** was 0.0% which can be attributed to the Local CEA payments being equally distributed to all eligible consultants in 2023.

Gender	Mean CEA	Median CEA
Male	£7,406.83	£6,806.85
Female	£7,042.48	£6,806.85
Difference	£364.35	£0.00
Pay Gap %	4.9%	0.0%

### Gender pay trend since 2017

At QVH we have been reporting our gender pay gap since 2017, for both mean and median averages. The year on year data below is not directly comparable as before 2022 'full pay relevant employees' was not taken to include bank staff and employees holding more than one post were not counted separately for each post.

	Gap in Mean average hourly rate	Gap in Median average hourly rate
2017	37.1%	40.6%
2018	35.9%	39.9%
2019	34.4%	27.9%
2020	35.9%	32.1%
2021	35.3%	32.4%
2022	37.3%	31.2%
2023	33.8%	30.6%
7 year effect	-3.3%	-10%

Both the mean and median gender pay gaps have reduced in year. However, the median is regarded as typically the more representative measure of the gap due to the disproportionate effect of medical staff on the mean.

However, the Trust has not been successful in closing the gap. To meet the Trust's aspiration to close the gender pay gap in a decade, considerable acceleration in progress is required.

## Analysis

Overall, the mean gender pay gap for hourly pay at QVH on 31 March 2023 was 33.8% in favour of men and the median was also 30.6% in favour of men.

This difference in hourly pay is driven by:

- over representation of women in more junior bands,
- over representation of men in more senior AfC and VSM pay bands, and
- the majority of staff in our higher paid medical & dental grades are male.

## The medical and dental workforce

Of the three main drivers the disproportionate number of men in the medical and dental workforce is key. "Mend the Gap" (2020) an Independent Review into Gender Pay Gaps in Medicine in England conducted by the BMA in 2020 identified that caring and part time working were structural barriers to more women completing their training and becoming consultants. This is particularly the case within surgical specialties and an issue for QVH which is a surgical centre.

The table below demonstrates the slow progress in recent years in recruiting more female consultants.

	2017		2018		2019		2020		2021		2022	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
<b>Female</b>	20	25	18	24	20	27	24	29	25	28	27	27
<b>Male</b>	59	75	57	76	55	73	58	71	63	72	59	73

The consequence is unequal pay within our most highly paid staff, compounded by historic CEA bonus payments to a predominately male workforce.

## NHS EDI high impact action plan

The new plan requires that all providers develop an action plan to eliminate pay gaps. The recommendations of this are incorporated within the action plan below, which aligns with the Trusts joint EDI and staff survey action plan for 2023-4.

The Trust is also committed to eliminating discrimination, bullying and harassment. In the light of the recent findings of the Independent Working Party on Sexual Misconduct in Surgery (2023), and in the context of QVH as a surgical centre, the Trust is also particularly concerned to address any possibility of sexual misconduct, which is unacceptable in any circumstance and may also impact on the career progression of female surgical trainees, as well as other staff.

## Actions

2023-2024 Action	Timescale
Establish individual and collective EDI objectives for all executive and non-executive board members	October 2023
Support the trusts action plan to improve Speak Up and psychological safety for all staff	November 2023
To review existing and commission new provision for training for managers and all staff to increase cultural competence, civility and a just restorative culture.	November 2023
To invite expression of interest and training to become an inclusion agent within the workplace	November 2023
Establish a Trust EDI group as a focus for all our EDI work and to ensure a safe space for conversations on workplace belonging and to review pay gap data and develop further improvements, including: <ul style="list-style-type: none"> <li>• widening participation through school and community engagement, to support more diverse recruitment training roles</li> <li>• analyse of historic trends and potential gender bias at appointment</li> <li>• barriers to career development and promotion</li> <li>• promote flexible working for all</li> </ul>	December 2023
To continually review the use of CEA's to promote positive action and eliminate pay gaps.	January 2024
Undertake an enquiry into workplace belonging – inc. a specific focus on promoting flexible working, eliminating sexual harassment and discrimination and barriers to career progression	January 2024
Support staff networks development and growth, including our women's network	January 2024
Apply an EDI lens through lived experience to an end-to-end review of our current internal and external recruitment processes	February 2024
Expand career development opportunities within roles and support internal and external career progression for more staff	March 2024

