Bundle Public Board 13 November 2025

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89-25 Organisational culture assessment

90.25 Quality and safety committee assurance
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Assurance

90-25 QSC assurance report

91.25 Financial, workforce and operational performance assurance
Peter O'Donnell, Non-Executive Director and committee Chair
Assurance

91-25 FPC assurance report

92.25 Any other business (by application to the Chair)
Jackie Smith, Trust Chair
Discussion

93.25 Questions from members of the public
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

Queen Victoria Hospital
NHS Foundation Trust

Business Meeting of the Board of Directors

Thursday 13 November 2025

Session in PUBLIC
10.00-12.00
Education centre (location 40), QVH

MEMBERSHIP
BOARD OF DIRECTORS
November 2025

Members (voting):

Trust Chair	-	Jackie Smith
Senior Independent Director	-	Shaun O'Leary
Non-Executive Directors	-	Jagjit Dosanjh-Elton
	-	Peter O'Donnell
	-	Russell Hobby
	-	Jo Emmanuel
Acting Chief Executive Officer	-	Abigail Jago
Chief Medical Officer	-	Tamara Everington
Chief Nursing Officer	-	Edmund Tabay
Interim Chief Finance Officer	-	Simon Marshall
Chief Operating Officer	-	Kirsten Timmins

In full attendance (non-voting):

Associate Non-Executive Directors	-	Aleema Shivji
	-	Vivek Chaudhri
Chief People Officer	-	Helen Edmunds
Interim Deputy Chief Executive Officer	-	Jane Dickson
Company Secretary	-	Leonora May

Annual declarations by directors 2025/26

Declarations of interests

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

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

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

Register of declarations of interests

	Relevant and material interests							
	Directorships, including non-executive directorships, held in private companies or public limited companies (with the exception of dormant companies).	Ownership, part ownership or directorship of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS or QVH.	Significant or controlling share in organisations likely or possibly seeking to do business with the NHS or QVH.	A position of authority in a charity or voluntary organisation in the field of health or social care.	Any connection with a voluntary or other organisation contracting for NHS or QVH services or commissioning NHS or QVH services.	Any connection with an organisation, entity or company considering entering into or having entered into a financial arrangement with QVH, including but not limited to lenders of banks.	Any "family interest": an interest of a close family member which, if it were the interest of that director, would be a personal or pecuniary interest.	Other
Non-executive and executive members of the board (voting)								
Jackie Smith Trust Chair	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Jagjit Dosanjh-Elton Non-Executive Director	Non-executive director for Social Investment Business Foundation Non-executive director for The Social Investment Business Limited Non-executive director for Public Relations Communications Association Limited Director 100% Shareholder of Ingenious Exec Limited	Nil	Nil	Trustee for TB Alert	Nil	Nil	Sister works as Chief Nurse at Guys and St Thomas Trust. Brother in law works as a Cardiac Consultant at Pembury Hospital Kent	
Peter O'Donnell Non-Executive Director	Non-executive director for Nottingham Building Society Non-Executive Director at OneFamily	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Shaun O'Leary Non-Executive Director	Nil	Nil	Nil	Chair and Trustee of St Wilfreds Hospice, Eastbourne	Nil	Nil	Nil	Nil
Russell Hobby Non-Executive Director	Director of 5 Lewes Crescent Mgt Co. Ltd Director of RVHB Ltd Non-executive director of ImpactEd	Nil	Nil	Chief executive officer of the Kemnal Multi Academy Trust	Nil	Nil	Nil	Nil
Jo Emmanuel Non-Executive Director	Nil	Independent consultancy work for different NHS bodies for mental health, none directly linked to QVH	Nil	School governor for West St Leonards primary academy school	Nil	Nil	Nil	Nil
Abigail Jago Acting Chief Executive Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Tamara Everington Chief Medical Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Simon Marshall Interim Chief Finance Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Edmund Tabay Chief Nursing Officer	Nil	Nil	Nil	Regional lead for Filipino Senior Nurses Alliance Member of Jabali Men's network	Nil	Nil	Nil	Nil
Helen Edmunds Chief People Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Kirsten Timmins Chief Operating Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Jane Dickson Interim Deputy Chief Executive Officer	Non-Executive Director for Ashford and St Peters Hospitals NHS FT Director of Mull Moments (private holiday lettings company)	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Aleema Shivji Associate Non-Executive Director	Director of 5 Westborne Villas Freehold Ltd and 5 Chatham Place Freehold Ltd	Nil	Nil	Nil	Nil	Nil	Nil	Nil
Vivek Chaudhri Associate Non-Executive Director	Director of Global AI Leaders Network Director of Purposeful AI	Nil	Nil	Nil	Nil	Nil	Nil	Nil

Fit and proper persons declaration

As established by regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 ("the regulations"), QVH has a duty not to appoint a person or allow a person to continue to be a governor of the trust under given circumstances known as the "fit and proper person test". By completing and signing an annual declaration form, QVH governors confirm their awareness of any facts or circumstances which prevent them from holding office as a governors of QVH NHS Foundation Trust.

Register of fit and proper person declarations

	Categories of person prevented from holding office						
	The person is an undischarged bankrupt or a person whose estate has had a sequestration awarded in respect of it and who has not been discharged.	The person is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order or an order to like effect made in Scotland or Northern Ireland.	The person is a person to whom a moratorium period under a debt relief order applies under Part VIIA (debt relief orders) of the Insolvency Act 1986(40).	The person has made a composition or arrangement with, or granted a trust deed for, creditors and not been discharged in respect of it.	The person is included in the children's barred list or the adults' barred list maintained under section 2 of the Safeguarding Vulnerable Groups Act 2006, or in any corresponding list maintained under an equivalent enactment in force in Scotland or Northern Ireland.	The person is prohibited from holding the relevant office or position, or in the case of an individual from carrying on the regulated activity, by or under any enactment.	The person has been responsible for, been privy to, contributed to, or facilitated any serious misconduct or mismanagement (whether unlawful or not) in the course of carrying on a regulated activity, or discharging any functions relating to any office or employment with a service provider.
Non-executive and executive members of the board							
Jackie Smith Trust Chair	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Jagjit Donsanjh-Elton 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
Jo Emmanuel Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tamara Everington Chief Medical Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Simon Marshall Interim Chief Finance Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Edmund Tabay Chief Nursing Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Abigail Jago Acting Chief Executive Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Helen Edmunds Chief People Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Kirsten Timmins Chief Operating Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Jane Dickson Interim Deputy Chief Executive Officer	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Aleema Shivji Associate Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Vivek Chaudhri Associate Non-Executive Director	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Queen Victoria Hospital
NHS Foundation Trust

Business meeting of the Board of Directors
Thursday 13 November 2025
10.00-12.00

Agenda: session held in public		
WELCOME		
79-25	**Welcome, apologies and declarations of interest** *Jackie Smith, Trust Chair*	
STANDING ITEMS		**Purpose**
80-25	**Draft minutes of the public meeting held on 11 September 2025** *Jackie Smith, Trust Chair*	*Approval*
81-25	**Matters arising and actions pending from previous meetings** *Jackie Smith, Trust Chair*	*Review*
82-25	**Patient story** *Edmund Tabay, Chief nursing officer*	*Discussion*
83-25	**Chair's report** *Jackie Smith, Trust Chair*	*Assurance*
84-25	**Chief Executive's report** *Abigail Jago, acting Chief executive officer*	*Assurance*
PERFORMANCE		
85-25	**Integrated quality and performance report** *Kirsten Timmins, Chief operating officer* • **Electronic patient record (EPR) update (Tamara Everington, Chief medical officer) (verbal)** • **Business planning and commissioning intentions for 2026/27 (Simon Marshall, interim Chief finance officer)**	*Assurance*
86-25	**National inpatient survey and Cancer patient experience survey results 2024** *Edmund Tabay, Chief nursing officer*	*Assurance*
GOVERNANCE, STRATEGY & RISK		
87-25	**Guardian of Safe Working Report** *Jennifer O'Neill, Guardian of Safe Working*	*Assurance*
88-25	**Board Assurance Framework** *Leonora May, Company secretary* *All executive directors*	*Approval*
ANNUAL REPORTS		

89-25	**Organisational culture assessment** *Helen Edmunds, Chief people officer*	*Review/ discussion*
COMMITTEE ASSURANCE REPORTS		
90-25	**Quality and safety committee assurance** *Shaun O'Leary, Non-executive director and committee Chair*	*Assurance*
91-25	**Financial, workforce and operational performance assurance** *Peter O'Donnell, Non-Executive Director and committee Chair*	*Assurance*
MEETING CLOSURE		
92-25	**Any other business (by application to the Chair)** *Jackie Smith, Trust Chair*	*Discussion*
MEMBERS OF PUBLIC		
93-25	**Questions from members of the public** *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*	

	Minutes (DRAFT)	
Meeting:	**Board of Directors (session in public)** **10.00-12 noon 11 September 2025** **Education Centre, QVH**	
Present:	Jackie Smith (JS)	Trust Chair (voting)
	Paul Dillon-Robinson (PDR)	Non-executive director (voting)
	Peter O'Donnell (POD)	Non-executive director (voting)
	Shaun O'Leary (SOL)	Non-executive director (voting)
	Russell Hobby (RH)	Non-executive director (voting) [MS Teams]
	Abigail Jago (AJ)	Acting Chief executive officer (voting)
	Simon Marshall (SM)	Interim Chief finance officer (voting)
	Tamara Everington (TE)	Chief medical officer (voting)
	Kirsten Timmins (KT)	Chief operating officer (voting)
	Jane Dickson (JD)	Interim deputy Chief executive officer (non-voting)
	Helen Edmunds (HE)	Chief people officer (non-voting)
	Aleema Shivji (AS)	Associate Non-executive director (non-voting)
	Vivek Chaudhri (VC)	Associate Non-executive director (non-voting)
In attendance:	Ellie Simpkin (ES)	Governance manager (minutes)
	Oliver Charman (OC)	Community Diagnostic Centre service manager [item 61-25]
Apologies:	Jo Emmanuel (JE)	Non-executive director (voting)
	Edmund Tabay (ET)	Chief nursing officer (voting)
	Leonora May (LM)	Company Secretary
Members of the public:	4 members of staff, 12 governors and one member of the public	

58-25 **Welcome, apologies and declarations of interest**

The Chair opened the meeting welcoming members of the Board and those observing the meeting.

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 JE, ET and LM

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

59-25 **Draft minutes of the public meeting held on 10 July 2025**

The Board **agreed** that the minutes of the public Board meeting held on 10 July 2025 are a true and accurate record of that meeting and **approved** them on that basis.

60-25 **Matters arising and actions pending from previous meetings**

A Board member queried when the burns review outcome will be shared with the Board (item 44-25, 10 July 2025 minutes). It was noted that a summary of the outcome of the review has been considered by the Quality & safety committee and work is being undertaken to develop the action plan. The report will be shared with the Board. **ACTION TE**

The Board **noted** the written updates for the actions.

61-25 **Staff story**

The Board welcomed OC who joined the meeting to share his experience of working at QVH. OC joined QVH 9 months ago as a Business support manager in the operations

	department and is currently on secondment to the role of Community Diagnostic Centre (CDC) service manager. OC shared that he studied medicine and that throughout his training he developed an interest in the operational delivery of healthcare, focusing on patient access, patient flow and models of care. Following his training he wanted to find a role in operational management, however, he found that without the line management experience, he wasn't meeting the 'essential criteria' for roles. He applied for the Business support manager role at QVH and found the recruitment process a very positive experience. OC gave examples of his work at QVH which he is proud of, including outpatient transformation projects and a Continuous Improvement project in sleep services which has created efficiencies and benefitted patients. OC described his passion for the delivery of the right care in the right place for patients. He is excited to be part of the delivery of the Trust's CDC programme. In response to a question from a Board member, OC explained that the small size of team means that there are single points of failure and covering during periods of leave is a challenge. A Board member asked OC to expand on his experience of the Trust's recruitment process. OC explained that having the aims of Trust and the service included in the job description meant that he could clearly see that he had the skills required and he was able to explain what could offer the organisation. He was able to ask questions of the team which allowed him to be confident that he could carry out the role. A Board member asked OC what his hopes and fears for the future are. He explained that he hopes his secondment will be extended beyond the current end date in March 2026. There is still work to do to understand the service demands and develop the workforce plan, service capacity and the integrated model for new QVH CDC building. A current fear is having the right financial model to be able to support the service. The Board commented on the richness of the skills and experiences which OC brings to the Trust and how this is a good example of the importance of the recruitment process in attracting staff with diverse experience which benefits the organisation. The Board thanked OC for sharing his story. [OC left the meeting]
62-25	**Chair's report** JS presented her Chair's report to the Board. She highlighted: - She continues to meet regularly with the lead and deputy lead governor to discuss key issues - Thanks to Chris Parrish who stepped down from his role as a staff governor, noting the positive impact that Chris has had during his tenure - Jagjit Dosanjh-Elton will join the Board as a Non-executive director and the Chair of the Audit and risk committee from 1 October 2025 as PDR completes his second and final term on 30 September 2025 after six years on the Board - The Strategy and culture committee continues to provide oversight of the strategic partnership options The Board **noted** the contents of the report.
63-25	**Chief Executive's report** AJ presented her report to the Board, highlighting the following:

- The Trust continues to face a breadth of complex issues. There is focus on managing the key areas of risk and the delivery of programmes including the Electronic Patient Record (EPR) and the East Grinstead CDC new build.
- Despite the significant challenges, the financial performance of the Trust is on plan. There are risks to the delivery of the Cost Improvement Programme (CIP). Difficult decisions are having to be made and it is important to acknowledge the impact on staff morale.
- There continues to be visible improvement to the estate and AJ thanked the staff who continue to manage the site in difficult circumstances.
- For quarter one 2025/26, QVH has been ranked 29 out of 134 providers in the NHS National Oversight Framework league table position.
- Work continues on the development of the option appraisal for the Trust's strategic partnership. She thanks staff and stakeholders for attending and contributing to the recent attending engagement activities.
- An internal audit of compliance with governance arrangements including contract management and procurement processes received a reasonable assurance outcome and demonstrates that considerable improvement has been made on strengthening internal control. It is now important that this is maintained.
- The Trust has received outstanding results in the national Adult Inpatient Survey 2024, receiving the highest score in the country for overall patient experience.
- Congratulations to the recent staff Values in Practice winners.
- AJ acknowledged feedback received outside of the meeting on the quality of reports and recognised that there are areas in which the reporting to Board needs to be improved.

A Board member asked about the confidence in the Trust achieving a breakeven position at year end and the risks which may need to be taken. SM explained that the challenges are complex but the Trust is on trajectory with corrective action being taken as needed. Grip and control to gain assurance has improved but there is still more to do. He expects that the deficit support funding will be delivered to QVH in quarter three. AJ added that the delivery of the Trust's CIP has improved by c£1m since the last report to Board. Some schemes are reliant on opportunities with partners. There is a focus on the opportunities for savings and efficiencies which can be delivered internally but realising the strategic partnership is key to achieving elements of the CIP.

A Board member asked about the impact of strategic partnership, which is yet unknown, will have on the development of the Trust's Medium Term Financial Plan (MTFP). AJ explained that the choice of partner and also the changes in the commissioning landscape will impact on the Trust's MTFP and there will need to be some assumptions as part of planning process. The need to be clear on where assumptions are was noted.

In response to a question on whether there is sufficient information on the risks associated with the estate issues to ensure patient care and quality will be maintained, AJ explained that there is clarity on the known issues, however, there are still emerging problems. She is confident on the team's collective ability to be in agile in responding to issues and manage the risk appropriately; managing the recent ward moves is a good example of this.

Discussion was had on how the Non-executive directors and governors can support the Trust as work progresses on the strategic partnership and through what is a challenging time for QVH and the NHS as a sector. Honest and transparent communication is key and the Executive Leadership Team acknowledges that there is a need to understand the scale of the challenge and listen to staff. The importance of the Board being cognisant of the need to prioritise and following appropriate governance, ensuring that the Board has the opportunity to discuss any difficult decisions which may need to be made, was noted.

	In response to a question from a Board member on the insight gained from the NHS National Oversight Framework league table results, AJ explained that the Business intelligence team is looking at the metrics. The Trust's Provider capability assessment is being development and will focus on the areas for the Trust. The Board **noted** the contents of the report.
64-25	**Integrated quality and performance report** KT presented the report to Board and provided an update on operational performance. She reported that performance is broadly on plan. There continues to be a number of patients waiting over 65 weeks and action is being taken to provide more capacity in future months. The Trust met both the Cancer Faster Diagnosis Standard and the Cancer 62 day standard in month four, a huge achievement given that there has been an 8% increase in urgent suspected cases, however, she flagged to the Board that performance is likely to deteriorate in quarter two which in turn will impact on the number of long waiters. An improvement in sleep diagnostic performance is expected in month five. In response to a question on the impact of providing mutual aid to support the System, KT explained that QVH is currently treating up to 40 patients per month, which is less than last year, and confirmed that the Trust has the capacity to treat these patients. A Board member asked about the financial impact of the additional weekend sessions to support the 62 day cancer performance. KT explained that the cancer alliance is providing additional funding for an element of the sessions. TE provided an update on quality and safety. She reported that there are no concerns. With regard to the development of the Children's model, a baseline assessment against required standards has been carried out and a 'case for change' which aligns with QVH Strategy 2025-2030 and the Trust's emerging priorities drafted. Continuous Improvement is being embedded across the Trust to facilitate the 'business as usual' model. HE provided an update on workforce. She reported that there has been a slight increase in temporary staffing due to weekend working and increased activity; additional income is being received. The team continues to support staff wellbeing though resilience workshops and change management initiatives. The increase in time to hire is being driven by visa application delays. There has been an increase in long term sickness and a reduction in short term absence. Discussion was had on the morale of staff, given the current uncertainty for QVH and for the NHS as a sector. The Board noted that managers are being supported to support their teams and there is engagement with staff including monthly Team Talk sessions hosted by the Executive directors. The importance of taking away the uncertainty for staff as quickly as possible is acknowledged by the Executive Leadership Team. SM provided an update on finance. The Trust delivered a surplus in month four, reducing the cumulative deficit. The cash position has improved. In response to a question from a Board member about the amount of non-recurrent savings, SM explained that national guidance on what is classified as recurrent and non-recurrent is awaited. Work is being undertaken to look at where non-recurrent savings can be converted to recurrent schemes. <u>Estates update</u> SM introduced the report which provides the Board with an overview of the current challenges with the estate and how the risks are being overseen and mitigated. Managing an aging estate to ensure it meets required standards is a challenge. Action plans are being developed to prioritise and address the issues. Internal governance is in place to ensure appropriate oversight, however, further assurance is required in some areas.

	SOL explained that the Quality & safety committee has received assurance that the estates issues which have direct implications and potential risk to patient safety are being managed appropriately with mitigations in place to avoid patient harm or impact on the quality of patient care. There is a legacy of under investment meaning there will be emergent issues which are urgent and important, which will take time to address. The committee noted a gap in the testing of fire evacuation plans in clinical areas. The Board requested that assurance that a programme of fire evacuation exercises is underway is provided to the November 2025 meeting. **ACTION SM** A Board member commented that the volume of the issues is, in part, due to the fact that there is now greater clarity and improved management of the estate, which is welcomed, and acknowledged the progress that is being made by the team. The Board noted that surveillance is undertaken and data is constantly reviewed in order to answer the most important question of whether it is safe to work and receive care in the environment. JD explained that the risk to benefit ratio of whether it is safer for patients to receive care than not is also a consideration. Mitigations are in place wherever possible; if it was thought the hospital was not safe, it would be closed. The documentation of risks and the decisions made is important in order to provide assurance to the Board sub-committees. The Board thanked the Estates team for their continued work in addressing the issues. The Board **noted** the contents of the report. <u>Research and Innovation update</u> TE presented the report to the Board, highlighting the progress being made to deliver the Trust's Research and innovation strategy including the development of plans for the QVH Research, Education and Innovation Hub and the collaboration opportunities which are being explored. The Board welcomed the report and the progress which is being made and **noted** the contents of the report. <u>Annual assessment of addressing health inequalities</u> TE presented the report to the Board. She acknowledged that the Trust has further work to do to fulfil its commitment to communities which it made in its QVH Strategy 2025-30. The introduction of the Trust's Electronic Patient Record and in new Patient Administration System will help to improve the quality of the information which the Trust holds. The areas of progress are set out the report. The Board noted that while the report outlines process, there is a need for further intelligence and understanding. The question of what the data shows about the services QVH is providing needs to be considered and the actions prioritised. Given the breadth of the challenges which the Trust is facing, the Board encouraged focus on the areas which will bring about the most significant impact and improvement in health inequalities. The Board **noted** the contents of the report.
65-25	**Winter Plan 2025/26** KT introduced the Trust's draft Winter Plan 2025/26 for approval prior to submission to NHS Sussex, highlighting that key learnings from winter 2024/25 have been considered and addressed. QVH will continue to offer mutual aid wherever it has capacity to support the System and development of the CDC pathways will contribute to reducing the pressures in larger acute trusts over the winter period. The Trust is focussed on improving staff vaccination rates by at least 5% in comparison to last year.

	The Board **approved** the Trust's Winter Plan 2025/26.
66-25	**Organisational risk register** JD presented the report as read, highlighting that the Organisational Risk Register triangulates the discussion had by the Board on financial and estates matters. The Board noted that the Trust's Board Assurance Framework risks are currently being updated in line with the new Key Strategic Objectives and will be presented at the Board meeting in November 2025 for approval. The Board **noted** the contents of the report.
67-25	**Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) annual reports 2024/25** HE presented the report to the Board, explaining that whilst there has been improvement, the report demonstrates that there is further work to do to improve the experience of disabled and BME staff at QVH. The actions focus on the specific areas for improvement including developing psychological safety, working with the Trust's Equality Diversity and Inclusion champions to gain the lived experience of staff, and de-biasing recruitment processes. Acknowledging national reporting requirements, Board members highlighted the need for further insight on the significance and implications of the data for QVH specifically. Although some detail is provided in the action plan, actions need to be more specific and prioritised to align with the Trust's emergent priorities. The Board requested that the findings are reviewed and an update on the key concerns and prioritised actions brought to the November 2025 meeting. **ACTION HE** The Board of Directors **noted** the information within the report and **approved** the report for publication on the Trust website.
68-25	**Gender Pay Gap report 2024/25** HE presented the report to Board, noting that the overall Trust's gender pay gap has grown for 2025 and continues to be driven by a greater number of men in more senior admin roles among the Agenda for Change (AfC) workforce, alongside senior male clinicians earning top of grade and bonus payments relative to the total workforce. HE highlighted that the small size of the organisation means that there is fragility in any improving or declining position; a singular change in a senior post impacts on the pay gap. The Board requested that further consideration is given to the prioritisation of the key actions which will impact on closing the gender pay gap and an update brought to the November 2025 meeting. **ACTION HE** The Board **noted** the content of the report and **approved** the report for publication on the Trust's website.
69-25	**Ethnicity Pay Gap report 2024/25** HE presented the report to Board. The overall ethnicity pay gap across the organisation has increased across the Trust from 2024 to 2025 in favour of BME staff. The Board noted that, as with the Gender Pay Gap reporting, the small size of the organisation accentuates fluctuations in numbers and further insight is needed on the statistical significance of the data and the key concerns. The Board requested that the findings are reviewed and an update on prioritised actions brought to the November 2025 meeting. **ACTION HE**

	The Board **noted** the content of the report and **approved** the report for publication on the Trust's website.
70-25	**Audit & risk committee assurance** PDR presented the committee assurance report to the Board, highlighting that the external auditor's annual report will be presented at the Trust's Annual General Meeting on 23 September 2025. There is an unqualified opinion but the auditor's identified a weakness in their Value for Money (VFM) assessment, that the committee and Trust were aware of. He confirmed that the committee has received assurance that the issues have been addressed and are not continuing. He reported that good progress is being made on embedding the Trust's Risk management framework. The committee has stressed the importance of focusing on the effectiveness of mitigations and managing risks to risk appetite. The Board **noted** the contents of the report.
71-25	**Quality and safety committee assurance** SOL presented the report to Board, taking the opportunity to congratulate staff on the results of the latest Adult Inpatient survey. He higlighted that the committee received a useful update on the findings of recent safeguarding reviews which served as a reminder of complexity of multi-agency relationships that staff have to manage and forge. He reported that work is being undertaken to develop the long-term options for the Burns service following the the outcome of the Burns service review. Further updates will be given to the Board as work progresses. The Board **noted** the contents of the report.
72-25	**Financial, workforce and operational performance assurance** POD presented the committee assurance report to the Board, reflecting that the discussions had by the committee have focused on inherent risks which the Trust is carrying, reinforcing the case for change for the QVH Strategy 2025-2030 and the strategic partnership. He reported that a key area of focus is the management of the Trust's cyber security risks and delivery of the Cyber Assurance Framework action plan. Good progress is being made on the Bognor CDC but the outstanding matter of the delivery of the service once the building is complete is yet to be resolved. The Board **noted** the contents of the report.
50-25	**Any other business (by application to the Chair)** The Board recorded its thanks to PDR for his support, dedication and loyalty to QVH during his time as a member of the Board and wished him well for the future. There was no further business and the meeting closed.
51-25	**Questions from members of the public** There were no questions received from members of public. The Chair invited the lead governor to ask questions regarding any of the items discussed during the meeting on behalf of the governors. The lead governor asked the following questions and the following responses were given. Question Will the feedback from the Non-executive director service visits be shared with governors? Response This will be picked up outside of the meeting with the Company secretary.

	Question What is the public dividend capital that the Trust pays back to the government? Response SM confirmed that all trusts are required to pay 3% of net assets. QVH has budgeted for this payment. Question What is the impact on staff of the Trust's CIP? Are staff supportive or resentful of changes which are being made? Are they having to work additional hours as a result of the reductions in staff? Response AJ acknowledged that there has been an impact on staff where posts have been removed, which is predominately in the corporate teams. The Trust's leadership is being transparent with staff on the impact of the challenges. It is acknowledged that there remains a level of uncertainty for staff. There is a mixed response from staff to the changes and views change as time passes. Comparative information demonstrates that QVH is still a very good place to work. HE added that data collected from staff exit interviews does not show that staff are leaving due to the changes taking place. Staff turnover has decreased as opportunities elsewhere in the NHS are less available. Question What is the overall impact of the CIP on staff numbers? Response The Trust's final staff number for 2025/26 is 1046 and is currently eight posts over plan. Reductions in staff is largely being managed through reductions in bank and agency. Question What is impact of the changes in commissioning arrangements for QVH? Response JS explained that more will be known in the coming weeks.

ITEM	MEETING Month	REF.	TOPIC	AGREED ACTION	OWNER	DUE	UPDATE	STATUS
1	January 2025	98-25	Culture	Assessment of the organisational culture to be completed to enable the Board to understand the gap between where it is now and where it needs to be in line with the values and behaviour framework previously agreed by the Board	**HE**	**~~8 May 2025~~** **~~July 2025~~** **September 2025**	May 2025: There is work underway to triangulate information from the staff survey, people pulse survey, FTSU/ raising concerns, employee relations cases, listening sessions and datix to understand the micro cultures at QVH and where it needs to be aligned with our values and behaviour framework. There is variation across different departments and directorates in terms of behaviours but this is underpinned by a commitment to patient care. We know there have been challenges relating to governance and compliance. There are areas where there is a resistance to change and legacy practices and behaviours where support is needed. A management essentials programme is in development proposed to start in June 2025, along with change management support and work to further embed our values and behaviour framework. July 2025: Continued work in progress alongside strategic partnership work and KSO3 (behaviour framework). Ongoing assessment through period of change via the Strategy and culture committee once established. September 2025: Assessment completed and will be presented to the Strategy and culture committee on 9 October ahead of Board on 13 November 2025. November 2025: on Board agenda for meeting on 13 November 2025	**CLOSED**
2	July 2025	42-25		Provide definition of what we mean by culture.			September 2025: This will be included in report to the Strategy and culture committee and Board as above. November 2025: on Board agenda for meeting on 13 November 2025	

3	May 2025	7-25*	Company secretary's report	Provide ongoing updates about progress on actions to improve compliance with Governing documents to the Board for monitoring	**LM, AJ**	**September 2025***	July 2025: Governing documents have been reviewed and updated to ensure they are accessible to staff. These will be presented to the Board for approval at its meeting in July 2025. Material updates have been made to the Scheme of Delegation. Both the Contract management policy and Procurement policies have been updated. Communication plan related to individual responsibilities for staff is underway and development of the Governance handbook will commence in Q2. September 2025: Governing documents revised and approved by the Board at its meeting in July 2025. An internal audit has been completed on compliance which has received reasonable assurance with considerable progress in strengthening controls. The Governance handbook is in development. November 2025: Training is being rolled out to budget holders which incl. policies and governing documents. The Governance handbook is in development	**PENDING**
5	July 2025	45-25	Staff survey 2024	Staff survey action plan with progress updates to be presented to the Strategy and culture committee	**HE**	**October 2025***	September 2025: This will be presented to the Strategy and culture committee at its meeting on 9 October 2025.	**CLOSED**
6	September 2025	60-25	Burns review report	Burns service review outcome report to be shared with the Board	**TE**	**October 2025**	October 2025: Report circulated to the Board.	**CLOSED**
7	September 2025	64-25	Estates update - fire evacuation	Assurance that a programme of fire evacuation exercises is underway	**SM**	**November 2025**	October 2025: The first evacuation exercise on Ross Tilley was completed successfully on the 16th October and a rolling programme for other areas has been developed for implementation post the EPR go live.	**CLOSED**
8	September 2025	67-25 68-25 69-25	Workforce annual reports	Review of findings and actions to be undertaken and an update on key concerns and prioritised actions brought to the November 2025 meeting.	**HE**	**November 2025**	November 2025: This has been included as an appendix to the matters arising report	**PENDING**

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	13 November 2025		**Agenda reference:**	**81-25**	
Report title:	Update: Equalities at QVH 2024-25 (WRES, WDES, Gender Pay Gap)				
Sponsor:	Helen Edmunds, Chief People Officer				
Author:	Sacha Campbell, Wellbeing & Inclusion Manager Helen Edmunds, Chief People Office				
Appendices:	None				
Executive summary					
Purpose of report:	This report provides narrative context behind key WRES, WDES and Gender Pay Gap indicators. This report also details how the respective action plans will improve the experience of QVHs diverse workforce.				
Summary of key issues	• The experience of our diverse staff is typically poorer than their comparators • Pressure to come to work when unwell (presenteeism) has seen an increase for staff with long term health conditions • Bullying, harassment and discrimination is experienced disproportionately by our BME staff and those with disabilities				
Recommendation:	The Board are asked to NOTE the update				
Action required	Approval	Information	**Discussion**	Assurance	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	**KSO3:**	**KSO4:**	**KSO5:**
	To deliver outstanding care	*To innovate and improve*	***To be an excellent employer***	*To deliver sustainable services*	*To collaborate with others*
Implications					
Board assurance framework:	People				
Corporate risk register:	None				
Regulation:	None				
Legal:	The Trust has a legal duty under the Equality Act 2010 and specifically the Public Sector Equality Duty to work towards eliminating unlawful discrimination.				
Resources:	None				
Assurance route					
Previously considered by:	Executive Leadership Team				
	Date:	4/11/2025	Decision:	Paper to be presented at the public Board meeting	
Next steps:	Continue with EDI actions				

Report to:	Board of Directors
Agenda item:	81-25
Date of meeting:	13 November 2025
Report from:	Helen Edmunds, Chief People Officer
Report author:	Sacha Campbell, Wellbeing & Inclusion Manager & Helen Edmunds, Chief People Officer
Date of report:	22 October 2025
Appendices:	None

Update: Equalities at QVH 2024-25 (WRES, WDES, Gender Pay Gap)

Executive summary

This report provides narrative context behind key Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) and Gender Pay Gap (GPG) indicators.

Staff with long-term health conditions report higher rates of coming to work while unwell ("presenteeism"), though this has declined since 2022.

BME (Black and Minority Ethnic) and staff with disabilities report higher rates of bullying and harassment from all sources (patients/public, colleagues and managers).

Discrimination remains a concern across diverse groups, with the most common basis being ethnic background, gender and age.

QVHs gender pay gap remains a concern as it is worse than national NHS averages. This is driven by a higher proportion of men in senior administrative roles and senior clinical roles, receiving clinical bonuses, despite women making up 75% of the workforce. Women are also disproportionately resigning due to pay, work-life balance and lack of promotion opportunities.

Presenteeism

The NHS Staff Survey asks colleagues whether they have come to work despite not feeling well enough (also known as "presenteeism") in the past 3 months.

Year on year, staff with long term health conditions report presenteeism at higher rates than those without, though this has decreased significantly since 2022:

Those who answer "Yes" to this question are then asked if they have ever felt pressure to come to work from their manager. The number of staff with long term health conditions routinely report this at higher rates than those without:

Long lasting health conditions or illnesses	2020	2021	2022	2023	2024
Yes	38.0% (27)	31.8% (26)	22.0% (20)	22.7% (22)	31.8% (28)
No	25.5% (38)	17.7% (32)	20.0% (39)	17.5% (35)	12.3% (23)

There is an increase of 9.1% in disabled staff who felt pressure to come to work, from 22.7% (22/97) in 23/24 to 31.8% (28/88) in 24/25, an increase of 6 individuals.

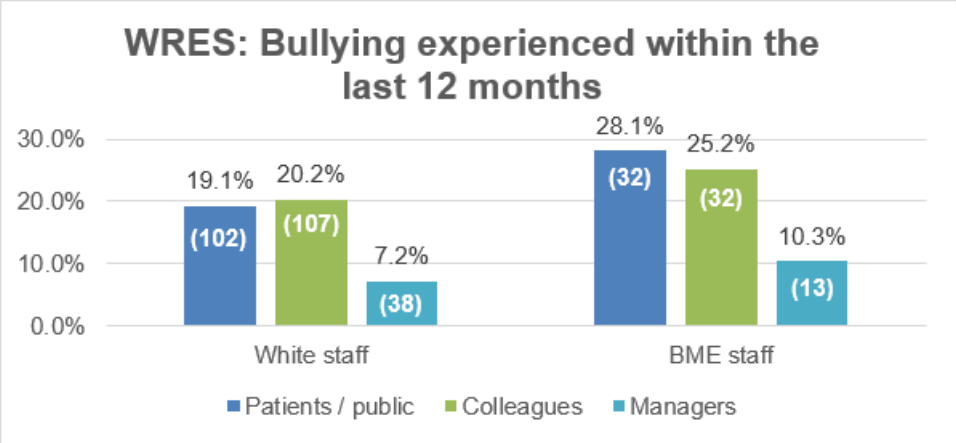
Feedback across departmental culture reviews conducted by the Wellbeing & Inclusion team suggests that this may be because staff with a long term health condition are fearful of being managed for having more sickness absences than peers.

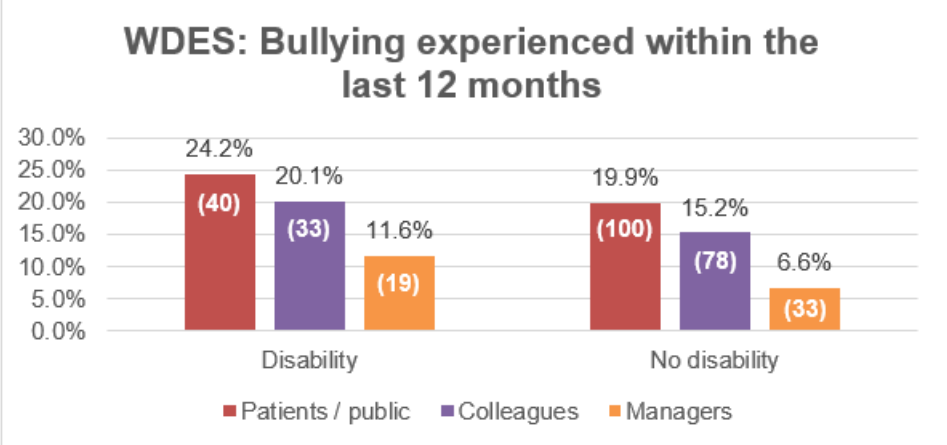
Bullying and Harassment

BME and disabled staff groups reported higher rates of bullying, harassment or abuse across all 3 sources (patients / public, colleagues and managers) than their comparators.

There is an increase of 2% of BME staff experiencing harassment, bullying or abuse from patients, relatives or the public, from 26.1% (26/101) in 23/24 to 28.1% (36/128) in 24/25, an increase of 10 individuals.

Harassment, bullying or abuse from staff towards BME colleagues has also increased 5.5%, from 19.7% (20/101) in 23/24 to 25.2% (32/127) in 24/25, an increase of 12 individuals.





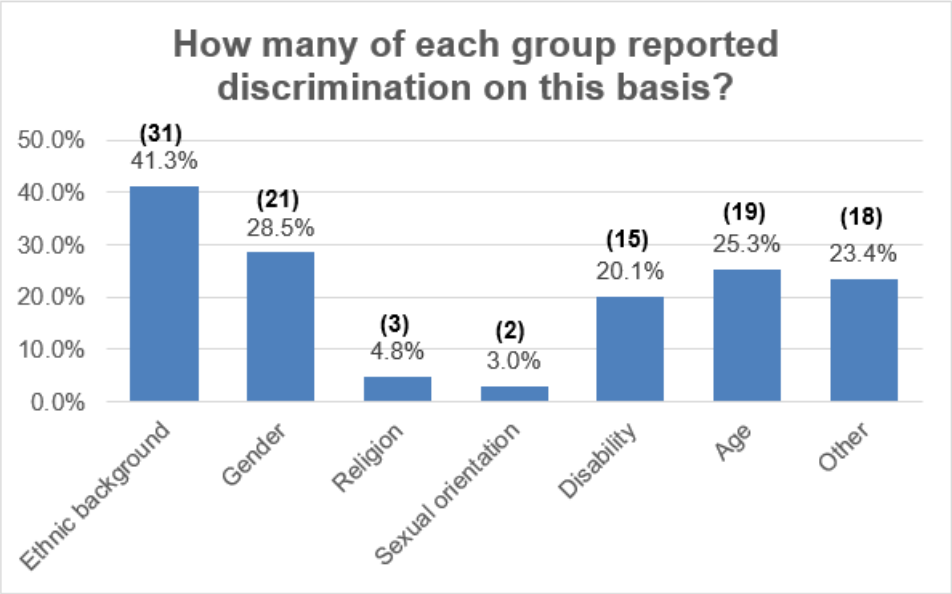
4 cases of bullying, harassment or abuse were raised through the Trust's Dignity and Respect at Work Policy, 9 cases were raised to the Freedom to Speak Up Guardian as per the 2024-2025 FTSU Annual Report, which offers an anonymous method of reporting.

Discrimination

Overall, QVH staff report higher rates of discrimination from patients and the public (5.6%) and managers and colleagues (8.3%), compared to the median benchmark score.

BME staff that have personally experienced discrimination at work from manager/team leader or other colleagues has decreased from 17.5% (20/114) in 23/24 to 13.3% (17/128) in 24/25. However, BME staff are almost twice as likely to experience discrimination compared to white staff, 13.3% compared to 6.9% (17/128 vs 36/525).

Staff who reported discrimination from any source in the NHS Staff Survey are asked the basis on which they were discriminated against, and the findings are as follows:



There has been one concern of discrimination raised to the Employee Relations team, and one concern raised to the Freedom to Speak Up Guardian.

Gender pay disparities

The gender pay gap report measures the difference between the average hourly rates paid to women and men. It is not a comparison of the amount of pay received for men and women doing the same job.

At this time, NHS England has not published its national gender pay gap report for 2024/25. However, compared to the most recent national data (2023/24), QVH's pay gaps are worse:

	Mean gender pay gap (all pay rates added together and dividing by the total number of people by gender)	**Median gender pay gap** (the difference in hourly pay based on who would be in the middle when measuring lowest to highest paid by gender)
NHS (national) (2023/24)	11.41%	8.66%
QVH (2024/25)	36.9%	35.1%

At QVH, this is largely due to a larger number of men in senior administrative roles among Agenda for Change (AfC) staff as well as senior male clinicians earning at the top of their grade and receiving bonus payments.

Further, analysis of reasons for leaving given across the 2024/25 period reveals that women represent 75% of voluntary resignations, but make up:

- 86% of all who left due to work-life balance
- 80% of resignations due to pay and reward
- 77% of those who left to take up a promotion elsewhere

It is important to note the wider context when considering work-life balance for female staff. For example, the most recent Census reveals that:

- Females are significantly more likely to have unpaid caring responsibilities than men
- 75.6% of mothers are in work
- Employed mothers spend more time on all work combined (combining employment, unpaid childcare and unpaid housework) than fathers

This is also supported by workforce data, which reveals that approximately 49% of female staff are in part-time roles (453 headcount) compared to 21% of men (66 headcount).

Actions

To address these concerns, the following actions are being prioritised:

Theme	Action	Expected outcome
Presenteeism	A module on EDI and inclusive management has been added to the line manager's training offer in 2025-26. To produce a checklist and guidance document for managers to use when staff call in to report a sickness absence, detailing how to manage sickness absence compassionately and sensitively.	To develop line manager awareness of reasonable adjustments and how these can reduce sickness absence. To give line managers the tools they need to provide a compassionate and inclusive response to sickness absence.
Bullying and harassment	A module on EDI and inclusive management has been added to the line manager's training offer in 2025-26. Triangulate Employee Relations case work, Freedom to Speak Up reports, Occupational Health data, Staff Survey and Pulse Survey results and Wellbeing & Inclusion insights to capture and act on themes highlighted by colleagues.	To give line managers the tools to embed compassionate cultures within their teams and challenge poor behaviour. To identify areas of challenge and provide a rapid response through a partnership model between department leads, Employee Relations and Wellbeing & Inclusion teams.
Discrimination	A module on EDI and inclusive management has been added to the line manager's training offer in 2025-	To give line managers the tools to embed compassionate cultures

	26. Triangulate Employee Relations case work, Freedom to Speak Up reports, Occupational Health data, Staff Survey and Pulse Survey results and Wellbeing & Inclusion insights to capture and act on themes highlighted by colleagues.	within their teams and challenge poor behaviour. To identify areas of challenge and provide a rapid response through a partnership model between department leads, Employee Relations and Wellbeing & Inclusion teams.
Gender pay disparities	Conduct an EDI audit of all applications for career development, including apprenticeships and external learning, to establish how our diverse colleagues can be better supported to develop their careers and tackle any potential barriers. Apply an EDI lens through lived experience to an end-to-end review of our current internal and external recruitment processes.	To uncover any areas of bias and develop targeted action plans to address these, with the overarching aim to embed inclusive, fair and transparent selection processes for career development and QVH.
All	Continued workshops for behaviour framework / embedding of behaviour framework and values Evidence led focus for Cultural Transformation Steering Group	Awareness of framework to support wider understanding of behaviours expected across all roles at QVH Use of the steering group / EDI champions to support improvements in experiences for BME / disabled staff

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	13/11/2025		**Agenda reference:**	**83-25**	
Report title:	Chair's report				
Sponsor:	Jackie Smith, Trust Chair				
Author:	Jackie Smith, Trust Chair				
Appendices:	None				
Executive summary					
Purpose of report:	To update the Board of Directors on Chair, non-executive director and governor activities since the last meeting.				
Summary of key issues	• Work continues to develop an option appraisal to consider strategic partnership options and this is the Board's key priority. The Board will receive the partnership option appraisal and make its decision at a public meeting on 16 December 2025. This meeting will be open to staff, governors and members of public to attend and observe. The details of this meeting will be available on our website • I am stepping down from my role as Chair from the end of December 2025 and the Board meeting on 16 December 2025 will be my last. Work has started to appoint an interim successor until a permanent joint Chair is appointed as part of the strategic partnership • Shaun O'Leary has taken over the role of Senior Independent Director (SID) from November 2025 • Kokila Ramalingam joined the Council of Governors as staff governor during October 2025 • There will be some changes to committee Chairing arrangements from December 2025				
Recommendation:	The Board is asked to **note** the contents of the report.				
Action required	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	**KSO1:**	**KSO2:**	**KSO3:**	**KSO4:**	**KSO5:**
	To deliver outstanding care	***To innovate and improve***	***To be an excellent employer***	***To deliver sustainable services***	***To collaborate with others***
Implications					
Board assurance framework:	None				
Organisational risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:	NA				
	Date:		Decision:		
Next steps:	NA				

Report to:	Board Directors
Agenda item:	83-25
Date of meeting:	13 November2025
Report from:	Jackie Smith, Trust Chair
Report author:	Jackie Smith, Trust Chair
Date of report:	5 November 2025
Appendices:	None

Chair's report

Board of Directors

Work continues to develop an option appraisal to consider strategic partnership options and this is the Board's key priority. The Board will receive the partnership option appraisal and make its decision at a public meeting on 16 December 2025. This meeting will be open to staff, governors and members of public to attend and observe. The details of this meeting will be available on our website.

Jagjit Dosanjh-Elton joined the Board on 1 October 2025 as a Non-executive director and the Chair of the Audit and risk committee. I am pleased to welcome Jag to the Board.

I am stepping down from my role as Chair from the end of December 2025 and the Board meeting on 16 December 2025 will be my last. Work has started to appoint an interim successor until a permanent joint Chair is appointed as part of the strategic partnership.

Shaun O'Leary has taken over the role of Senior Independent Director (SID) from November 2025. I would like to thank Shaun for taking up this role during this important time. Shaun as SID is working with the governors and Company secretary to secure interim Chair arrangements from January 2026.

There will be some changes to committee Chairing arrangements from December 2025. Peter O'Donnell will take over as Chair of the Strategy and culture committee and will remain as Chair of the Finance and performance committee. Jo Emmanuel will take over as Chair of the Quality and safety committee and will remain as Chair of the Charity committee.

Council of Governors

I continue to meet regularly with our lead and deputy lead governor to discuss key issues.

At the end of July 2025, Chris Parrish (Patient Experience Manager) stepped down from his role as a staff governor. At its meeting in September 2025, the Council of Governors agreed to fill the remainder of the term (until the end of June 2026) with the next highest polling candidate from the most recent staff election. I am pleased to share that Kokila Ramalingam has taken up this role and would like to extend my thanks to her.

During November to date, governor working groups have been held with the Finance and Performance and Quality and safety committee Chairs, executive leads and governors. Governors received an updated following the Strategy and culture

committee meeting in October 2025 at the informal Council of Governors meeting on 9 October 2025.

Other activities
As part of a new national requirement under the National Oversight Framework, the Trust completed a Provider Capability Assessment covering strategic, operational, and financial domains. Approved by the Board on 23 October 2025, the submission highlighted strategic partnerships as key mitigating factors for sustainability and leadership challenges. Ratings were confirmed for quality of care and people and culture, with partial confirmation for strategy, leadership and planning, access and delivery of services, productivity and value for money, financial performance and oversight.

I continue to engage with NHS Sussex and with NHSE as well as Chair's and Chief executive officers from other providers within and outside of the system to explore collaborative working opportunities.

Ian Smith has been appointed as Chair across the Surrey and Sussex Integrated Care Boards (ICBs). I have met with Ian twice since he has been in post and Ian is due to visit QVH on 11 November 2025.

Strategy and culture committee
The Strategy and culture committee met on 9 October 2025 and the meeting was Chaired by me. The next committee meeting is being held on 26 November 2026. The committee will review the partnership option appraisal at this meeting and the whole Board are invited to attend.

<u>Key agenda items</u>
- Strategic partnership update (including the independent review of engagement)
- Organisational culture assessment
- Staff survey results – action plan
- Strategy risks

<u>Alert</u>
- The committee has emphasised the importance of considering the cultural alignment of organisations when assessing the strategic partnership options.
- The committee acknowledged the scale of the work that will need to be undertaken post-decision to ensure the partnership delivers the benefits for QVH and patients.