## Definitions

Key word	Definition
Pay gap	Difference in the average pay between two groups.
Mean gap	Difference between the mean hourly rate for female and male employees. Mean is the sum of the values divided by the number of values.
Median gap	Difference between the median hourly rate of pay for female and male employees. Median is the middle value in a sorted list of values. It is the middle value of the pay distribution, such that 50% of employees earn more than the median and 50% earn less than the median.
Mean bonus gap	Difference between the mean bonus paid to female and male employees. Mean is the sum of the values divided by the number of values.
Median bonus gap	Difference between the median bonus pay paid to female and male employees. Median is the middle value in a sorted list of values. It is the middle value of the bonus pay distribution, such that 50% of employees earn more than the median and 50% earn less than the median.
Bonus proportions	Proportions of female employees who were paid a bonus, and the proportions of male employees who were paid a bonus.
Quartile pay bands	Proportions of female and male employees in the lower, lower middle, upper middle and upper quartile pay bands. Quartile is the value that divides a list of numbers into quartiles.
Equal pay	Being paid equally for the same/similar work.
Relevant employees	All employees employed on the snapshot date who are: <ul style="list-style-type: none"> <li>• have a contract of employment – including employees who are part-time, job-sharing, and on leave</li> </ul>
Full-pay relevant employees	Do not count anyone as a full-pay relevant employee if they were not paid their usual full basic pay or piecework rate because they were on leave. This includes employees on: <ul style="list-style-type: none"> <li>• annual leave</li> <li>• maternity, paternity, adoption, parental or shared parental leave</li> <li>• sick leave</li> <li>• special leave</li> <li>• any other forms of leave (for example, study leave or sabbaticals)</li> </ul>

Report cover-page					
<b>References</b>					
<b>Meeting title:</b>	Board of Directors				
<b>Meeting date:</b>	02/11/2023	<b>Agenda reference:</b>		119-23	
<b>Report title:</b>	Financial performance report month 6				
<b>Sponsor:</b>	Maria Wheeler, chief finance officer				
<b>Author:</b>	Jeremy Satchwell, interim deputy chief finance officer				
<b>Appendices:</b>	None				
<b>Executive summary</b>					
<b>Purpose of report:</b>	To presents an overview of the Financial position of the Trust at the end of September 2023				
<b>Summary of key issues</b>	<p>Month 6 Key Financial Data.</p> <ul style="list-style-type: none"> <li>At the close of September, the Trust has achieved a breakeven position and retained cash balances of £10.7m. The Forecast Outturn is Breakeven.</li> <li>The AfC &amp; M&amp;D pay awards have been settled and additional income received from the ICB to cover the increased costs above the original planning assumption. These have not resulted in a material cost pressure.</li> <li>Patient activity levels are broadly in line with plan although elective patient activity was reduced in each month in April to September through industrial action.</li> <li>Additional pay costs have been incurred as a result of the industrial action.</li> <li>Efficiencies of £2.72m have been delivered in line with the plan.</li> <li>Capital expenditure is £2.11m at the close of September from a year to date plan (as per original planning assumptions at the start of the year) of £5.25m.</li> </ul>				
<b>Recommendation:</b>	The Board is asked to <b>note</b> the contents of this report.				
<b>Action required</b>	Approval	Information	Discussion	<b>Assurance</b>	Review
<b>Link to key strategic objectives (KSOs):</b>	KSO1:	KSO2:	KSO3:	KSO4:	KSO5:
	<i>Outstanding patient experience</i>	<i>World-class clinical services</i>	<b>Operational excellence</b>	<b>Financial sustainability</b>	<i>Organisational excellence</i>
<b>Implications</b>					
<b>Board assurance framework:</b>	None				
<b>Corporate risk register:</b>	None				
<b>Regulation:</b>	None				
<b>Legal:</b>	None				
<b>Resources:</b>	None				
<b>Assurance route</b>					
<b>Previously considered by:</b>	Finance and performance committee				
	Date:	23/10/2023	Decision:		
<b>Next steps:</b>					