<u>Assure</u>
- Delivery of the strategic partnership options timeline remains on track.
- The organisational culture assessment is a comprehensive piece of work. Embedding values-based leadership across the organisation will be key to cultural change, which will take time.
- Both the organisational cultural assessment and the independent review of engagement will be helpful to inform the Trust's approach to the strategic partnership in terms of the impact on staff and leadership requirements for the organisation.
- The independent report on the findings from staff and stakeholder workshops which were conducted as part of a partnership engagement has identified themes to inform Board decision-making criteria for the strategic partnership.

A comprehensive FAQ addressing key concerns raised throughout the engagement will be developed.

Advise

- The committee received an update on action being taken by local leadership in response to the NHS 2024 Staff Survey. Departments have identified their priority areas. A ‘you said, we did’ approach is being taken to communicating the improvements made

Risks discussed and new risks identified

The committee reviewed the local and organisational risks related to the strategy. These include the long term sustainability of services, the strategic partnership timeline not being delivered and the possible reduction in staff morale across the organisation.

Recommendation

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

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	13/11/2025	**Agenda reference:**	84-25		
Report title:	Chief Executive Officer (CEO) report				
Sponsor:	Abigail Jago, Acting Chief Executive Officer				
Author:	Kathy Brasier, Deputy Chief Strategy Officer Allison Hunter, Strategy Support Officer				
Appendices:	None				
Executive summary					
Purpose of report:	This report outlines the main developments to be brought to the Board's attention since the last public Board meeting.				
Summary of key issues	• QVH had delivered the month 6 financial plan. The outlook remains challenging however and accelerated progress in the Better Value programme and elective patient activity delivery is essential to secure the planned year-end break-even position. There remains considerable financial challenge as we plan for 2026/27. • The Trust continues with key work relating to the long term strategic partnership for the organisation, with a Board decision planned for December. • The Electronic Patient Record (EPR) programme went live, as planned, on 4th November. This milestone marks a key phase in QVH's digital transformation, with further optimisation to follow, including Patient Administration System (PAS) replacement. • QVH has been ranked the highest nationally for patient experience in the Care Quality Commission (CQC) Adult Inpatient Survey and performed well in the Cancer Patient Experience Survey. • Key risks for the organisation relate to the financial position, ongoing estates challenges, delivery of our performance metrics and the planned industrial action by resident doctors announced for November 2025.				
Recommendation	The Board is asked to **note** the contents of the report.				
Action required	Approval	**Information**	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	**KSO1:** ***Outstanding patient experience***	**KSO2:** ***World-class clinical services***	**KSO3:** ***Operational excellence***	**KSO4:** ***Financial sustainability***	**KSO5:** ***Organisational excellence***
Implications					
Board assurance framework:	All				
Organisational risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	Resource impact as identified within the report.				
Assurance route					

Report to:	Board Directors
Agenda item:	84-25
Date of meeting:	13 November 2025
Report from:	Abigail Jago, Acting Chief Executive Officer
Report author:	Abigail Jago, Acting Chief Executive Officer Allison Hunter, Strategy Support Officer Kathy Brasier, Deputy Chief Strategy Officer
Date of report:	4 November 2025
Appendices:	None

Chief Executive Officer (CEO) report

Alert

- QVH had delivered the month 6 financial plan. The outlook remains challenging however and accelerated progress in the Better Value programme and elective patient activity delivery is essential to secure the planned year-end break-even position. There remains considerable financial challenge as we plan for 2026/27.
- The Trust continues to deliver its planned infrastructure improvements within the financial envelope available. This includes the ongoing main theatre complex roof repairs. External funding opportunities continue to be explored.
- Key risks for the organisation relate to the financial position, ongoing estates challenges, delivery of performance standards and the planned industrial action by resident doctors announced for November 2025.

Assure

- The Electronic Patient Record (EPR) programme went live as planned on 4th November. This milestone marks a key phase in QVH's digital transformation, with further optimisation to follow, including Patient Administration System (PAS) replacement.
- Work continues, in line with the agreed timetable, to progress arrangements for the future organisational partnership. An option appraisal is in development for consideration in December.
- The Environmental Health Officer (EHO) carried out a further inspection in September. The Trust's food hygiene rating is now rated as 4 (Good).
- Preparations continue for commencement of the East Grinstead Community Diagnostic Centre (CDC) building works. Hoarding around the site has been constructed and preparatory works have commenced. Ground works will start once these preparations have been concluded.
- Negotiations continue with University of Chichester (UoC) on Heads of Terms for the Bognor CDC programme. We continue to work with the Integrated Care Board (ICB) and primary care partners to negotiate a long-term operating model for this site. The option of re-fitting an existing building on the UoC site for CDC accommodation is now being developed in partnership with the University. A design contractor has been sourced through the QVH procurement process to design the re-fit.
- Steady progress continues across all elements of the key strategic objective areas with monthly reporting within the Integrated Quality Performance Report (IQPR). Please see Appendix 1 for detail. Delivery of the financial plan remains the primary risk.

Advise

- The Sussex commissioning intentions for 2026/27 have been confirmed, aligning with national priorities. QVH supports the regional focus on integration, productivity, and health inequalities, in line with *QVH Strategy 2025-30.*
- The Trust launched its 2025 Flu campaign in October to support frontline staff to get their flu vaccine and protect themselves and our patients from flu. In collaboration with our

occupational health team, we are offering several flu clinics and roaming vaccinators to ensure accessibility to all staff.

National and Local Updates

Integrated Care Board Leadership

Karen McDowell has been appointed Chief Executive of NHS Surrey and NHS Sussex Integrated Care Boards. As part of changes taking place across the NHS, the Boards of both organisations agreed to form a cluster arrangement from 1 October 2025, working together to take on a more focused role as strategic commissioners across Sussex and Surrey ahead of merger from April 2026. Karen has been the Chief Executive Officer of NHS Surrey Heartlands for the last two years. Karen will take over the role from Adam Doyle, NHS Sussex Chief Executive, who has moved to NHS Kent and Medway ICB as Chief Executive.

The NHS Surrey and NHS Sussex Integrated Care Boards have also recently appointed Ian Smith as joint Chair. Ian was previously Chair of NHS Surrey Heartlands. NHS Sussex Chair Stephen Lightfoot retired in September.

We would like to take this opportunity to thank Adam and Stephen for all their support to QVH.

National Oversight Framework

As part of a new national requirement under the National Oversight Framework, the Trust completed a Provider Capability Assessment covering strategic, operational, and financial domains. Approved by the Board on 23 October 2025, the submission highlighted strategic partnerships as key mitigating factors for sustainability and leadership challenges. Ratings were confirmed for quality of care and people and culture, with partial confirmation for strategy, leadership and planning, access and delivery of services, productivity and value for money, financial performance and oversight.

Commissioning Intentions 2026/27

Following a Sussex-wide event, commissioning intentions for 2026/27 have been finalised, building on the NHS 10-year plan and aligning with national planning guidance. QVH supports the Sussex focus on integration, productivity, and health inequalities, which aligns with the *QVH Strategy 2025–2030*. As a regional tertiary provider, we remain committed to system priorities through Sussex Acute Provider Alliance (SAPA) and collaboration with local partners, while continuing to deliver complex care across Kent, Surrey, and Sussex

Provider Collaboratives

The Sussex Provider Collaborative operates across multiple sectors, including Primary Care, Mental Health, Learning Disability, Community, Acute, and Ambulance services. Current members include:

- Sussex Healthcare NHS Trust (ESHT)
- Sussex Partnership NHS Foundation Trust (SPFT)
- Queen Victoria Hospital NHS Foundation Trust (QVH)
- Surrey & Sussex Healthcare NHS Trust (SASH)
- University Hospitals Sussex NHS Foundation Trust (UHSx)
- Sussex Community NHS Foundation Trust (SCFT)
- Primary Care Provider Collaborative (PCPC)
- South East Coast Ambulance Service (SECAmb)

QVH is actively contributing to collaborative priorities, including commissioning development and transformation of care pathways. NHS Sussex has set clear commissioning intentions for 2026/27, guiding service delivery across providers. The Sussex Provider Collaborative will focus on Neighbourhood Health, targeted acute care and system-wide initiatives.

Finance and Performance

For M6 the Trust reported a surplus of £222k, which reduced the year to date deficit position to £494k in line with plan. Whilst our position at Month 6 remains positive and on plan, there will need to be acceleration in both the delivery of our better value programme and elective activity levels to assure the planned break-even position for the year as a whole. To date £7.6m of better value schemes have been identified and are in progress. Actual delivery to month 6 was £3.4m and this is also in line with plan.

The Trust met its planned performance against the 2025/26 operational targets for Referral to Treatment (RTT) and RTT first appointment times, but did not meet the internal forecast for the percentage of patients waiting in excess of 52-weeks due to increased urgent suspected cancer referrals and treatments taking precedence clinically over long waiting patients, and the overall waiting list size decreasing following the NHSE Sprint Validation programme.

The Trust cancer performance met the 62 Day performance trajectory but did not meet the internal target for Faster Diagnosis Standard. Recruitment to consultant post and additional capacity at spoke sites will improve the position for M7.

Urgent and emergency care performance achieved over 98%, and performance is improving in DM01 (diagnostic) performance.

Quality and Safety

Care Quality Commission Adult Inpatient Survey

The results of the latest Care Quality Commission Adult Inpatient Survey released in September highlighted our commitment to outstanding patient care, as we received the highest score in the country for overall patient experience. Patients across 131 acute and specialist trusts were asked to share their feedback about the inpatient care they received.

The results also showed our focus on continuous improvement with our performance improving year-on-year in areas including communication, patient involvement in care decisions, and discharge planning. Of note in this year's results was a rise in scores for patients feeling informed about their condition, being treated with dignity, and knowing what to expect after their discharge. We recognise there are also opportunities to do better for our patients including improvements around dietary and accessibility needs. Our teams are working through the results and areas of focus.

Cancer Patient Experience Survey (CPES)

The results of the CPES were reviewed at our Cancer Board in September. QVH demonstrated a statistically significant higher performance than the national expected range in several areas and performed strongly against national benchmarks. Patients have reported very positive experiences with cancer care, and value our staff attitudes, professionalism and communication. The survey does raise concerns around treatment timelines, continuity of care and barriers to access such as travel, transport and parking.

The Cancer teams and triumvirates are working closely together to address these through the review of cancer care pathways and linking with the health inequalities group to improve access to care.

Strategic Partnership Development
Work continues to progress the development of a long term partner for QVH. This has been informed by stakeholder engagement and ongoing discussions with potential partners. An independent report has been commissioned to analyse the feedback. Feedback included support for collaboration, particularly in relation to clinical pathways, workforce development and financial sustainability. There was unease in regard to losing QVH's specialist identify, autonomy and culture. An option appraisal is in progress and includes assessment agreed with the trust's host Integrated Care Board and NHSE. Scoring is currently in progress across the senior leadership team including Executive Directors and Clinical Directors. To ensure QVH and potential partners have sufficient time for this important process we are working towards a Board decision in December.

Celebrating our QVH Team

Celebrating our Stars
QVH's annual Star Awards took place on 12 September, attended by nearly 200 colleagues and generously funded by QVH Charity. The event celebrated staff achievements, including educational milestones, long service, and patient-nominated awards. With almost 400 nominations received, the enthusiasm and commitment of our workforce were clearly demonstrated. The evening concluded with the Chair and Chief Executive Award for an Outstanding Individual, presented to Site Practitioner Rainer Halsall, recognised for his exceptional dedication to patient care and staff support.

Values in Practice (VIP) Award Winners
August marked eight months of our Values in Practice awards, with around 150 peer nominations received to date.

In August Richard Barratt, Trauma Lead, was recognised for being *caring and inclusive (over all else)* in his calm and compassionate response during a medical emergency. His professionalism and empathy under pressure made a lasting impact on those involved

The September award was presented to Staff Nurse Aminatu Crisp (Canadian Wing), recognised for being supportive and *challenging (over staying comfortable)*. Her resilience in questioning a clinical decision led to clarification of a miscommunication, demonstrating her commitment to patient safety and professional integrity.

Recommendation
The Board is asked to:

- **NOTE** the contents of the report.

Appendix one – Year 1 Implementing the *QVH Strategy 2025 – 203*0 Strategic Objectives

Year 1 of the implementation of the *QVH Strategy 2025-2030* is set out in the 2025/26 Key Strategic Objectives.

Progress has been achieved across all domains in Quarter 2 and is summarised as set out below:

	2025-26	Q2 progress
Key Strategic Objective 1: To deliver outstanding care	Development of children's model phase 1	**Children's model** initial assessment, case for change and assessment against South Thames draft surgical standards completed. Further work to explore feasibility of the proposed day case model.
	Quality Priority /Health Inequalities: Meet the individual needs of patients including communication and data	**Health Inequalities** objectives agreed for 2025/26. Work continues to address ethnicity recording, using a Continuous Improvement approach. 2025/26 first manual review and analysis in progress of variation in long-waiters by age, deprivation, and ethnicity.
	Deliver Access Targets - RTT, Cancer, Urgent Emergency Care	As per IQPR reporting
Key Strategic Objective 2: To innovate and improve	Embed Continuous Improvement	**Continuous Improvement (CI) programme** on track – departmental face-to-face and virtual huddles in operational areas across the Trust. Third cohort of yellow belt graduates with awards ceremony to celebrate. Improvement projects underway through staff-initiated projects and yellow and green belt trained staff concentrating upon strategic project delivery in line with Trust Key Strategic Objectives (KSO). CI is supporting staff engagement and service improvement.
	Quality Priority: Evidence through measurable Outcome Measures	**Audit plan** progressing in line with plan with reporting on progress through directorate structures and quality framework. Engagement through service and directorate governance meetings to support development and embedded learning. Target to increase completed audits.
	Research & Innovation: Governance, Collaborative Framework & Research Centre	**Research & Innovation** work streams are progressing. New projects in development include partnership with GPs. QVH have been visited by Innovate UK and ongoing work with the KSS Health Innovation Network to define requirements and platform for development.
Key Strategic Objective 3: To be an excellent employer	Deliver Equality Diversity and Inclusion Priorities	**Equality Diversity and Inclusion (EDI) champions** continue to promote inclusion across the Trust and support celebration of success. Plans to review the Embracing Neurodiversity at QVH document are progressing with a focus group of neurodiverse staff to ensure efficacy and inclusivity. The trust is llaunching a resource document for managers to support staff with disabilities through apprenticeships in January 2026.
	Embed Values / Behavioural Framework	**QVH Behaviours framework** is being used to develop team charters to support improved team behaviours as part of staff survey action plans. The 2025 staff survey launched on the 6 October.
		Monthly resilience workshops are in place from September – December with in-house and NHS Elect sessions. Change management workshops (managing self and leading change) commenced in September. These workshops are in place to support staff with the ongoing change across the wider NHS and within QVH as we move towards partnering with another Trust.

		The management / leadership essentials programme commences in October, with the first 2 cohorts fully booked. Behaviours / values / building psychological safety and building inclusive cultures within teams are included within the course content.
Key Strategic Objective 4: To deliver sustainable services	Financial sustainability	We remain on track with the 2025/6 plan at M6. Although there remains risk in delivering the full £7.5m of best value schemes.
	Electronic Patient Record (EPR)	The **Electronic Patient Record** is progressing as planned and went live on 4 November 2025.
Key Strategy Objective 5: To collaborate with others	Development of strategic partnerships to deliver corporate sustainability	The programme of work to develop an organisational partnership continues and is on track with the agreed timetable.
	QVH Local - Community Diagnostic Centres (CDC)	Preparations are underway for the commencement of building works on the East Grinstead **Community Diagnostic Centre (CDC)** site. CDC activity in East Grinstead remains a key focus, as well as negotiations with University of Chichester on Heads of Terms for the Bognor programme.
	Contribution to Sussex Major Service Review	Rehabilitation and Intermediate Care and Urgent and Emergency Care (UEC) care models have now been finalised, with recognised benefits to the local population and efficiency. The new models of care need to move from a reactive to a prevention focus on delivery of care to patients are to be lead at a place and neighbourhood level. The next steps include the establishment of the Clinical Care Professional Leadership Group (CCPLG) as a formal sub-group of the CiC, who will clinically oversee the next stages of this transformation work.

Report cover-page			
References			
Meeting title:	Board of Directors		
Meeting date:	13/11/2025	**Agenda reference:**	85-25
Report title:	Integrated Quality and Performance Report Month 5		
Sponsor:	Kirsten Timmins, Chief Operating Officer		
Author:	Allison Hunter, Strategy and Partnership Project Support Officer		
Appendices:	Appendix – Integrated Quality and Performance Report (IQ&PR) M5 slide pack		
Executive summary			
Purpose of report:	To discuss the Month 5 Integrated Quality and Performance Report 2025/26.		
Summary of key issues	**KSO1** - The Trust achieved the planned M5 performance targets for two of three elective care RTT metrics (first appointment and 18 week wait performance), narrowly missing by 0.2% the RTT target to reduce the proportion of patients waiting over 52 weeks. The Trust also achieved M4 internal cancer trajectories for Faster Diagnosis Standard (FDS) and 62 day standard. UEC performance improved to 99.8%. DM01 performance improved overall, with CT and Sleep study positions both showing partial recovery. CDC activity (79.0%) was under plan due to equipment and space constraints in ophthalmology which have now been resolved, and the need to increase demand for some modalities which is being progressed. Trust income from all activities (96.1%) was under plan, driven by sickness, vacancies and a higher level of annual leave during August. Ethnicity data recording has improved month on month rising from 79% in April 2025 to 85.7% in August 2025. A self-assessment against the draft South Thames Paediatric Surgical Standards has been completed and submitted. Case for change to Day Case Model for Children's care presented and agreed in principle subject to clarification around arrangements for the small number of children who require an overnight stay and QVH specialist elective or emergency care. **KSO 2** – Research governance and strategic groups established. Recruitment to NIHR grant funded secondment opportunities complete. Consideration of Innovation Hub in progress. Clinical Outcomes & Effectiveness and Patient Safety & Experience Groups merging into Quality Committee with shared focus on outcomes. Continuous Improvement (CI) programme on track. Relaunch of triumvirate improvement boards. Use of CI to support outpatient transformation work underway. **KSO 3** – The organisational development team are launching the new Managers' Essentials programme in October 2025. Interest has been high, with two pilots planned in 2025 each with 20 participants booked to attend. Attendees have been prioritised by managers. A QVH Employee Value Proposition is being written to support both new starters and existing staff. Stay Well Open Doors sessions have been hosted, providing staff with a safe space to share any wellbeing or inclusion concerns. Support for Equality Diversity and Inclusion (EDI) Champions remains ongoing, helping them foster inclusive environments within their departments. Several cultural exercises are planned to support areas with localised cultural concerns. The Staff Survey launches 6 October and runs until 28 November, with work underway with communications and staff survey champions to promote the survey. Decrease in agency usage from 12.00 wte in M4 to 9.13 wte in M5. Bank has decreased slightly from 72.2 in M4 to 70.15 in M5. **KSO 4** – At the close of August 2025, the Trust reported an Income and Expenditure position in line with planned YTD deficit of £0.7m and had a cash balance of £7.6m. Whilst an on plan position for the YTD remains positive, there will need to be a significant improvement in Trust contribution to deliver the planned breakeven position for 2025/26, with the main risk areas being delivery of best value schemes of £7.5m (6%) and the expected activity levels for the year. The Electronic Patient Record programme remains on track. The Freedom of Information requests responded to within 20 days has improved in M5 to 85.5%. This continues to be an area of focus through the Information Governance Group and Digital Steering Group, with a follow up sent to managers for responses to be returned for sign off and sent back to the requestor in a timely manner		

	KSO 5 – The partnership work is progressing as planned for a decision in December. **Major Projects** **Community Diagnostic Centre** – Pre-commencement works underway for East Grinstead and site surveys completed in August. Engagement continues with University of Chichester regarding next steps for Bognor **Sussex Pathology Network Programme** – Programme considerably delayed and go live deferred from 2026 to 2027. Review commissioned. **Electronic Patient Records Programme** – Due to complexity of programme, overall status remains Amber. On track to deliver for November go live				
Recommendation:	The Board is requested to review the Month 5 IQ&PR position				
Action required	Approval	Information	**Discussion**	Assurance	Review
Link to key strategic objectives (KSOs):	KSO1: ***Outstanding patient experience***	KSO2: ***World-class clinical services***	KSO3: ***Operational excellence***	KSO4: ***Financial sustainability***	KSO5: ***Organisational excellence***

Implications				
Board assurance framework:	BAF 1 – Outstanding patient Care. BAF 4- long term sustainability (the IAF supports the delivery of the Trust's strategy BAF5- compliance			
Corporate risk register:	The IQPR reflects the risks on the organisational risk register.			
Regulation:	ICS, NHS England, CQC			
Legal:	None			
Resources:	None			
Assurance route				
Previously considered by:	FPC and QSC			
	Date:	03.11.25 04.11.25	Decision:	
Next steps:	NA			

Queen Victoria Hospital
NHS Foundation Trust

Queen Victoria Hospital

Integrated Quality and Performance Report

Month 5: September 2025

BALANCED SCORECARD

Queen Victoria Hospital
NHS Foundation Trust

Priority Metrics	M12 target	Latest month	Planned trajectory in month	Actual performance in month	Previous Month	Summary	Confidence in delivery (RAG)
Breakeven YTD	£0.0m	Aug-25	£0.7m (deficit)	£0.7m (deficit)	£0.5m (deficit)	The Trust's Income and Expenditure position was in line with the planned in month surplus	
RTT> 52 weeks as a proportion of waiting list	1%	Aug-25	1.80%	1.97%	1.87%	Not Achieving target in month.	
Cancer 62 days	75%	Jul-25	72.9%	79.7%	81.7%	Achieving target. Common cause - no significant change.	
% Overall FFT Recommendation Rate	90%	Aug-25	90%	95.1%	95.1%	Achieving target. Common cause - no significant change.	
Trust vacancy rate (excluding bank and agency)	8%	Aug-25	7%	5.1%	5.9%	Achieving target. Special cause – improving variation.	

Major Project	This Month	Overall Status	Last Month	Summary
To deliver the Community Diagnostic Centre programme at East Grinstead and Bognor (respectively)		On track (East Grinstead) On track (Bognor)		Preparations being made for commencement of building works on East Grinstead site. Site surveys taken place. Engagement continues with University of Chichester regarding next steps for the Bognor site.
To deliver the Sussex Pathology Network Programme		Delayed		Full re-evaluation of programme across the Sussex system given complexity and scale of programme, with revision of QVH LiMS/ICE go live to Jan/Feb 2027.
To implement year one of the Electronic Records Programme		On track		Due to complexity of programme and Reporting remaining a risk, overall status remains Amber. On track to deliver for November go live.

CEO SUMMARY

Queen Victoria Hospital
NHS Foundation Trust

The Trust is committed to improving elective recovery, especially in critical areas including cancer treatment, diagnostics, improving waiting times and supporting system partners to reduce long waits across the wider system. The delivery of the priorities are against a challenging financial position for the Trust to achieve breakeven for 2025/26.

Alert

- The Trust continues to have a challenging financial outlook for the year ahead with risks around the full delivery of savings and the expected levels of activity in order to achieve the breakeven plan in 2025/26.
- Work has commenced on a strategic partnership options appraisal to secure long-term sustainability, for Board approval in November 2025.
- The Trust has seen a significant increase in skin cancer referrals, and consultant capacity at spoke sites risk impacting the trust's cancer performance in the second quarter of the year. The increase in cancer referrals is also constraining capacity to treat long waiting patients and achievement of 52ww % performance.
- The Trust narrowly missed (by 0.2%) the internal trajectory for Referral to Treatment (RTT) 52 week waits %, driven by increased cancer referrals taking capacity from long waiters, and the reduced size of the waiting list as a result of RTT validation.
- CDC activity was behind plan at 79.0% in M5. This was largely driven by higher levels of annual leave, a higher activity plan, a requirement to increase demand, and equipment and space constraints. The reduced income in M5 is offset by underspends in pay and non-pay. It is anticipated that M6 CDC activity will improve, and actions plans are in place for underperforming modalities.
- Income vs plan was 96.1% of plan driven by underperformance in Community Diagnostic Centre (CDC), Sleep and Plastics Outpatient activity. Staff vacancies, annual leave and sickness were contributing factors.

Assure

- The Trust achieved the planned performance metrics for 18 week RTT performance, RTT time to first appointment, cancer, and urgent and emergency care.
- The Trust remains on plan for the Electronic Patient Record programme implementation from November 2025.

Advise

- The Trust's Income and Expenditure YTD position was in line with the planned deficit of £0.7m and had a cash balance of £7.6m. The main risk remains the delivery of best value schemes of £7.5m (6%) for the year.
- Organisational culture continues to be a key priority for the Trust. The trust is running a Managers Essentials Programme in October and will be promoting completion of the annual staff survey released on 6 October.
- Preparations for building works have commenced on the East Grinstead CDC in September 2025. Work continues to optimise current CDC activity in East Grinstead and negotiation with University of Chichester on Heads of Terms for the Bognor programme.

Abigail Jago
Acting Chief Executive Officer

KEY STRATEGIC OBJECTIVES – SUMMARY

Queen Victoria Hospital
NHS Foundation Trust

KSO1

- The Trust achieved the planned M5 performance targets for two of three elective care RTT metrics (first appointment and 18 week wait performance), narrowly missing the RTT target to reduce the proportion of patients waiting over 52 weeks. The Trust achieved M4 internal cancer trajectories for Faster Diagnosis Standard (FDS) and 62 day standard. UEC performance improved to 99.8%, exceeding the national standard and internal trajectory. DM01 performance improved overall, with CT and Sleep study positions both showing partial recovery. CDC activity (79.0%) was under plan, driven by higher levels of annual leave, a higher activity plan, a requirement to increase demand, and equipment and space constraints. Trust income from all activities was (96.1%).
- Ethnicity data recording has improved month on month rising from 79% in April to 85.7% in August 2025.
- A self-assessment against the draft South Thames Paediatric Surgical Standards has been completed and submitted. A case for change to a Day Case Model for Children's care was presented and agreed in principle subject to clarification around arrangements for the small number of children who require an overnight stay and QVH specialist elective or emergency care.

KSO2

- Research governance and strategic groups have been established. Recruitment to NIHR grant funded secondment opportunities are complete. Consideration of Innovation Hub in progress.
- Clinical Outcomes & Effectiveness and Patient Safety & Experience Groups merging into Quality Committee with shared focus on outcomes.
- Continuous Improvement (CI) programme on track. Relaunch of triumvirate improvement boards planned for October 2025. Use of CI to support outpatient transformation work underway.

KSO3

- The organisational development team are launching the new Managers' Essentials programme in October 2025. Interest has been high, with two pilots planned in 2025 each with 20 participants booked to attend. Attendees have been prioritised by managers. Content includes skills to support improving psychological safety to encourage confidence in speaking up.
- The Staff Survey launches 6 October and runs until 28 November, with work underway with communications and staff survey champions to promote the survey
- A QVH Employee Value Proposition is being written to support both new starters and existing staff. Stay Well Open Doors sessions have been hosted, providing staff with a safe space to share any wellbeing or inclusion concerns. Support for Equality Diversity and Inclusion (EDI) Champions remains ongoing, helping them foster inclusive environments within their departments. Several cultural exercises are planned to support areas with localised cultural concerns.
- Overall sickness absence has increased from 3.9% to 4.0% in M5. Long-term sickness is driving this marginal increase. The system target is 4% in the national operational planning guidance, and it remains an ambition for QVH to reduce sickness absence to 3%. Support continues to be provided to managers and staff by HR, and the Trust are also linked with system partners on sharing best practice to remain focussed on reducing sickness absence rates.

KSO4

- At the close of August 2025, the Trust reported an Income and Expenditure position in line with planned YTD deficit of £0.7m and had a cash balance of £7.6m. Whilst an on plan position for the YTD remains positive, there will need to be a significant improvement in Trust contribution to deliver the planned breakeven position for 2025/26, with the main risk areas being delivery of best value schemes of £7.5m (6%) and the expected activity levels for the year
- The Electronic Patient Record programme remains on track
- Freedom of Information requests responded to within 20 days has improved in M5 to 85.5%. This continues to be an area of focus through the Information Governance Group and Digital Steering Group, with a follow up sent to managers for responses to be returned for sign off and sent back to the requestor in a timely manner.

KSO5

- Preparations underway including several surveys for the commencement of building works on the East Grinstead site. CDC activity remains a key focus as well as negotiations with University of Chichester on Heads of Terms for the Bognor programme
- The NHS Sussex Board met in September 2025 and reviewed progress on the Major Service Review, awaiting outputs. Initial clinical planning meetings for the Integrated Neighbourhood Teams (INT) have taken place across Sussex, marking progress in shaping the Rehabilitation and Intermediate Care Model.

Queen Victoria Hospital
NHS Foundation Trust

KSO1

To deliver outstanding care

Ambition

Quality at the centre of what we are and do for patients, families and communities

Board Assurance Framework

01 Patient services
02 Workforce strategy
03 Physical infrastructure
04 Long term sustainability
06 Financial sustainability
07 Information assets
08 Partner organisations

2025/26 Annual Objectives

1. Deliver Access Targets (RTT, Cancer, Urgent and Emergency Care)
2. Quality Priority/Health Inequalities: Ensure that patient outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves including communication, advice and data.
3. Development of children's model phase 1

2025/26 Annual goals

1. RTT- By March 2026, 1% of waiting list over 52 weeks, First appointment <18 weeks 75.3%, RTT 18 week performance 62.3%. Cancer- By March 2026 FDS performance 80%, 62 day treatment performance 75%. UEC performance delivery in line with previous years.
2. 90% complaints effectively responded to within 30 days, directorates deliver on Directorate identified priority for the year by end Q4.
3. Staff are consistently trained in how to apply the Mental Capacity Act so patients who may lack capacity are supported in decision making in keeping with their wishes and preferences.
4. Improve ethnicity data recording to 95%.
5. Children’s operating model design completed by end Q3.

KSO1 EXECUTIVE SUMMARY

Queen Victoria Hospital
NHS Foundation Trust

In Month 5, QVH received the highest score in the CQC inpatient survey, published on 9 September 2025, reflecting high levels of patient satisfaction and quality of care, of which thetrust is immensely proud.

Ethnicity data recording improved to 85.7%, while smoking status compliance remained high at 99%. A total of four patient falls were reported with no harm sustained. One low-harm pressure ulcer, related to a medical device, was also reported.

Complaints response compliance was 75%, below the target of 90%, highlighting an area for improvement. Safe staffing levels were maintained across all inpatient areas, with a fill rate above 99%. No Never Events were reported. The Friends and Family Test recommendation rate remained strong at 95%, and VTE assessment compliance was recorded at 96.24%, meeting the target.

A self-assessment against the draft South Thames Paediatric Surgical Standards has been completed and submitted. The case for change to a Day Case Model for Children's care was presented and agreed in principle subject to clarification around arrangements for the small number of children who require an overnight stay and QVH specialist elective or emergency care.

From an operational performance perspective in M5, the Trust met two of the three Referral to Treatment (RTT) elective care targets: time to first appointment and 18 week wait performance, whilst narrowly missing (by 0.2%) the target for the percentage of patients waiting over 52 weeks for treatment. Capacity to treat long waiting patients remains constrained by the significant increase in patients referred on a cancer pathway, and this is presenting challenges meeting the 52 week wait RTT target. QVH reported 58 patients waiting over 65 weeks in M5 and there will continue to be a number of 65 week wait patients in H2, despite recruitment and insourcing mitigation actions progressing well. The Trust continues to provide mutual aid to patients across Sussex, helping to reduce delays in elective care delivery.

The Trust achieved internal M4 trajectories for both Cancer FDS and 62 day standard, despite a significant increase in urgent suspected cancer referrals. Looking forward, this increased service demand is likely to impact Q2 cancer performance, and the trust long waiting position. Mitigation actions are underway with additional clinic and theatre lists scheduled, collaborative transformation work with the Sussex system progressing, and an internal review of cancer pathways e.g. Teledermatology planned for further discussion in M6.

Urgent Emergency Care (UEC) performance (99.8%) demonstrated improvement from M4 to achieve both the national standard (95%) and internal trajectory. DM01 performance also demonstrated improvement from M4, with partial recovery noted in the most challenged areas (CT and Sleep).

At a trust level, income vs plan (96.1%) and CDC activity vs plan (79.0%) did not meet targets. CDC activity (79.0%) was under plan, driven by higher levels of annual leave, a higher activity plan, a requirement to increase demand, and equipment and space constraints. It is expected that performance will improve in M6.

Kirsten Timmins
Chief Operating Officer

Edmund Tabay
Chief Nursing Officer

KSO1 BALANCED SCORECARDS

Queen Victoria Hospital
NHS Foundation Trust

QUALITY & SAFETY METRICS

Metric	Latest Month	Target	Variation	Assurance	Actual	Actual Previous Month	Mean	LCL	UCL	Summary
Ethnicity recording	Aug-25	95%			85.35%	85.27%	79.97%	76.95%	82.99%	Special Cause - improving variation
Smoking Status	Aug-25	95%			99.56%	99.36%	99.06%	97.86%	100.25%	Special Cause - improving variation
Falls per 1,000 Occupied Bed Days	Aug-25	7			5.7	5.4	4.24	-3.47	11.95	Common cause - no signficant change
Hospital Aquired PU Per 1,000 Occupied Bed Days	Aug-25	0			1.4	1.1	0.83	-2.06	3.71	Common cause - no signficant change
% Complaints Responded On Time	Aug-25	70%			75.00%	100.00%	94.24%	69.17%	119.31%	Common cause - no signficant change
Safer Staffing Compliance	Aug-25	90%			99.30%	99.78%	99.63%	98.53%	100.72%	Common cause - no signficant change
% Overall FFT Recommendation Rate	Aug-25	90%			95.12%	95.14%	95.42%	94.52%	96.32%	Common cause - no signficant change
Overall FFT Response Rate	Aug-25	25%			20.51%	20.39%	20.67%	17.47%	23.88%	Common cause - no signficant change
FFT Recommendation Rate - Inpatients	Aug-25	90%			100.00%	99.17%	99.69%	98.15%	101.22%	Common cause - no signficant change
FFT Response Rate - Inpatients	Aug-25	25%			24.37%	30.46%	38.99%	18.53%	59.45%	Common cause - no signficant change
FFT Recommendation Rate - Inpatients Children	Aug-25	90%			100.00%	100.00%	99.57%	98.10%	101.05%	Special Cause - improving variation
FFT Response Rate - Inpatients Children	Aug-25	25%			31.64%	38.80%	24.94%	0.29%	49.58%	Common cause - no signficant change
FFT Recommendation Rate - MIU	Aug-25	90%			92.58%	90.00%	92.61%	87.52%	97.70%	Common cause - no signficant change
FFT Response Rate - MIU	Aug-25	25%			208.18%	20.04%	30.22%	-7.12%	67.57%	Special Cause - improving variation
FFT Recommendation Rate - Outpatients	Aug-25	90%			95.14%	94.99%	95.13%	94.03%	96.23%	Common cause - no signficant change
FFT Response Rate - Outpatients	Aug-25	25%			17.86%	17.44%	17.51%	15.23%	19.79%	Common cause - no signficant change
Readmissions< 30 Days	Aug-25	2%			2.08%	2.04%	2.18%	0.82%	3.55%	Common cause - no signficant change
VTE Risk Assessment	Aug-25	95%			96.24%	98.08%	97.56%	94.36%	100.75%	Common cause - no signficant change

KSO1 BALANCED SCORECARDS

Queen Victoria Hospital
NHS Foundation Trust

QUALITY & SAFETY METRICS

Metric	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25
Number of Complaints	3	5	7	4	5	8	7	4	6	7	6	9	9
Number of Open CAS Alerts	2	2	1	0	1	0	0	0	0	0	0	1	0
Number of Patient Falls Incidents	6	6	4	1	1	5	2	4	1	5	4	5	4
Number of QVH Acquired Pressure Ulcers Cat. 2 and above	0	1	0	2	0	0	0	4	2	0	2	1	1
Never Events declared	0	0	0	0	0	0	0	1	0	1	0	0	0
Medication Incidents (No and low harm)	19	27	33	18	7	4	8	12	9	6	10	15	12
Medication Incidents (Moderate harm or above)	0	0	0	0	0	0	0	0	0	0	0	0	1
Internal Investigation declared	0	0	0	0	0	0	1	0	0	0	0	0	1
Patient safety incident investigations declared	0	0	0	0	0	0	0	0	0	0	1	0	0
Mortalities	0	0	0	0	0	1	0	1	1	0	0	1	0
Hospital Acquired CDI, MRSA, E.Coli, MSSA	0	0	1	1	2	0	1	1	0	1	0	1	0
Occupied Bed Days	797	828	908	939	755	803	893	991	781	848	800	933	704
Oliver McGowan Training Compliance	92.5%	92.8%	92.2%	92.1%	92.2%	92.4%	92.3%	91.8%	91.9%	91.5%	91.8%	92.2%	92.4%

KSO1 BALANCED SCORECARDS

Queen Victoria Hospital
NHS Foundation Trust

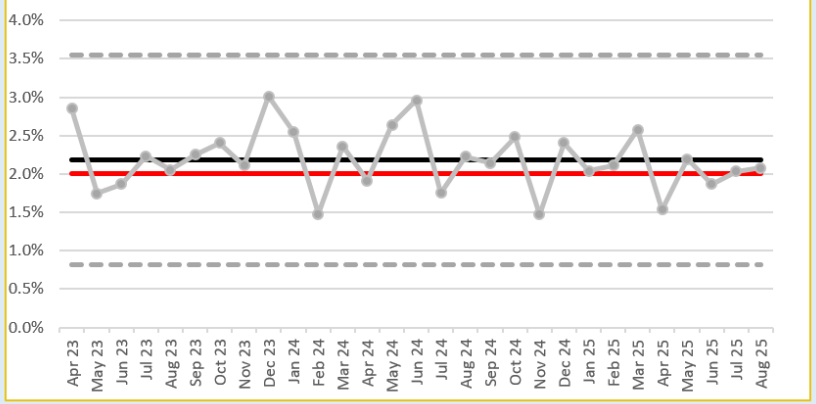
OPERATIONAL PERFORMANCE METRICS

Metric	Latest Month	Target	Variation	Assurance	Actual	Actual Previous Month	Mean	LCL	UCL	Summary
RTT 18 week wait performance - first appointment	Aug-25	75.32%			75.68%	75.31%	71.99%	68.17%	75.81%	Special Cause - improving variation
RTT 18 Week Wait Performance	Aug-25	62.35%			62.38%	63.26%	59.93%	57.17%	62.68%	Special Cause - improving variation
RTT Waiting List	Aug-25	-			19,018	18,728	18187.86	17461.97	18913.76	Special Cause - concerning variation
RTT >52 Weeks	Aug-25	-			374	351	412.69	335.64	489.73	Special Cause - improving variation
RTT >52 Weeks as a proportion of Waiting List	Aug-25	1.00%			1.97%	1.87%	2.27%	1.89%	2.65%	Special Cause - improving variation
CDC activity vs plan	Aug-25	100.00%			79.02%	113.19%	98.86%	33.72%	164.00%	Common cause - no signficant change
% Income Vs Plan	Aug-25	100.00%			96.08%	96.75%	99.33%	89.36%	109.30%	Common cause - no signficant change
Cancer 28 Day FDS	Jul-25	80.00%			87.55%	81.44%	82.80%	70.41%	95.18%	Common cause - no signficant change
Cancer 62 Days	Jul-25	75.00%			79.70%	81.67%	77.95%	64.96%	90.93%	Common cause - no signficant change
Outpatient Productivity - Patient Initiated Follow Ups (PIFU	Aug-25	2.00%			2.06%	1.97%	1.83%	1.22%	2.43%	Special Cause - improving variation
Outpatient Productivity - Missed Appointment Rate	Aug-25	4.00%			4.50%	5.28%	5.28%	4.69%	5.88%	Special Cause - improving variation
Diagnostics 6 Week Wait Performance	Aug-25	95.00%			77.71%	72.03%	85.79%	78.06%	93.51%	Special Cause - concerning variation
UEC 4 Hour Performance	Aug-25	98.00%			99.86%	98.13%	99.24%	97.78%	100.69%	Common cause - no signficant change
Theatre Productivity - % of Cancellations on the Day	Aug-25	5.00%			3.49%	5.12%	104.69%	22.61%	186.77%	Common cause - no signficant change
Theatre Elective Utilisation - QVH Site (Capped)	Aug-25	85.00%			82.06%	79.35%	82.69%	77.43%	87.96%	Common cause - no signficant change
NHS App appointments available	Aug-25	70.00%			83.99%	84.13%	84.54%	82.73%	86.35%	Common cause - no signficant change

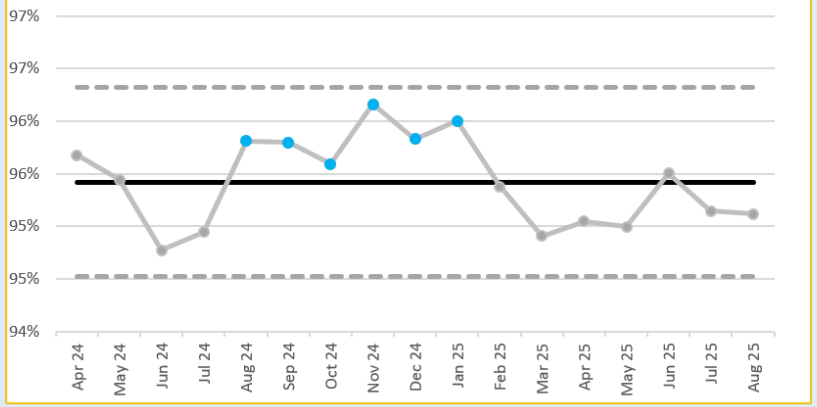
QUALITY & SAFETY METRICS

Queen Victoria Hospital
NHS Foundation Trust

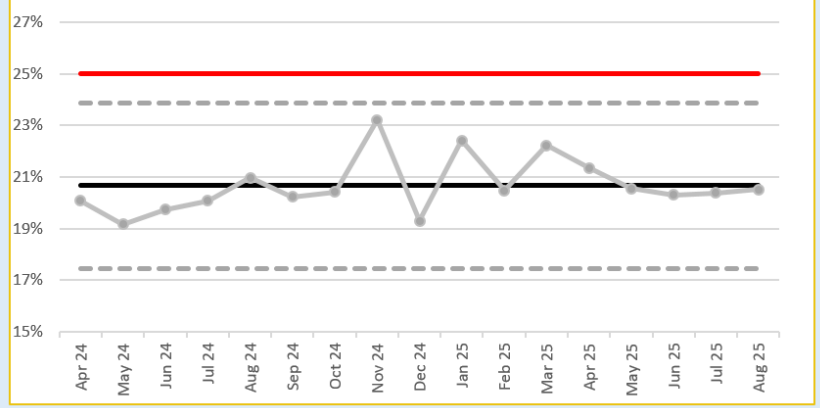
Readmissions< 30 Days



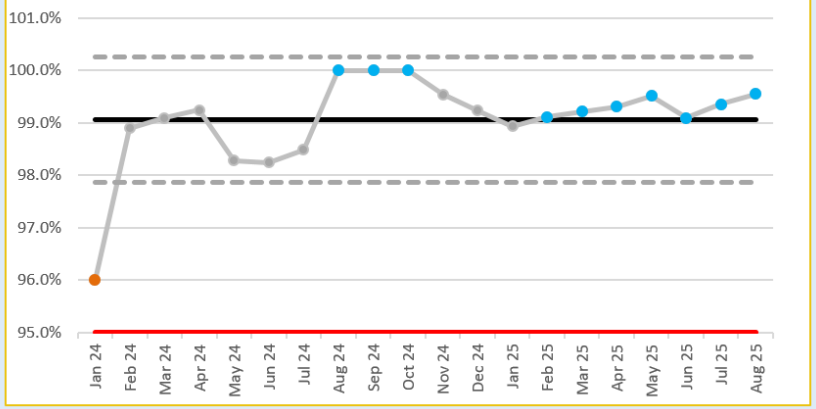
% Overall FFT Recommendation Rate



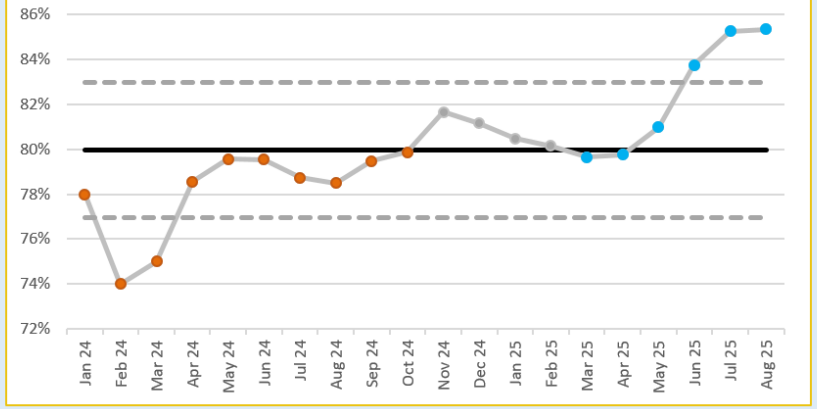
Overall FFT Response Rate



Smoking Status



Ethnicity Recording



Safer Staffing Compliance - Trust

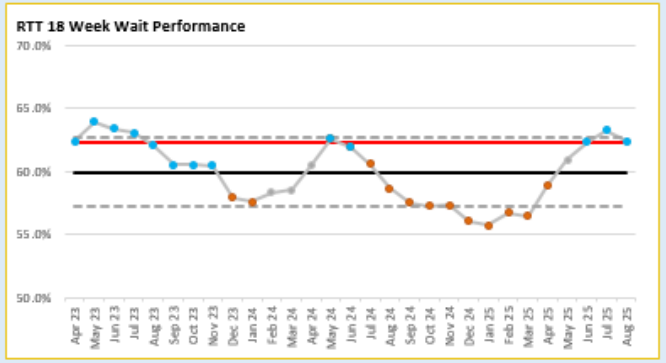
	Planned staff			Actual staff			August 2025
DAY	RN	NA	HCA	RN	NA	HCA	
	3,588.00	138.00	1,339.75	3,536.25	149.50	1,328.25	*Total Hrs Planned and Actual*
				98.6%	108.3%	99.1%	*% Planned Hrs Met*
			5,065.75			5,014.00	*Total Hrs Planned & Actual - Combined reg & support*
						98.98%	*% Planned Hrs Met - Combined reg & support*
NIGHT	Planned staff			Actual staff			
	RN	NA	HCA	RN	NA	HCA	
	3,064.75	103.50	793.50	3,053.25	103.50	793.50	*Total Hrs Planned and Actual*
				99.6%	100.0%	100.0%	*% Planned Hrs Met*
			3,961.75			3,950.25	*Total Hrs Planned & Actual - Combined reg & support*
						99.71%	*% Planned Hrs Met - Combined reg & support*
Combined	Planned staff			Actual staff			
	RN	NA	HCA	RN	NA	HCA	
	6,652.75	241.50	2,133.25	6,589.50	253.00	2,121.75	*Total Hrs Planned and Actual*
				99.0%	104.8%	99.5%	*% Planned Hrs Met*
			9,027.50			8,964.25	*Total Hrs Planned & Actual - Combined reg & support*
						99.30%	*% Planned Hrs Met - Combined reg & support*

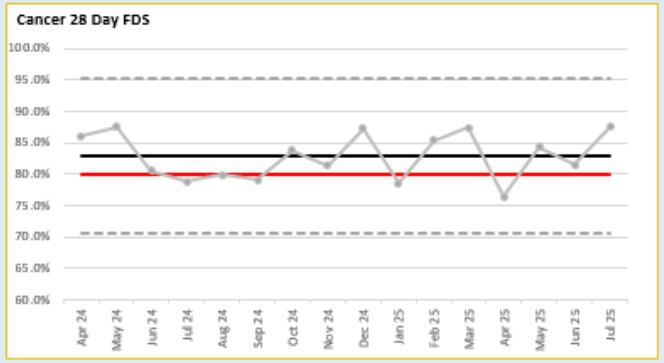
SPC Chart Key:

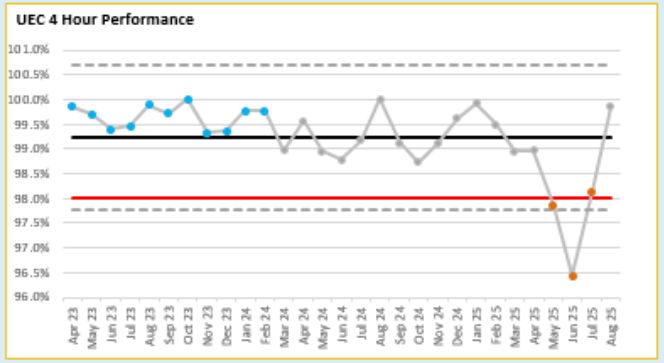
- Mean
- Target
- Process limits
- Special cause - concern
- Special cause - improvement

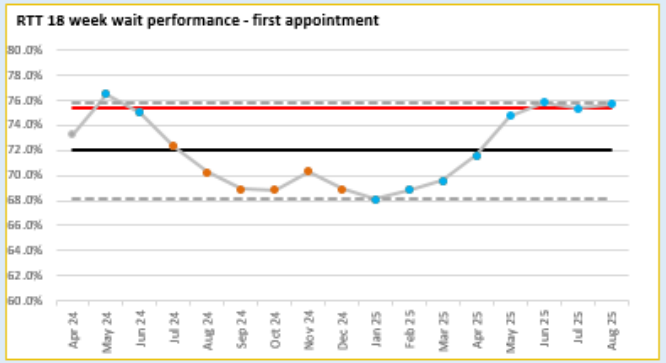
OPERATIONAL PERFORMANCE METRICS

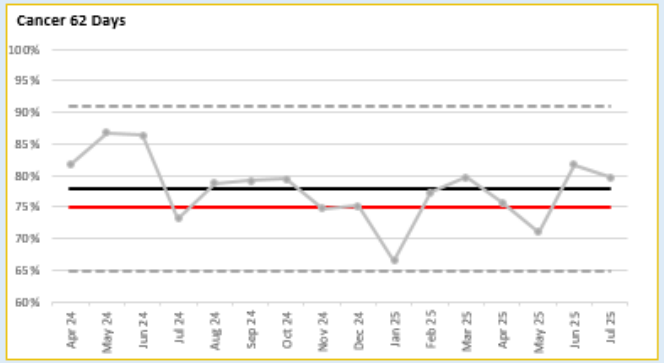
Queen Victoria Hospital
NHS Foundation Trust

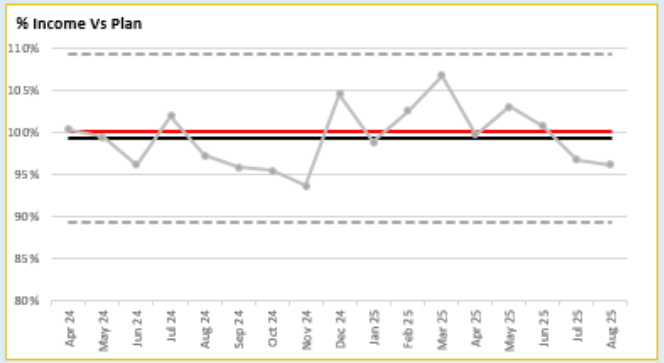


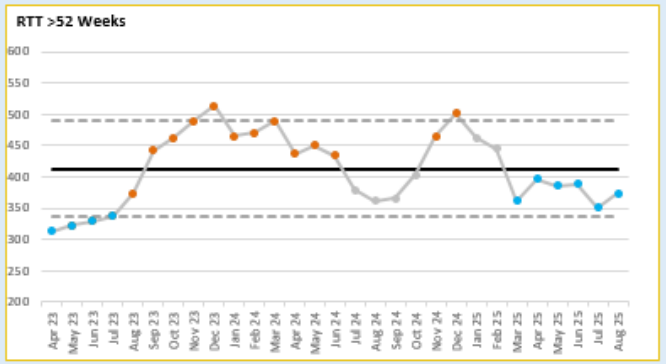


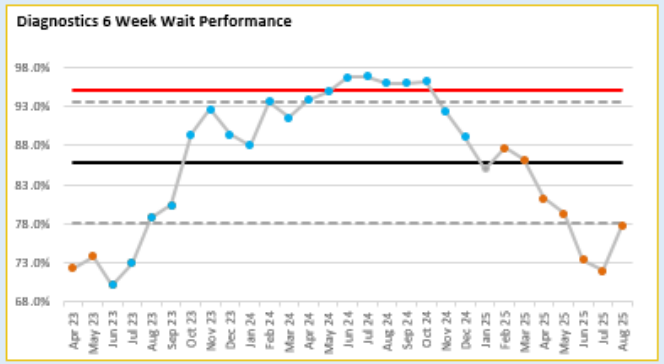


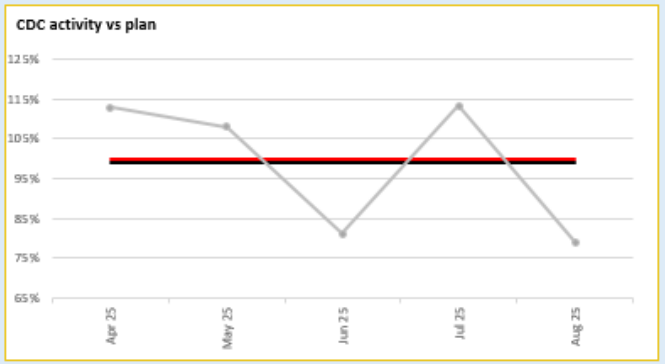












KSO1 AREAS OF FOCUS

Queen Victoria Hospital
NHS Foundation Trust

Area	Summary, impact and actions
Ethnicity Recording	The Trust has improved ethnicity data recording, achieving a completion rate of 85.7%.
Smoking Status	Smoking status recording remains at 99% compliance.
Falls	A total of four falls were recorded within the Trust. Two of these incidents occurred in ward areas, one in a theatre setting and one in the corridor toilet. Of the four falls, three were unwitnessed, including both ward falls and the incident in the corridor toilet. The only witnessed fall took place in theatres. No patients sustained any injury or harm as a result of these falls.
Pressure ulcers	One pressure ulcer was reported, associated with a medical device, and assessed as low harm.
% Complaints Responded On Time	Compliance with the complaints' response timeframe during the reporting period was 75%, below the target of 90%. This was driven by two complaints which missed their response timeframes. Previous performance was 100% in April, May and July and 87.5% in June. This will be monitored closely to ensure the timeliness of responses.
Safer Staffing Compliance	Safe staffing levels were maintained across all inpatient areas, with a fill rate exceeding 99%.
Never Events	No never events were reported for this month.
Mortalities	None
% Overall FFT Recommendation Rate	The recommendation rate remains high at 95%.
VTE Risk Assessment	Recorded at 96.24%, meeting the VTE target compliance.