**Report to:** Board Directors  
**Agenda item:** 119-23  
**Date of meeting:** 2 November 2023  
**Report from:** Maria Wheeler, chief finance officer  
**Report author:** Jeremy Satchwell, interim deputy chief finance officer  
**Date of report:** 20 October 2023  
**Appendices:** None

## Financial performance report-Month 6

### 1. Introduction

This report presents an overview of the financial position of the Trust at the end of September 2023 (Month 6). Key Financial data are presented in this report.

### Executive summary

Financial Metric	Period	Result Month 5
Income and Expenditure	YTD	Breakeven
	Year End Forecast	Breakeven
Cash at Bank	YTD	£10.7m
Capital spend	Plan YTD	£5.25m
	Actual YTD	£2.11m
BPPC (Combined NHS & Non NHS)	YTD Volume (%)	95.7%
	YTD Value (%)	94.9%
Efficiencies	Plan YTD	£2.72m
	Actual YTD	£2.72m
	Year End Forecast	£5.5m (5.5%)

*Figure 1: Key Financial Performance Metrics*

- At the close of September, the Trust has achieved a breakeven position and retained cash balances of £10.7m. The Forecast Outturn is Breakeven.
- The AfC & M&D pay awards have been settled and additional income received from the ICB to cover the increased costs above the original planning assumption. These have not resulted in a material cost pressure.
- Patient Activity levels are broadly in line with plan although elective patient activity was reduced in each month in April to September through industrial action.
- Additional pay costs have been incurred as a result of the industrial action.
- Efficiencies of £2.72m have been delivered in line with the plan.
- Capital Expenditure is £2.11m at the close of September from a year to date plan (as per original planning assumptions at the start of the year) of £5.25m.



## 2. Income and Expenditure

Financial Performance Month 6 2024											
Income and Expenditure											
	In Month £'000				Year to Date £'000				Forecast Outturn £,000		
	22/23	Plan	Actual	Variance	22/23	Plan	Actual	Variance	Plan	Forecast	Variance
<b>Income</b>											
Patient Activity Income	7,691	7,747	7,825	79	44,793	47,513	46,713	(800)	95,042	94,602	(440)
Other Operating Income	(418)	248	355	107	1,250	1,477	1,932	455	2,957	3,321	364
<b>Total Income</b>	<b>7,273</b>	<b>7,994</b>	<b>8,181</b>	<b>186</b>	<b>46,043</b>	<b>48,990</b>	<b>48,645</b>	<b>(346)</b>	<b>97,999</b>	<b>97,924</b>	<b>(75)</b>
<b>Pay</b>											
Substantive	(4,196)	(5,018)	(5,168)	(150)	(26,364)	(30,508)	(29,014)	1,494	(61,031)	(59,882)	1,149
Bank	(359)	(189)	(339)	(150)	(2,011)	(1,525)	(2,008)	(483)	(3,055)	(3,054)	1
Agency	(84)	(41)	(94)	(53)	(508)	(242)	(798)	(556)	(482)	(1,478)	(995)
<b>Total Pay</b>	<b>(4,639)</b>	<b>(5,248)</b>	<b>(5,601)</b>	<b>(353)</b>	<b>(28,883)</b>	<b>(32,276)</b>	<b>(31,821)</b>	<b>455</b>	<b>(64,568)</b>	<b>(64,414)</b>	<b>154</b>
<b>Total Non Pay</b>	<b>(2,033)</b>	<b>(2,256)</b>	<b>(2,130)</b>	<b>126</b>	<b>(14,309)</b>	<b>(13,909)</b>	<b>(14,061)</b>	<b>(152)</b>	<b>(27,353)</b>	<b>(27,712)</b>	<b>(359)</b>
<b>Total Non Operational Expenditure</b>	<b>(621)</b>	<b>(490)</b>	<b>(470)</b>	<b>20</b>	<b>(2,972)</b>	<b>(2,942)</b>	<b>(2,883)</b>	<b>59</b>	<b>(6,355)</b>	<b>(6,037)</b>	<b>318</b>
<b>Total Expenditure</b>	<b>(7,293)</b>	<b>(7,994)</b>	<b>(8,201)</b>	<b>(206)</b>	<b>(46,163)</b>	<b>(49,127)</b>	<b>(48,764)</b>	<b>362</b>	<b>(98,276)</b>	<b>(98,163)</b>	<b>113</b>
<b>Surplus / (Deficit)</b>	<b>(20)</b>	<b>0</b>	<b>(20)</b>	<b>(20)</b>	<b>(120)</b>	<b>(136)</b>	<b>(120)</b>	<b>17</b>	<b>(277)</b>	<b>(240)</b>	<b>38</b>
Technical Adjustments	(343)		20	20	120	136	120	(16)	277	240	(37)
<b>Adjusted Surplus / (Deficit)</b>	<b>(363)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>(0)</b>	<b>(0)</b>	<b>0</b>	<b>1</b>	<b>(0)</b>	<b>0</b>	<b>1</b>

Figure 2: Income and Expenditure Summary Month 6

### 3.1. Patient Activity Income

Impact of industrial action – estimated financial impacts presented in the table below, based on shortfall in average daily income for that month when compared to the days with industrial action

Month	Value Weighted Activity (VWA) performance vs relevant month in 2019/20	Impact of Industrial Action - lost income
April	111%	£141k
May	112%	£0k
June	108% (Est)	£96k
July	111% (Est)	£342k
August	106% (Est)	£213k
September	107% (Est)	£132k
Total	110% (YTD Estimate)	£924k

Figure 4: Activity weighted value v 2019/20 and Impact of Industrial action

- Activity: the NHSE published ERF achievement is 111% for M1 and 112% for M2. Estimates are provided for the following months with a pre-flex and freeze figure of 107% for M6.

- The M6 YTD position is 110% VWA.
- Estimated ytd elective contract activity value adjustment vs contract payment is an over performance of £70k ytd.

### 3.2. Non Patient Care Income

- This is various non-patient related income sources e.g. catering, parking, Health Education England funding and is above plan and expected to continue to the year end.

### 3.3. Expenditure

- Pay costs are under plan year to date. Vacancies in substantive posts offset by temporary staff costs.
- Increased Bank and Agency costs incurred as a result of industrial action since April

### 3.4. Efficiencies

- The requirement for delivery of 5.5% efficiency is a national planning assumption.
- The re-set of the budgets at the start of the year has delivered 3.5% efficiency recurrently.
- The remaining 2% will be delivered by a range of savings, the largest of which is a programme of improvement in theatre efficiency in order that the expenditure on procuring external capacity from the McIndoe centre can be curtailed.