KSO1 AREAS OF FOCUS

Queen Victoria Hospital
NHS Foundation Trust

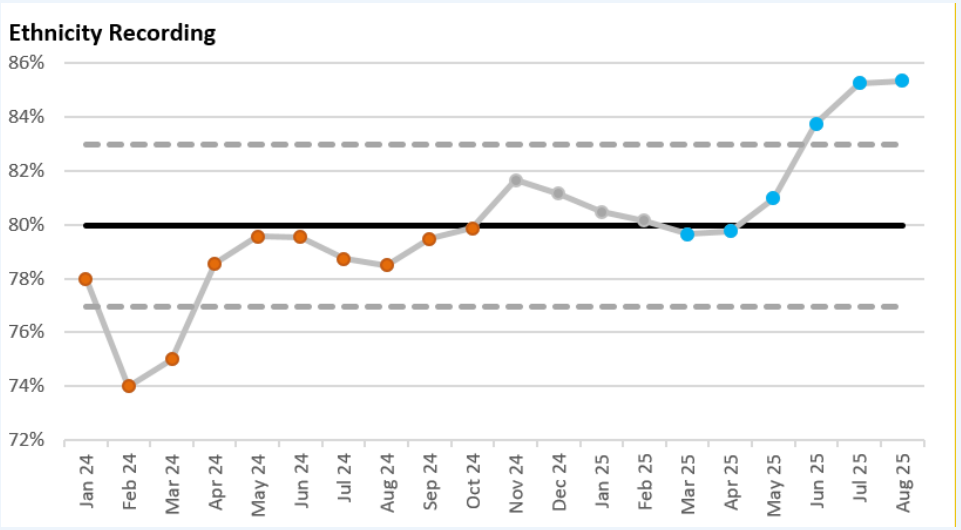
Area	Summary, impact and actions
RTT> 65 weeks	The Trust reported 58 patients waiting over 65 weeks in M5, and there will continue to be a number of 65 week wait patients over the coming months – particularly within Breast Reconstruction and Mohs services, alongside late tertiary referrals. The Trust has progressed both recruitment and insourcing mitigation actions to provide more capacity in future months to reduce the long waiting position, yet this will remain a challenge for Q2 and into Q3, and this has been escalated to the ICB and NHSE.
RTT >52 Weeks %	The Trust narrowly missed the M5 target for the % of patients waiting over 52 weeks for treatment, given the priority to treat patients on a cancer pathway who are of higher clinical priority, and the reduced size of the waiting list driven by Project Sprint (validation of the RTT pathway). The number of patients waiting over 52 weeks was 374 at the end of M5. Re-modelling of the 52 week percentage trajectory will be undertaken in M6 given the reduction in waiting list size in Q1.
RTT - 18 week wait - first appointment	The Trust achieved the planned trajectory for M5 and predicts to remain on plan in M6.
RTT 18 Week Wait Performance	The Trust achieved the planned trajectory for M5 and predicts to remain on plan in M6.
RTT Waiting List	The RTT Waiting List increased by 290 patients overall (from 18,728 to 19,018). This was driven by an increase in the registration of Sleep patients due to the new electronic referral process, variance between clock starts and clock stops, increased demand for cancer activity, ongoing support provided to UHSx, and an increase in patients undergoing diagnostics on an RTT pathway. The trust continues to participate in NHSE's 'Validation Sprint' exercise, which aims to maintain internal 12-week validation performance above 90% and ensure inactive pathways are removed from the waiting list during Q2.
Cancer 28 Day FDS	The Trust reported 87.6% M4 performance –demonstrating a 6.2% improvement from M3 – and continued to achieve both the national standard and internal trajectory for FDS, despite a 12.9% increase in referrals year-to-date. Diagnostic delays, outpatient capacity, patient choice and late referrals continued to negatively impact on performance, and the Trust is forecasting to meet the FDS standard but miss the internal FDS trajectory for M5. The trust continues to perform in the top quartile nationally.
Cancer 62 Days	The Trust reported 79.7% in M4, achieving the internal trajectory of 72.2%. However, the 12.4% increase in referrals year-to-date has significantly challenged services, and this is likely to be reflected in Q2 performance. To cope with the increased demand, the Skin service have scheduled additional clinics and theatre lists, as well as working with the Sussex system to review the cancer pathway for transformation opportunities. An internal review of the Teledermatology pathway has been undertaken, with an options appraisal being presented during M6.
Diagnostics 6 Week Wait Performance	DM01 performance improved in M5 (from 72.0% to 77.7%), primarily driven by the recovery of Sleep diagnostics and Cone Beam CT (CBCT) following equipment failure in M1. The new CBCT machine has been operational and additional CT lists were delivered in M5 (and are scheduled in M6) to recover the position; CT DM01 has improved from 54.1% to 61.2%. Sleep studies also reported an improved DM01 position from 62.7% to 71.5% following focussed efforts to increase diagnostic capacity. Overall DM01 performance is likely to remain challenged into H2, but an improvement trajectory has been drafted and mitigation actions are in progress.
MIU 4 Hour Performance	The Trust performance (99.8%) exceeded both the national standard (95%) and internal trajectory.
% Income Vs Plan	The Trust reported 96.1% for M5, partly driven by increased levels of annual leave during August which impacted activity.
% CDC activity vs plan	The Trust reported 79.0% CDC activity vs plan in M5. This was largely driven by an increase in overall activity plan (2752 to 3456 tests) on a background of staff absence due to sickness and annual leave, and some equipment and space constraints. The reduced income in M5 is offset by underspends in pay and non-pay. The CDC service manager has commenced in post in M6 and an action plan for all modalities has been completed. There are planned conversations in M6 with the ICB and other Sussex providers to offer imaging mutual aid or expand QVH's geographical area (for modalities such as DEXA) to increase demand.

HEALTH INEQUALITIES PRIORITY PROGRESS

Queen Victoria Hospital
NHS Foundation Trust

Area	Summary and actions
Data Improvement	The Trust ethnicity data collection for August is **85.7%**, an increase from last month. A new 12-week task and finish group is in progress which aims to: • Improve visibility and accessibility of data • Improve visibility of missing data in Patient Centre system Priority focus areas that have noted improvement include • Peanut: 67.9% in April to 90.5% in August • Main Theatres: 62.6% in May to 90.2% in August • Orthodontics: 65.8% in Aug 24 to 93.4% in Aug 25 Each Directorate has improving ethnicity recording as an annual goal for 2025/26.

Ethnicity data collection



Area	Summary and actions
Mental Capacity Act	The task and finish group set up to improve compliance with the Mental Capacity Act is making progress with evaluating key steps in the referral pathway where there is an opportunity to enhance process. The MCA assessment process has been built into the Archie EPR November go live and pre/post go live audit evaluation will be completed to assess for anticipated improvement. Training options are being reconsidered to combine e-learning with QVH-specific reinforcement of best practice.

Queen Victoria Hospital
NHS Foundation Trust

KSO2

To innovate and improve

Ambition

To reflect our future commitment and aspiration to research, innovation and continuous improvement underpinning all that we do

Board Assurance Framework

01 Patient services
02 Workforce strategy
03 Physical infrastructure
04 Long term sustainability
06 Financial sustainability
07 Information assets
08 Partner organisations

2025/26 Annual Objectives

1. Research & Innovation: Governance, Collaborative Framework & Research Centre
2. Quality Priority: Evidence through measurable Outcome Measures
3. Embed Continuous Improvement.

2025/26 Annual goals

1. Framework to support Research & Innovation established: Evidence of Good Clinical Practice, Research, Innovation & Education Hub established, growth in multidisciplinary portfolio and commercial work including local innovations and partnerships
2. Annual audit plan supports quality compliance and is aligned with Trust strategic intent, every service evidences systematic collection of quality outcome metrics in digital form, Clinical Learning Forum supports cross-organisational multidisciplinary learning from patient stories and outcomes
3. Continuous Improvement programme roll out and development continues across the organisation.

KSO2 EXECUTIVE SUMMARY

Queen Victoria Hospital
NHS Foundation Trust

Research & Innovation (R&I):
Two policies were approved for submission and onward ratification at Executive Committee for Quality and Risk - Policy on the Re-distribution of Commercial Income and Policy on Misconduct and Fraud in Research. A review is ongoing in line with strengthening the governance processes for R&I and standing up of new Strategy Steering group planned for September. Two new successful NIHR Bids for in-year funding have now been recruited internally to deliver cross-boundary Research with Primary Care Partners. A successful Charity Bid for development of a Research Centre with project development and final governance approval is underway. Planning meetings with key partners are ongoing to explore development of an Innovation Hub as an integral part of realising the QVH Research ambitions and Strategy.

Quality priority: Evidence through measurable outcomes
Quality Committee has been established to combine Clinical Outcomes and Effectiveness and Patient Safety and Experience Groups with revised terms of reference and a new monthly clinical governance reporting schedule designed to improve efficiency and connectivity of assurance and learning between programmes of work. The first meeting was held on 29th September.

Embed continuous improvement (CI):
CI Programme remains green and on track. Strategy Deployment - re-launch of Triumvirate Productivity Boards to embed the cascade from one Key Strategic Objective agreed to demonstrate development of countermeasures at triumvirate level with agreed approach initially to cascade key priority through to Directorate. Successful application of the ‘QVH Way’ methodology to Trust wide challenges continues, demonstrated with ongoing Implementation of G2 work within the Outpatient transformation work. Associate Director of Research, Innovation and Improvement hosted group and chaired the quarterly meeting of the Sussex Wide QI Collaborative. Planning in place to next milestones and deliver Experience Based Co-Design training with two cohorts of 10 trainees, first of which is planned for November 2025.

Medical Education:
At the August doctors' induction we welcomed 20 new starters to QVH, including registrars in Anaesthetics and Core Surgical trainees into OMFS and Plastic Surgery. Feedback from the induction was excellent, with attendees appreciating the thoughtfully designed induction programme. Plans are in place for the September and October inductions, our final two of the year. By October, all Deanery training posts in surgical specialties and anaesthetics will be fully recruited to.
Dates have been set for a programme of CPD courses for educational and clinical supervisors that will be starting in the Autumn.
The dental skills lab will be hosting two weeks of foundation dental inductions from 1 September, with the QVH scheme attending weekly from mid-September.
Work is underway to implement the requirements of the ten-point plan to improve resident doctors' working lives, which was sent to Trusts from NHS England on 28 August with a 12-week deadline for actions.

Tamara Everington
Chief Medical Officer

Queen Victoria Hospital
NHS Foundation Trust

KSO3

To be an excellent employer

Ambition

Our people are our greatest asset and we need to work hard to develop and deliver our workforce for the future.

Board Assurance Framework

01 Patient services
02 Workforce strategy
03 Physical infrastructure
04 Long term sustainability
06 Financial sustainability
07 Information assets
08 Partner organisations

2025/26 Annual Objectives

1. Embed Values / Behavioural Framework
2. Deliver Equality Diversity and Inclusion Priorities (to include WRES / WDES / Gender pay gap, Ethnicity pay gap, High impact actions, Culture Transformation Steering Group).

2025/26 Annual goals

1. Improvement in engagement score in staff survey
2. Reduction in bank use / spend by 10% (compared to M8 2024/25 out-turn)
3. Reduction in agency use / spend by 40% (compared to M8 2024/25 out-turn)
4. Vacancy rate under 7%
5. Maintain Sickness rate under 4% throughout 2025/26
6. Freedom to Speak up usage to continue benchmarking positively with comparative organisations
7. 95% of job plans to be signed off by 31 August 2025.

KSO3 EXECUTIVE SUMMARY

Queen Victoria Hospital
NHS Foundation Trust

In March 2025 new national standards were shared for VPR (Violence Prevention and Reduction); following initial review as a Trust we were 75% compliant against the new standards. Following work from group members across the Trust a further review was carried out in September, and the Trust is now 83% compliant. We are working towards 100% compliant by March 2026 through ongoing system collaboration / peer to peer meetings and sharing good practice, focussing on areas where we aren't yet compliant.

Temporary staffing has reduced in M5 and is under plan for 25-26. To maintain grip and control, focus is through the temporary staffing reduction oversight groups and dedicated management by the Heads of Nursing, with substantive roles being filled and turnover currently stable.

There were no grievances raised in M5.

Overall sickness absence has increased from 3.9% to 4.0% in M5. Long-term sickness is driving this marginal increase. The system target is 4% in the national operational planning guidance, and it remains an ambition for QVH to reduce sickness absence to 3%. Support continues to be provided to managers and staff by HR, and the Trust are also linked with system partners on sharing best practice to remain focussed on reducing sickness absence rates.

Time to hire has slightly increased in M5 to 52.6 days on average (below KPI of 53). Work continues to identify improvements to bring key performance indicator (KPI) down incrementally to 30 days from 1 April 2026. The workforce team are engaged in conversations with the People Scaling team in Surrey Heartlands as to what technological solutions that could support this reduction.

The organisational development team are launching the new Managers' Essentials programme in October 2025. Interest has been high, with two pilots planned in 2025. As part of the content, skill development will include how to create psychological safe spaces to support speaking up across the Trust.

The Staff Survey launches 6 October and runs until 28 November, with work underway with communications and staff survey champions to promote survey.

Focussed work is ongoing for specific areas of mandatory and statutory training compliance. Non-clinical staff appraisal rates increased in M5, however, the completion rate remains below the target of 90%. Targeted interventions with managers is being undertaken.

A QVH Employee Value Proposition is being written to support both new starters and existing staff. Stay Well Open Doors sessions have been hosted, providing staff with a safe space to share any wellbeing or inclusion concerns. Support for Equality Diversity and Inclusion (EDI) Champions remains ongoing, helping them foster inclusive environments within their departments. Several cultural exercises are planned to support areas with localised cultural concerns.

Helen Edmunds
Chief People Officer

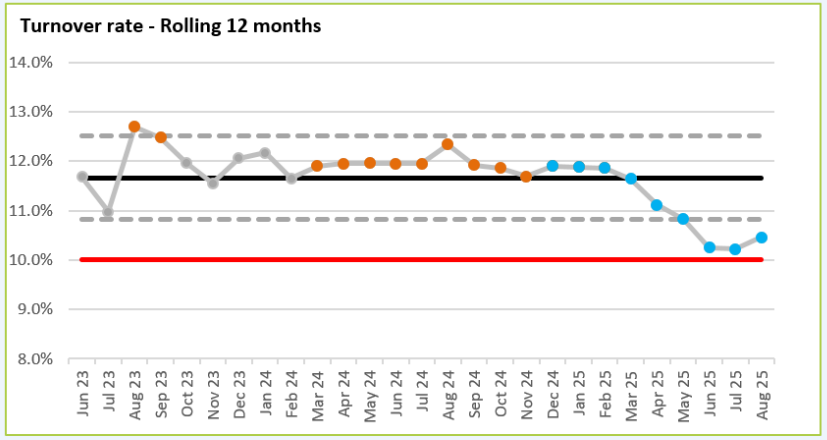
KSO3 BALANCED SCORECARD

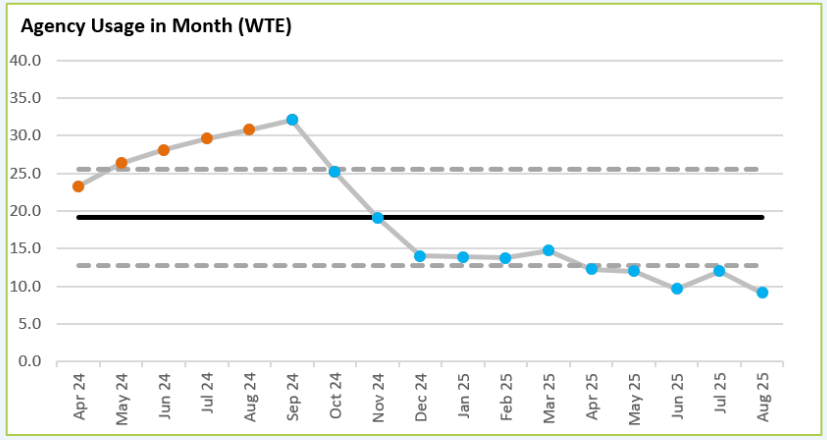
Queen Victoria Hospital
NHS Foundation Trust

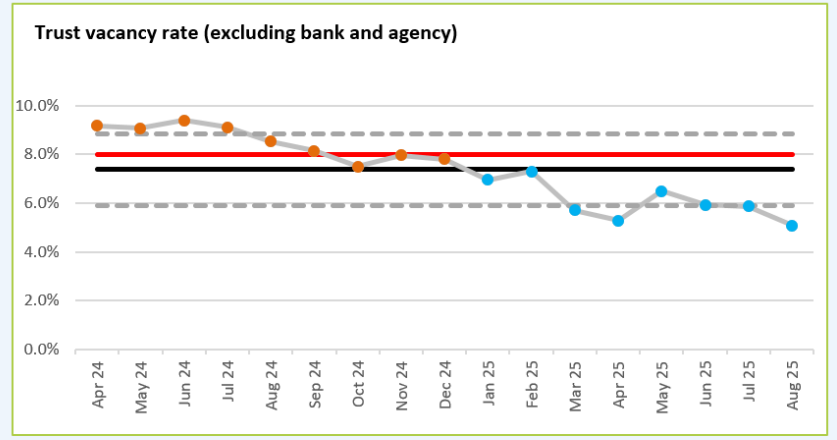
Metric	Latest Month	Target	Variation	Assurance	Actual	Actual Previous Month	Mean	LCL	UCL	Summary
Trust vacancy rate (excluding bank and agency)	Aug-25	8%			5.1%	5.9%	7.4%	5.9%	8.8%	Special Cause - improving variation
Vacancies - Incl Bank & Agency	Aug-25	8%			1.7%	1.4%	1.8%	-0.5%	4.1%	Common cause - no signficant change
Average Time to Hire - Days	Aug-25	53			52.6	50.8	61.88	21.88	101.89	Common cause - no signficant change
Turnover rate - Rolling 12 months	Aug-25	10%			10.5%	10.2%	11.7%	10.8%	12.5%	Special Cause - improving variation
Sickness absence rate - Rolling 12 months	Aug-25	3%			4.0%	3.9%	3.8%	3.7%	3.9%	Special Cause - concerning variation
Appraisal Rate	Aug-25	90%			80.9%	80.6%	84.1%	81.5%	86.6%	Special Cause - concerning variation
Statutory & Mandatory Training Compliance	Aug-25	90%			91.9%	91.7%	92.0%	90.8%	93.1%	Special Cause - concerning variation
Agency Usage in Month (WTE)	Aug-25	-			9.1	12.0	19.17	12.78	25.55	Special Cause - improving variation
Bank Usage in Month (WTE)	Aug-25	-			61.0	72.2	80.35	61.82	98.88	Special Cause - improving variation
Annual Leave Taken	Aug-25	-			42.4%	31.7%	26.4%	7.6%	45.1%	Common cause - no signficant change

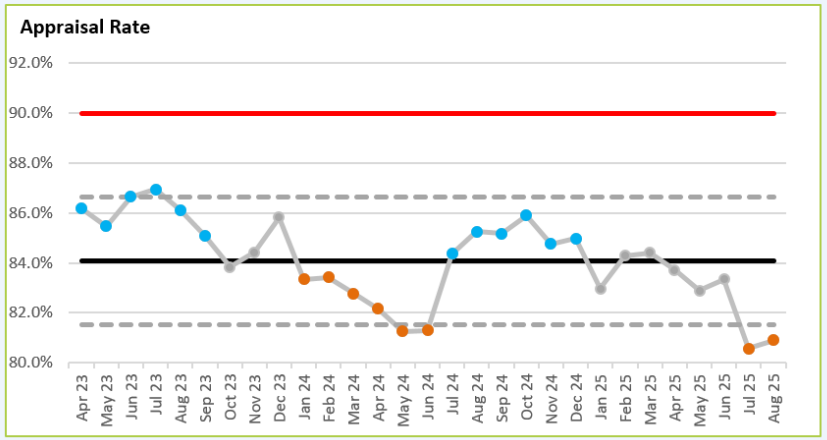
EXCELLENT EMPLOYER KEY METRICS

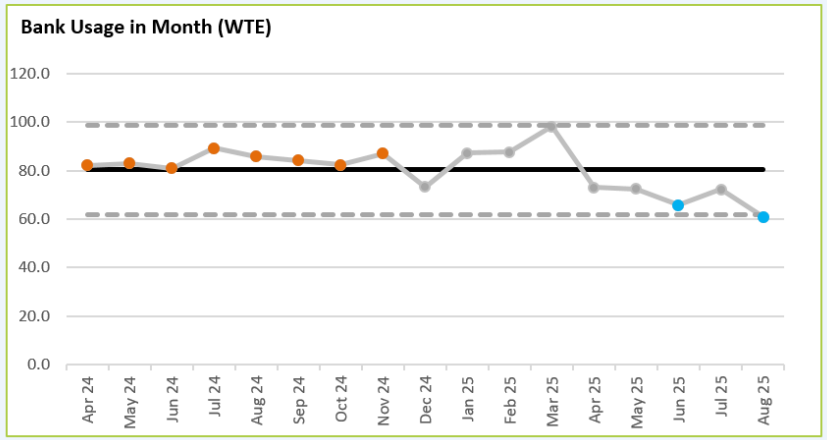
Queen Victoria Hospital
NHS Foundation Trust

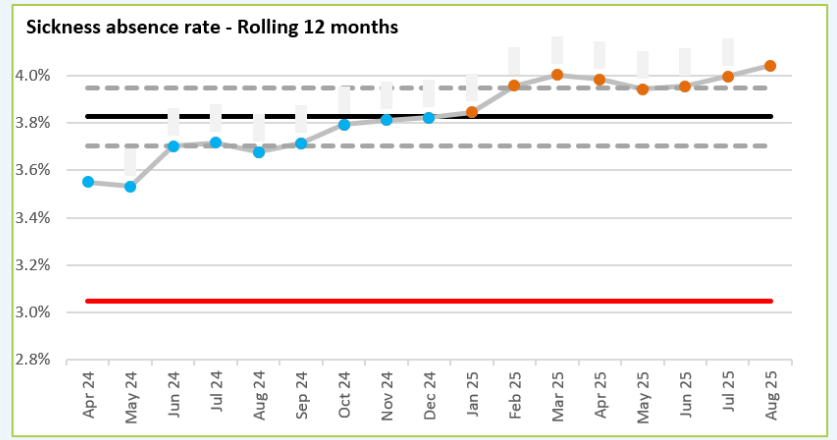












KSO3 AREAS OF FOCUS

Queen Victoria Hospital
NHS Foundation Trust

Area	Summary, impact and actions
Trust vacancy rate (excluding bank and agency)	M5 shows further decrease in headcount from 1249 in M4 (1070.09 whole time equivalent (WTE)) to 1248 (1067.94 WTE). This is a reduction in line with plan. Trust M5 vacancy rate is at 5.1%
Average Time to Hire - Days	Slight increase from 50.8 in M4 to 52.6 days in M5. This is due to the changes in visa rules and navigation of the Home Office requirements. Longest delays in CCCS with Visa and Occupational Health clearance, exceptional pay evidence and an ID issue raised with counter fraud.
Sickness Absence Rate - Rolling 12 Months	This measure shows 'concerning variation' as performance has been above the mean for 6 months and has marginally increased since last month. This measure is at 4% (which is the system target in the national operational planning guidance), and it remains an ambition for QVH to reduce sickness absence to 3% or less which we are striving to achieve. The reasons for sickness absence remain high in cold, cough, flu and also gastrointestinal problems. Absences related to anxiety/stress/depression are seeing an increasing trend. Long-term absence is having an impact on the sickness absence rate.
Agency Usage In Month (WTE)	Decrease in agency usage from 12.00 wte in M4 to 9.13 wte in M5. Highest use within Peri-op (Theatres – Nursing at 2.19 and AHP at 2.74). Highest usage staff group for agency is AHP at 3.89. Nursing has reduced considerably to 2.19 in M5 compared to 4.48 in M4. Medical and dental continues with no agency cover in M5. Working to include Theatres in agency cascade and approval/monitoring as agency being requested in Theatres with a longer than usual lead time.
Bank Usage In Month (WTE)	Bank has decreased slightly from 72.2 in M4 to 70.15 in M5. Peri-op shows highest use at 24.74 in M5 with Nursing at 19.58 also in Peri-op. CCCS have reduced bank usage but remain high at 13.13 in M5 with highest use remaining in Sleep with Admin at 3.56, however this should reduce again in M6 data as final bank admin workers move over to substantive contracts.
Grievances raised	0 grievances raised in M5.
% Job plans complete	88% of job plans are currently agreed / signed off, with focussed work underway to continue to improve the completion rate.
Turnover rate	Turnover has increased minimally from 10.20% in M4 to 10.50% in M5. Whilst this is above the 10% target, this is a minimal increase with a long-term continuing reduction since 24-25. There as an increase in starters n M5 at 12.84 compared to 8.53 in M4 with a much lower increase in leavers at 12.30 in M4 and 12.71 in M5.
Statutory and mandatory training	M5 has continued the trend of the previous 3 months with a slight increase in compliance. MAST compliance has marginally increased from 91.1% in M3, 91.68% in M4 to 91.85% in M5. Resus Adults and Paediatrics L2 training continues to be highlighted as a focus for improvement.
Appraisal rate	There is ongoing work to attain 90% appraisal completion rate, with continued focus with managers and highlighting areas that are outstanding via the Trusts' senior managers. M5 had a small increase in compliance. Targeted engagement is being undertaken to support non-clinical managers to complete appraisals as a priority.

Queen Victoria Hospital
NHS Foundation Trust

KSO4

To deliver sustainable services

Ambition

That we are cost effective, deliver best value, are committed to our role to support a sustainable environment and the key role of digital in our future pathways and delivery model.

Board Assurance Framework

01 Patient services
02 Workforce strategy
03 Physical infrastructure
04 Long term sustainability
06 Financial sustainability
07 Information assets
08 Partner organisations

2025/26 Annual Objectives

1. Break even position with delivery of £7.5m Better Value programme initiatives
2. Major Programme: Electronic Patient Record
3. Phase 1 reconfiguration of estates / critical infrastructure
4. System Major Programme: Pathology and Imaging networks.

2025/26 Annual goals

1. To deliver the 2025/26 revenue breakeven plan
2. To live within and deliver the capital plan
3. To deliver the £7.5m Best Value programme, including £2.1m corporate cost reduction
4. To ensure the Trust cash requirements are effectively managed
5. To develop the Trust's Medium Term Financial Strategy (MTFS).

KSO4 EXECUTIVE SUMMARY

Queen Victoria Hospital
NHS Foundation Trust

At the close of August 2025, the Trust reported an Income and Expenditure position in line with planned deficit of £0.7m and had a cash balance of £7.6m. Whilst an on-plan position for the year to date (YTD) remains positive, there will need to be a significant improvement in Trust contribution to deliver the planned breakeven position for 2025/26, with the main risk areas being the delivery of best value schemes of £7.5m (6%) and planned activity levels for the year.

Elective activity value is currently behind plan in M5 by £0.2m, mainly due to £0.1m income loss from Industrial action (IA) and under-performance in Sleep and Plastics Outpatient activity. Additional Plastics weekend work is also supporting delivery of the plan by offsetting other areas of underperformance. There is also underperformance in CDC income YTD though this is offset by underspends in pay and non-pay.

Pay was c£0.1m adverse to plan for YTD mainly due to non-delivery of best value schemes (£0.4m), partially offset by underspends relating to CDC. Backdated Pay awards were actioned in M5 and the cost including arrears was slightly lower than accrued for. Worked WTE was reduced compared to the YTD and agency spend was lower than trend of recent months. Agency spend is well within 2% target of overall. Non-pay was underspent for the YTD (£0.8m) and in M5 there was an improved position in part due to reduced spend compared to trend in Plastics and Perioperative.

At the end of M5, the Trust reported YTD delivery of £2.8m efficiencies and is on plan. However, pay related schemes are off plan (£0.4m) and are being offset by over-delivery of non-recurrent non-pay items, reflecting the Trust's financial performance. Whilst the overall risk adjusted forecast has improved, there are a small number of large schemes which remain high-risk and significant work is required to ensure the annual £7.5m best value plan is delivered.

The Trust’s capital plan for the year was £26.4m of which £18.0m relates to the CDC. Spend remained low in M5 against plan but is expected to catch up in later months.

The Electronic Patient Record programme remains on track for a November 4th 2025 go live.

Freedom of Information requests responded to within 20 days has improved in M5 to 85.5%. This continues to be an area of focus through the Information Governance Group and Digital Steering Group, with a follow up sent to managers for responses to be returned for sign off and sent back to the requestor in a timely manner.

Simon Marshall
Interim Chief Financial Officer

KSO4 EXECUTIVE SUMMARY

Queen Victoria Hospital
NHS Foundation Trust

Metric	Latest Month	Target	Variation	Assurance	Actual	Actual Previous Month	Mean	LCL	UCL	Summary
Breakeven YTD	Aug-25	-£0.72m			-£0.72m	-£0.50m	-0.63	-1.23	-0.03	Common cause - no signficant change
Cash at Bank YTD	Aug-25				£7.60m	£4.90m	6.31	-1.04	13.66	Common cause - no signficant change
Capital Spend YTD	Aug-25	£10.66m			£1.81m	£1.40m	3.28	-5.58	12.13	Common cause - no signficant change
Efficiencies YTD	Aug-25	£2.74m			£2.74m	£2.10m	3.24	-0.23	6.71	Common cause - no signficant change
BPPC (NHS & Non NHS) - volume	Aug-25	95%			91.8%	92.6%	0.91	0.87	0.94	Common cause - no signficant change
BPPC (NHS & Non NHS) - value	Aug-25	95%			91.7%	90.9%	90.3%	86.1%	94.5%	Common cause - no signficant change
Agency spend <2% total pay bill	Aug-25	£0.64m			£0.41m	£0.38m	0.29	0.09	0.48	Common cause - no signficant change
Agency spend 40% less than 24/25 forecast	Aug-25	£0.62m			£0.41m	£0.38m	0.29	0.09	0.48	Common cause - no signficant change
Bank spend reduction of 10% of Total Pay Bill	Aug-25	£1.87m			£1.45m	£1.16m	0.90	0.18	1.62	Common cause - no signficant change
Subject Access Requests - Total Received	Aug-25				79	96	76.90	32.91	120.88	Special Cause - concerning variation
Subject Access Requests - % Closed within 30 calendar days	Jul-25	100%			100.0%	100.0%	93.7%	74.3%	113.1%	Special Cause - improving variation
Freedom of Information requests – Total Received	Aug-25				55	69	50.66	16.65	84.67	Common cause - no signficant change
Freedom of Information requests – % Closed within 20 working days	Jul-25	80%			85.5%	73.7%	63.7%	36.2%	91.2%	Common cause - no signficant change

KSO4 EXECUTIVE SUMMARY

Queen Victoria Hospital
NHS Foundation Trust

Capital

	In Month £'000			Year to Date £'000			Forecast Outturn £'000s		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
IT	0	68	68	131	81	(50)	131	131	0
Medical Equipment	83	117	34	415	117	(298)	1,000	1,000	0
Estates Maintainance	193	215	22	581	406	(175)	1,907	1,907	0
Estates Other	0	0	0	750	0	(750)	750	-	(750)
EPR	248	327	79	1240	822	(418)	2,983	2,983	0
CDC	1,495	182	(1,313)	7475	386	(7,089)	17,949	17,949	0
Other Capital	24	0	(24)	72	0	(72)	1,640	1,747	107
Total	2,043	909	(1,134)	10664	1812	(8,852)	26,360	25,717	(643)

Income and Expenditure

	In Month £'000			Year to Date £'000			Forecast Outturn £'000s		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Income									
Patient Activity Income	9,321	9,016	(305)	47,640	46,998	(642)	114,691	114,691	0
Other Operating Income	351	309	(42)	1,754	1,713	(41)	4,226	4,226	0
Total Income	9,672	9,325	(347)	49,394	48,711	(683)	118,917	118,917	0
Pay									
Substantive	(5,858)	(5,933)	(75)	(29,634)	(30,357)	(723)	(69,910)	(69,910)	0
Bank	(342)	(291)	51	(1,855)	(1,450)	405	(4,228)	(4,228)	0
Agency	(134)	(30)	104	(670)	(411)	259	(1,599)	(1,599)	0
Total Pay	(6,334)	(6,254)	80	(32,159)	(32,218)	(59)	(75,737)	(75,737)	0
Total Non-Pay	(2,902)	(2,621)	281	(14,521)	(13,739)	782	(34,943)	(34,943)	0
Total Non Operational Expenditure	(709)	(727)	(18)	(3,547)	(3,584)	(37)	(8,511)	(8,511)	0
Total Expenditure	(9,945)	(9,602)	343	(50,227)	(49,541)	686	(119,191)	(119,191)	0
Surplus/(Deficit)	(273)	(277)	(4)	(833)	(830)	3	(274)	(274)	0
Technical Adjustments	23	23	0	115	114	(1)	274	274	0
Adjusted Surplus / (Deficit)	(250)	(254)	(4)	(718)	(716)	2	0	0	0

Efficiency

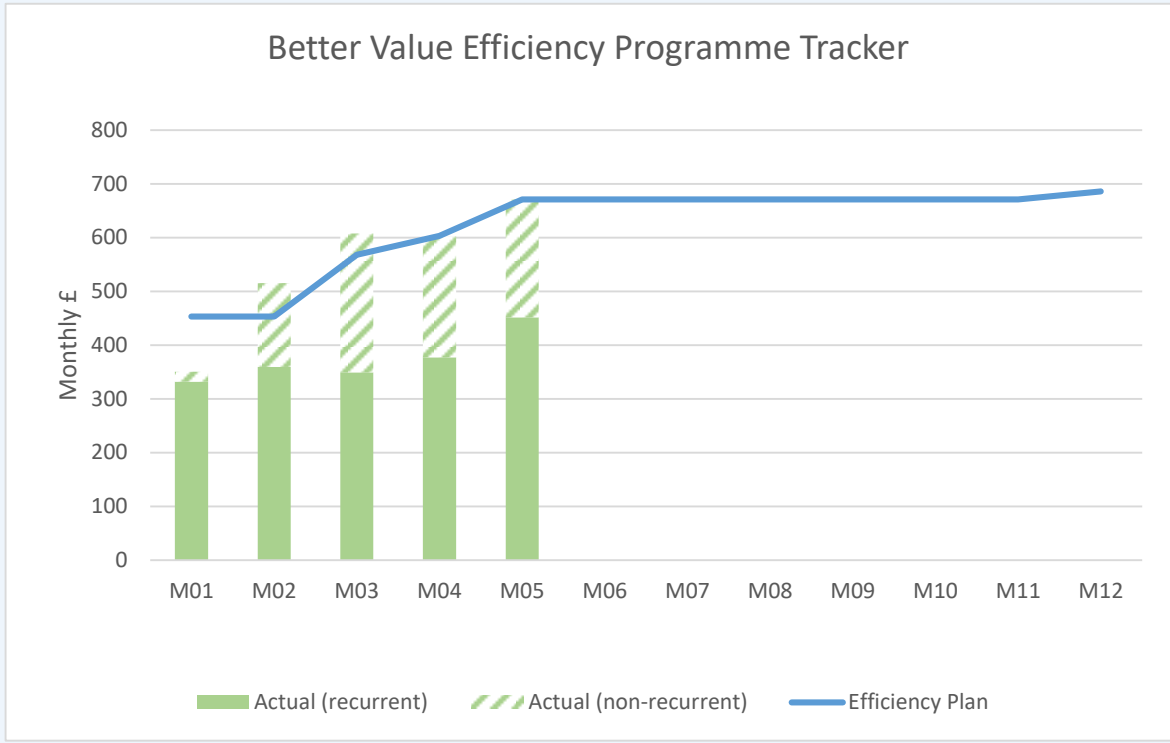
	In Month £'000			Year to Date £'000			Forecast Outturn £'000s		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
Pay - Establishment Reviews	83	200	117	335	640	305	922	1,227	305
Pay - Corporate Service and Digital Transformation	175	39	(136)	775	157	(618)	2,000	1,276	(724)
Pay - Clincal Service Redesign	134	56	(78)	373	280	(93)	1,310	1,173	(137)
Pay - Agency	39	55	16	195	269	74	463	537	74
Non-Pay - Procurement	58	7	(51)	230	160	(71)	641	571	(71)
Non-Pay - Other	-	208	208	-	687	687	-	687	687
Non-Pay Corporate Service and Digital Transformation	137	44	(93)	615	242	(373)	1,584	1,211	(373)
Non-Pay Clinical Service Redesign	13	56	43	65	280	215	153	368	215
Income - Non-patient care	31	6	(25)	155	34	(121)	376	405	29
Income - Other	1	-	(1)	5	-	(5)	11	6	(5)
Total	671	672	1	2,748	2,748	0	7,460	7,460	0

	Annual Target	Forecast Outturn
Income & Expenditure	£0.0m	£0.0m
Cash at bank	£1.9m	£1.9m
Capital Spend	£26.4m	£25.7m
Efficiencies	£7.46m	£7.46m
BPPC (NHS & Non-NHS)		
Volume	95.0%	91.9%
Value	95.0%	93.6%

Trust Best Value Efficiency Programme

Queen Victoria Hospital
NHS Foundation Trust

% Confidence	Financial Risk Rating	£000	%	Risk Adj. £000
100%	Blue	2,867	38%	3,109
80%	Green	1,298	17%	1,028
60%	Amber/Green	334	4%	342
40%	Amber	753	10%	271
20%	Amber/Red	251	3%	50
10%	Red	2,041	27%	204
	Total	**7,544**	**100%**	**5,005**



KSO4 AREAS OF FOCUS

Queen Victoria Hospital
NHS Foundation Trust

Area	Summary, impact and actions
Breakeven YTD	Position was on plan of £0.2m deficit for M5 and the Trust remains on plan YTD (£0.7m deficit). However, patient income is £0.6m off plan YTD, due mostly to the impact of industrial action (£0.1m) and underperformance in CDC (£0.5m). This is being offset by an underspend in non-pay. The Trust would be reporting a deficit of £1.3m without the inclusion of non-recurrent deficit support funding.
Cash at Bank YTD	Cash at M5 was £7.6m and cash levels remain supported by the slow start in capital spending
Capital Spend YTD	The Capital Plan for M5 included £7.9m for CDC and £0.8m for boiler lease (which was contracted in 2024/25). Excluding these items planned spend was £1.8m in M5 with an underspend of £1.4m due mainly to delays in spending for EPR & Estate Safety Fund programmes.
Efficiencies (Cost Improvement Plans) YTD	Delivery of £2.748m vs plan of £2.748m. Includes element of non-recurrent vacancy and slippage on non-pay expenditure. Confidence rating of overall programme has been maintained £5m, however, there is significant risk to the delivery of the total value of £7.5m. There is a high level of executive focus on this and it is being actively managed through the bi-weekly Efficiency Steering Group.
BPPC (NHS & Non-NHS) Volumes	BPPC is slightly below target at 91.8% slightly reduced from previous month.
BPPC (NHS & Non-NHS) Values	BPPC is slightly below target at 91.7% due to delays in processing requisitions.
Agency spend 40% less than 24/25 forecast	On plan.
Agency Spend Less than 2% of Total Pay Bill	On plan.
Bank spend reduction of 10% of Total Pay Bill	On plan.
Pay Spend	Pay is overspent YTD (£0.1m) mainly due to slippage in best value schemes (£0.4m) offset in part by underspend in CDC.
Non-Pay Spend	£0.8m underspent for the YTD due to underspends in Digital, CDC, other corporate areas and the improved bad debt position. In addition, the underspend is also due to plan alignment between pay and non-pay.

KSO4 PROJECT REPORT

Queen Victoria Hospital
NHS Foundation Trust

Sussex Pathology Network	Exec Lead: CMO Lead: PMO	Reporting Month: August-25	Overall Status: R / A / G Amber

Summary: There has been a full re-evaluation of the programme across Sussex, reflecting the complexity and scale of the programme. Timescales have been revised across the system with QVH LiMS/ICE due to go live in Jan/Feb 2027.

LIMS – Ongoing work on data processing and migration for UHSx, and QVH. User acceptance testing Phase 1 is now at 90% but this has extended well beyond initial forecasts for the testing window and has therefore impacted on the available time to commit to testing of Phases 2 and 3.

Digital Histopathology (DHP) - Progress has been made on the development of the 2D barcode solution for slide labels with testing expected to commence in September. IT resourcing for the project remains a challenge due to focus on launch of Archie EPR and as such, the forecast go-live has been realigned to the end of October 2025. Digital histopathology deployment remains a high priority for the department.

Order Comms (ICE) - Delays on the programme have allowed exploration of a closed-loop reporting solution that may work for the version of ICE that will be deployed to Trusts across Sussex. Ongoing work with the Trust's EPR vendor will be required to deliver closed loop reporting integrated into the EPR.

Digital Infrastructure - Central bid for £550,000 to support LIMS, Ordercomms and DHP for FY 25/26 has been approved in full. Trusts are currently working 'at risk' and awaiting the Memorandum of Understanding from NHSE to draw down funds which are expected imminently.

Managed Service Contract (MSC) - The MSC is currently delayed. All previous documentation is being reviewed but an agreed way forward has now been identified with bidders and evaluators notified of the revised timeframes (final round to commence in Jan 2026).

Network Formation – No new developments this month. The project team continues with collation of information for the Outline Business Case with a target to put through governance in September.

Laboratory Operating Model (LOM) - The LOM Outline Business Case (OBC) continues to be drafted. Work this month focussed on commencement of the transport working group, drafting of the space planner and reviewing service requirements. OBC approvals are forecast for October/November 2025.

Quality – No further developments this month. The project is currently paused and handed over to a reference group for ongoing monitoring. Monthly NHSE PQAD submissions are still being completed and DHP reporting metrics are now included. UKAS ISO 15189:2022 assessments are underway at various laboratories within SPN (QVH ISO15189 Clinical Assessment 9th May 2025).

Milestone	Start Date	Expected Completion Date	Commentary
LIMS - complete UAT Phase 1 Gap Analysis review for Cell Path	Oct 2025	TBC	Continued enagement and monitoring will be important as activity increases
Completion of Network Formation MOU OBC for approval	Sept 2025	Sept 2025	Collation of OBC content to be completed by August.
Managed Service Contract documentation review to be completed	Nov 2025	Nov 2025	Governance approval to follow in Dec 2025
Technical completion of 2D barcoding solution for digital histopathology	April 2025	September 2025	Lack of Winpath V5 connectivity/functionality has required an alternative data collection approach to be engineered.

Date Raised	Risk Description	Mitigating Actions
April 2025	Capacity of Trust resourcing insufficient to meet programme timelines.	Collaborative working across SPN, agree priority projects, secure additional external resources.
April 2025	Varying internal governance scheduling delays to programme timelines.	Assign Trust and Network SROs to manage issues, project boards and steering groups in place, early socialisation of business cases via SROs.

KSO4 PROJECT REPORT

Queen Victoria Hospital
NHS Foundation Trust

Electronic Patient Record	Exec Lead: CMO Lead: PMO/EPR team	Reporting Month: August-25	Overall Status: R / A / G Amber

Given the complex nature of the programme, the EPR programme board agree that the programme status is Amber with November 4th go live on track. PAS planned to go live in Q3/4 2026, however this is at significant risk due to current lack of funding.

A significant amount of work has already been progressed to get the Trust ready for an EPR, including mobilising a team with experience of delivering EPRs, engagement, testing, training strategies and plans approved. The system build is nearing completion with only MIU, eDNs and VTE to complete. Integration progressing well with links to Safer Sleep, MIU expected to complete w/c 29th September. ICE, eDN are still outstanding and at risk. Testing well underway with UAT expected to complete by 3rd October. End user training has now commenced with nearly 10% of users having completed their eLearning. BI/Reporting is underway, but still at significant risk of not completing by go live. Statutory reports are in hand with scripts provided by supplier, Altera. Go live planning is underway with a strategy and go live plan drafted. Meetings are taking place between the programme team and key operational teams to plan for a safe go live and ensure that the organisation is well staffed and supported over the go live period. Clinical safety report is expected mid-October and Business Continuity planning also underway with weekly meetings in place with programme and ops teams. Options paper being presented at 30th September EPR Programme Board.

We will undertake a hybrid 4.0/4.5 approach, which is moderate in terms of assurance by NHS England. Interviews have taken place with final on site meetings scheduled for 29th September with Trust executives and NHS England assurance team. Report expected 3rd October. Additional go live sign offs are required from regional teams. Meetings scheduled for 15th and 23rd September at Frontline Digitisation Oversight Group (FDOG) and South East Regional Leadership Team (SERLT).

Governance has been strengthened as the programme has progressed. This now includes a monthly EPR Finance Subgroup who review the programme finances and benefits.

Some challenges exist regarding finalising transition to BAU and subsequent BAU model being in place to support go live and post go live, accessing Archie at spoke sites and report production.

Milestone	Start Date	Expected Completion Date	Commentary
Archie Go Live.	November 2025	November 2025	Programme on track for 4th November 2025.
PAS Go Live.	Q3/4 2026	Q3/4 2026	Project planned for Q3/4 2026. At significant risk due to lack of funding. Additional monies have been requested with NHS England

Date Raised	Risk Description	Mitigating Actions
May-25	There is currently no funding for programme team beyond the November 4th go live	Programme leads/SRO/Trust finance director have met with NHS England to explore funding options for 25/26 and 26/27. This will be for the programme team to perform optimisation and start the PAS implementation.

Queen Victoria Hospital
NHS Foundation Trust

KSO5

To collaborate with others

Ambition

Core to our future as part of a system, as a leader delivering to multiple Systems and reflecting our ambition in regard to anchor, NHS, academic & commercial activities for the future.

Board Assurance Framework

01 Patient services
02 Workforce strategy
03 Physical infrastructure
04 Long term sustainability
06 Financial sustainability
07 Information assets
08 Partner organisations

2025/26 Annual Objectives

1. Development of strategic partnerships to deliver corporate sustainability
2. Major Programme: QVH Local - Community Diagnostic Centres at East Grinstead and Bognor
3. Contribution to Sussex Major Services Review.

2025/26 Annual goals

1. Explore and develop a collaborative and sustainable partnership model
2. Deliver Year 1 priorities for the QVH Local model and development of the new build for East Grinstead CDC.
3. To contribute to the Sussex Major Services Review (MSR).

KSO5 EXECUTIVE SUMMARY

Queen Victoria Hospital
NHS Foundation Trust

Local Offer
Dedicated resource to progress the work on the Local Offer recommenced in September 2025 as planned. Progress reports are scheduled to be submitted to both the Strategy and Engagement Sub-Committee and the Executive Committee for Quality and Risk in October 2025. These reports will outline the initial key workstreams, the progress of the programme to date and future requirements planned until December 2025. Work is ongoing to revise the community therapy reporting structure to group clinician activity and income by clinical teams rather than professional roles. Further demand and capacity modelling is also underway. Work continues to progress on increasing activity through structured templates and refining the room booking processes to optimise space utilisation.

Major Service Review
The NHS Sussex Board met in September and reviewed progress on the Major Service Review. Initial clinical planning meetings for the Integrated Neighbourhood Teams have taken place across Sussex, marking progress in shaping the Rehabilitation and Intermediate Care Model.

CDC – East Grinstead and Bognor
Preparations underway including set up of hoarding for the commencement of building works on the East Grinstead CDC site. CDC activity in East Grinstead remains a key focus as well as negotiations with University of Chichester on Heads of Terms for the Bognor programme

Kathy Brasier
Deputy Chief Strategy Officer

KSO5 PROJECT REPORT

Queen Victoria Hospital
NHS Foundation Trust

Community Diagnostics Centre	Exec Lead: DCEO Lead: PMO	Reporting Month: June-25	Overall Status: QVH – Green Bognor – Red/Amber

Programme for the delivery of CDCs within the QVH site and on the University of Chichester site (Bognor).

Progress has been made within the following areas at both sites:

1. Building contractor chosen and preparation for works started on site in East Grinstead in September.
2. Engagement continues with University of Chichester regarding next steps for the Bognor site.
3. Activity against plan for East Grinstead was at 79% for August 2025 and income against plan (year to date) is 88%.
4. Redesign work planning continues for Bognor site. Long term operating model agreed in principle. More detailed work and formal agreements being undertaken.
5. Contract for current activity in Bognor being run by UHSX elapses in Feb 2026. Arrangements post this time need to be agreed

Key areas for focus are starting the construction of the new CDC building on the East Grinstead site, continuing to optimise current CDC activity in East Grinstead, negotiation with University of Chichester on Heads of Terms for the Bognor project and considering arrangements for the current activity in Bognor post Feb 2026.

Milestone	Start Date		Expected Completion Date	Commentary
Agreement on Heads of Terms.	30/4/25		30/10/25	Discussions with University of Chichester on new site for Bognor. Delays in obtaining a draft Heads of Terms from the University.
Construction commences on East Grinstead site	01/09/25		01/10/25	Pre-commencement works underway. Several surveys taken over on site over August. Preparations for building works taking place in early October.
Design of Bognor retro-fit	01/09/25		30/11/25	Responses to tenders from contractors to design retro-fit received and the contract awarded early October 2025.

Date Raised	Risk Description	Mitigating Actions
01/01/2025	NHS Funding long-term availability.	Trust engaging with ICB and NHSE regarding funding requirements.
01/06/25	Continuity of activity at Bognor.	Trust engaging with UHSX about future arrangements post Feb 2026.
04/04/25	Actual CDC activity vs plan.	Urgent remedial actions being taken to bring back to plan.

Trajectories- Operational performance

Queen Victoria Hospital
NHS Foundation Trust

RTT	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
52ww	2.3%	2.3%	2.1%	1.9%	1.8%	1.6%	1.6%	1.5%	1.4%	1.3%	1.2%	1%
1st appointment	68%	68.8%	69.9%	71.2%	71.6%	72.3%	72.6%	73.7%	74.4%	74.4%	74.8%	75.3%
18 week performance	55.5%	56%	55.5%	56.9%	57.6%	58.5%	59.3%	59.6%	59.9%	60.6%	61.0%	62.4%

Cancer (reported a month in arrears)	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
FDS	79.4%	79.9%	80.0%	80.4%	80.8%	80.8%	81.0%	80.4%	81.0%	80.0%	80.4%	80.8%
62 days	70.8%	71.4%	71.0%	72.2%	72.9%	73.2%	75.3%	75.7%	71.8%	71%	75.7%	75.7%

UEC	M1	M2	M3	M4	M5	M6	M7	M8	M9	M10	M11	M12
4 hr standard	98.4%	98.6%	99.0%	98.6%	97.8%	99.2%	98.1%	98.4%	99.1%	99.5%	98.1%	99.0%

Key

Performance achieved trajectory

Performance did not achieve trajectory

Interpretation of Summary Icons for Statistical Process Charts

Queen Victoria Hospital
NHS Foundation Trust

Variation/Performance	Assurance: P	Assurance: ?	Assurance: F	Assurance: ○
H	**Excellent** — **Celebrate and Learn** • This metric is improving • Your aim is high numbers, and you have some • You are consistently achieving the target because the current range of performance is above the target	**Good** — **Celebrate and Learn** • This metric is improving • Your aim is high numbers, and you have some • Your target lies within the process limits so we know that the target may or may not be achieved	**Concerning** — **Celebrate but Take Action** • This metric is improving • Your aim is high numbers, and you have some • HOWEVER, your target lies above the current process limits so we know that the target may or may not be achieved without change	**Excellent** — **Celebrate** • This metric is improving • Your aim is high numbers, and you have some • There is currently no target set for this metric
L	**Excellent** — **Celebrate and Learn** • This metric is improving • Your aim is low numbers, and you have some • You are consistently achieving the target because the current range of performance is below the target	**Good** — **Celebrate and Learn** • This metric is improving • Your aim is low numbers, and you have some • Your target lies within the process limits so we know that the target may or may not be achieved	**Concerning** — **Celebrate but Take Action** • This metric is improving • Your aim is low numbers, and you have some • HOWEVER, your target lies below the current process limits so we know that the target may or may not be achieved without change	**Excellent** — **Celebrate** • This metric is improving • Your aim is low numbers, and you have some • There is currently no target set for this metric
○	**Good** — **Celebrate and Understand** • This metric is currently not changing significantly • It shows the level of natural variation you can expect to see • HOWEVER, you are consistently achieving the target because the current range of performance exceeds the target	**Average** — **Investigate and Understand** • This metric is currently not changing significantly • It shows the level of natural variation you can expect to see • Your target lies within the process limits so we know that the target may or may not be achieved	**Concerning** — **Investigate and Take Action** • This metric is deteriorating • Your aim is low numbers, and you have some high numbers • Your target lies below the current process limits so we know that the target will not be achieved without change	**Average** — **Understand** • This metric is currently not changing significantly • It shows the level of natural variation you can expect to see • There is currently no target set for this metric
H	**Concerning** — **Investigate and Understand** • This metric is deteriorating • Your aim is low numbers, and you have some high numbers • HOWEVER, you are consistently achieving the target because the current range of performance is below the target	**Concerning** — **Investigate and Take Action** • This metric is deteriorating • Your aim is low numbers, and you have some high numbers • Your target lies within the process limits so we know that the target may or may not be achieved	**Very Concerning** — **Investigate and Take Action** • This metric is deteriorating • Your aim is low numbers, and you have some high numbers • Your target lies below the current process limits so we know that the target will not be achieved without change	**Concerning** — **Investigate** • This metric is deteriorating • Your aim is high numbers, and you have some low numbers • There is currently no target set for this metric
L	**Concerning** — **Investigate and Understand** • This metric is deteriorating • Your aim is high numbers, and you have some low numbers • HOWEVER, you are consistently achieving the target because the current range of performance is above the target	**Concerning** — **Investigate and Take Action** • This metric is deteriorating • Your aim is high numbers, and you have some low numbers • Your target lies within the process limits so we know that the target may or may not be achieved	**Very Concerning** — **Investigate and Take Action** • This metric is deteriorating • Your aim is high numbers, and you have some low numbers • Your target lies above the current process limits so we know that the target will not be achieved without change	**Concerning** — **Investigate** • This metric is deteriorating • Your aim is high numbers, and you have some low numbers • There is currently no target set for this metric

SPC Chart Key:

GLOSSARY

Queen Victoria Hospital
NHS Foundation Trust

Abbreviation	Definition
AfC	Agenda for Change
AHP	Allied Health Professionals
BAF	Board Assurance Framework
BLS	Basic Life Support
BPPC	Better Practice Payment Code
BU	Business Unit
CD	Clinical Director
CDC	Community Diagnistic Centre
CDEL	Capital Departmental Expenditure Limit
CDI	Clostridium difficile infection
CEO	Chief Excutive Officer
CFO	Chief Financial Officer
CI	Continuous Improvement
CMO	Chief Medical Officer
CNO	Chief Nursing Officer
COO	Chief Operating Officer
COTD	Cancellations on the Day
CPO	Chief People Officer
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRL	Capital resource Limit
CSO	Chief Strategy Officer
DATIX	Reporting system for reporting clinical incidents
DM01	Diagnostic waiting times and activity
DNA	Did Not Attend
DSU	Day Surgery Unit
DTA	Decision to Admit
EDI	Equality, Diversity and Inclusion
ENT	Ear Nose and Throat
EPR	Electronic Patient Record
ER	Employee Relations
ERF	Elective Recovery Fund

Abbreviation	Definition
ESR	Electronic Staff Record
F2SU	Freedom to Speak Up
FBC	Full Business Case
FDS	Faster Diagnosis Standard
FFT	Friends and Family Test
FPT	Full Patient Transfers
GA	General Anaesthetic
GIRFT	Getting It Right First Time
GM	General Manager
H&N	Head and Neck
HoD	Head of Department
ICB	Integrated Care Board
ICE	Integrated Clinical Environment
ICS	Integrated Care System
IP	Inpatients
IPACT	Infection Prevention and Control Team
IS	Independent Sector
KPI	Key Performance Indicator
KSO	Key Strategic Objective
LAB	Local Academic Board
LAU	Local Anaesthetic Unit
LEEP	Leadership through Education for Excellent Patient Care
LFG	Local Faculty Group
LIMS	Laboratory Information Management System
MAST	Mandatory and Statutory Training
MIU	Minor Injuries Unit
MRSA	Methicillin-resistant Staphylococcus Aureus
MSC	Managed Service Contract
MSK	Musculoskeletal
MSSA	Meticillin Sensitive Staphylococcus Aureus
NHSE	NHS England
NICE	National Institute for Health and Care Excellence

Abbreviation	Definition
OBC	Outline Business Case
OD&L	Organisational Development & Learning
OH	Occupational Health
OIP	Outline Implementation Plan
OMFS	Oral and Maxillofacial surgery
OPD	Outpatients Department
OPPROC	Outpatient Procedure
PAS	Patient Administration System
PDC	Public Dividend Capital
PDSA	Plan, Do, Study, Act
PID	Project Initiation Document
PIFU	Patient Initiated Follow Up
PLACE	Patient-Led Assessments of the Care Environment
PROM	Patient Related Outcome Measures
PSIRF	Patient Safety Incident Response Framework
PTL	Patient Tracking List
QNET	Queen Victoria Hospital's intranet
QP	Quality Priority
RTT	Referral to Treatment
SDP	Shared Delivery Plan (NHS Sussex)
SLNB	Sentinel Lymph Node Biopsy
SPC	Statistical Process Control
SPN	Sussex Pathology Network
SSCA	Surrey and Sussex Cancer Alliance
TMJ	Temporomandibular Joint Dysfunction
VPR	Violence Prevention Reduction
VWA	Value Weighted Activity
WRED	Workforce Disability Equality Standard
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	13/11/2025		**Agenda reference:**	**85-25**	
Report title:	Business planning and commissioning intentions for 2026/27				
Sponsor:	Simon Marshall – Chief Finance Officer				
Author:	Jonathan Wharton – Deputy Chief Finance Officer				
Appendices:	None				
Executive summary					
Purpose of report:	The report seeks to brief the Board on the planning process for 2026/27 along with the initial planning assumptions and outputs.				
Summary of key issues	• Planning guidance was due beginning of October with submission in December 2025. Initial Guidance was released on 24 October 2025 with detailed guidance to be released in the next couple of weeks. • Plans are to cover 3 years for both capital and revenue with a 5 year narrative • 2% productivity gain is expected year on year with greater movement to fair shares across the country. Sussex overfunding is £186m although a 2.5% tolerance will be applied reducing the required reduction to £67.8m. • The changes to income are expected to have a significant impact on QVH • Efficiency requirement is likely to be in excess of 6% • The current work shows QVH with an underlying deficit of £1.5m • A bridge is included in the paper that shows the FOT for 2025/26 at breakeven and moving to an underlying FOT of £1.5m deficit. It shows that with the current early assumptions an efficiency programme of £8.3m might be needed. This bridge needs refinement along with information from the ICBs and national guidance. • NHSE expects all boards to be regularly informed of the planning process, underlying position and cost improvement plans / mitigating actions prior to submission sign off.				
Recommendation:	Trust Board are asked to note the current process and initial position.				
Action required	Approval	Information	**Discussion**	**Assurance**	Review
Link to key strategic objectives (KSOs):	KSO1: *To deliver outstanding care*	KSO2: *To innovate and improve*	KSO3: *To be an excellent employer*	KSO4: ***To deliver sustainable services***	KSO5: *To collaborate with others*
Implications					
Board assurance framework:	KSO4				
Corporate risk register:	Risk numbers: 00000144/148/149/161				
Regulation:	NHS Provider Licence				
Legal:	Duty to breakeven				
Resources:	None				
Assurance route					
Previously considered by:	ELT				
Next steps:	Work to continue on the planning process along with development of directorate plans.				

Queen Victoria Hospital
NHS Foundation Trust

Business Planning 2026/27 Trust Board Update

November 2025

Simon Marshall – Chief Finance Officer

National Update for 2026/27

Queen Victoria Hospital
NHS Foundation Trust

Information is being updated on a regular basis. Full guidance has not been released yet but is expected in the next couple of weeks. Below are the key assumptions that are to be included in the Medium term financial plan that needs to be developed by QVH :

1. QVH will need to set a 3 year plan for revenue and capital with a 5 year narrative plan
2. 2% year on year productivity gain will be expected over the next 3 years based on the 2025/26 allocations. Likely to be built into the CUF uplift
3. Removal of deficit support funding (£1.5m for QVH). Initially expected in 2025/26 but may now be phased over several years.
4. Going to receive 3 year funding settlement and 4 years for capital
5. Move towards the holding of a 3% reserve for investment in service transformation.
6. From 2026/27 NHSE is looking at speeding up the move of fair share funding. Surrey and Sussex are two of the most overfunded ICBs in the country with Sussex being 3.9% over its fair share which equates to £186.1m. Although NHSE are looking at a tolerance of 2.5% so it reduces it to £67.8m but the exact timescale is unknown.
7. Movement of MFF funding to move to the next step.
8. 4 Year capital funding settlement with 5 year rolling capital plans with providers managing directly their operational capital
9. Providers to submit individual plans rather than system plans but all the plans to be triangulated across the system.
10. Allocations expected to be for the new combined Surrey and Sussex ICB although they are looking to set the plans and the allocations separately.
11. NHSE looking at deconstructing block payments in the contracts to move to variable payments. This is likely to be delayed beyond 2026/27 i.e to year 2 onwards but further work is being undertaken on this.
12. Planning guidance was due End of September beginning of October. Initial guidance came out on the 24th October with the technical guidance due in the next few weeks.

Sussex Commissioning Intentions

Queen Victoria Hospital NHS Foundation Trust

Outline of financial monitoring arrangements, payment guidance, and cost improvement expectations included by the ICB in the commissioning intentions letter

- Set and deliver a balanced financial plan.
- Develop a road map to demonstrate the path to deliver the plan.
- Deliver re-current efficiency plans of at least 5% per annum.
- Establish a rolling programme of efficiency identification and delivery, ensure a fully identified deliverable efficiency plan ahead of the financial year.
- Embed good practice grip and control measures and test annually with peer or independent review.
- Benchmark consistently through platforms such as Model System, Model Hospital and Get it Right First Time (GIRFT), evidencing year-on-year gains in productivity metrics (e.g. nursing cost per weighted activity unit (WAU), pathology turnaround time, diagnostic throughput). Target upper quartile.
- Develop and monitor organisation and system-wide productivity dashboards.
- Deliver the strategic commissioning requests within the agreed financial envelope.
- Use service line reporting and costing data to target improvements in loss making services.
- Work with other providers to consolidate fragile services at minimum cost.
- Improvement in run rates to deliver within allocation and eliminate the underlying deficit over the period of the medium-term financial plan.
- Deliver bank and agency reductions and reduce overall workforce capacity.
- Consultant electronic job planning should be at 95% to provide robust planning and management.
- Work collaboratively to reduce void costs and drive efficiency in the use of system estate.
- Develop options for working together across organisational and geographical boundaries to consolidate back and mid-office functions.
- Deliver corporate cost reductions per head of population.
- Ensure robust management of cash and capital, both strategic and operational, following best practice guidance on monitoring and reporting.
- Develop credible investment proposals to support delivery of the 10 Year Health Plan objectives.

2026/27 System current working assumptions

Queen Victoria Hospital
NHS Foundation Trust

In order to build consist plans the system are using, in the absence of national guidance, a shared set of assumptions that illustrate the inflationary pressures and the CUF saving. It is currently being assumed that if inflationary numbers increase they will be offset by funding and so the net impact on the Trusts will be the net CUF in the tables below.

Original CUF (Version 1.0: 4 April 2025)	Original CUF (Version 1.0: 4 April 2025)	Original CUF (Version 1.0: 4 April 2025)	Updated CUF (Version 2.0: 27 June 2025)
Cost	**Estimate**	**Cost weight**	**Weighted estimate**
Pay	4.72%	70.45%	3.33%
Drugs	0.83%	2.34%	0.01%
Capital	2.39%	7.35%	0.18%
Unallocated CNST	0.31%	2.09%	0.01%
Other	3.51%	17.76%	0.62%
Total CUF			**4.15%**
Efficiency factor			**(2.00%)**
Net CUF			**2.15%**

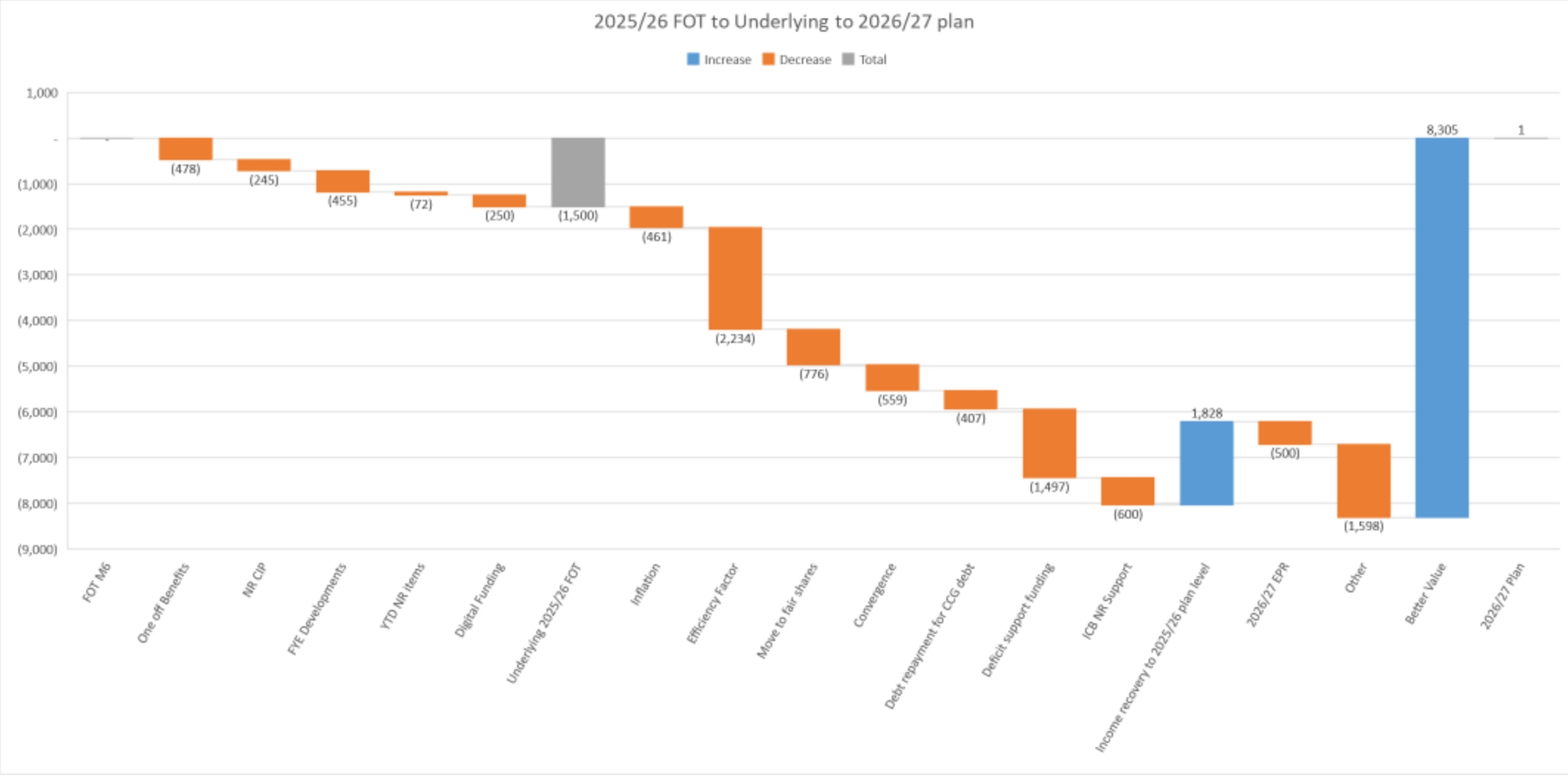
MTFP	2026/27	2027/28	2028/29	2029/30	2030/31
Cost	**Estimate**	**Estimate**	**Estimate**	**Estimate**	**Estimate**
Pay	4.00%	3.50%	3.00%	3.00%	3.00%
Drugs	0.83%	0.83%	0.83%	0.83%	0.83%
Capital	2.39%	2.39%	2.39%	2.39%	2.39%
Unallocated CNST	0.31%	0.31%	0.31%	0.31%	0.31%
Other	3.00%	2.00%	2.00%	2.00%	2.00%
Weighted CUF	**3.55%**	**3.02%**	**2.67%**	**2.67%**	**2.67%**
Efficiency factor	**(2.00%)**	**(2.00%)**	**(2.00%)**	**(2.00%)**	**(2.00%)**
Net CUF	**1.55%**	**1.02%**	**0.67%**	**0.67%**	**0.67%**

System working assumptions are:

- The starting point will be the underlying financial position for 2025/26
- Deficit support funding will be rremoved
- Convergence adjustment as per 2025/26 (0.5%)
- System Debt repayment as per 2025/26 (0.5%)
- No growth
- Breakeven to be delivered for 2026/27
- 2% efficiency factor built into the tariff funding

Initial QVH Bridge to the 2026/27 Plan

Queen Victoria Hospital
NHS Foundation Trust



The bridge above is an initial draft bridge between the M6 FOT, moving to the underlying position to the 2026/27 plan. It highlights the significant pressure the Trust will have in 2026/27 due to income changes. Work is required to further develop this model and refine the assumptions within it. It does however highlight that the Better value programme for 2026/27 is likely to be between £6.5m and £8.5m.

QVH Planning

Until the full guidance is released the exact dates for planning submissions are not confirmed. However there have been several national planning calls which have discussed the likely dates and what is required. This is summarised below:

- 1st Submission expected to be around the 17th December 2025
- 2nd Submission expected first week of February (possibly the 2nd February)
- A third submission may occur by exception for those organisation unable to meet their financial/planning requirements
- The Board Assurance framework that formed part of the sign off for the 2025/26 plan will be required at both submissions. However following the previous planning requirements the questions are no longer yes/no but will have levels of confidence and the two submissions will have different questions recognising the timescales.

Next Steps

- The Trust is working on pulling together detailed activity, workforce and financial plans that triangulate.
- The Directorates are working on what is required to hit the expected performance targets.
- Work is ongoing to understand the changes to the funding blocks and work on securing income within the 2026/27 contracts.
- The Trust is working with the system to develop the Medium term model and populate it.
- A high level better value programme is being pulled together.
- The underlying position of the Trust and bridging assumptions are being refined to develop a strong model to base the 5 year planning assumption on.

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	13 November 2025		**Agenda reference:**	**86-25**	
Report title:	Annual National Inpatient Survey Report and Cancer Patient Experience Survey (CPES) 2024				
Sponsor:	Edmund Tabay, Chief Nursing Officer				
Author:	Chris Parrish, Patient Experience Manager, Clare Lancaster, Macmillan Lead Cancer Nurse				
Appendices:	Appendix one- National inpatient survey report 2024 Appendix two- National Cancer patient experience survey report 2024				
Executive summary					
Purpose of report:	To provide the national adult inpatient survey and CPES results from 2024				
Summary of key issues	QVH scored **first** in the league table of overall positive scores nationally for the National adult inpatient survey. The top five scores versus the national average were: - Did not have to wait too long to get a bed on a ward - Total wait before being admitted - Not prevented from sleeping at night - Leaving hospital and knowing what will happen with my care - Able to get hospital food outside of mealtimes The bottom five scores versus the national average were: - Accessibility needs recognised - Dietary needs recognised - Prevention from sleep due to room temperature - Were you given enough privacy - Were you given enough information about your care and treatment whilst on a virtual ward The 2024 CPES results were published in July 2025, a response rate of 54% was noted for QVH. The Trust demonstrated statistically significant higher performance than the national expected range in several crucial areas. Main findings include: • QVH performs strongly against national benchmarks, with patients reporting very positive experiences of cancer care • Staff attitudes, professionalism and clear communication are particularly valued, helping patients feel safe and reassured • Concerns are around treatment timelines, continuity of care and practical barriers such as travel, transport and parking • Survey engagement is limited and lacks demographic diversity				
Recommendation:	The Board is asked to **note** the contents of the report.				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:**	KSO2:	KSO3:	KSO4:	KSO5:
	Outstanding patient experience	*World-class clinical services*	*Operational excellence*	*Financial sustainability*	*Organisational excellence*
Implications					
Board assurance framework:	None				
Organisational risk register:	None				

Regulation:	Compliance of Health and Social Care Act 2008 and CQC's fundamental standards.			
Legal:	None			
Resources:	None			
Assurance route				
Previously considered by:				
ECQR	Date:	15 September 2025	Decision:	Noted
Quality and Safety Committee	Date:	4 November 2025	Decision:	Noted
Next steps:	None			

Report to: Board of Directors
Agenda item: 86-25
Date of meeting: 13 November 2025
Report from: Edmund Tabay, Chief Nursing Officer
Report author: Chris Parrish, Patient Experience Manager
Date of report: 15 September 2025
Appendices: Appendix one- National inpatient survey report 2024

Appendix two- National Cancer patient experience survey report 2024

Annual national inpatient survey report and Cancer patient experience survey report 2024

National inpatient survey report 2024

Introduction

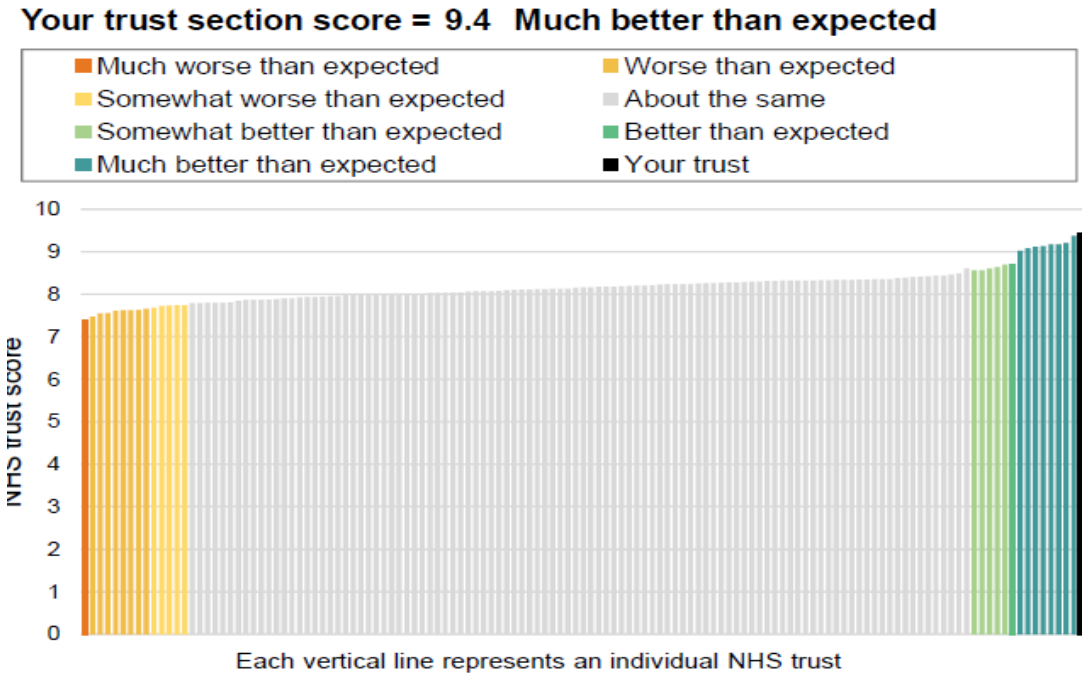
This report summarises the findings from the Adult Inpatient Survey 2024 carried out by Picker, on behalf of QVH. Over 60,000 patients across 131 NHS trusts took part in the national survey – this report presents our results in comparison to those organisations.

There were minor questionnaire changes to the 2024 survey, including three new questions and changes to question wording. The 2024 results are, therefore, broadly comparable to previous surveys since 2020.

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 headline result which confirms we are recognised as the number one trust nationally:

Findings



Respondents and response rate

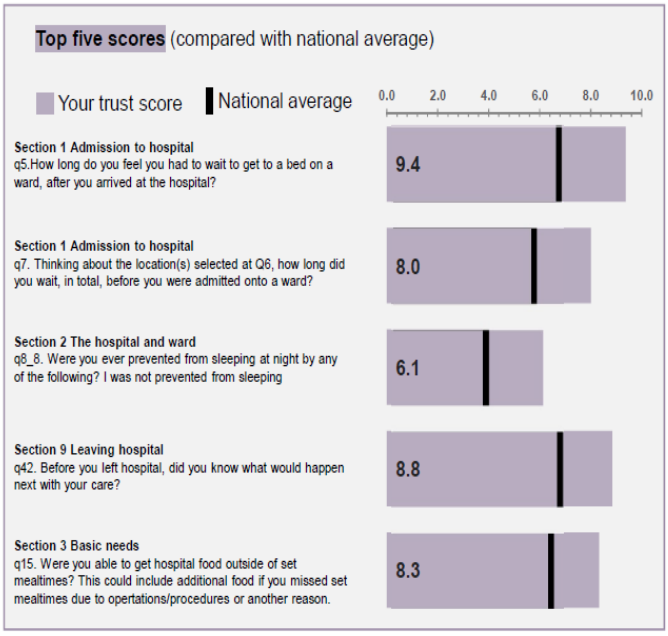
- 1250 Queen Victoria Hospital NHS Foundation Trust patients were invited to complete the questionnaire.
- 562 patients completed the questionnaire
- The response rate for Queen Victoria Hospital NHS Foundation Trust was 46% against the average of 41% for all trusts, and up from 43% last year.

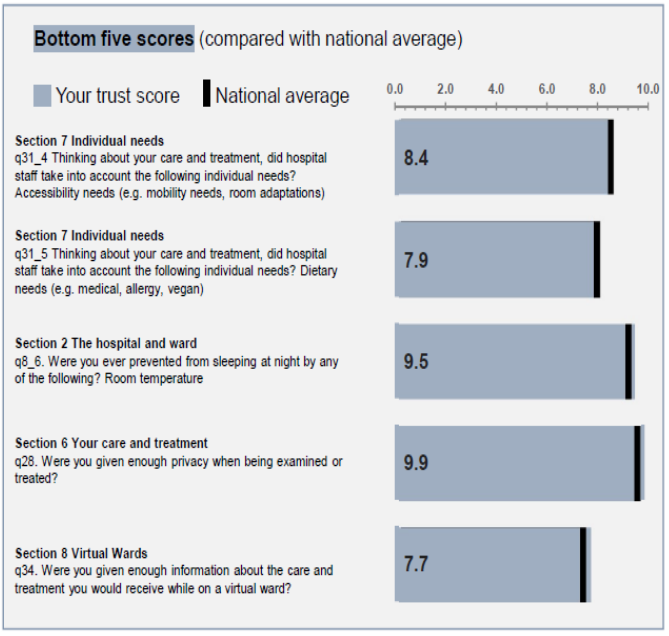
Comparisons

- The trust's results were much better or better than most trusts for **42** questions.
- All sections were rated amongst the top in the country

Of note, there were **no** areas where QVH scored "worse" than most trusts and scores were comparable to last year's results.

Captured in the results are the top and bottom five scores (compared to the national average) as presented below:





These results reflect what we are doing well like admissions onto the ward times, wait times for a bed, knowing next steps at the point of discharge and getting food outside of mealtimes. It also shows where we have areas for improvement such as catering for individual needs (dietary and accessibility), privacy when being examined or treated and the temperature of the ward.

Each question is broken down to provide further information against national average scores and previous years so that further analysis can be performed to assist action planning going forwards.

Cancer patient experience survey report 2024

Introduction

This report presents the key findings from the National Cancer Patient Experience Survey (CPES) 2024 for Queen Victoria Hospital NHS Foundation Trust. The survey, conducted by Picker on behalf of NHS England, is the fourteenth iteration, first undertaken in 2010. Its primary purpose is to monitor progress in cancer care, drive local quality improvements, and provide valuable information to commissioners, providers, charities, and stakeholder groups supporting cancer patients.

The 2024 survey fieldwork was conducted between **November 2024 and February 2025**, with results published in July 2025. The sample included all adult NHS patients (aged 16 and over) with a confirmed primary cancer diagnosis, who were discharged from an NHS trust after cancer-related inpatient or day case treatment during April, May, and June 2024. A mixed-mode methodology was employed, utilising postal questionnaires with an online completion option, and a Freephone helpline for support.

Nationally, 131 NHS trusts participated, with a 50% response rate from 64,055 out of 127,021 eligible patients. For **Queen Victoria Hospital NHS Foundation Trust, 84 patients responded out of 155, achieving a higher response rate of 54%**.

Findings

Scores are presented as the percentage of respondents who gave the most favourable response. Queen Victoria Hospital NHS Foundation Trust demonstrated statistically significantly higher performance than the national expected range in several crucial areas, indicating areas where the Trust performs better than expected given its patient demographics and size:

- **Q03. Referral for diagnosis was explained in a way the patient could completely understand: 84%** for QVH (National: 81%; Expected Range: 55%-79%). This also showed a statistically significant increase from 2023 to 2024 and overall from 2021-2024.
- **Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital: 89%** for QVH (National: 71%; Expected Range: 54%-88%). This saw a statistically significant increase from 2023 to 2024.
- **Q33. Patient was always involved in decisions about their care and treatment whilst in hospital: 97%** for QVH (National: 72%; Expected Range: 56%-88%). This also showed a statistically significant increase from 2023 to 2024.
- **Q34. Patient was always able to get help from ward staff when needed: 97%** for QVH (National: 74%; Expected Range: 58%-90%).
- **Q35. Patient was always able to discuss worries and fears with hospital staff: 87%** for QVH (Adjusted: 66 %; National: 88%; Expected Range: 49%-83%).
- **Q44. Possible side effects from treatment were definitely explained in a way the patient could understand: 88%** for QVH (National: 75%; Expected Range: 64%-85%). This also showed a statistically significant increase from 2023 to 2024.
- **Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment: 81%** for QVH (National: 61%;

Expected Range: 48%-73%). This also showed a statistically significant increase from 2023 to 2024.

Areas for Improvement – Performance Below Expected National Range: One area was identified where the Trust's performance was **statistically significantly lower** than the national expected range after case mix adjustment:

- **Q05. Patient received all the information needed about the diagnostic test in advance: 85%** for QVH (National 93%: Expected Range: 85%-100%). Although the QVH score met the national score, it was at the lower limit of the expected range, indicating it as a negative outlier when considering case mix.

Plan relating to above – CNS's to provide verbal and writtent information when patients seen at BBN/ in clinic. Radiology to add leaflets to Documents on PKB.

Significant Changes Year-on-Year (2023-2024): In addition to the increases noted above for the Trust also showed statistically significant improvements in the following areas:

- **Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis.**
- **Q22. Family and/or carers were definitely involved as such as the patient wanted them to be in decisions about treatment options.**
- **Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options.**
- **Q26. Care team reviewed the patient's care plan with them to ensure it was up to date**.
- **Q52. Patient has had a review of cancer care by GP practice:** Statistically significant increase.

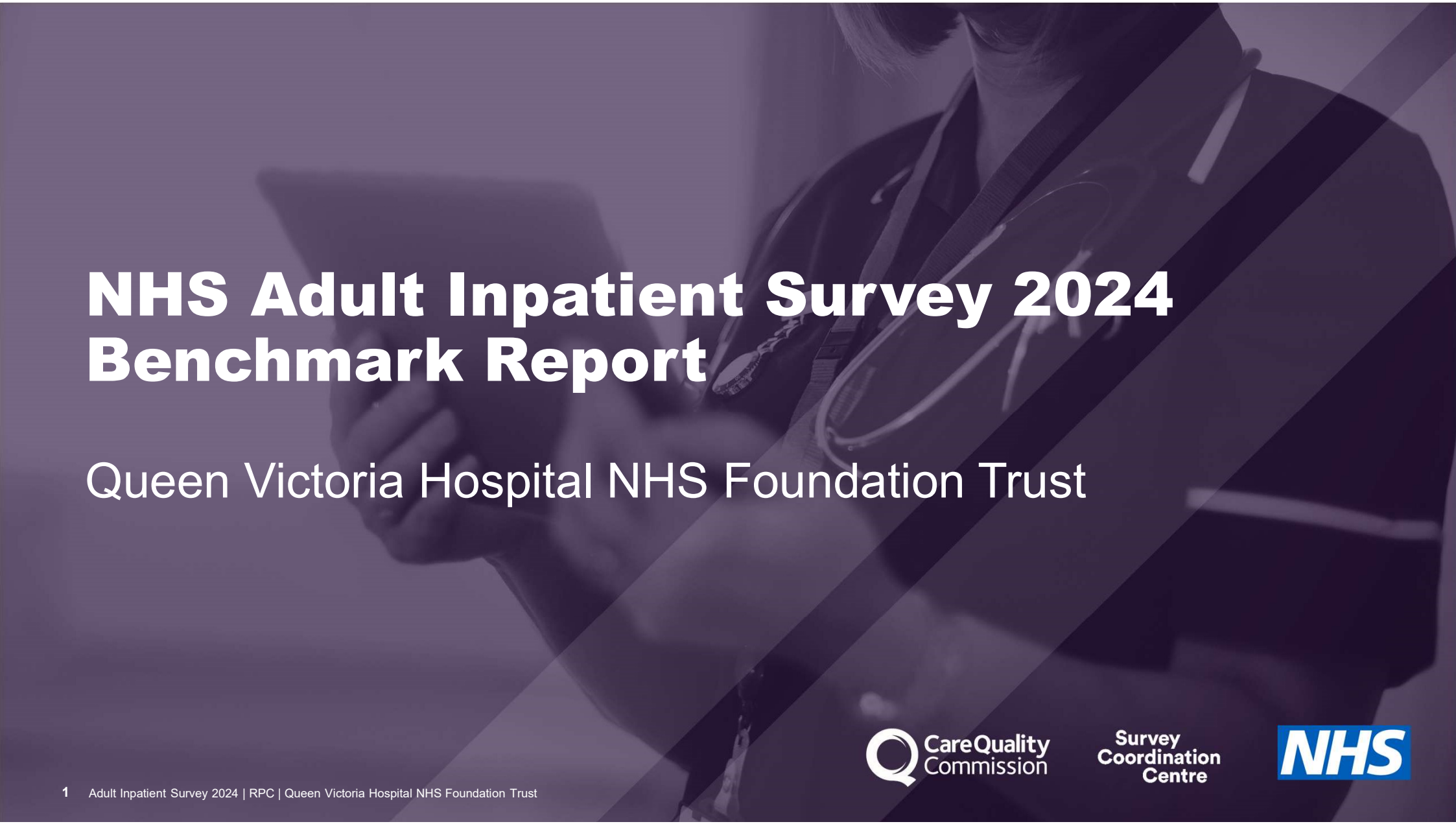
Conversely, there was a **statistically significant decrease** in two areas from 2023 to 2024:

- **Q07. Patient felt the length of time waiting for diagnostic test results was about right:** Decreased from 79% in 2023 to 70% in 2024.
- Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right: decreased from 88% to 74%

QVH performs strongly against national benchmarks, with patients reporting very positive experiences of cancer care. Staff attitudes, professionalism and clear communication are particularly valued, helping patients feel safe and reassured. However, there are concerns around treatment timelines, continuity of care and practical barriers such as travel, transport and parking. Survey engagement is limited and lacks demographic diversity (overrepresentation of female, white patients from mid-higher index of multiple deprivation (IMD) quintiles).

Cancer teams and the Triumvirates are working to reduce delays by frequently reviewing cancer care pathways and looking at ways that these can be improved. The aim is for a wider, fairer survey reach through continued promotion of the survey in out and in-patient departments, leaflet in the written information patients are given and discussions with them and their families.

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



NHS Adult Inpatient Survey 2024 Benchmark Report

Queen Victoria Hospital NHS Foundation Trust

Care Quality Commission

Survey Coordination Centre

NHS

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6. Comparison to other trusts

- Comparison to other trusts

This work was carried out in accordance with the requirements of the international standard for organisations conducting social research (accreditation to ISO27001:2013; certificate number GB10/80275).

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Background and methodology

This section includes:

- an explanation of the NHS Patient Survey Programme
- information on the 2024 Adult Inpatient 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 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 2024

The survey was administered by the Survey Coordination Centre (SCC) at Picker Institute. A total of 162,308 patients were invited to participate in the survey across 131 acute and specialist NHS trusts. Completed responses were received from 62,444 patients, an adjusted* response rate of 41%.

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. Trusts sampled patients who met the eligibility criteria and were discharged from hospital during November 2024. A full list of eligibility criteria can be found in the survey sampling instructions.

Fieldwork took place between January and April 2025.

Trend data

The Adult Inpatient 2024 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 2024 results are comparable with data from the Adult Inpatient 2020, 2021, 2022 and 2023 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 and for more information on the Adult Inpatient Survey please visit the NHS Survey website.
- 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.

*The adjusted base is calculated by subtracting the number of questionnaires returned as undeliverable, or if someone had died, from the total number of questionnaires sent out. The adjusted response rate is then calculated by dividing the number of returned useable questionnaires by the adjusted base.

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 How to interpret benchmarking in this report slides.