Efficiency Savings 2023/24 YTD												
	Actual 30/04/2023	Actual 31/05/2023	Actual 30/06/2023	Actual 31/07/2023	Actual 31/08/2023	Actual 30/09/2023	Plan 31/07/2023	Actual 31/07/2023	Variance 31/07/2023	Plan 31/03/2024	Forecast 31/03/2024	Variance 31/03/2024
	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	YTD	YTD	YTD	Year ending	Year ending	Year ending
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Efficiency Savings - by category												
Pay Efficiencies												
Establishment reviews	288	288	287	288	289	289	1,726	1,729	3	3,452	3,452	0
Service re-design - pay	0	0	0	0	0	0	900	0	(900)	1,800	900	(900)
Other - pay (Non-recurrent Vacancies)	159	159	163	162	163	168	0	974	974	0	1,686	1,686
<b>Total Pay</b>	<b>447</b>	<b>447</b>	<b>450</b>	<b>450</b>	<b>452</b>	<b>457</b>	<b>2,626</b>	<b>2,703</b>	<b>77</b>	<b>5,252</b>	<b>5,329</b>	<b>77</b>
Non-pay Efficiencies												
Medicines optimisation	0	0	0	0	0	0	0	0	0	0	0	0
Procurement (excl drugs) -non-clinical	3	3	4	3	4	4	0	21	21	0	39	39
Service re-design - Non-pay	0	0	0	0	0	0	98	(98)	(98)	201	103	(98)
<b>Total Non-Pay</b>	<b>3</b>	<b>3</b>	<b>4</b>	<b>3</b>	<b>4</b>	<b>4</b>	<b>98</b>	<b>21</b>	<b>(77)</b>	<b>201</b>	<b>124</b>	<b>(77)</b>
<b>Total Income</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total Efficiencies</b>	<b>450</b>	<b>450</b>	<b>454</b>	<b>453</b>	<b>456</b>	<b>461</b>	<b>2,724</b>	<b>2,724</b>	<b>0</b>	<b>5,453</b>	<b>5,453</b>	<b>0</b>

Figure 3: Efficiency Savings

## 4.1. Risks and Mitigations

Risk Description	Risk Value £,000	Mitigation
Excess cost to recover Cancer waiting lists	-1629	Reporting to ICB with a view to secure additional funding
Excess Staff Cost Due to Strike Action	-618	Vacancies not covered
Increase use of Sleep Eqpt above baeline plus 9% levels	-533	Reporting to ICB with a view to secure additional funding
Excess Inflation	-290	Reporting to ICB with a view to secure additional funding for premises and related inflation
Excess cost to recover & deliver CBCT scansaiting lists	-239	Possibility of increased income recognition
Consultant Bank Rate increase (Current Run rate)	-132	Reporting to ICB with a view to secure additional funding
Unfunded Pay uplift - Plan	-41	Reporting to ICB with a view to secure additional funding

*Figure 4: Risks and Mitigations*

## 5.1 Capital Expenditure

- Capital Expenditure is £2.11m at the close of September from a year to date plan (as per original planning assumptions at the start of the year) of £5.25m.
- As context, the original Plan is broken down as follows
  - ✓ £3.4m Budget to date for the EPR and CDC projects (funded by PDC)
  - ✓ £1.8m Budget to date (funded by internally generated CRL)
- It has been highlighted to Capital leads that they need to progress at pace to spend the capital allocation for 2023/24.
- It is noted that the remaining spend of £1.19m relates to new IFRS16 leases, which were not included in the original plan. We are currently holding tentative conversations with the ICS & NHSE with regard to securing additional funding for these – it is likely that there will be a bidding round in due course for an allocation to cover these. If we do not secure any additional funding, we will need to use our internal capital allocation and this will reduce our available capital in this year.

## 6.0 Sussex System Financial summary

The following tables are provided by the Sussex ICB for Month 5 financial results.

System YTD Summary - I&E (£000s)			
Provider	YTD Plan	YTD Actual	(Deficit)/ surplus
ESHT	-	(2,144)	(2,144)
QVH	4	-	(4)
SCFT	(1,234)	(1,150)	84
SPFT	(3,188)	(6,211)	(3,023)
UHSx	(6,184)	(16,900)	(10,716)
ICB	-	108	108
<b>Total</b>	<b>(10,602)</b>	<b>(26,297)</b>	<b>(15,695)</b>

*N.B. 1: The £4k variance is a result of rounding's in the plan.*

*Figure 5: Summary of all Sussex Providers Month 5*

## 7.0 Recommendation

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