Standardisation

Demographic characteristics, such as age and gender, can influence patients’ experience of care and the way they report it. Results from previous years show 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 route of admission (emergency or elective) of respondents to reflect the ‘national’ age, sex, and route 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 patient profile 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. Please refer to the scored questionnaire for further details. Section scoring is computed as the arithmetic mean of question scores for the section after weighting is applied. More information can be found in the ‘How questions are scored’ slide.

National average

The ‘national average’ mentioned in this report is the arithmetic mean of all trusts’ scores after weighting 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.
- **Scoring and 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 and site 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.
- **Change over time** – includes your trust's mean score for each evaluative question across survey years, 2020, 2021, 2022, 2023 and 2024. Significance test tables, below the chart, allows you to see if your trust has made statistically significant improvements between survey years.
- **Comparison to other trusts** – includes where your trust has performed better or worse in comparison to other trusts.

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 'Scoring and Benchmarking' use the 'expected range' technique to show results. For information on how to interpret these graphs, please refer to the How to interpret benchmarking in this report slides.

Other data sources

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

- Full national results; technical document: www.cqc.org.uk/inpatientsurvey
- National and trust-level data for all trusts who took part in the 2024 Adult Inpatient Survey: https://nhssurveys.org/surveys/survey/02-adults-inpatients/year/2024/. Full details of the methodology for the survey, instructions for trusts and contractors to carry out the survey, and the survey development report can also be found on the NHS Surveys website.
- Information on the NHS Patient Survey Programme, including results from other surveys: www.cqc.org.uk/content/surveys
- Information about how the CQC monitors hospitals: www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-nhs-acute-hospitals

Headline results

This section includes:

- information about your trust population
- an overview of benchmarking for your trust
- the best and worst scores for your trust presented in charts (slide 10) and poster format (slide 11)

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.

1250 invited to take part

562 completed

31% urgent/emergency admission

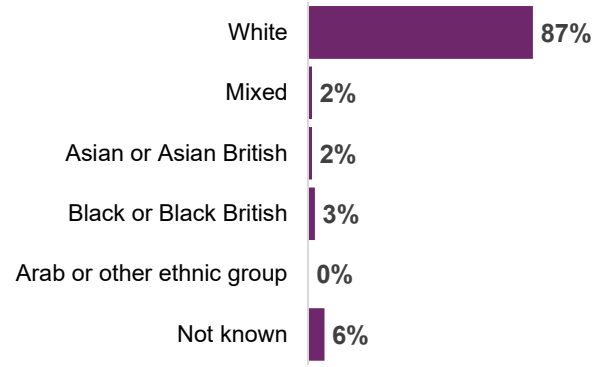
69% planned admission

46% response rate

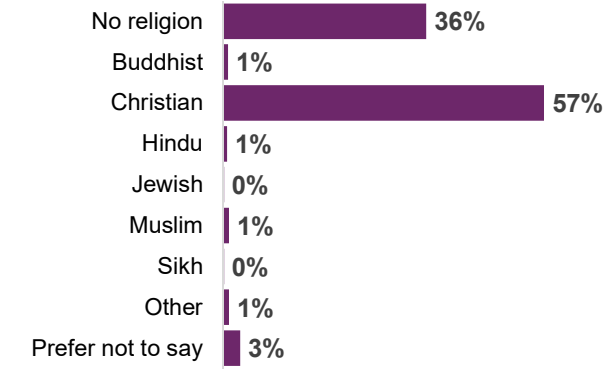
41% average response rate for all trusts

43% response rate for your trust last year

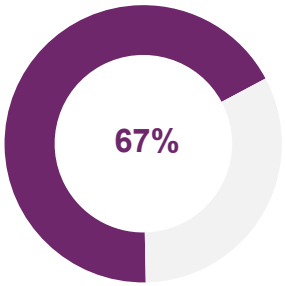
Ethnicity



Religion



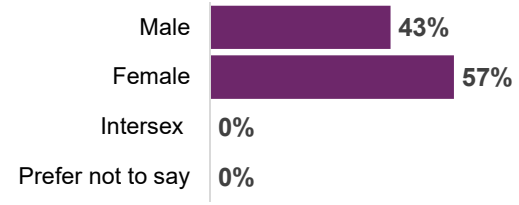
Long-term conditions



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").

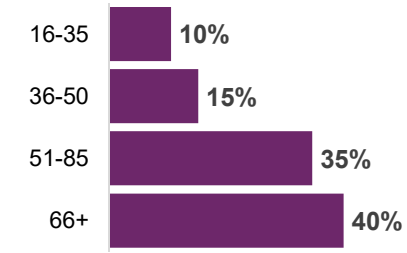
Sex

At birth were you assigned as…



0% of patients said their **gender is different from the sex they were assigned with at birth**.

Age



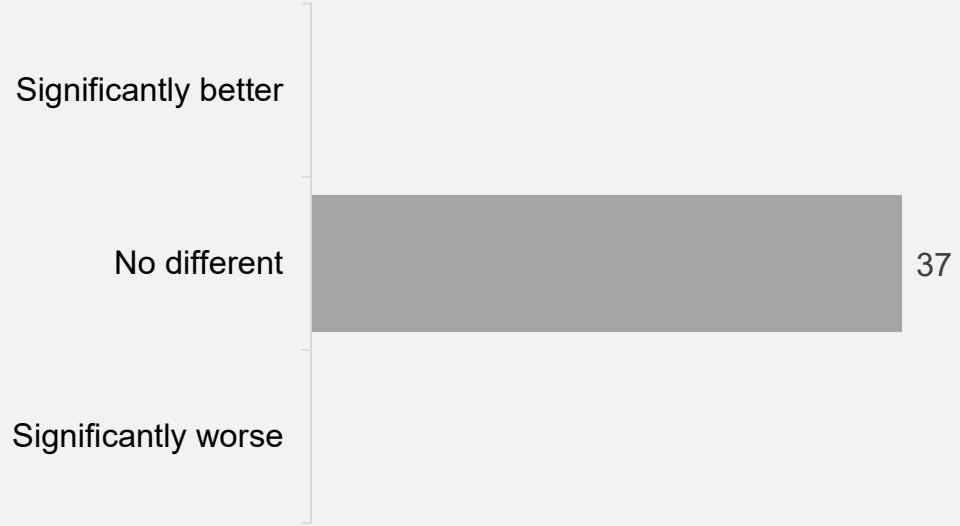
Summary of findings for your trust

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** at which your trust has performed statistically significantly better, significantly worse, or no different than your result from the previous year, 2024 vs 2023.



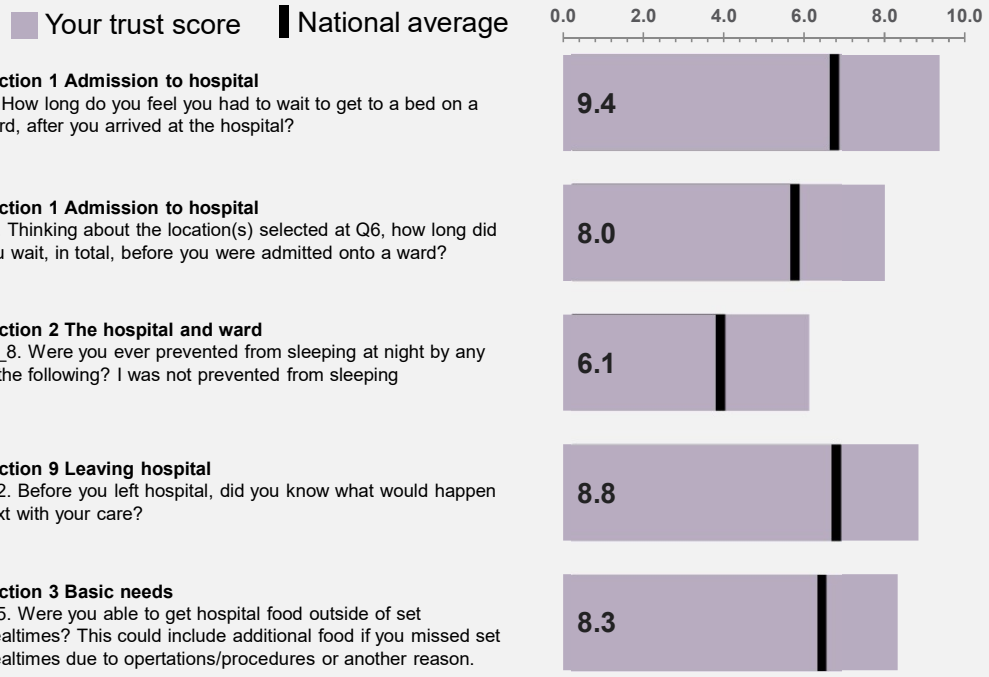
For a breakdown of the questions where your trust has performed better or worse compared with all other trusts, please refer to the section "Comparison to other trusts".

Best and worst performance relative to the national average

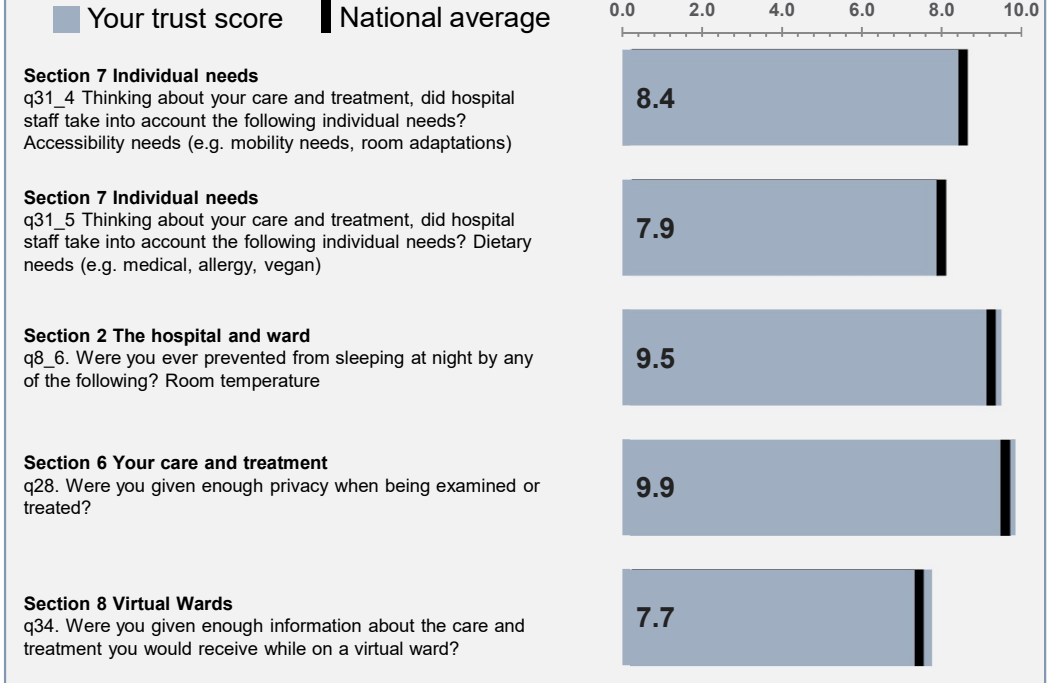
These five questions are calculated by comparing your trust's results to the national average (the average trust score across England).

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

Top five scores (compared with national average)



Bottom five scores (compared with national average)



NHS Adult Inpatient Survey 2024

Results for Queen Victoria Hospital NHS Foundation Trust

Where patient experience is best

- ✓ **Wait to get a bed:** The wait to get a bed on a ward after arrival
- ✓ **Waiting in the hospital:** Length of time waited (in another location) before admission to a ward
- ✓ **Sleeping:** Patients not being prevented from sleeping at night
- ✓ **Next step:** Patients knowing what would happen next with their care before they left hospital
- ✓ **Food:** Patients being able to get hospital food outside of set mealtimes

Where patient experience could improve

- **Individual needs:** Staff taking into account patients' individual needs: Accessibility needs
- **Individual needs:** Staff taking into account patients' individual needs: Dietary needs
- **Sleeping:** Patients being prevented from sleeping at night due to room temperature
- **Privacy:** Patients being given enough privacy when being examined or treated
- **Information while on virtual wards:** Patients feeling they were given enough information about care and treatment on virtual ward

These questions 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 national average. "Where patient experience could improve": These are the five results for your trust that are lowest compared with the national average.

This survey looked at the experiences of people who were discharged from an NHS acute hospital in November 2024. Between January 2025 and April 2025, a questionnaire was sent to 1250 inpatients at Queen Victoria Hospital NHS Foundation Trust who had attended in late 2024. Responses were received from 562 patients at this trust. If you have any questions about the survey and our results, please contact [NHS TRUST TO INSERT CONTACT DETAILS].

Scoring and 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

Please note: If data is missing, this is due to a low number of responses.
Please note: Benchmarking is not provided for Q31 across trusts due to data quality issues.

How questions are scored

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.

Example of how questions are scored

The following provides an example for the scoring system applied for each respondent. For question 17 "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.

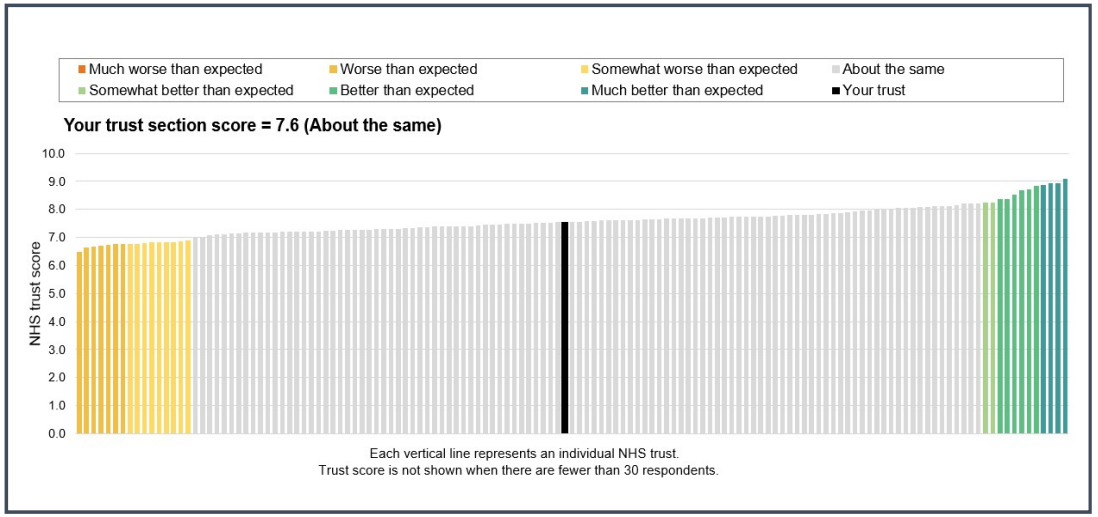
How to interpret benchmarking in this report

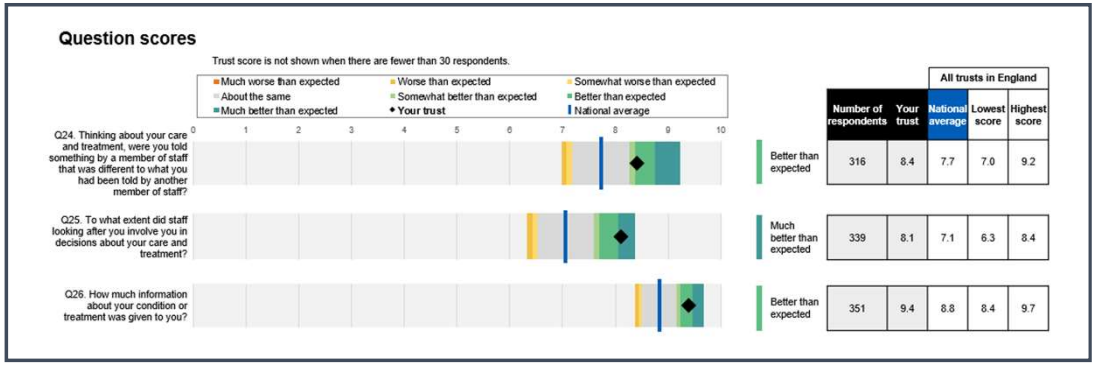
Trust level benchmarking

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 and site 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.

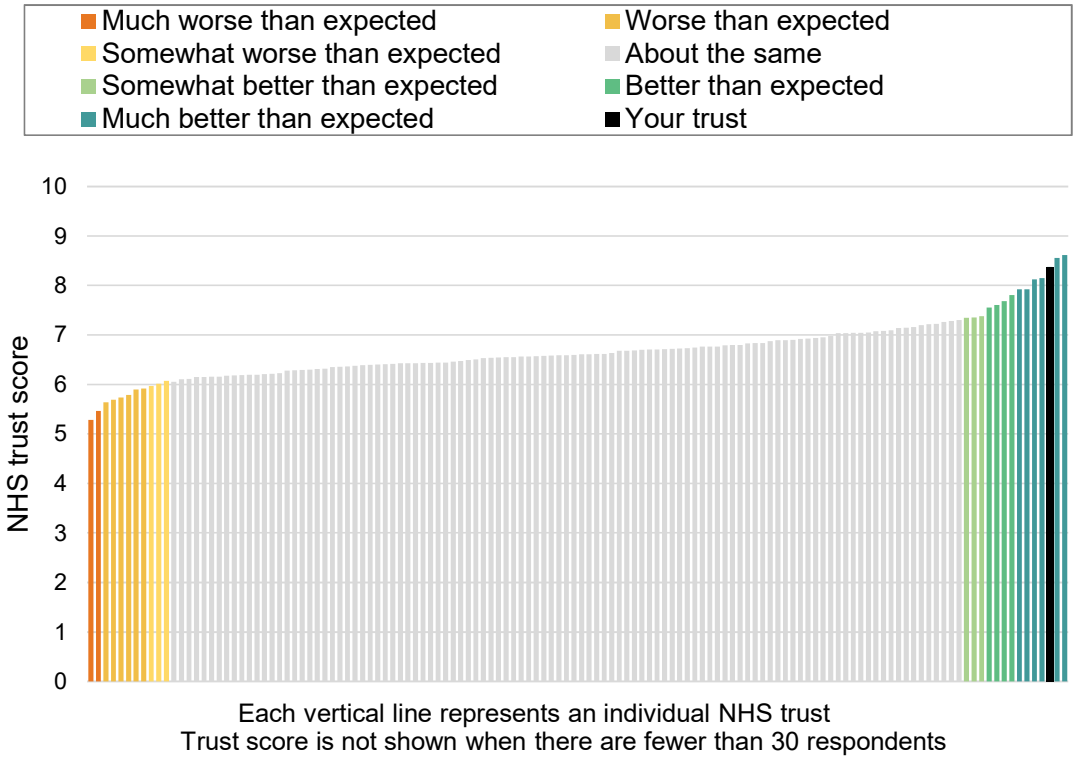
Additional information on the 'expected range' analysis technique can be found in the survey technical report on the NHS Surveys website.

Section 1. Admission to hospital

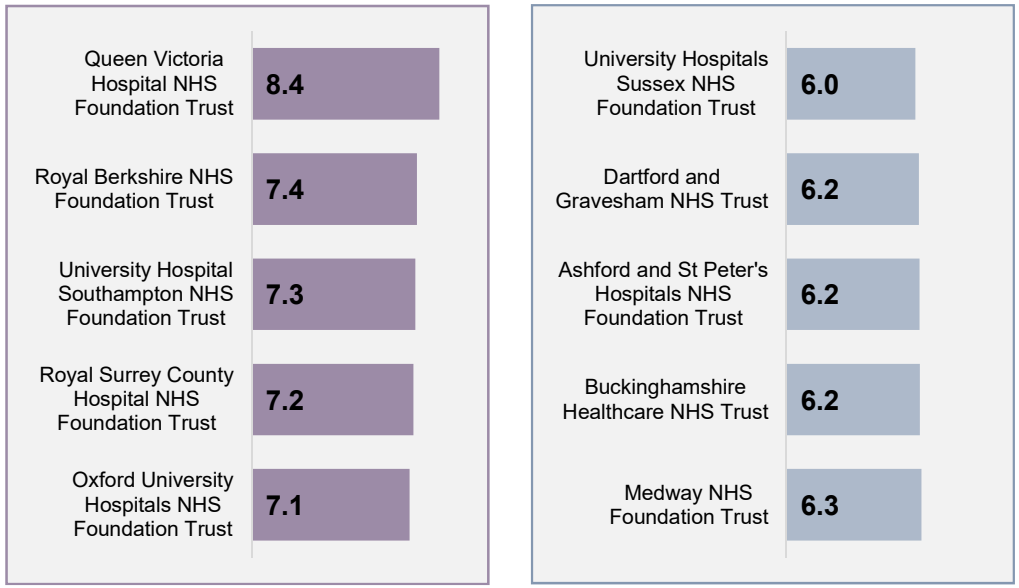
Section score

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 = 8.4 Much better than expected

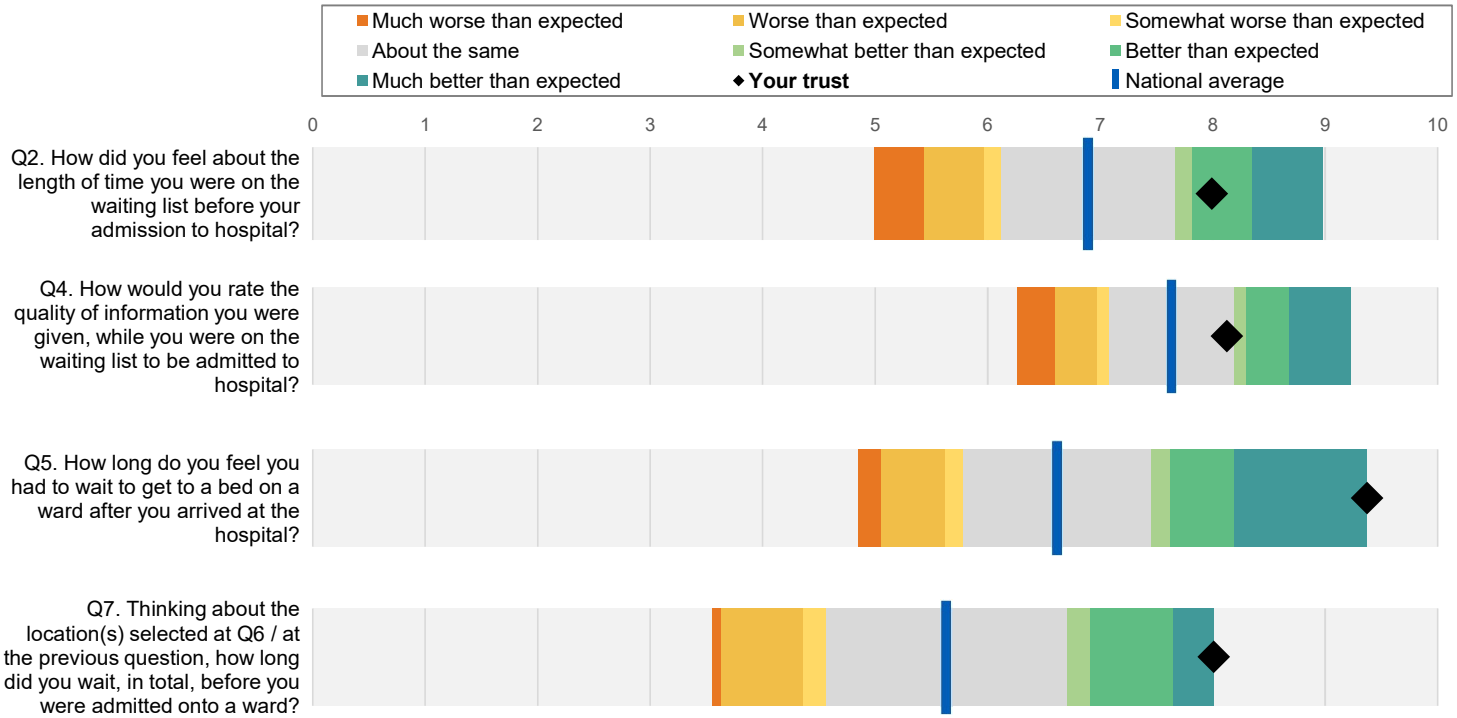


Comparison with other trusts within your region



Section 1. Admission to hospital (continued)

Question scores



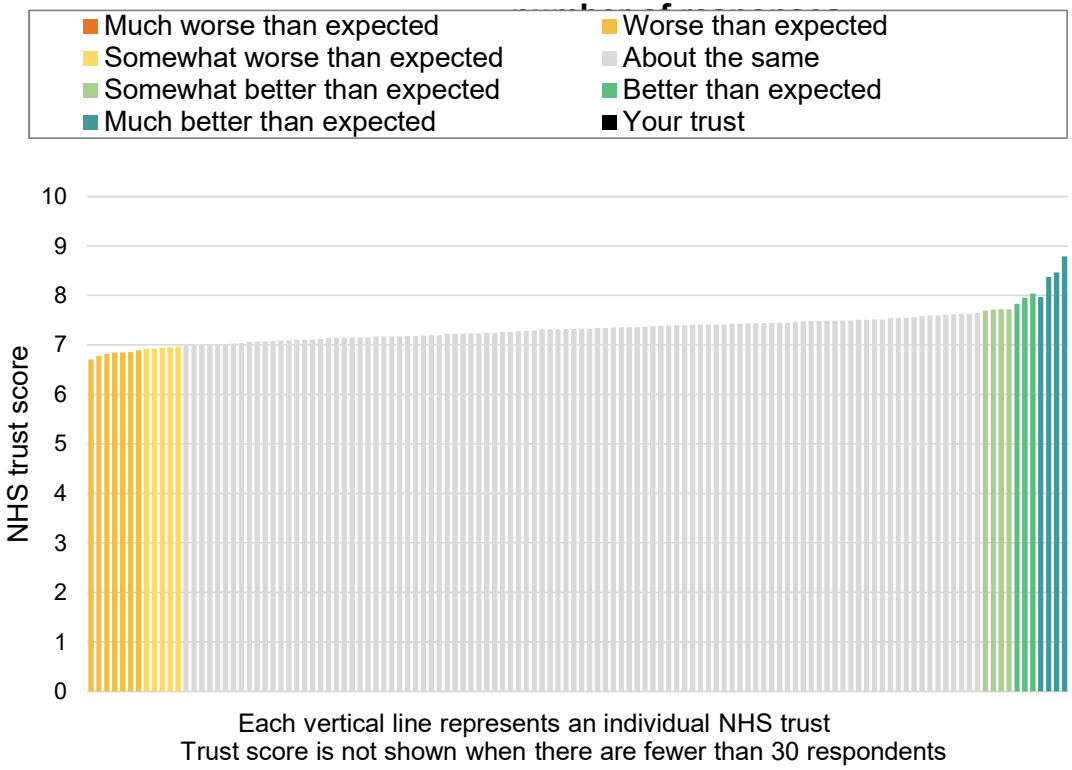
		Number of respondents	Your trust	All trusts in England: National average	All trusts in England: Lowest score	All trusts in England: Highest score
Q2. How did you feel about the length of time you were on the waiting list before your admission to hospital?	Better than expected	378	8.0	6.9	5.0	9.0
Q4. How would you rate the quality of information you were given, while you were on the waiting list to be admitted to hospital?	About the same	382	8.1	7.6	6.3	9.2
Q5. How long do you feel you had to wait to get to a bed on a ward after you arrived at the hospital?	Much better than expected	555	9.4	6.6	4.8	9.4
Q7. Thinking about the location(s) selected at Q6 / at the previous question, how long did you wait, in total, before you were admitted onto a ward?	Much better than expected	69	8.0	5.6	3.6	8.0

Section 2. The hospital and ward

Section score

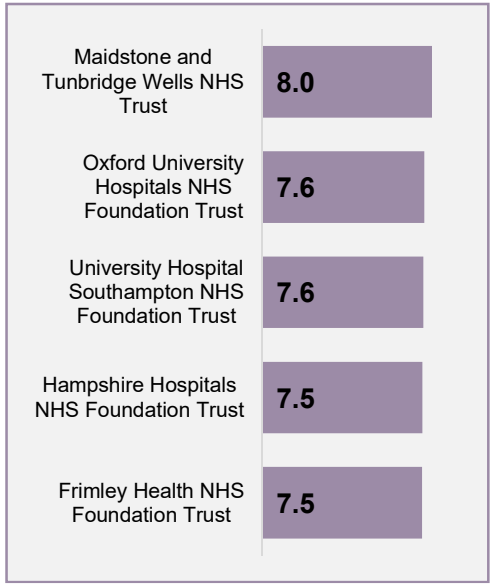
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' 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 = - **No section score due to low**

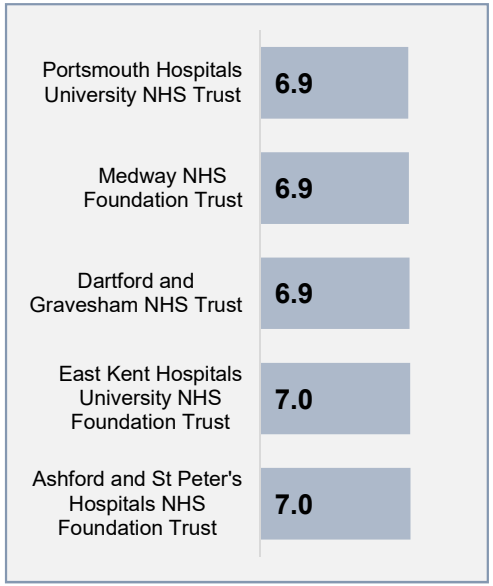


Comparison with other trusts within your region

Trusts with the highest scores

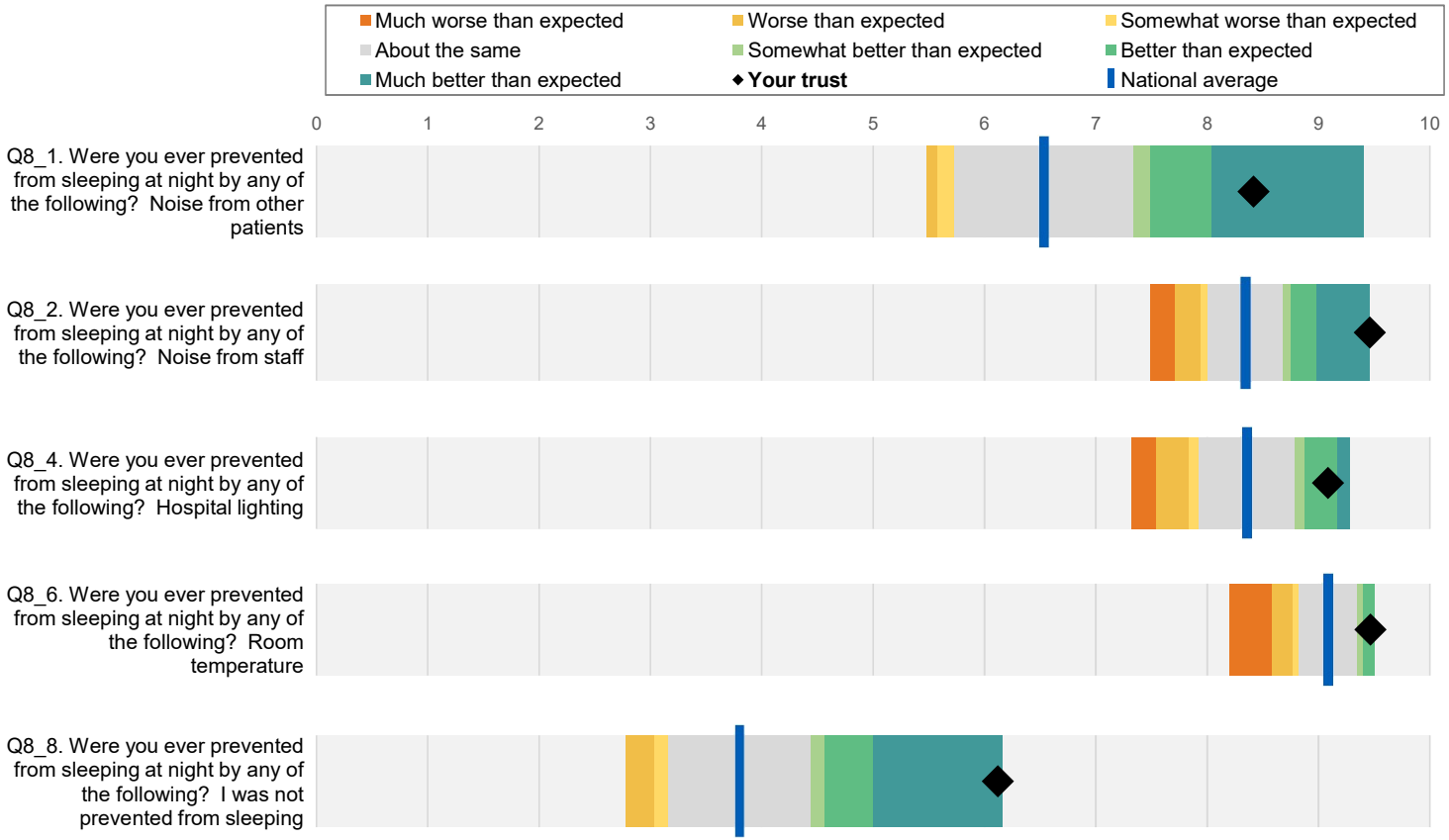


Trusts with the lowest scores



Section 2. The hospital and ward (continued)

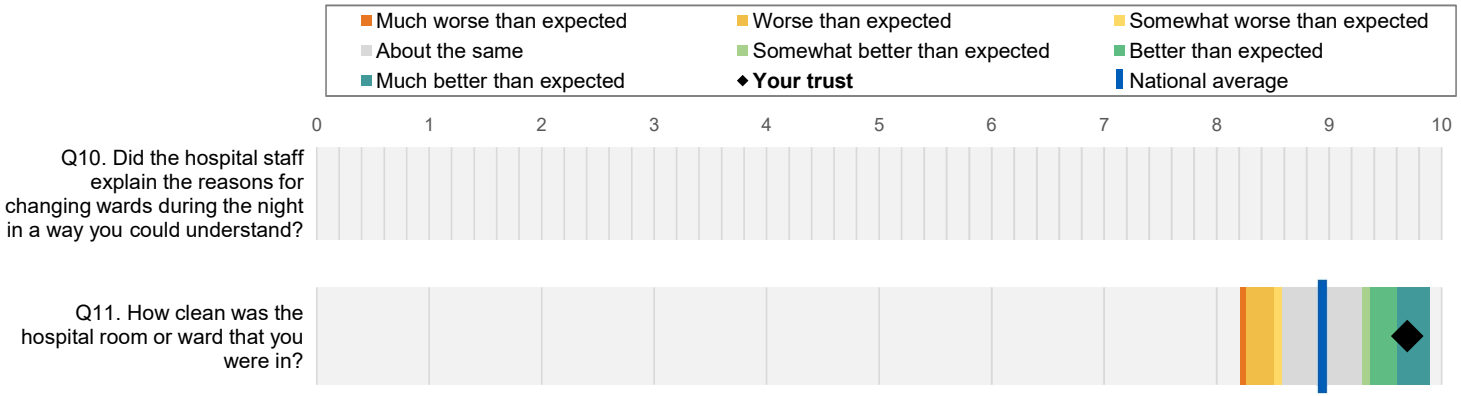
Question scores



			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
Much better than expected	556	8.4	6.5	5.5	9.4
Much better than expected	556	9.5	8.3	7.5	9.5
Better than expected	556	9.1	8.4	7.3	9.3
Better than expected	556	9.5	9.1	8.2	9.5
Much better than expected	556	6.1	3.8	2.8	6.2

Section 2. The hospital and ward (continued)

Question scores



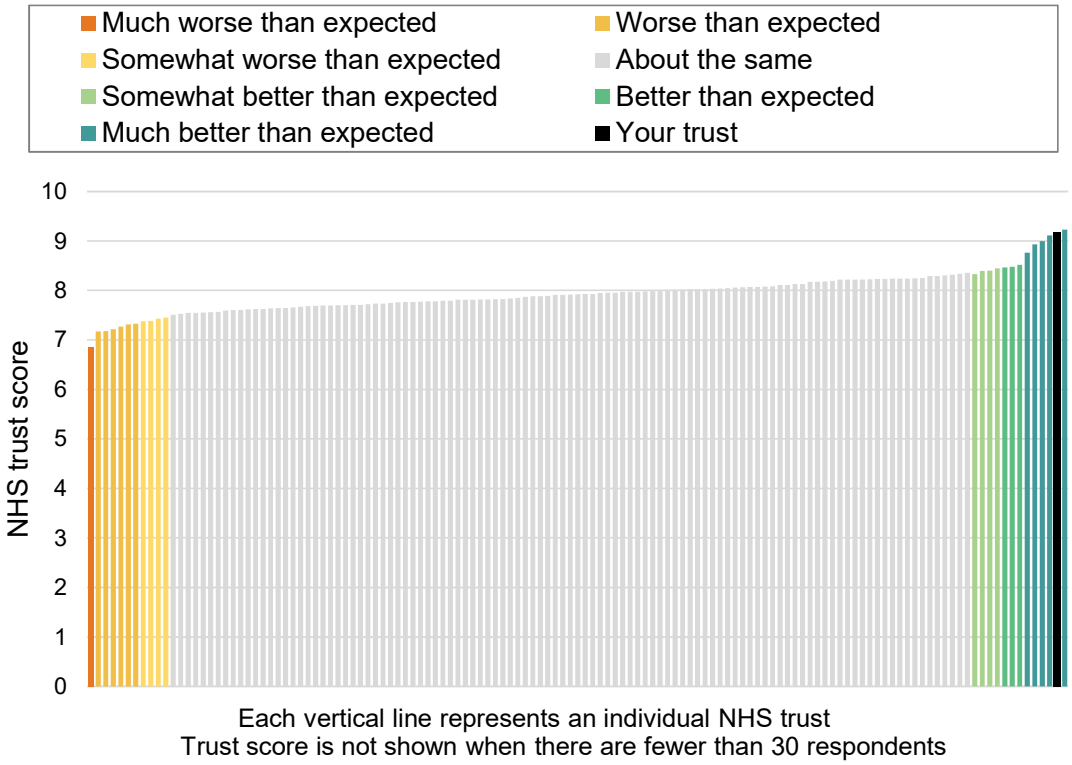
			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
-	-	-	6.6	5.2	9.0
Much better than expected	557	9.7	8.9	8.2	9.9

Section 3. Basic needs

Section score

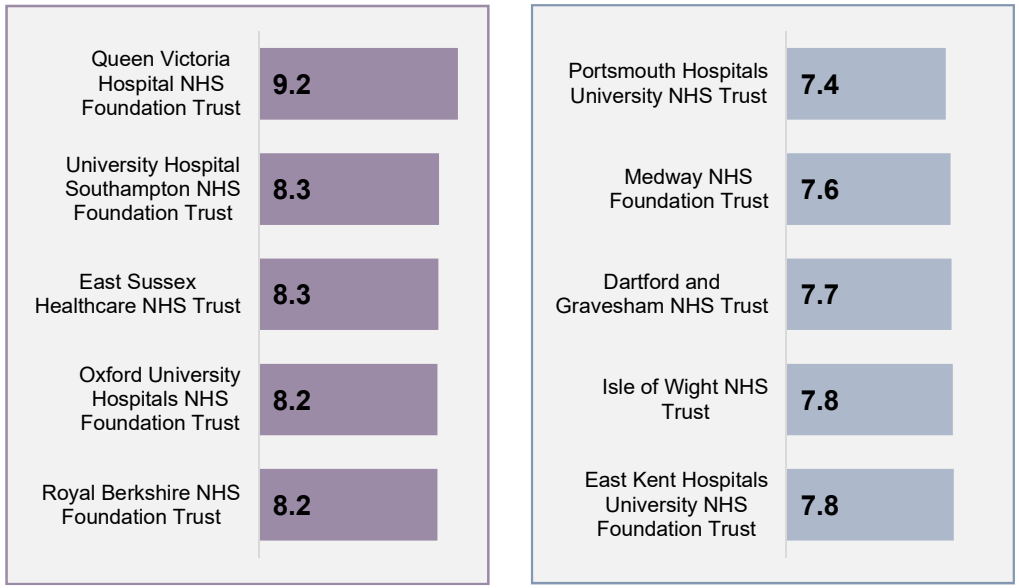
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range'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



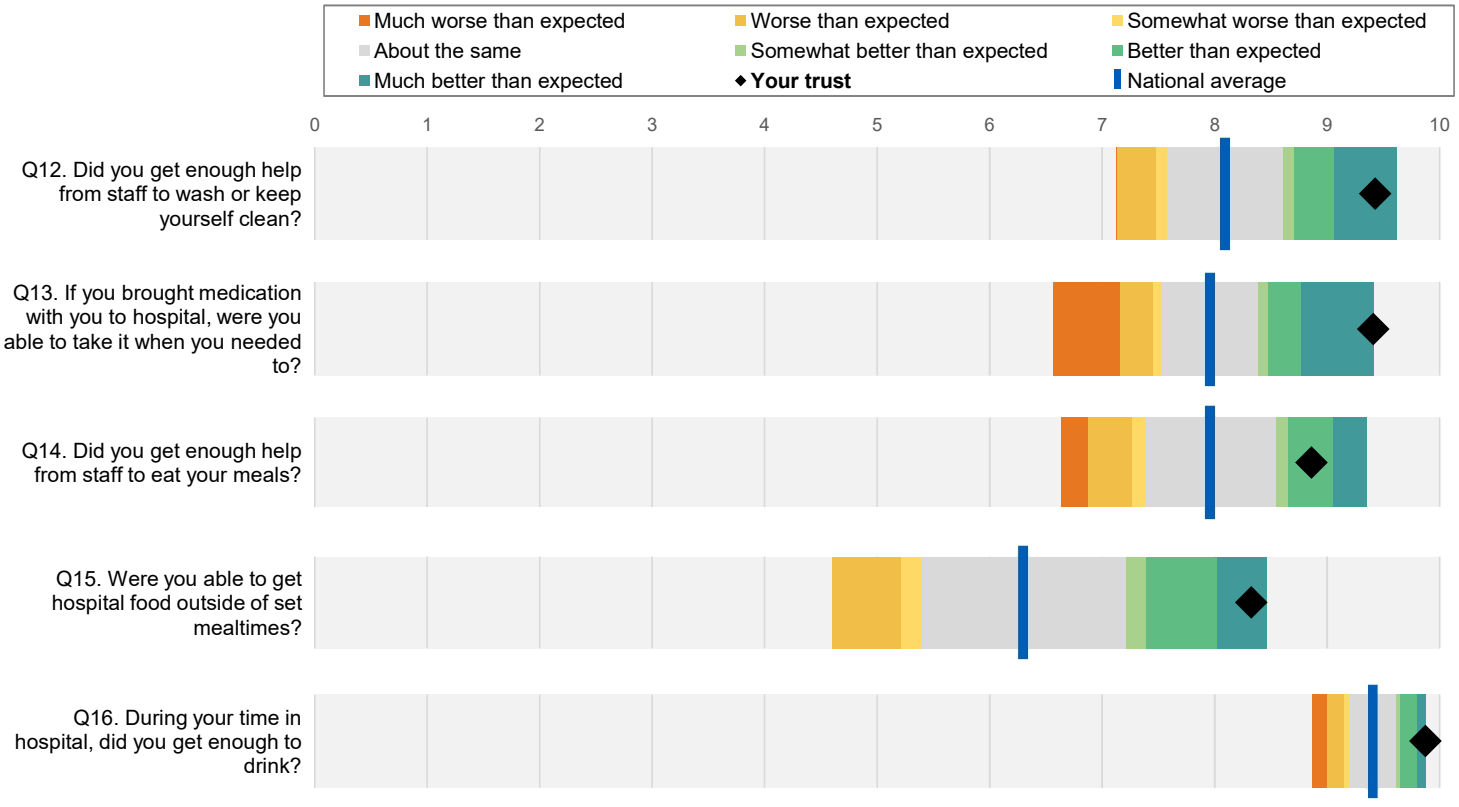
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region



Section 3. Basic needs (continued)

Question scores



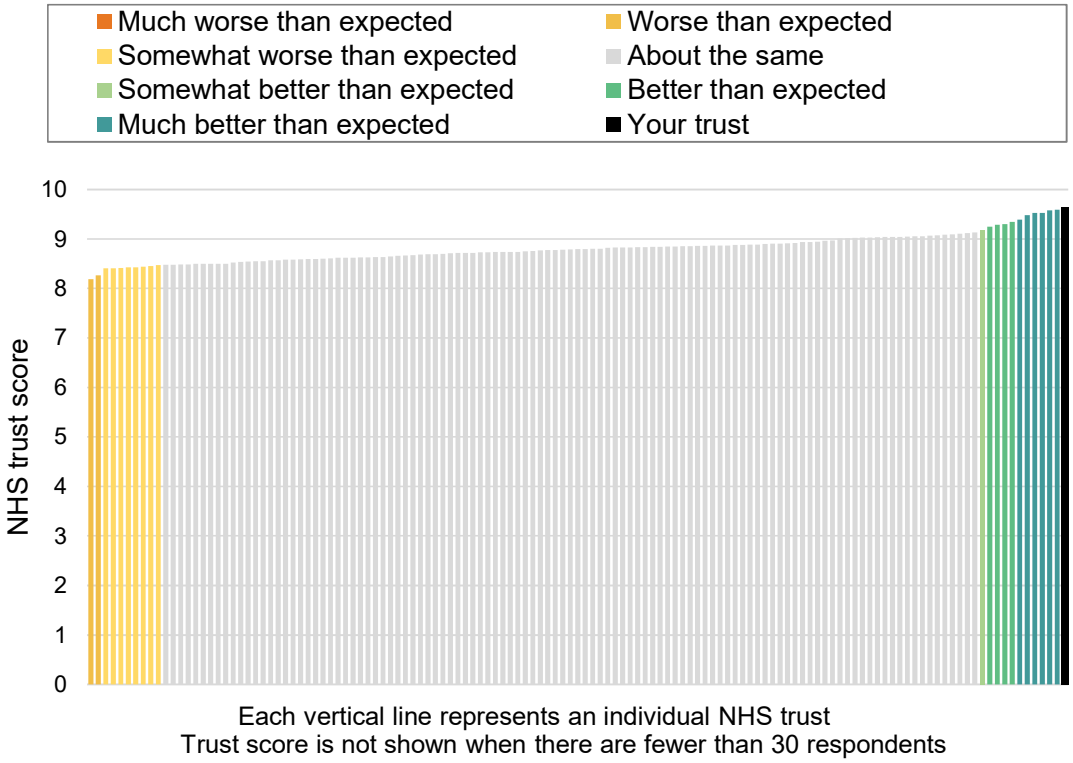
	Number of respondents	Your trust	All trusts in England: National average	All trusts in England: Lowest score	All trusts in England: Highest score
Much better than expected	331	9.4	8.1	7.1	9.6
Much better than expected	336	9.4	8.0	6.6	9.4
Better than expected	202	8.9	8.0	6.6	9.3
Much better than expected	214	8.3	6.3	4.6	8.5
Much better than expected	545	9.9	9.4	8.9	9.9

Section 4. Doctors

Section score

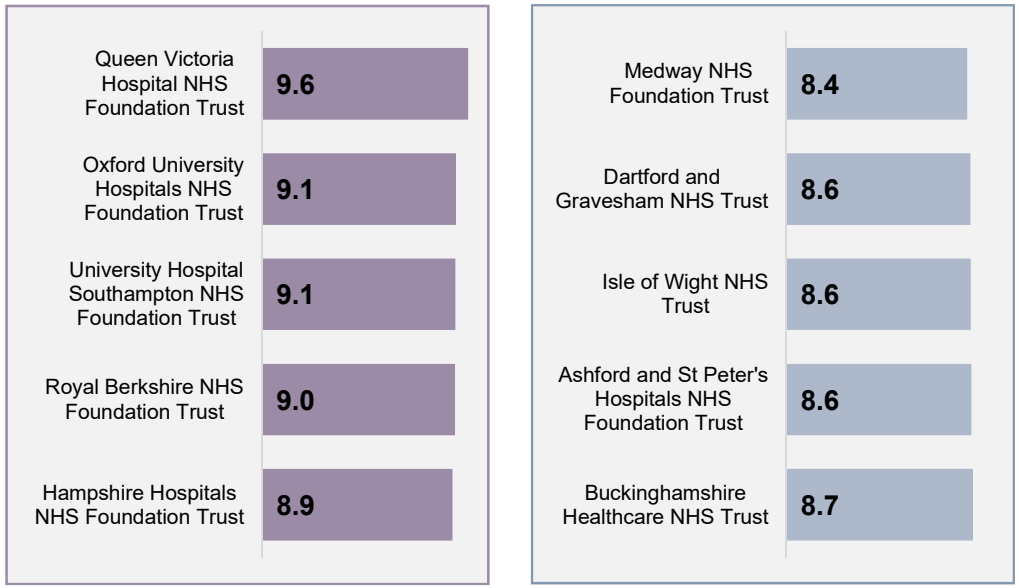
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' 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 = 9.6 Much better than expected



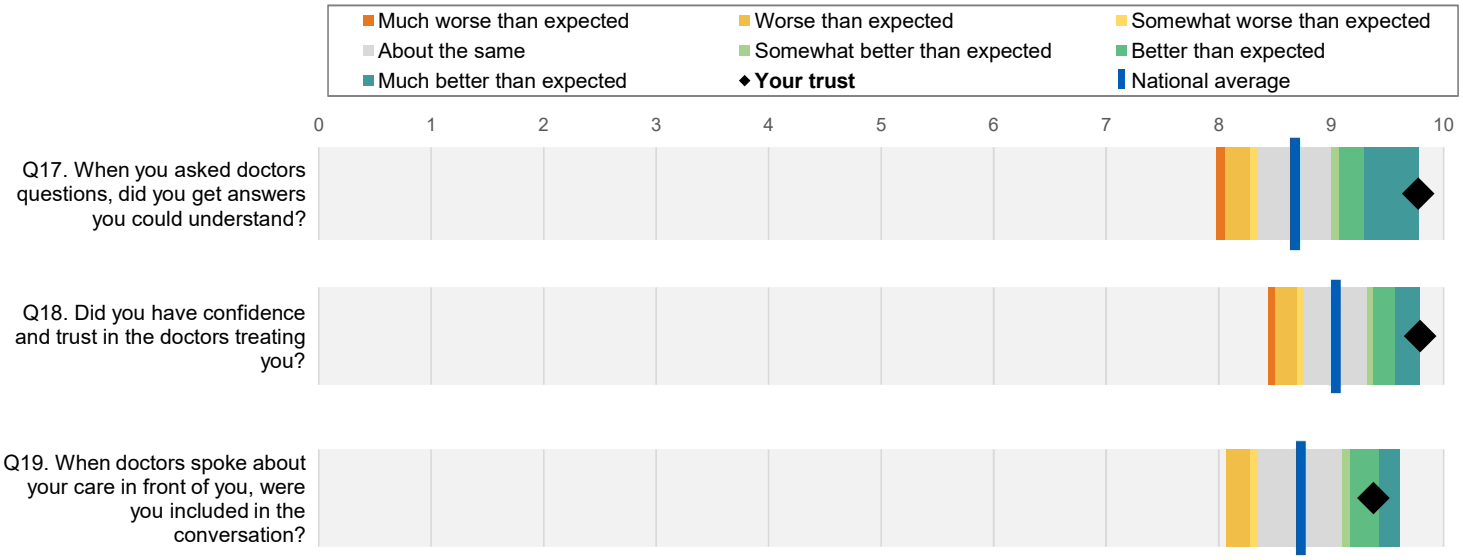
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region



Section 4. Doctors (continued)

Question scores



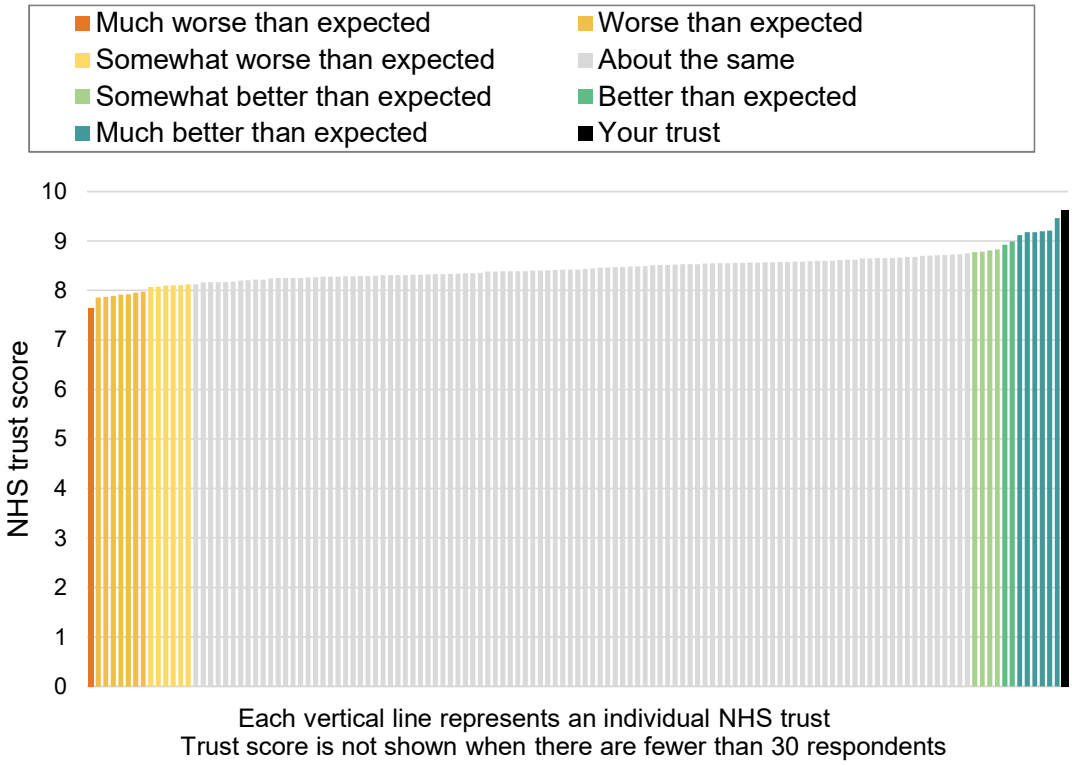
		Number of respondents	Your trust	All trusts in England: National average	All trusts in England: Lowest score	All trusts in England: Highest score
Q17. When you asked doctors questions, did you get answers you could understand?	Much better than expected	504	9.8	8.7	8.0	9.8
Q18. Did you have confidence and trust in the doctors treating you?	Much better than expected	554	9.8	9.0	8.4	9.8
Q19. When doctors spoke about your care in front of you, were you included in the conversation?	Better than expected	545	9.4	8.7	8.1	9.6

Section 5. Nurses

Section score

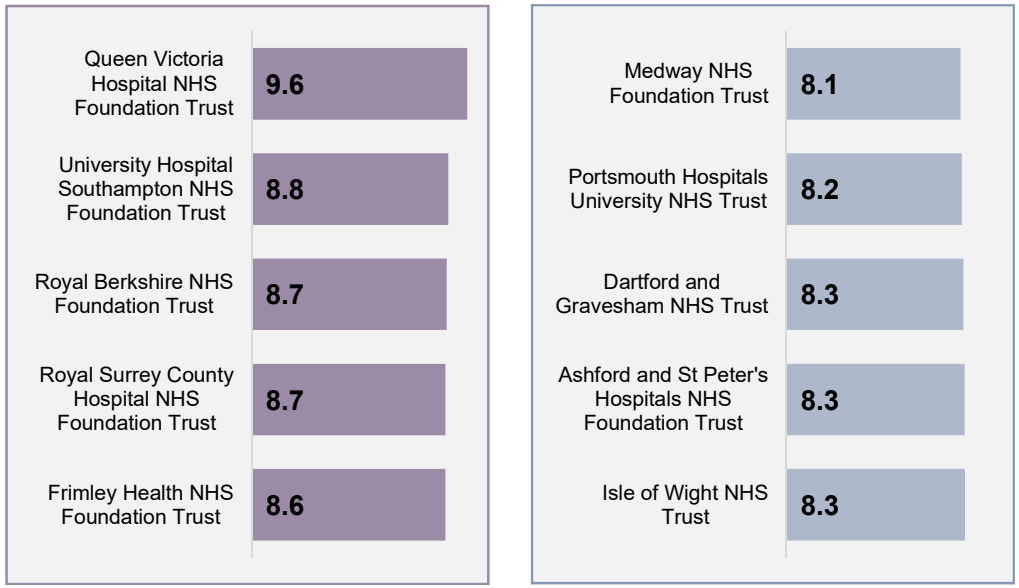
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' 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 = 9.6 Much better than expected



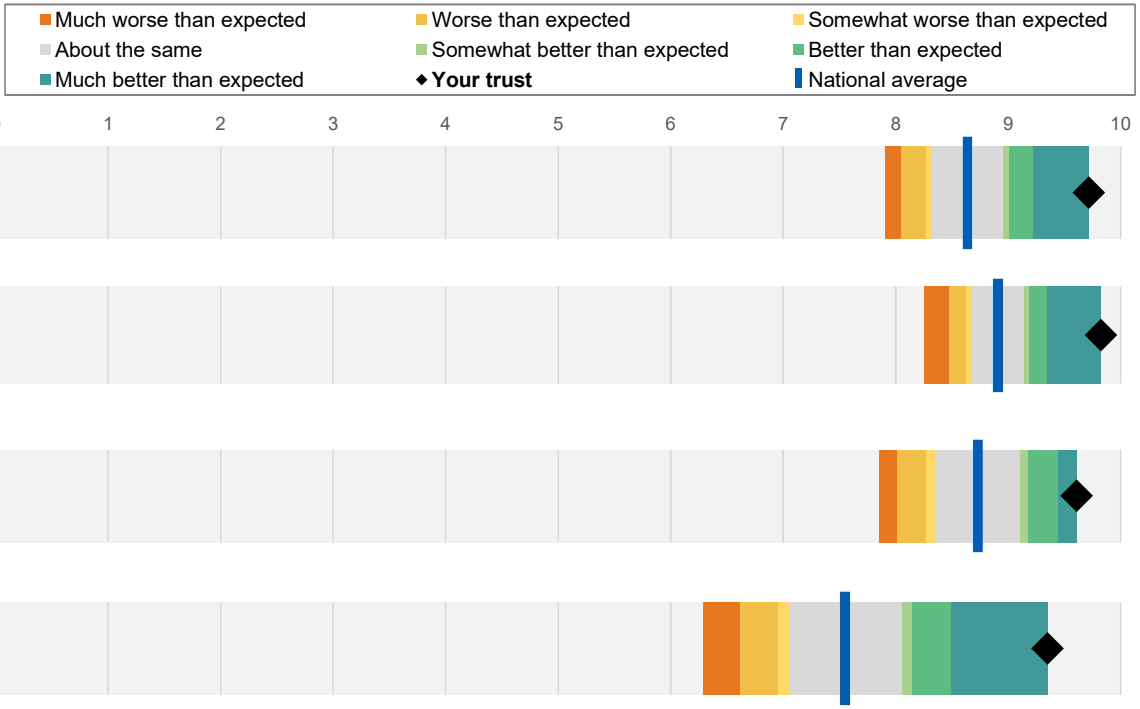
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region



Section 5. Nurses (continued)

Question scores



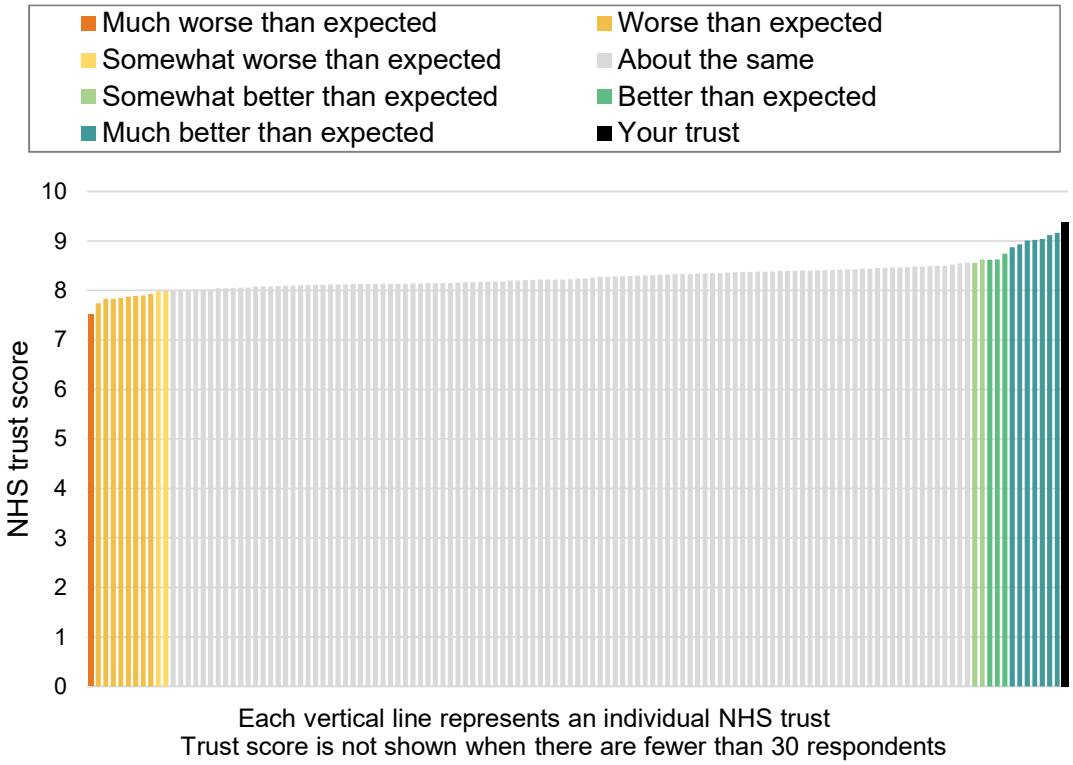
		Number of respondents	Your trust	All trusts in England: National average	All trusts in England: Lowest score	All trusts in England: Highest score
Q20. When you asked nurses questions, did you get answers you could understand?	Much better than expected	530	9.7	8.6	7.9	9.7
Q21. Did you have confidence and trust in the nurses treating you?	Much better than expected	557	9.8	8.9	8.3	9.8
Q22. When nurses spoke about your care in front of you, were you included in the conversation?	Much better than expected	548	9.6	8.7	7.9	9.6
Q23. In your opinion, were there enough nurses on duty to care for you in hospital?	Much better than expected	557	9.4	7.6	6.3	9.4

Section 6. Your care and treatment

Section score

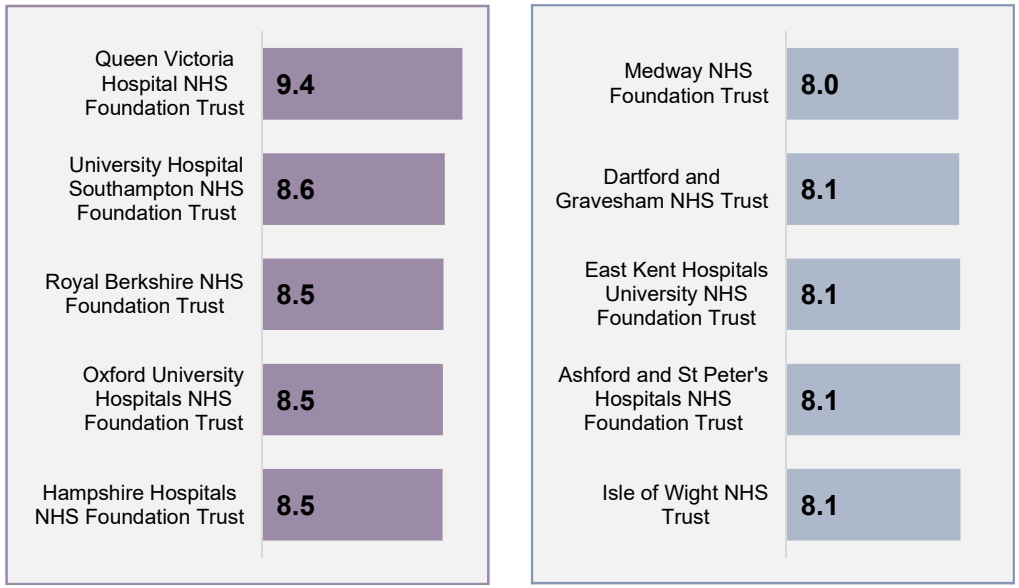
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' 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 = 9.4 Much better than expected



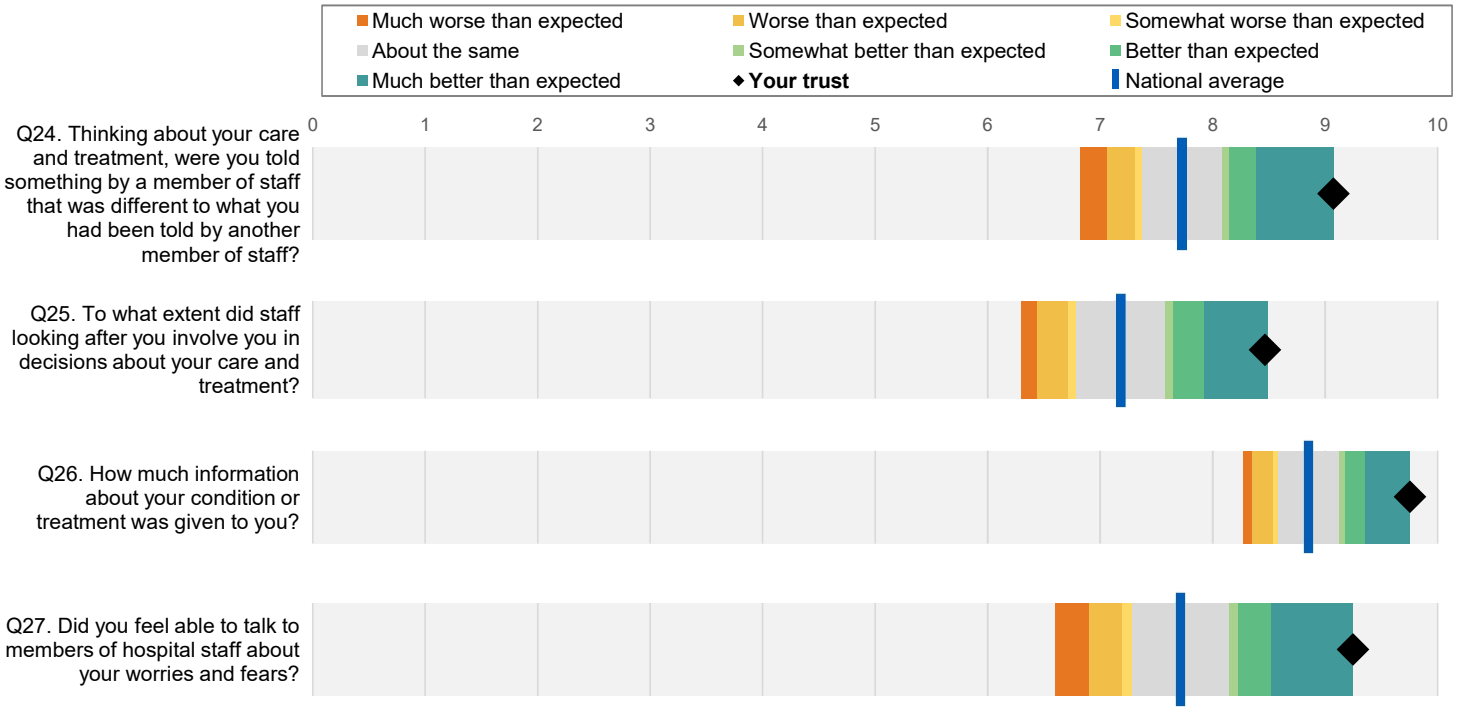
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region



Section 6. Your care and treatment (continued)

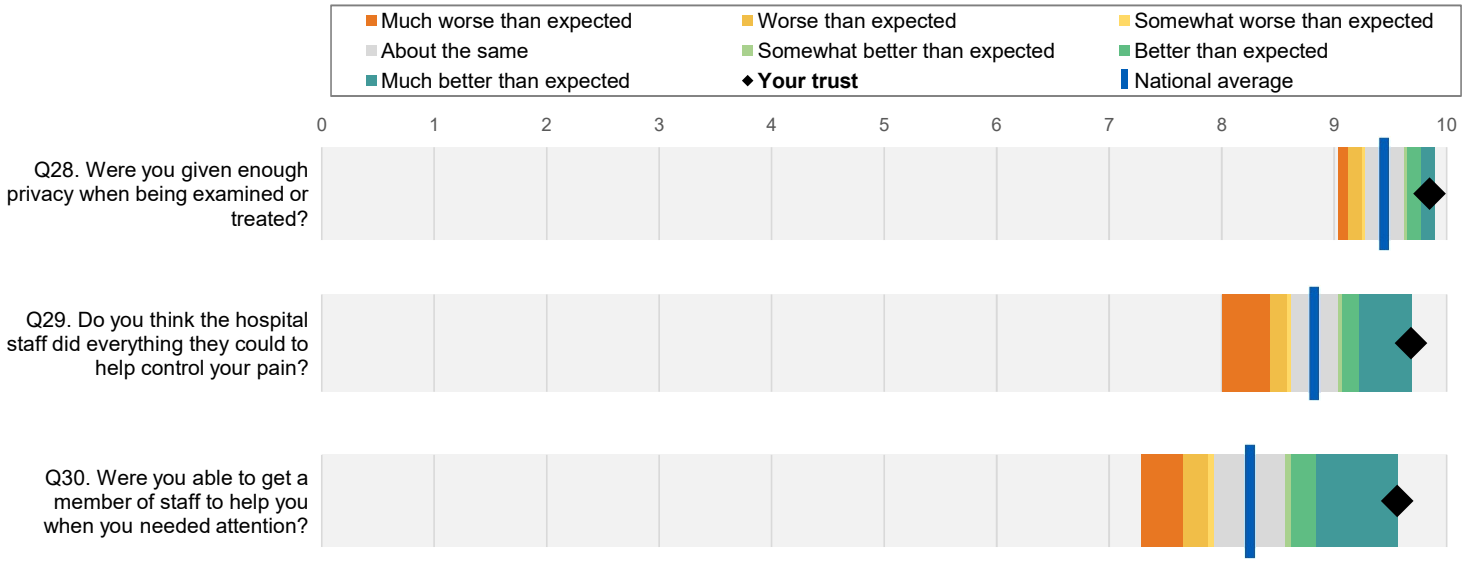
Question scores



		Number of respondents	Your trust	All trusts in England: National average	All trusts in England: Lowest score	All trusts in England: Highest score
Q24. 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?	Much better than expected	503	9.1	7.7	6.8	9.1
Q25. To what extent did staff looking after you involve you in decisions about your care and treatment?	Much better than expected	522	8.5	7.2	6.3	8.5
Q26. How much information about your condition or treatment was given to you?	Much better than expected	546	9.8	8.9	8.3	9.8
Q27. Did you feel able to talk to members of hospital staff about your worries and fears?	Much better than expected	444	9.3	7.7	6.6	9.2

Section 6. Your care and treatment (continued)

Question scores



		Number of respondents	Your trust	All trusts in England: National average	All trusts in England: Lowest score	All trusts in England: Highest score
Q28. Were you given enough privacy when being examined or treated?	Much better than expected	552	9.9	9.4	9.0	9.9
Q29. Do you think the hospital staff did everything they could to help control your pain?	Much better than expected	426	9.7	8.8	8.0	9.7
Q30. Were you able to get a member of staff to help you when you needed attention?	Much better than expected	465	9.6	8.2	7.3	9.6

Section 7. Individual needs

Benchmark data has not been provided for Q31 for the 2024 Adult Inpatient Survey due to data quality issues. However, a mean score has been produced to enable trusts to monitor their own performance internally. A section score has been provided at trust level below.

This data should not be used to compare or evaluate the performance of an individual trust against others within your region. Please note that this applies to all trusts included in the 2024 Adult Inpatient Survey.

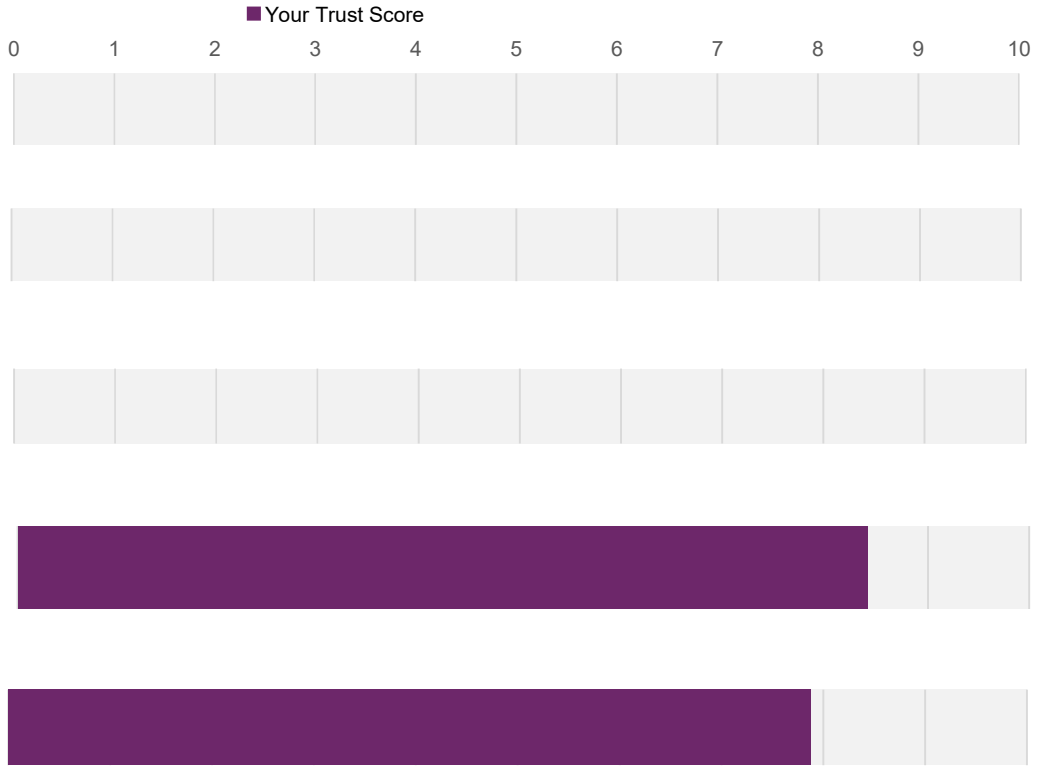
Your trust section score = -

Section 7. Individual needs

This section shows the individual question scores for your trust. The result for your trust for each question is shown in purple. The number of responses received for each question and your trust score are shown in the adjacent table.

Information on how questions are scored is detailed on slide 13 ‘How questions are scored’.

Question scores



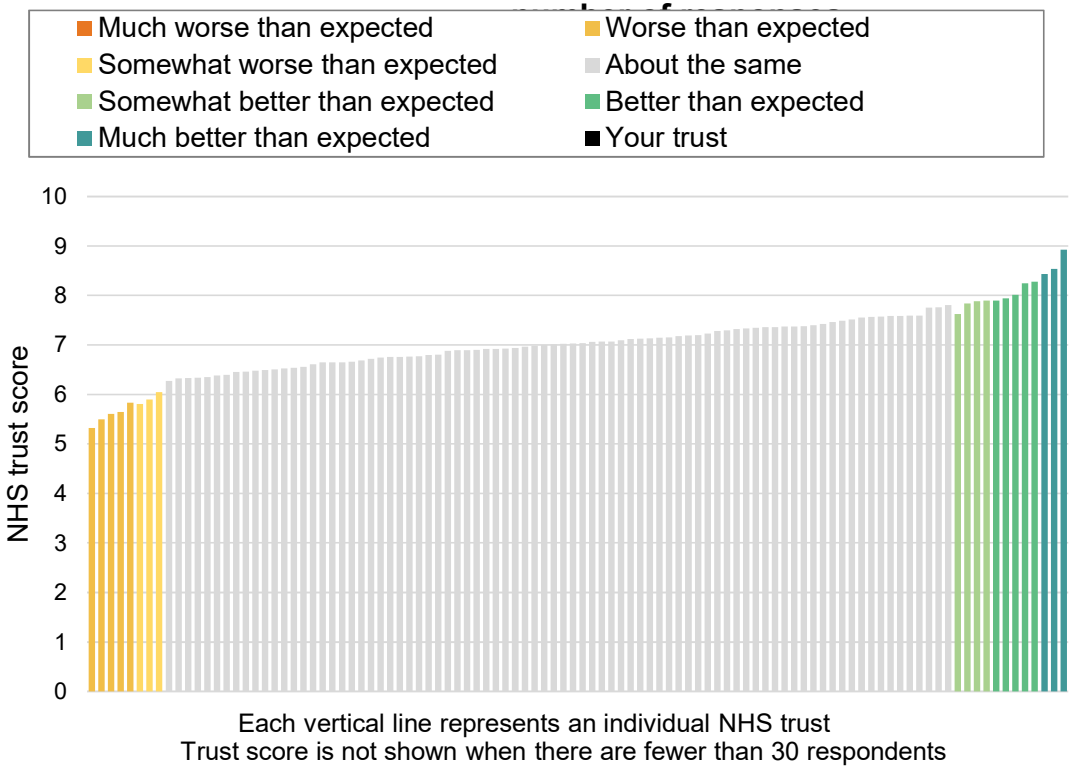
	Number of respondents	Your trust
Q31_1. Thinking about your care and treatment, did hospital staff take into account the following individual needs? Language needs (e.g. translation, braille)	-	-
Q31_2. Thinking about your care and treatment, did hospital staff take into account the following individual needs? Cultural needs (e.g. same gender staff)	-	-
Q31_3. Thinking about your care and treatment, did hospital staff take into account the following individual needs? Religious needs (e.g. space to pray / meditate)	-	-
Q31_4. Thinking about your care and treatment, did hospital staff take into account the following individual needs? Accessibility needs (e.g. mobility needs, room adaptations)	40	8.4
Q31_5. Thinking about your care and treatment, did hospital staff take into account the following individual needs? Dietary needs (e.g. medical, allergy, vegan)	44	7.88

Section 8. Virtual wards

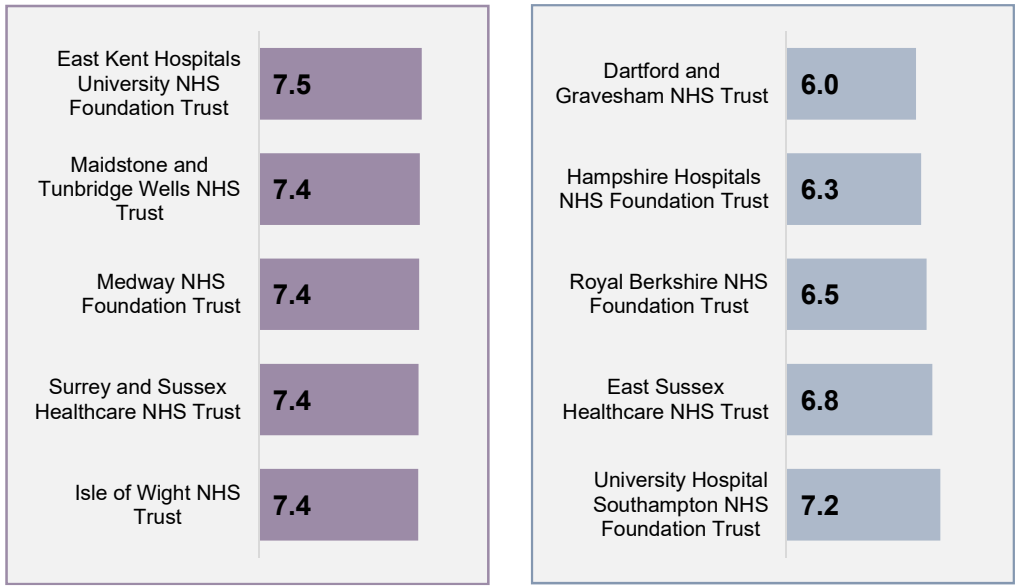
Section score

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 = - **No section score due to low**

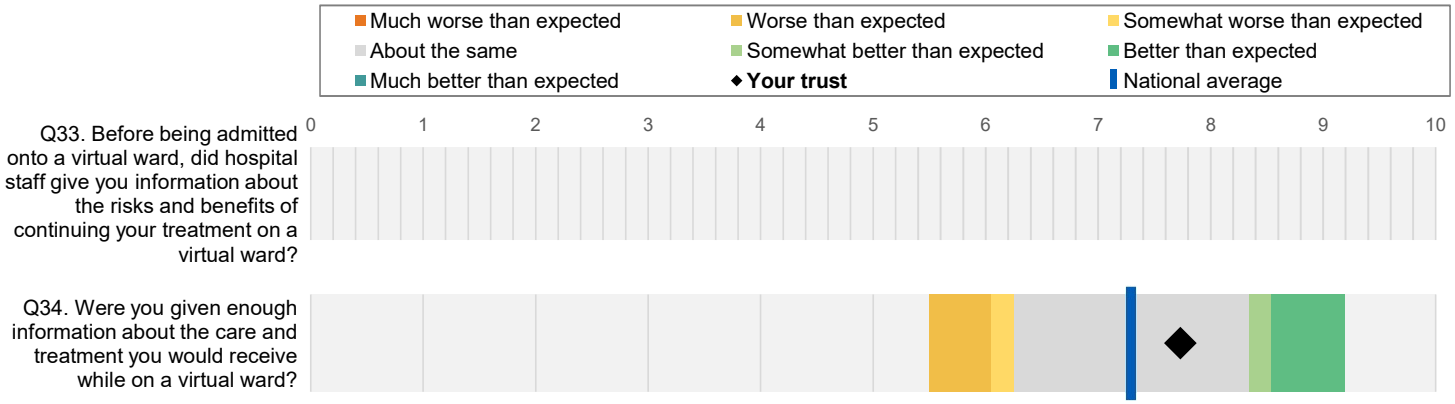


Comparison with other trusts within your region



Section 8. Virtual wards (continued)

Question scores



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
-	-	6.8	4.9	8.7
31	7.7	7.3	5.5	9.2

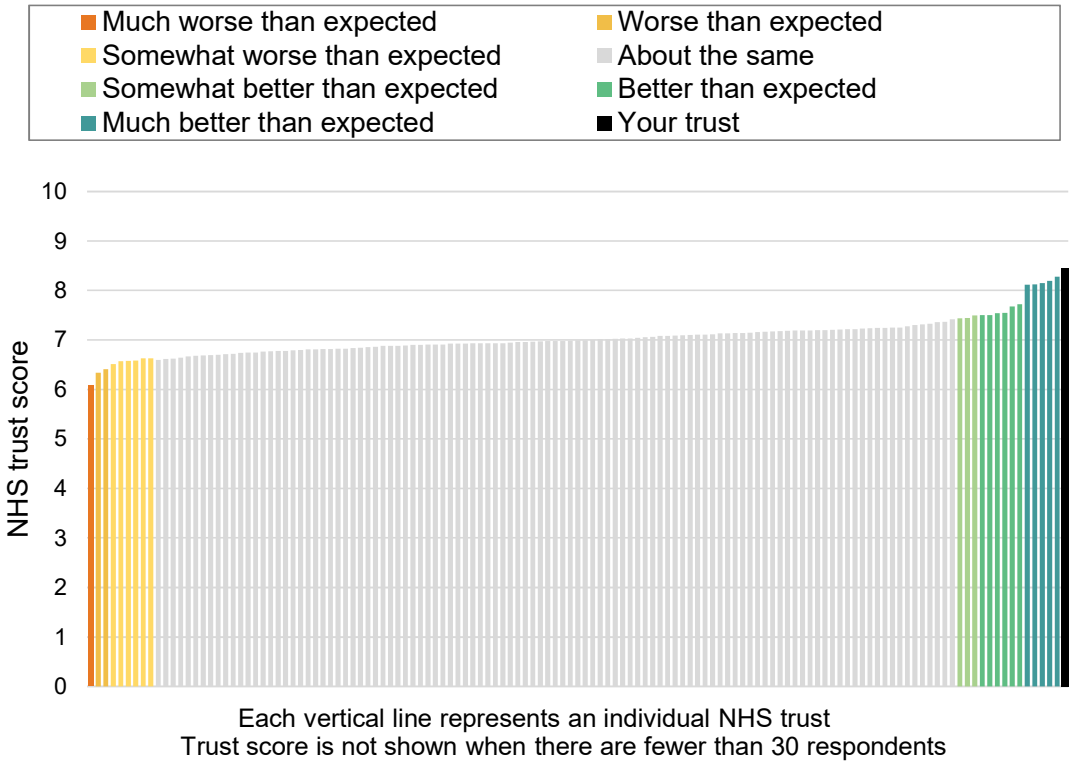
- About the same

Section 9. Leaving hospital

Section score

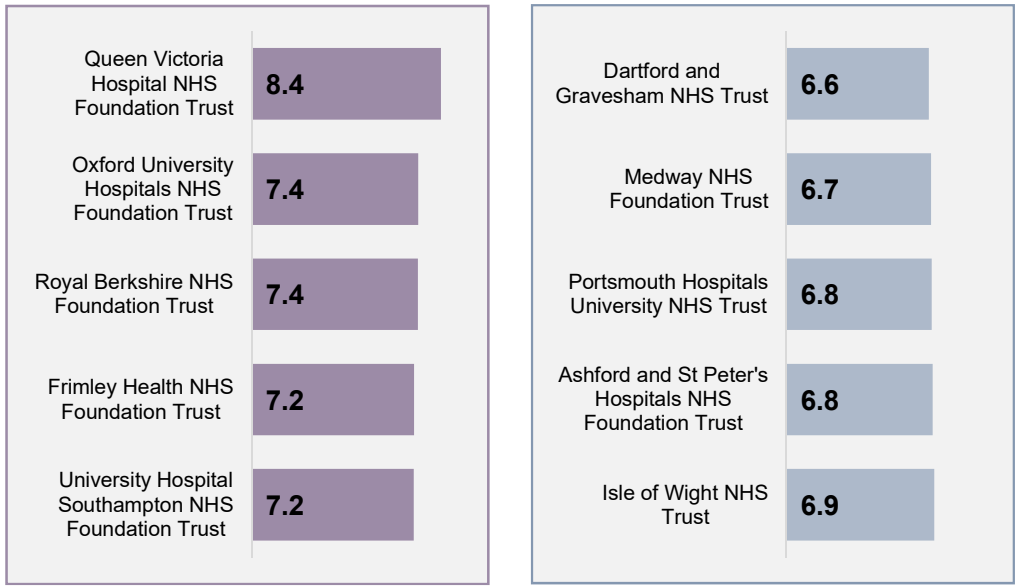
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range'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



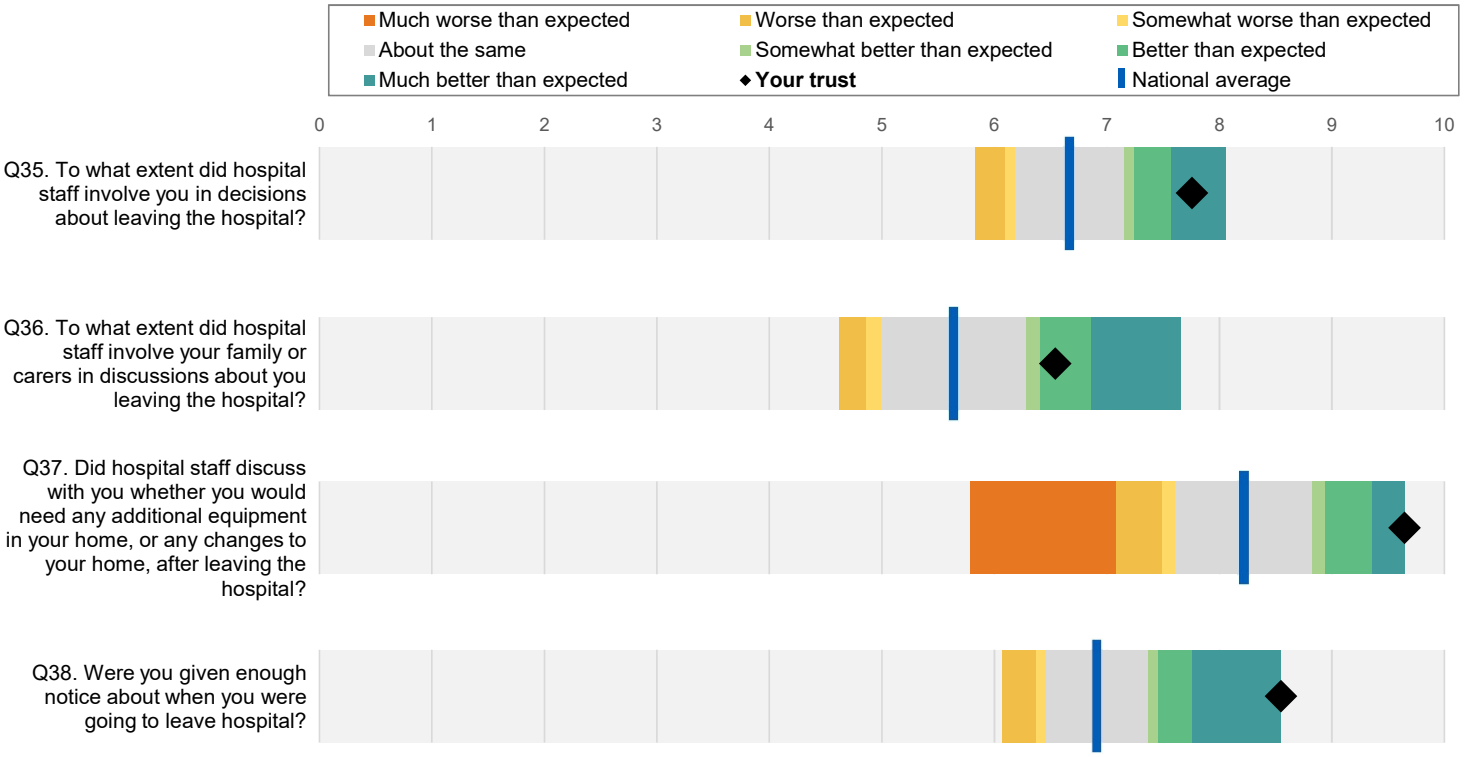
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region



Section 9. Leaving hospital (continued)

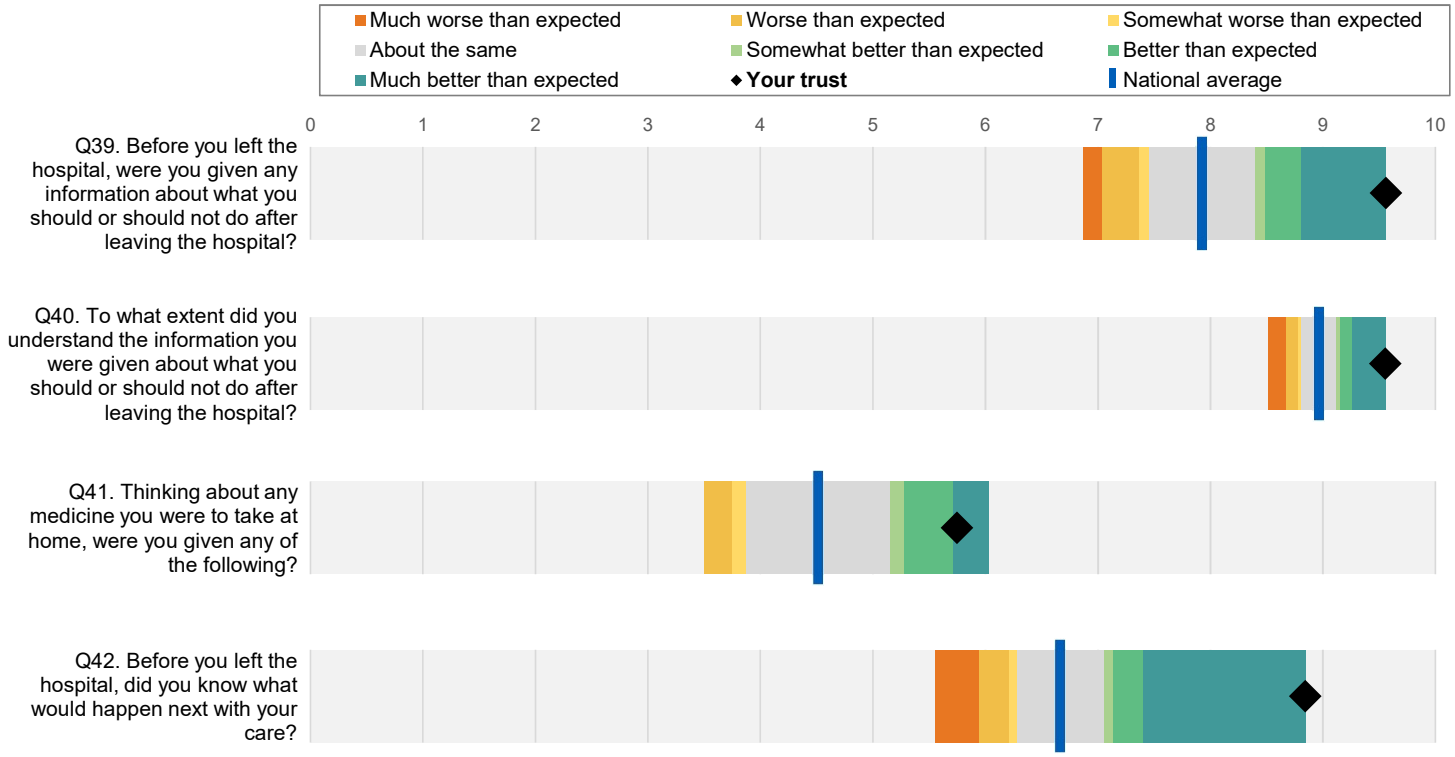
Question scores



	Number of respondents	Your trust	All trusts in England: National average	All trusts in England: Lowest score	All trusts in England: Highest score
Q35. To what extent did hospital staff involve you in decisions about leaving the hospital? — Much better than expected	524	7.8	6.7	5.8	8.1
Q36. To what extent did hospital staff involve your family or carers in discussions about you leaving the hospital? — Better than expected	279	6.5	5.6	4.6	7.7
Q37. Did hospital staff discuss with you whether you would need any additional equipment in your home, or any changes to your home, after leaving the hospital? — Much better than expected	120	9.7	8.2	5.8	9.6
Q38. Were you given enough notice about when you were going to leave hospital? — Much better than expected	559	8.6	6.9	6.1	8.5

Section 9. Leaving hospital (continued)

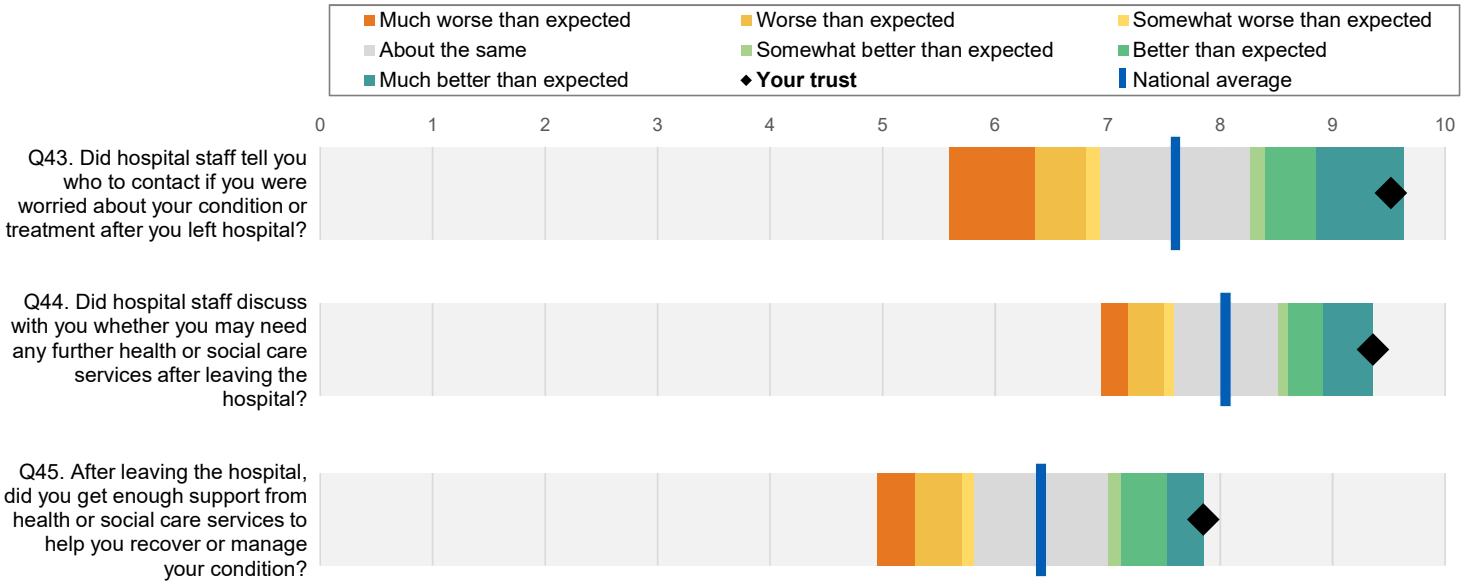
Question scores



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
Much better than expected				
544	9.6	7.9	6.9	9.6
Much better than expected				
495	9.6	9.0	8.5	9.6
Much better than expected				
317	5.8	4.5	3.5	6.0
Much better than expected				
509	8.8	6.7	5.6	8.8

Section 9. Leaving hospital (continued)

Question scores



			All trusts in England		
	Number of respondents	Your trust	National average	Lowest score	Highest score
Much better than expected	531	9.5	7.6	5.6	9.6
Much better than expected	207	9.4	8.1	6.9	9.4
Much better than expected	237	7.9	6.4	5.0	7.9

Section 10. Kindness and compassion

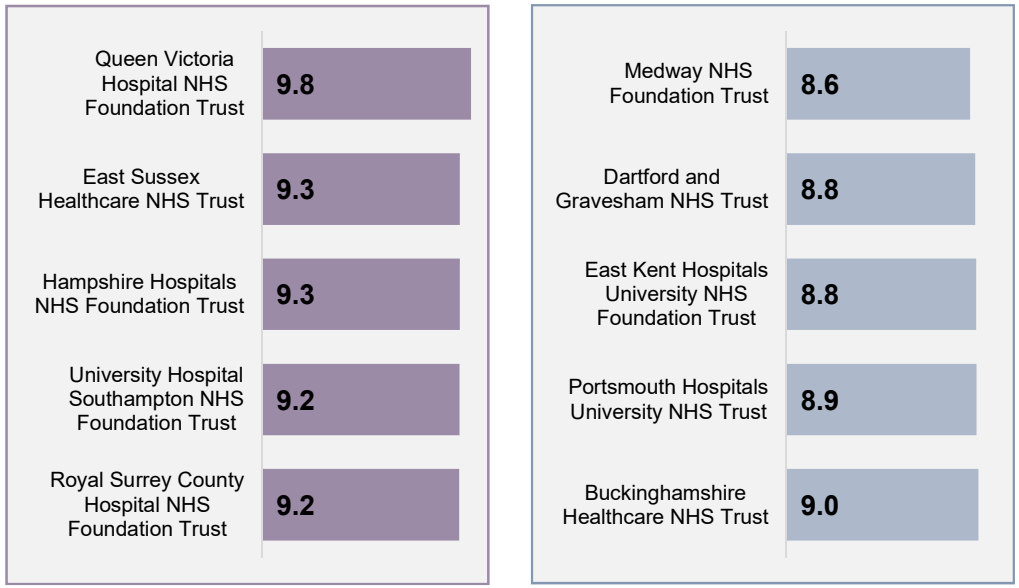
Section score

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 = 9.8 Much better than expected

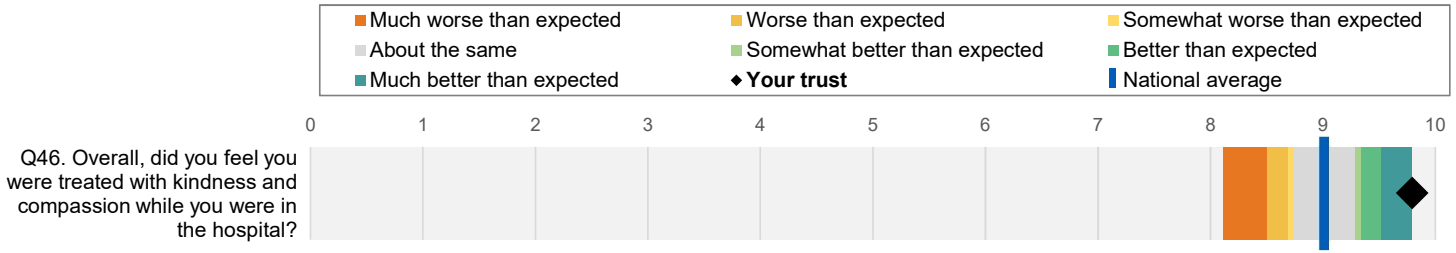
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region



Section 10. Kindness and compassion (continued)

Question score



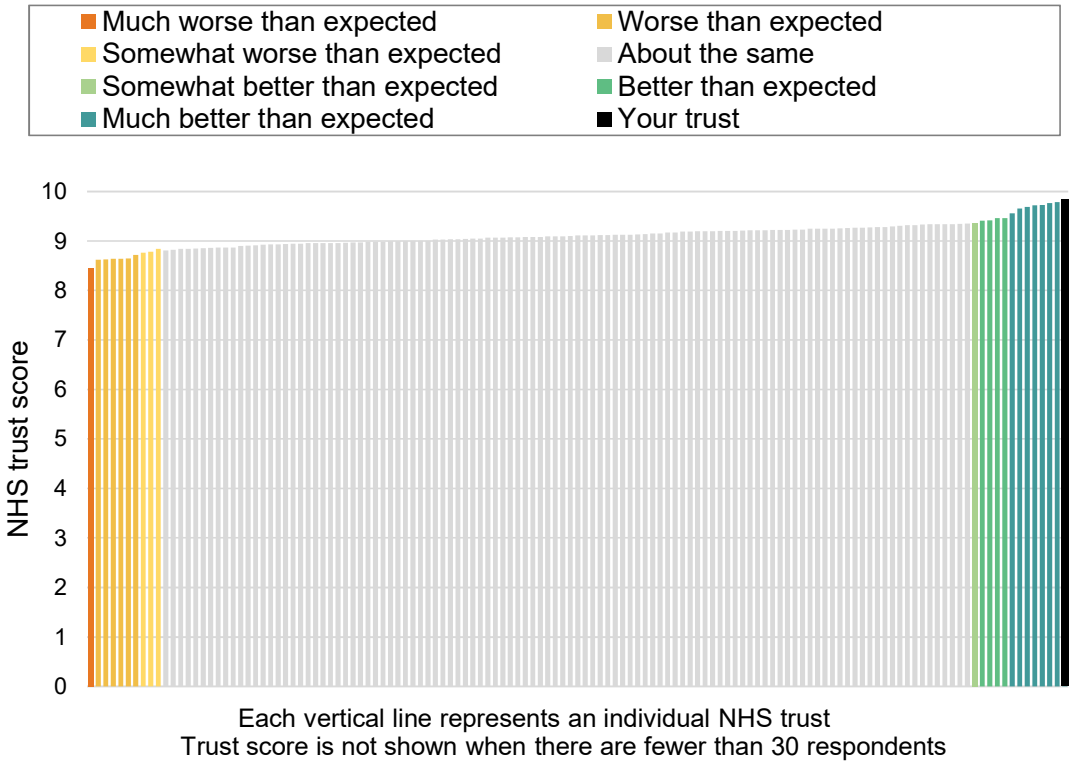
		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
556	9.8	9.0	8.1	9.8

Section 11. Respect and dignity

Section score

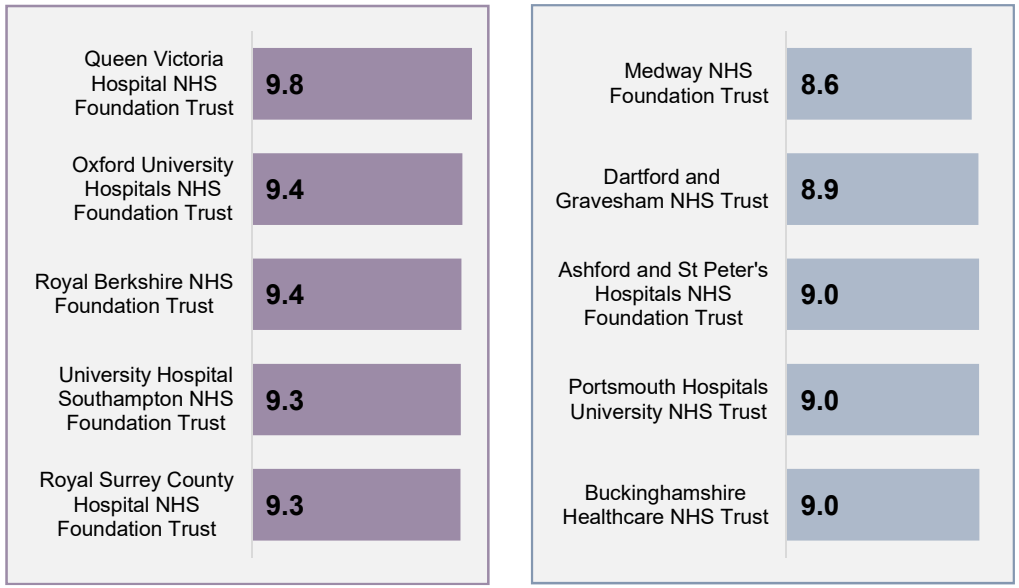
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' 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 = 9.8 Much better than expected



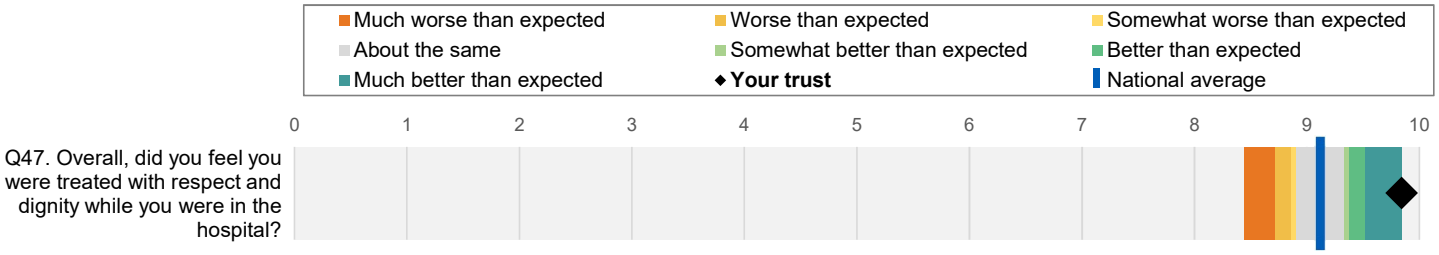
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region



Section 11. Respect and dignity (continued)

Question score



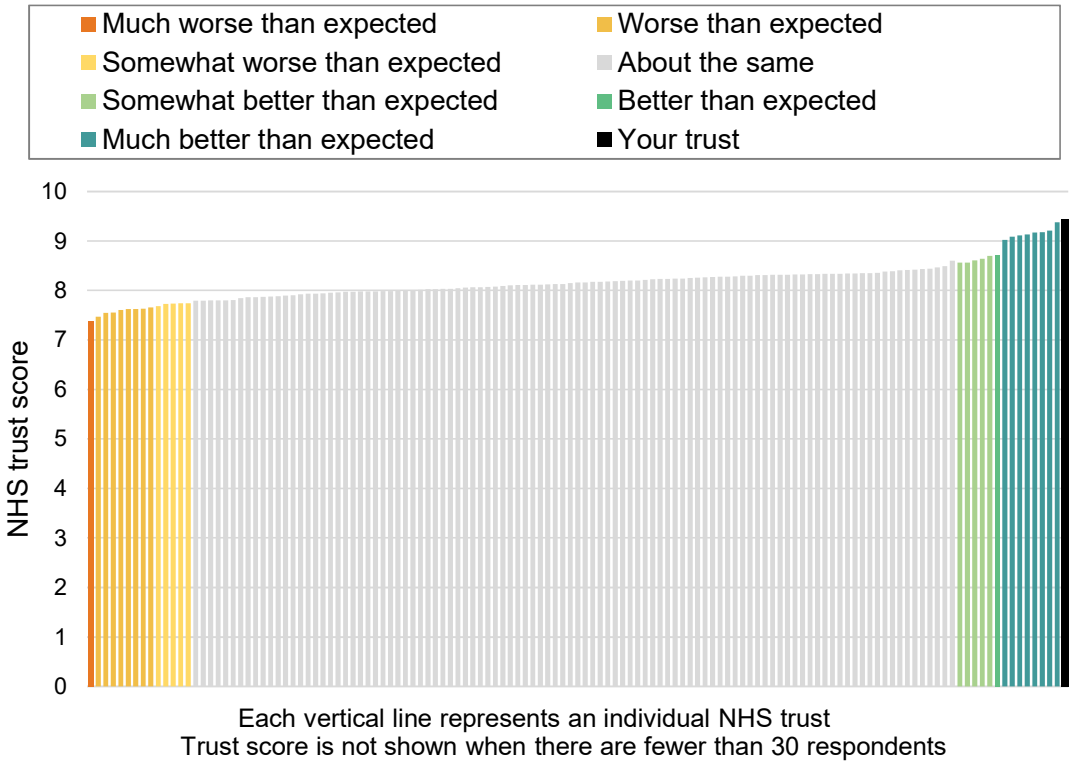
		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
553	9.8	9.1	8.4	9.8

Section 12. Overall experience

Section score

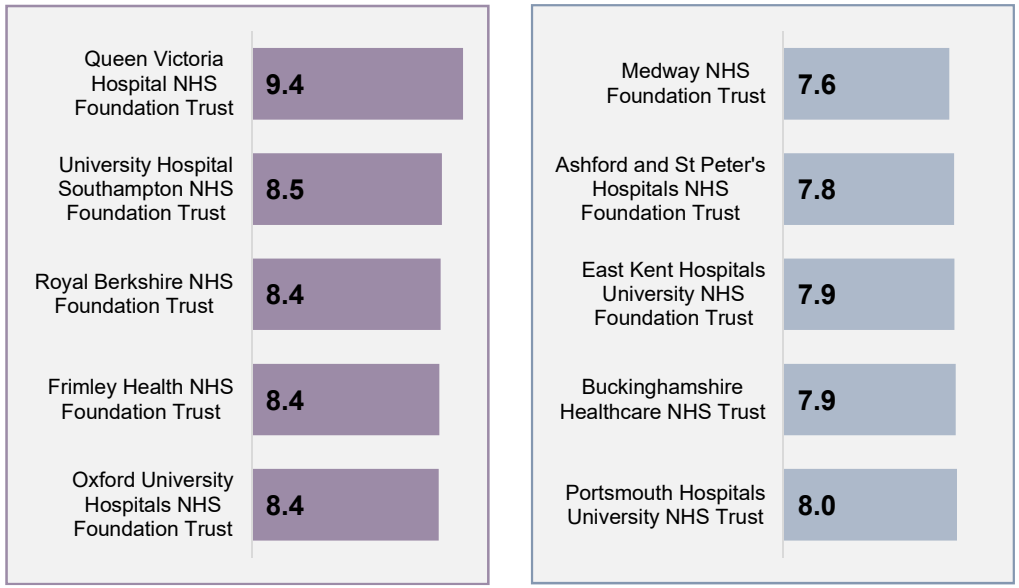
This shows the range of section scores for all NHS trusts. The colour of the line denotes whether a trust has performed better, worse, or about the same compared with all other trusts (as detailed in the legend). The result for your trust is shown in black. Please note, as a result of the 'expected range' 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 = 9.4 Much better than expected



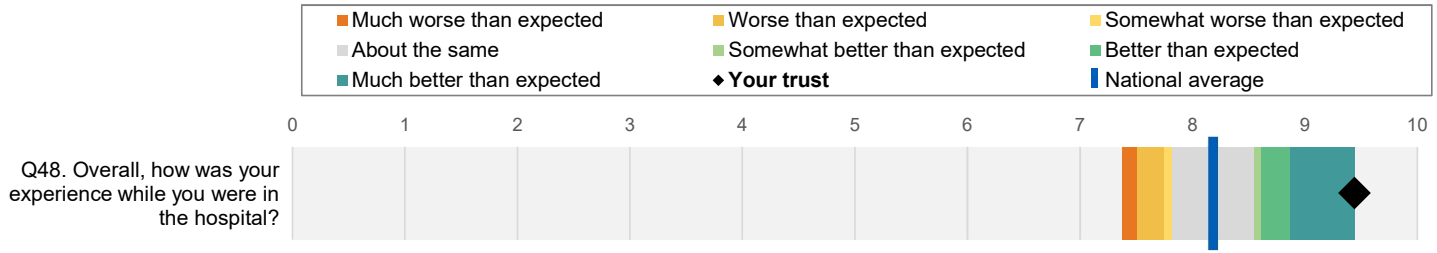
Each vertical line represents an individual NHS trust
Trust score is not shown when there are fewer than 30 respondents

Comparison with other trusts within your region



Section 12. Overall experience (continued)

Question score



		All trusts in England		
Number of respondents	Your trust	National average	Lowest score	Highest score
558	9.4	8.2	7.4	9.4

Trust and site 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

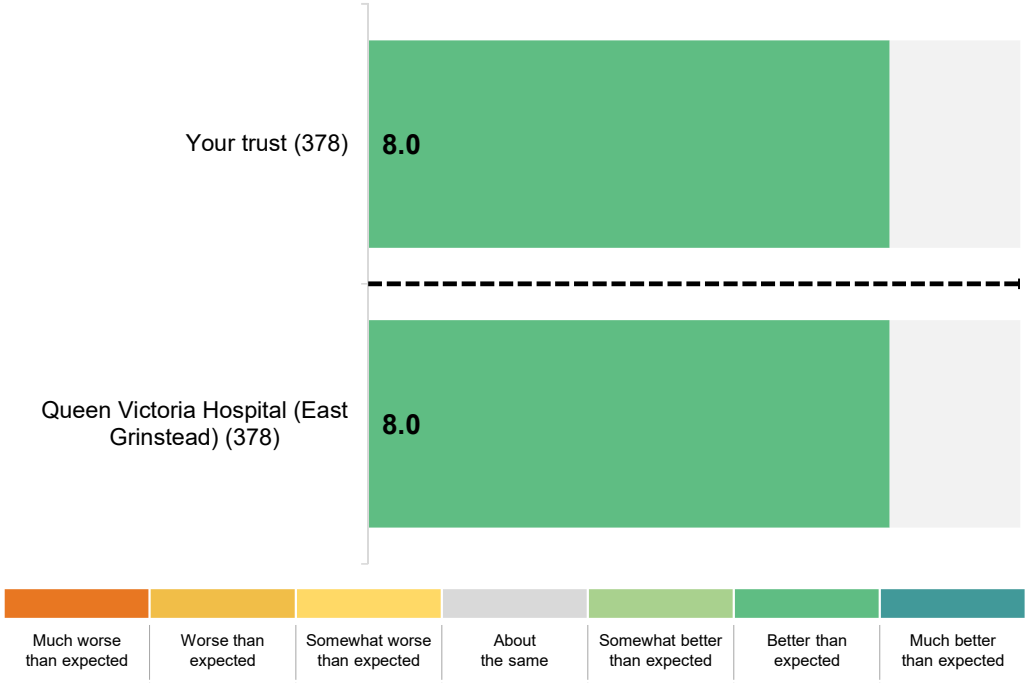
- **Please note:** Data is not provided for Q31_3 due to low numbers

Section 1. 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 and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



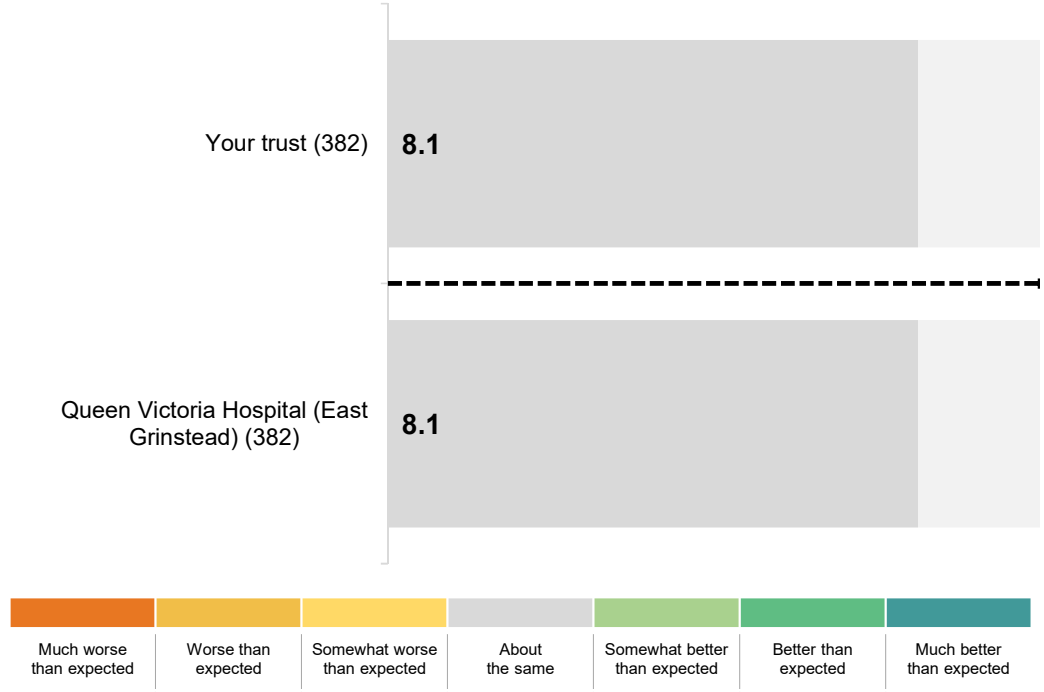
Please note: the number of respondents is shown in brackets next to the site name

Section 1. Admission to hospital

Q4. How would you rate the quality of information you were given, while you were on the waiting list to be admitted to hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



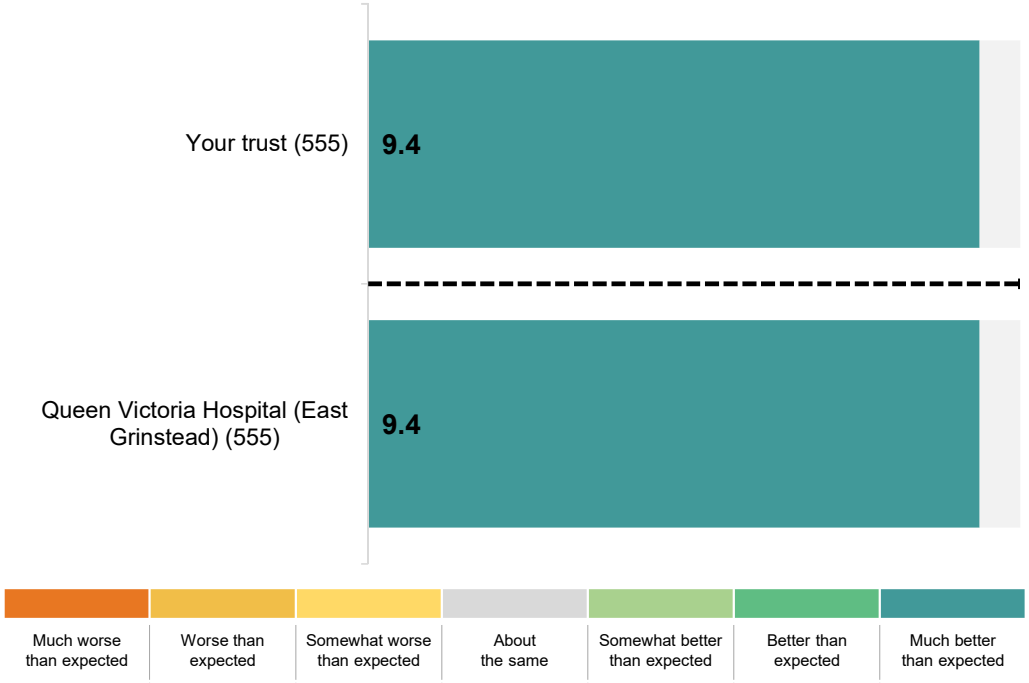
Please note: the number of respondents is shown in brackets next to the site name

Section 1. Admission to hospital

Q5. 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 and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



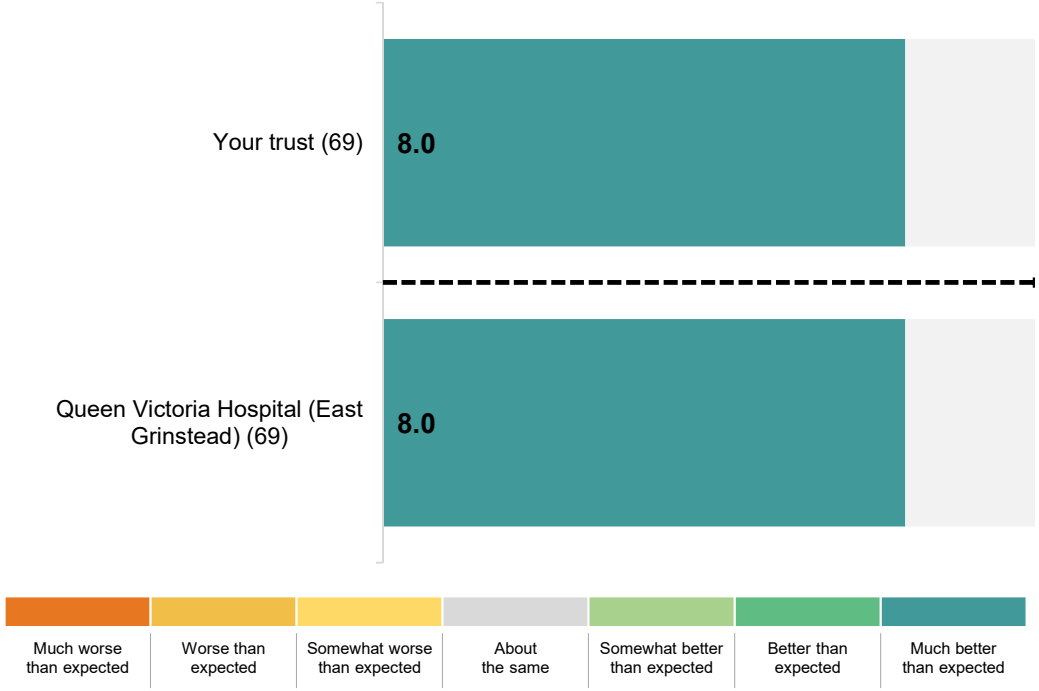
Please note: the number of respondents is shown in brackets next to the site name

Section 1. Admission to hospital

Q7. Thinking about the location(s) selected at Q6 / at the previous question, how long did you wait, in total, before you were admitted onto a ward?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



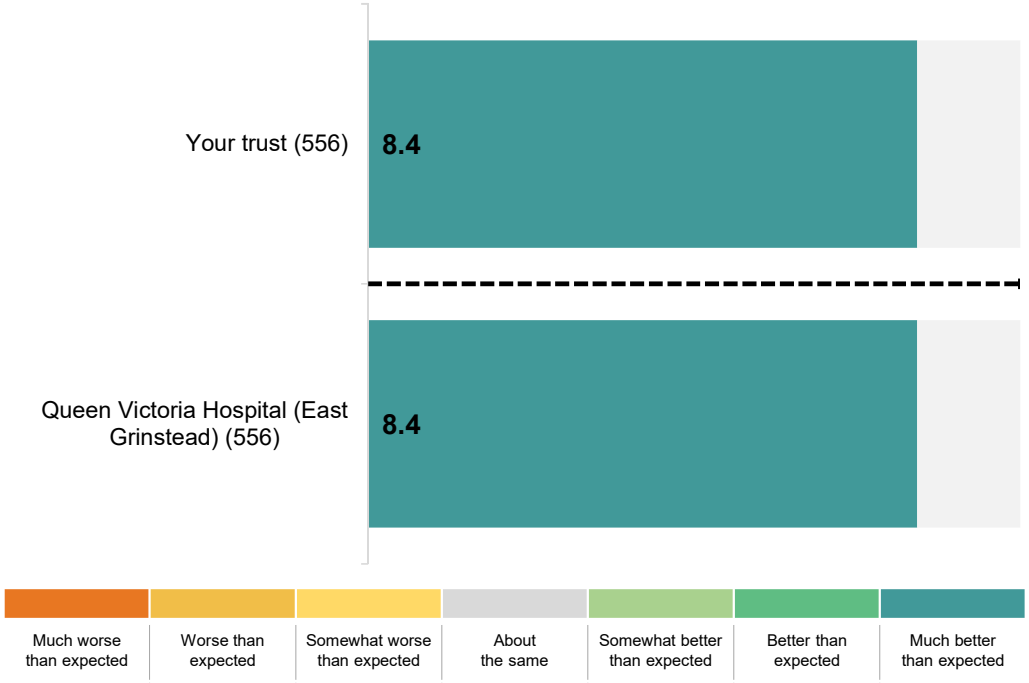
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q8_1. Were you ever prevented from sleeping at night by noise from other patients?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



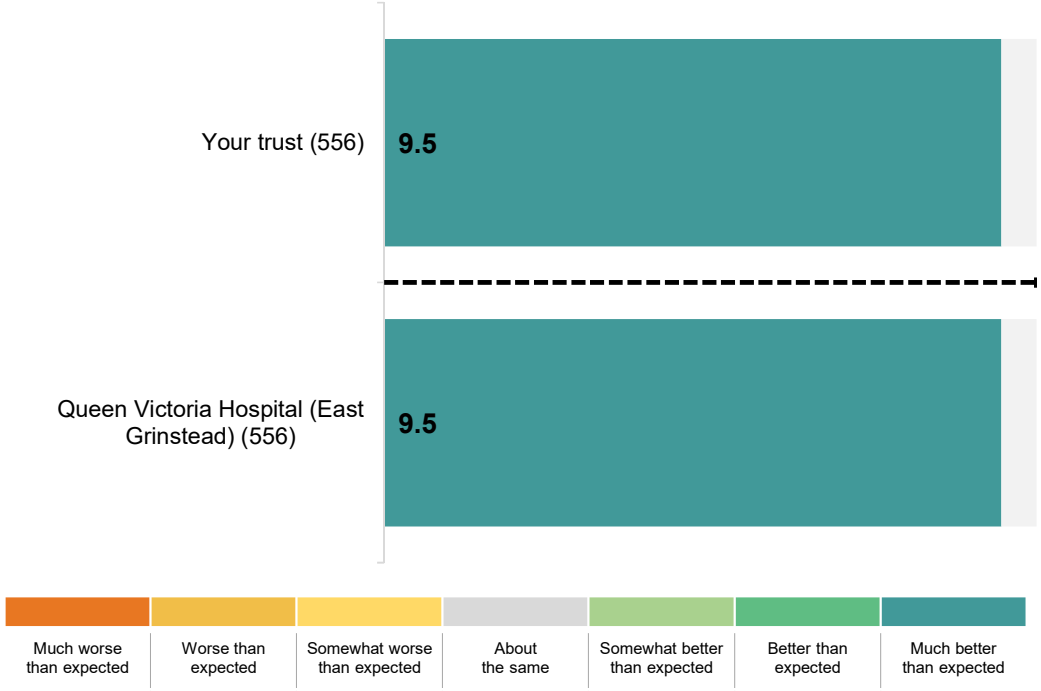
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q8_2. Were you ever prevented from sleeping at night by noise from staff?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



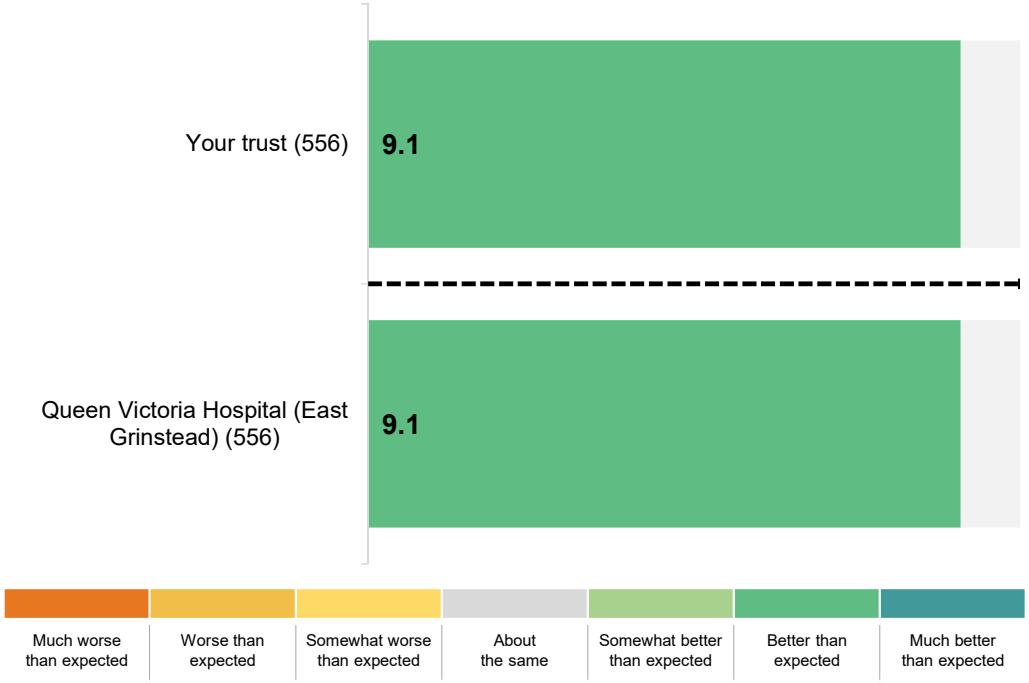
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q8_4. Were you ever prevented from sleeping at night by hospital lighting?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



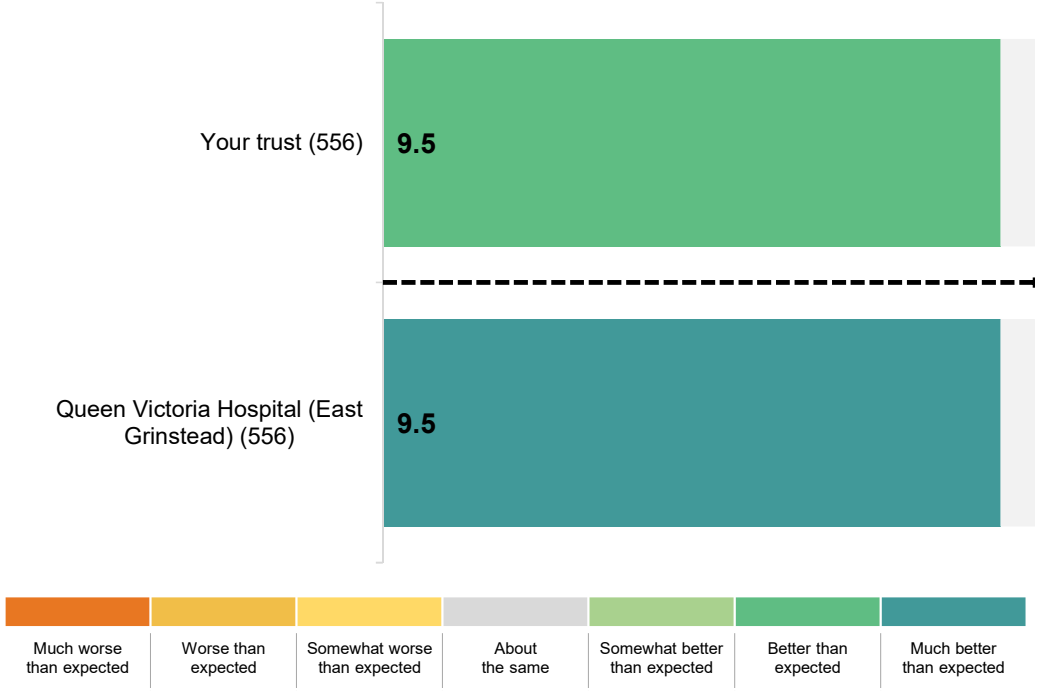
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q8_6. Were you ever prevented from sleeping at night by the room temperature?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



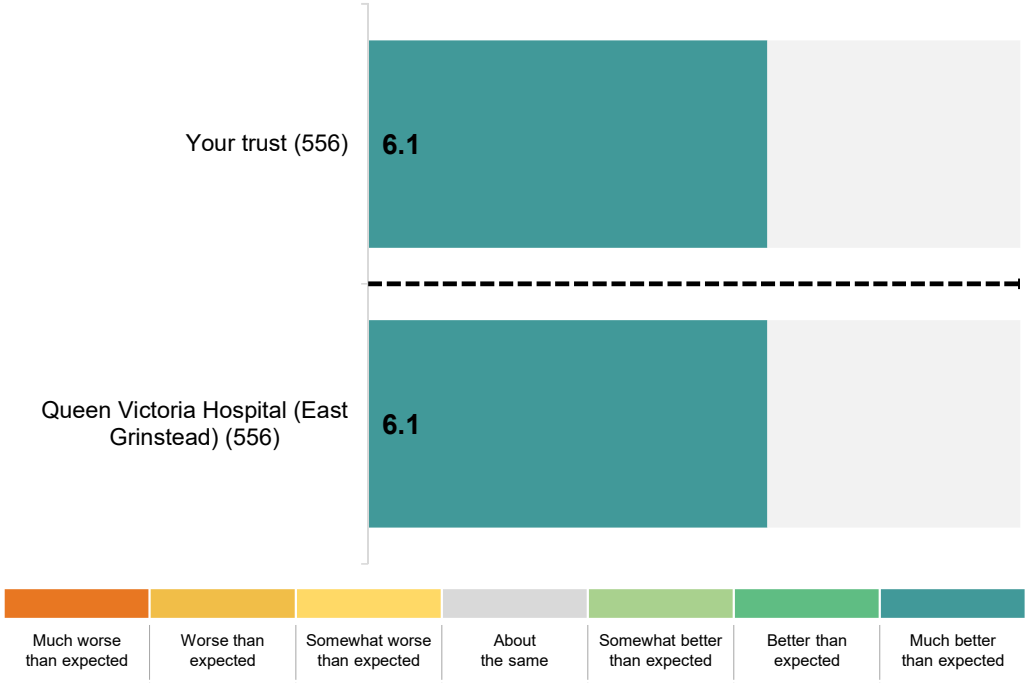
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q8_8. Were you ever prevented from sleeping at night by any of the following? I was not prevented from sleeping

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



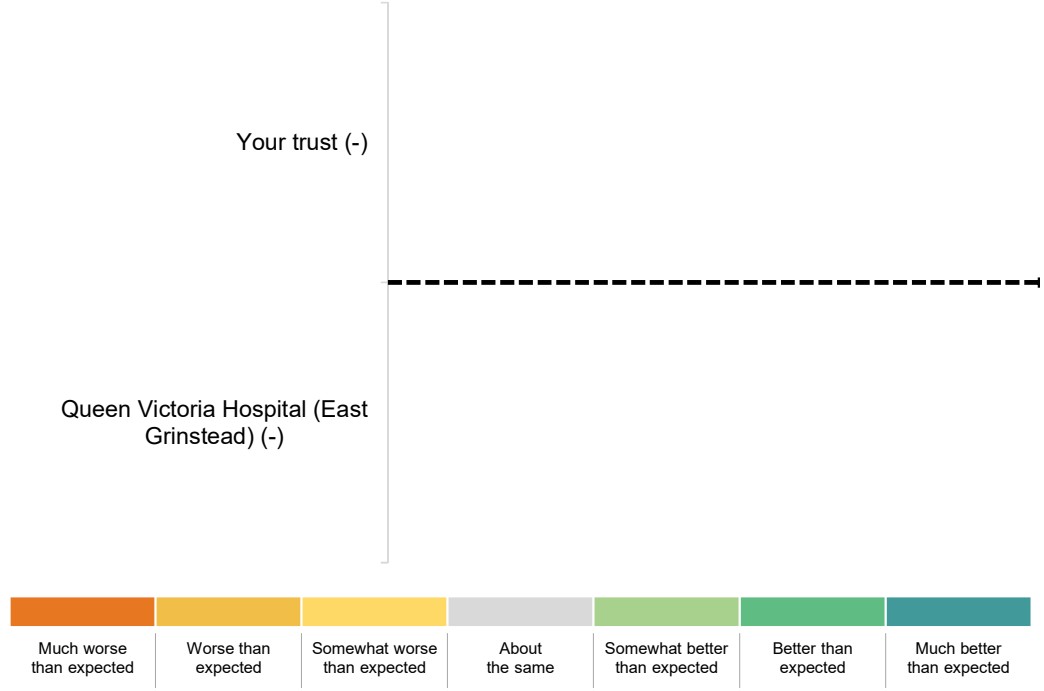
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q10. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



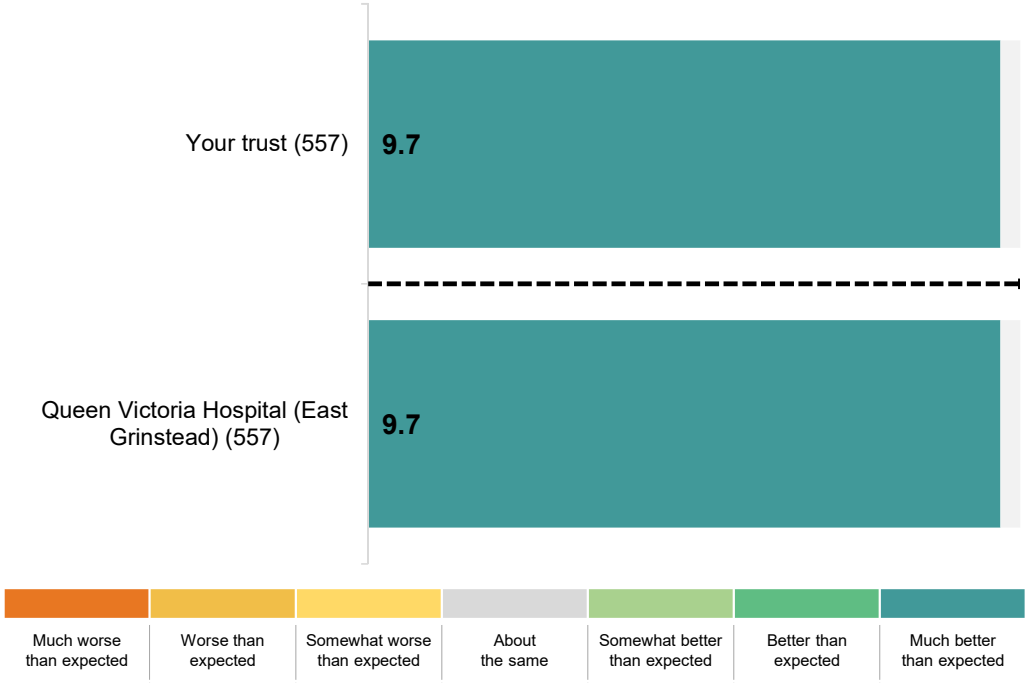
Please note: the number of respondents is shown in brackets next to the site name

Section 2. The hospital and ward

Q11. How clean was the hospital room or ward that you were in?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



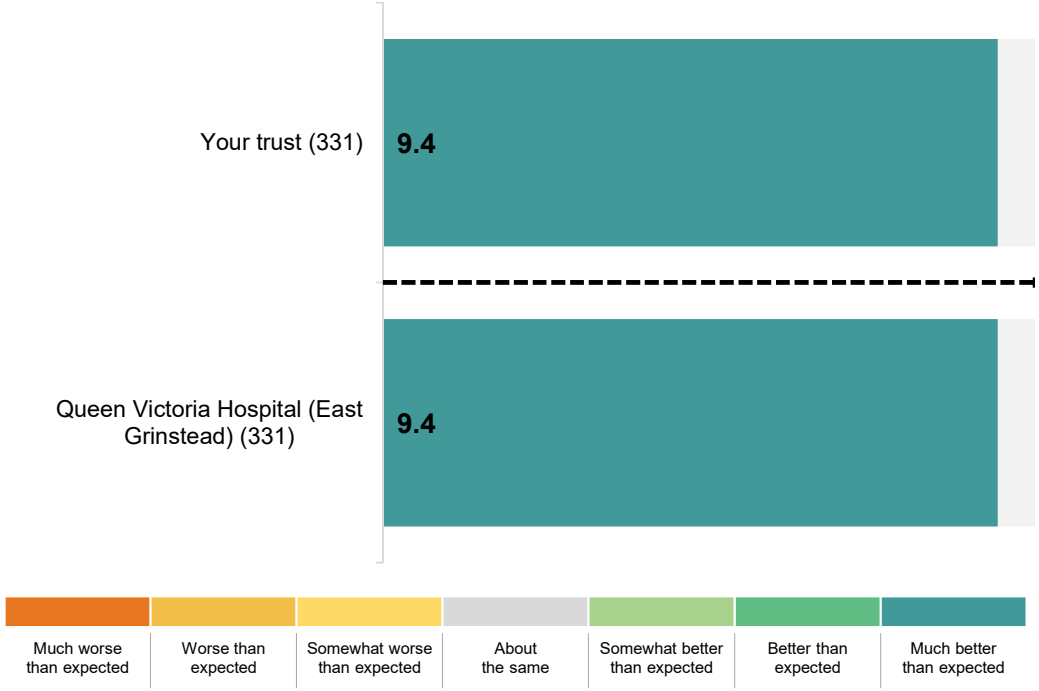
Please note: the number of respondents is shown in brackets next to the site name

Section 3. Basic needs

Q12. Did you get enough help from staff to wash or keep yourself clean?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



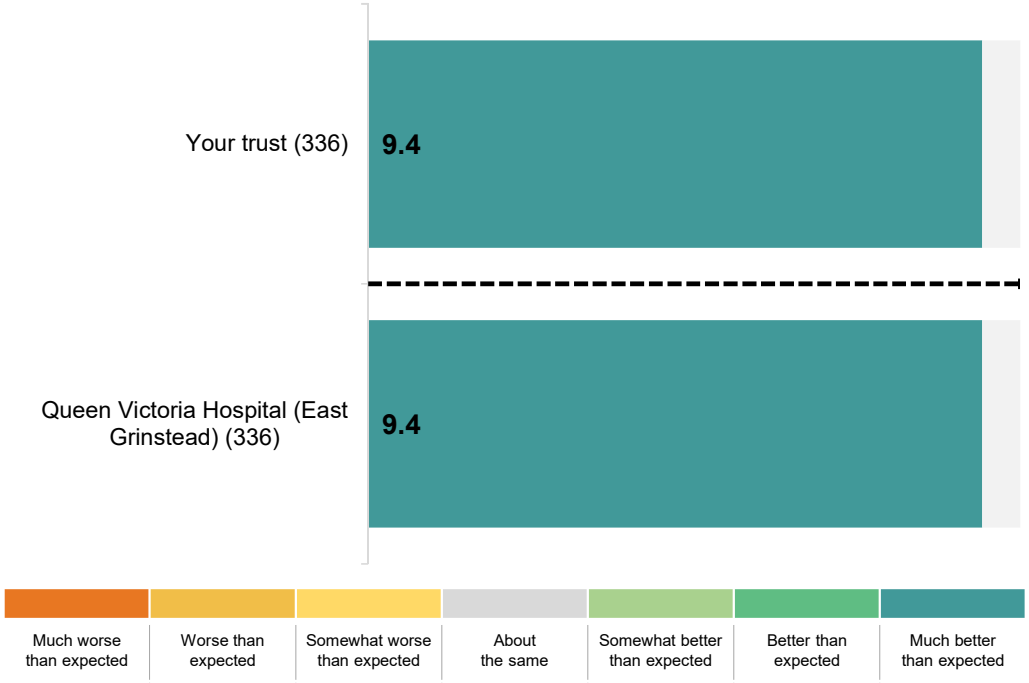
Please note: the number of respondents is shown in brackets next to the site name

Section 3. Basic needs

Q13. If you brought medication with you to hospital, were you able to take it when you needed to?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



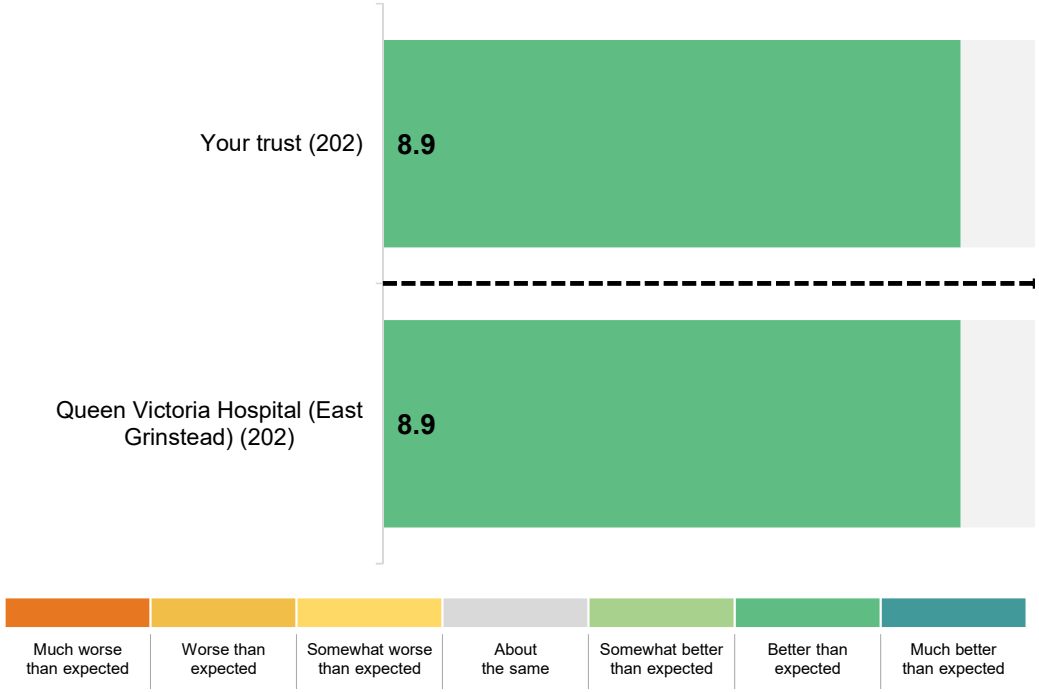
Please note: the number of respondents is shown in brackets next to the site name

Section 3. Basic needs

Q14. Did you get enough help from staff to eat your meals?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



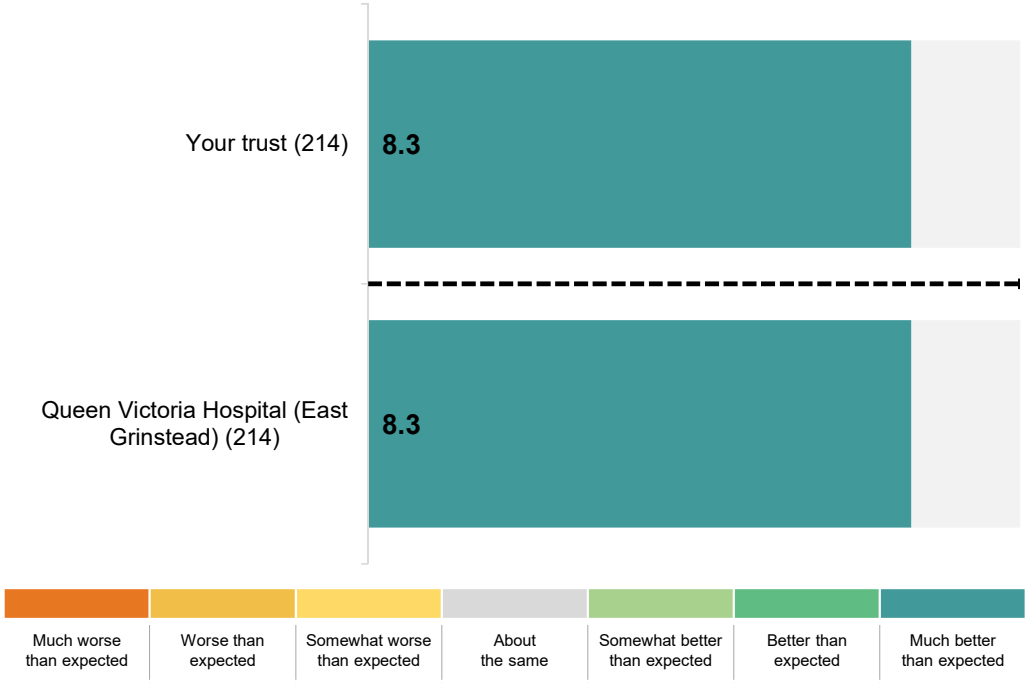
Please note: the number of respondents is shown in brackets next to the site name

Section 3. Basic needs

Q15. Were you able to get hospital food outside of set mealtimes?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



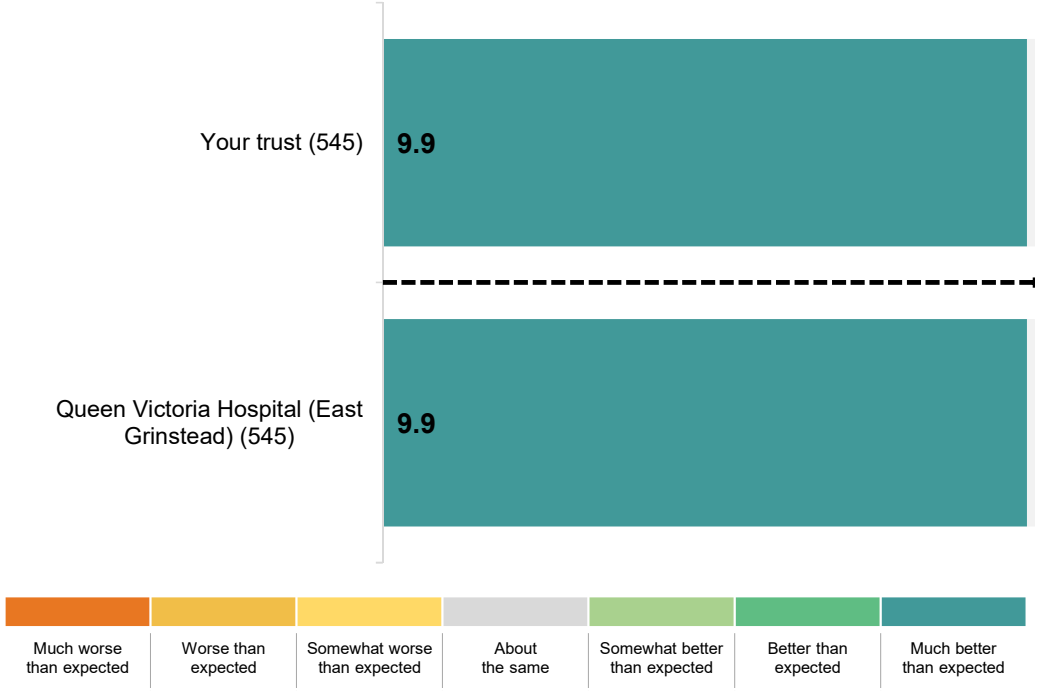
Please note: the number of respondents is shown in brackets next to the site name

Section 3. Basic needs

Q16. During your time in hospital, did you get enough to drink?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



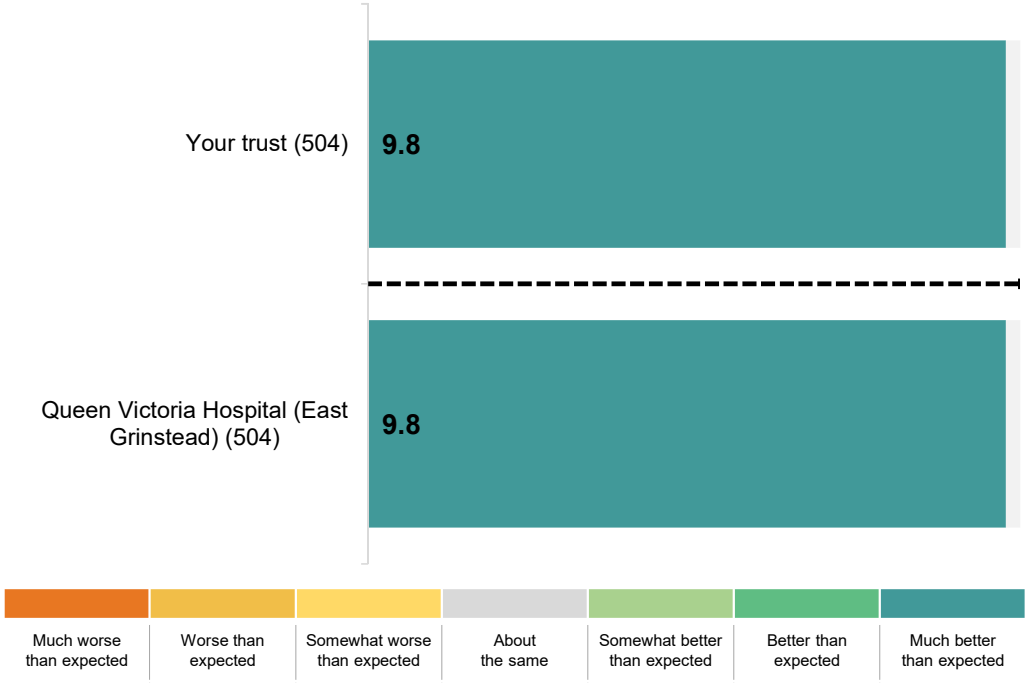
Please note: the number of respondents is shown in brackets next to the site name

Section 4. Doctors

Q17. When you asked doctors questions, did you get answers you could understand?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



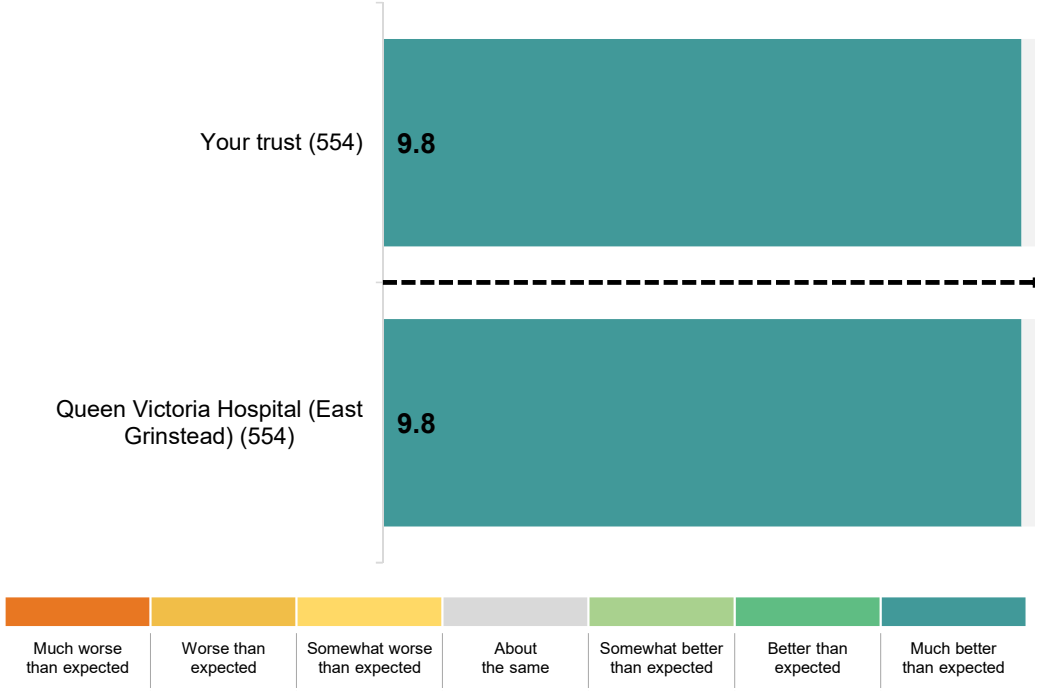
Please note: the number of respondents is shown in brackets next to the site name

Section 4. Doctors

Q18. Did you have confidence and trust in the doctors treating you?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



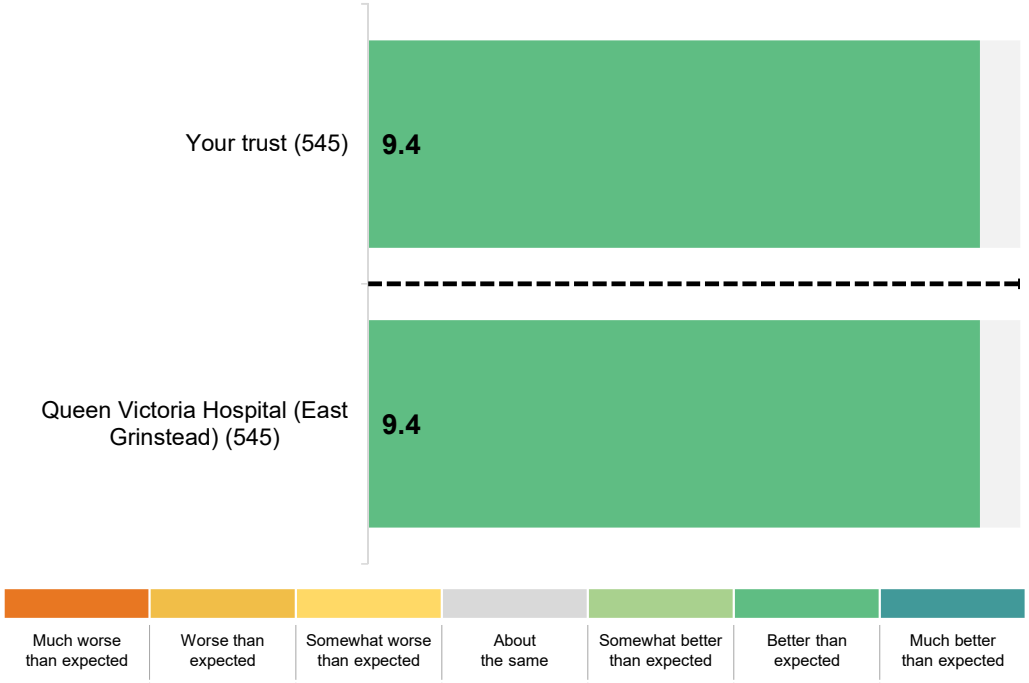
Please note: the number of respondents is shown in brackets next to the site name

Section 4. Doctors

Q19. When doctors spoke about your care in front of you, were you included in the conversation?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



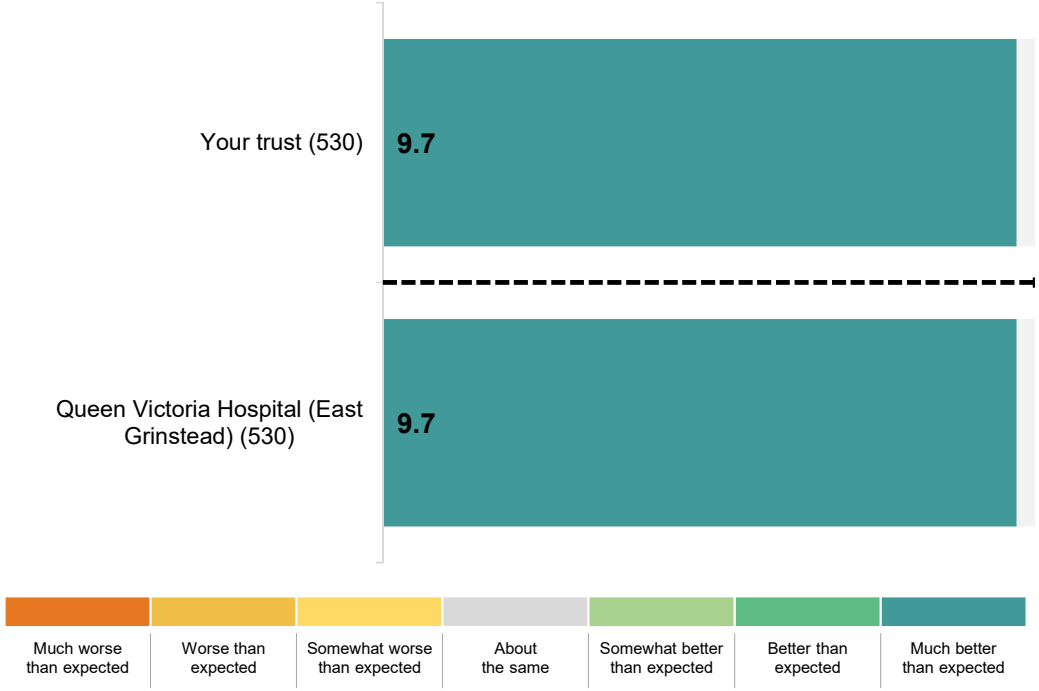
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Nurses

Q20. When you asked nurses questions, did you get answers you could understand?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



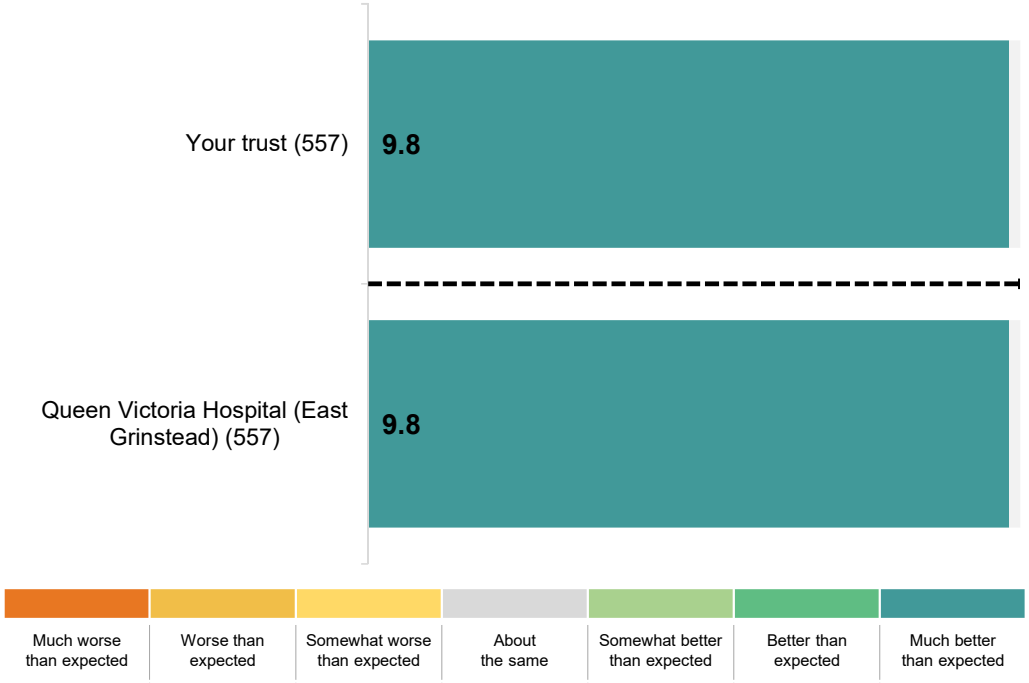
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Nurses

Q21. Did you have confidence and trust in the nurses treating you?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



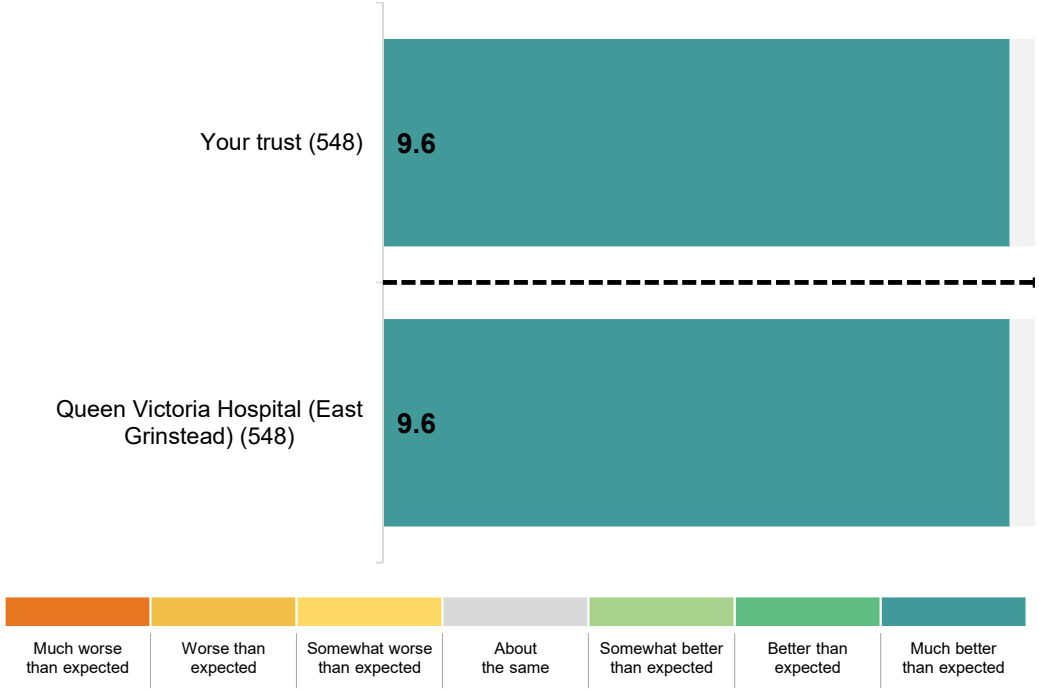
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Nurses

Q22. When nurses spoke about your care in front of you, were you included in the conversation?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



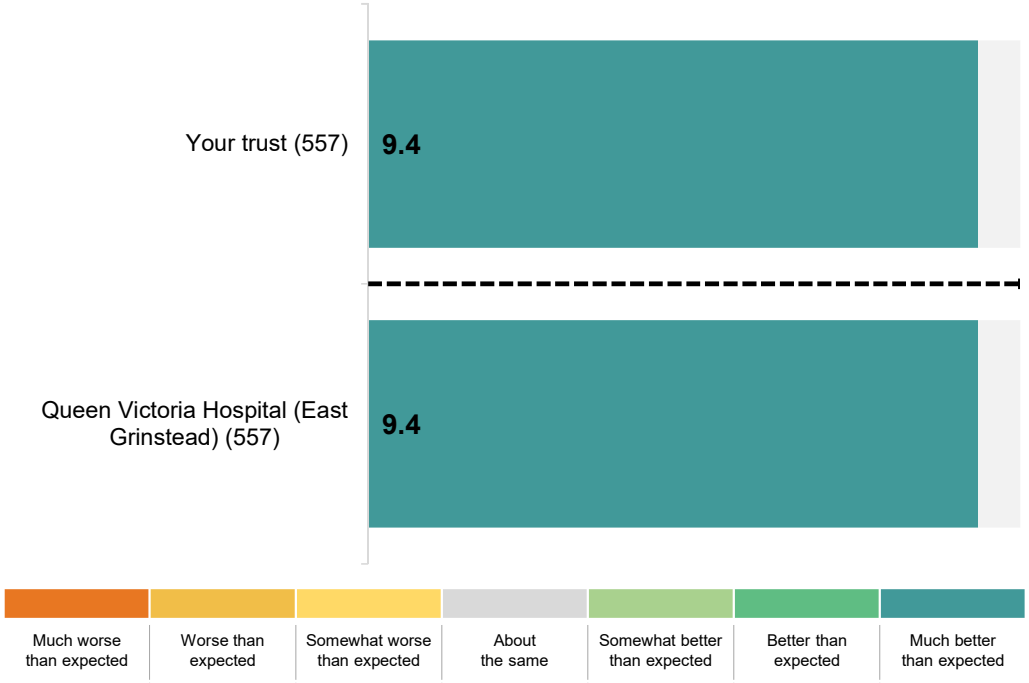
Please note: the number of respondents is shown in brackets next to the site name

Section 5. Nurses

Q23. In your opinion, were there enough nurses on duty to care for you in hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



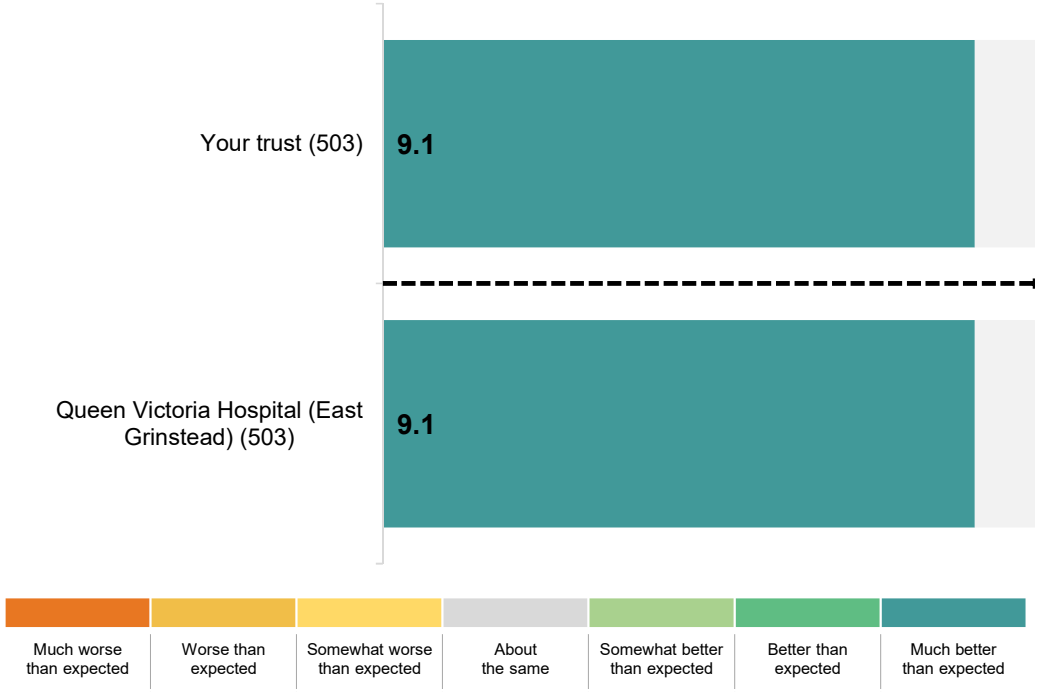
Please note: the number of respondents is shown in brackets next to the site name

Section 6. Your care and treatment

Q24. 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 and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



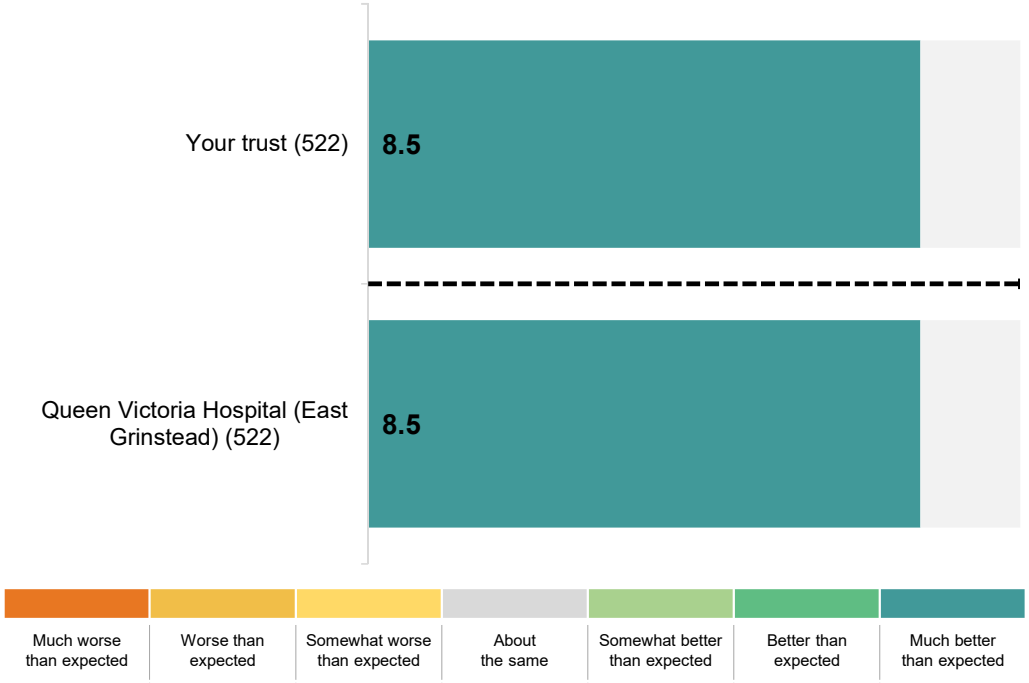
Please note: the number of respondents is shown in brackets next to the site name

Section 6. Your care and treatment

Q25. To what extent did staff looking after you involve you in decisions about your care and treatment?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



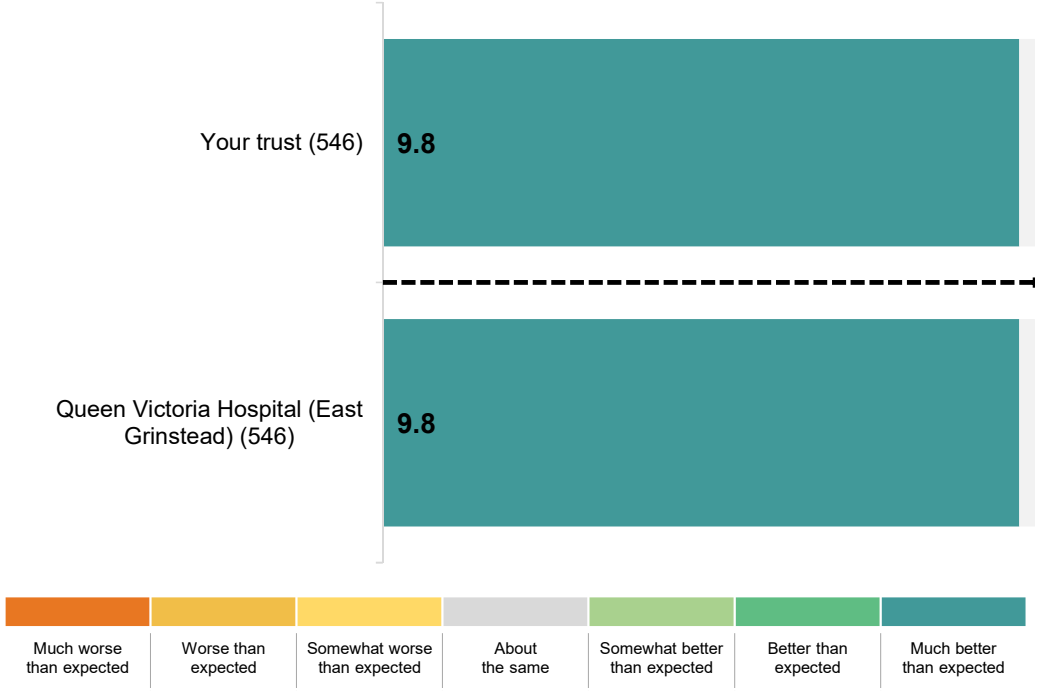
Please note: the number of respondents is shown in brackets next to the site name

Section 6. Your care and treatment

Q26. How much information about your condition or treatment was given to you?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



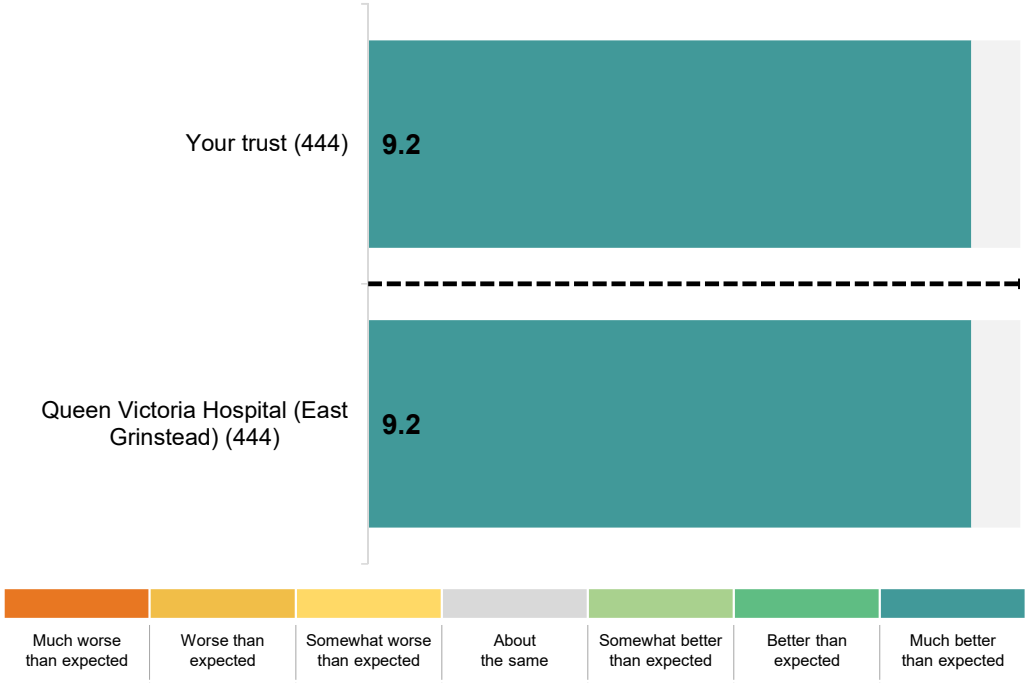
Please note: the number of respondents is shown in brackets next to the site name

Section 6. Your care and treatment

Q27. Did you feel able to talk to members of hospital staff about your worries and fears?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



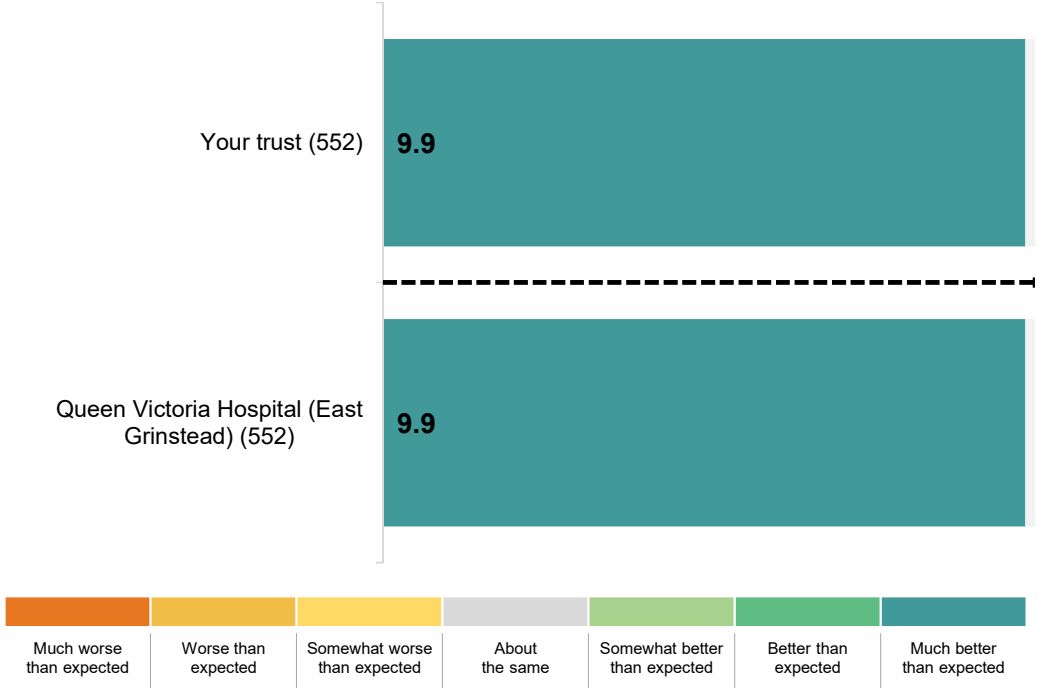
Please note: the number of respondents is shown in brackets next to the site name

Section 6. Your care and treatment

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



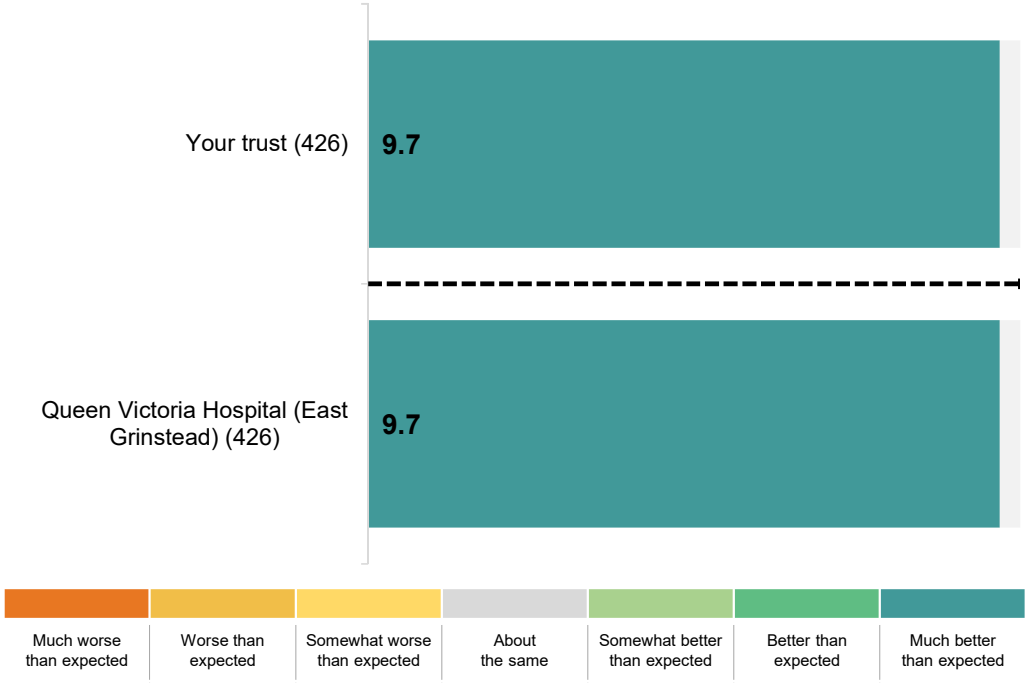
Please note: the number of respondents is shown in brackets next to the site name

Section 6. Your care and treatment

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



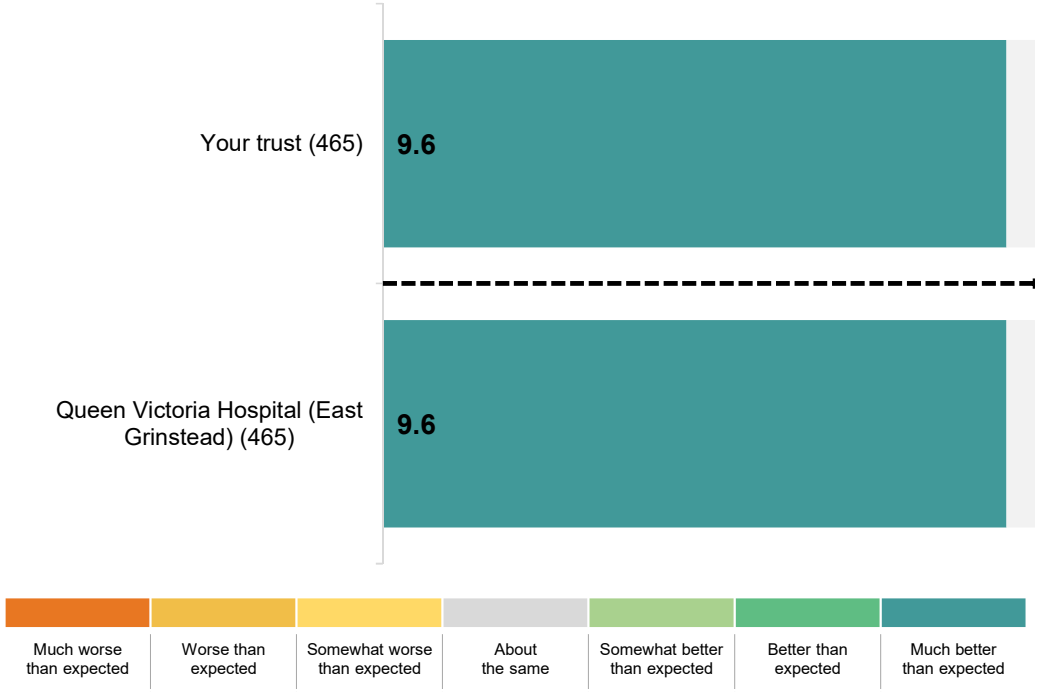
Please note: the number of respondents is shown in brackets next to the site name

Section 6. Your care and treatment

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



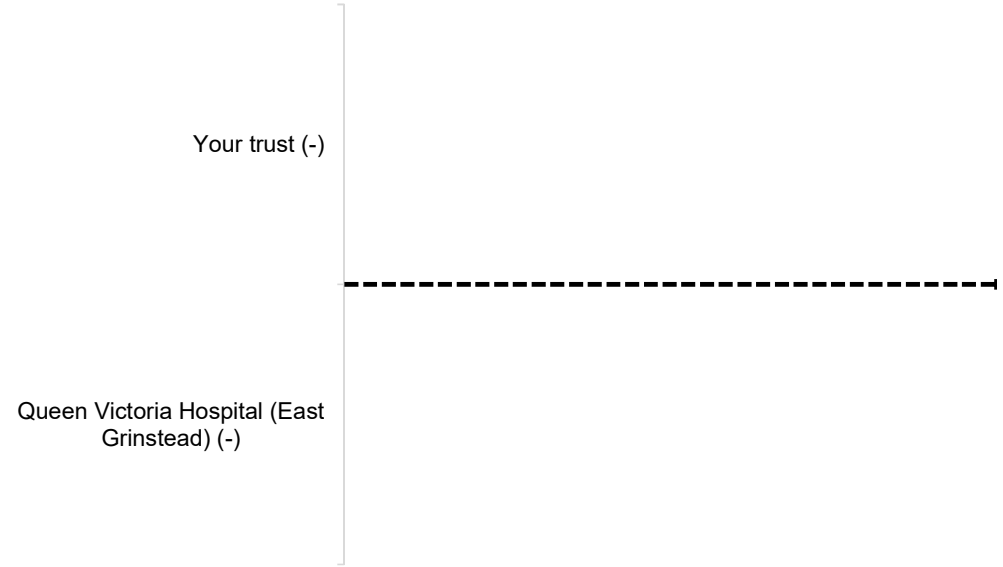
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Individual needs

Q31_1. Thinking about your care and treatment, did hospital staff take into account the following individual needs? Language needs (e.g. translation, braille)

Results for your trust and sites

A mean score has been produced to enable trusts to monitor their trust and sites performance internally.



Benchmark data has not been provided for Q31 for the 2024 Adult Inpatient Survey due to data quality issues.

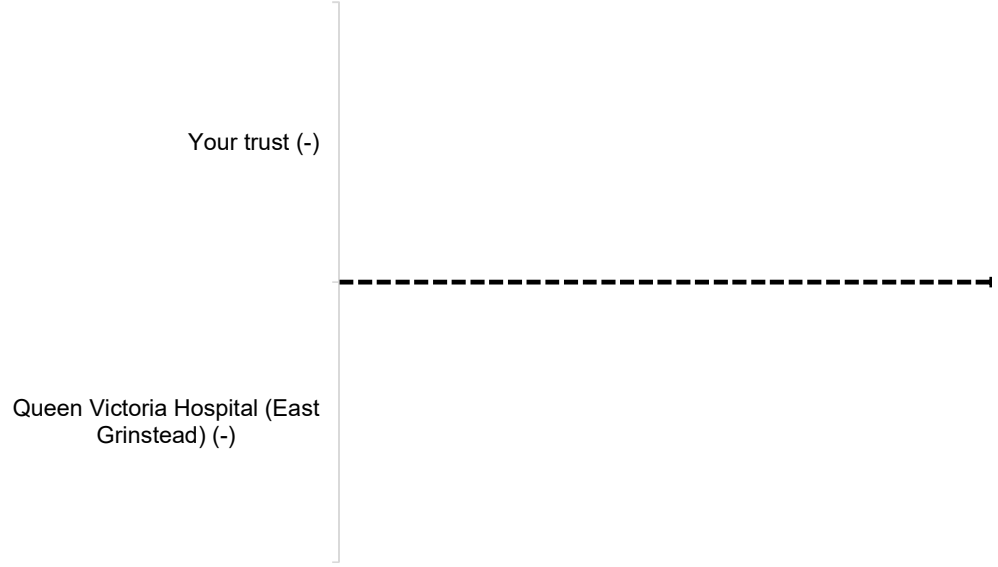
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Individual needs

Q31_2. Thinking about your care and treatment, did hospital staff take into account the following individual needs? Cultural needs (e.g. same gender staff)

Results for your trust and sites

A mean score has been produced to enable trusts to monitor their trust and sites performance internally.



Benchmark data has not been provided for Q31 for the 2024 Adult Inpatient Survey due to data quality issues.

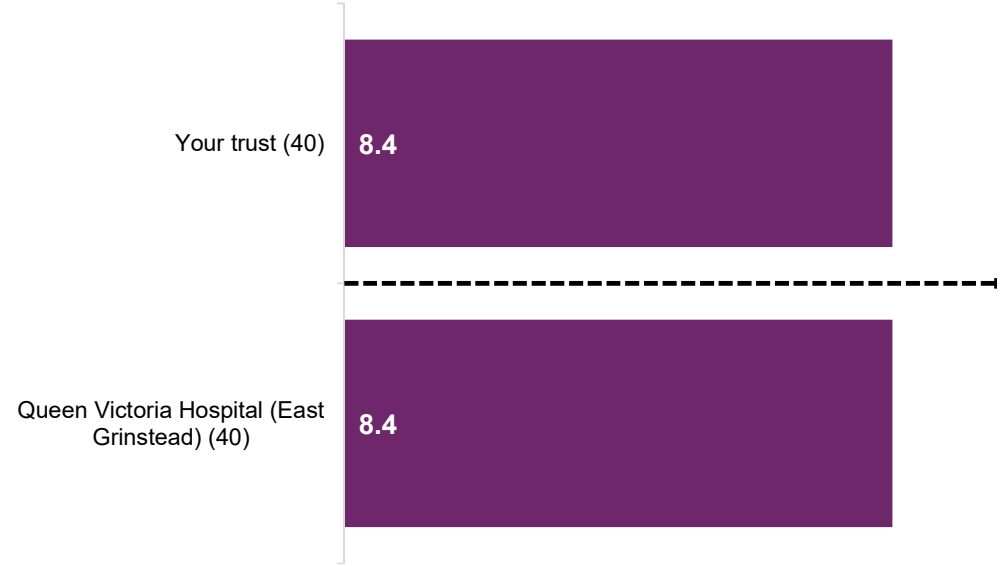
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Individual needs

Q31_4. Thinking about your care and treatment, did hospital staff take into account the following individual needs? Accessibility needs (e.g. mobility needs, room adaptations)

Results for your trust and sites

A mean score has been produced to enable trusts to monitor their trust and sites performance internally.



Benchmark data has not been provided for Q31 for the 2024 Adult Inpatient Survey due to data quality issues.

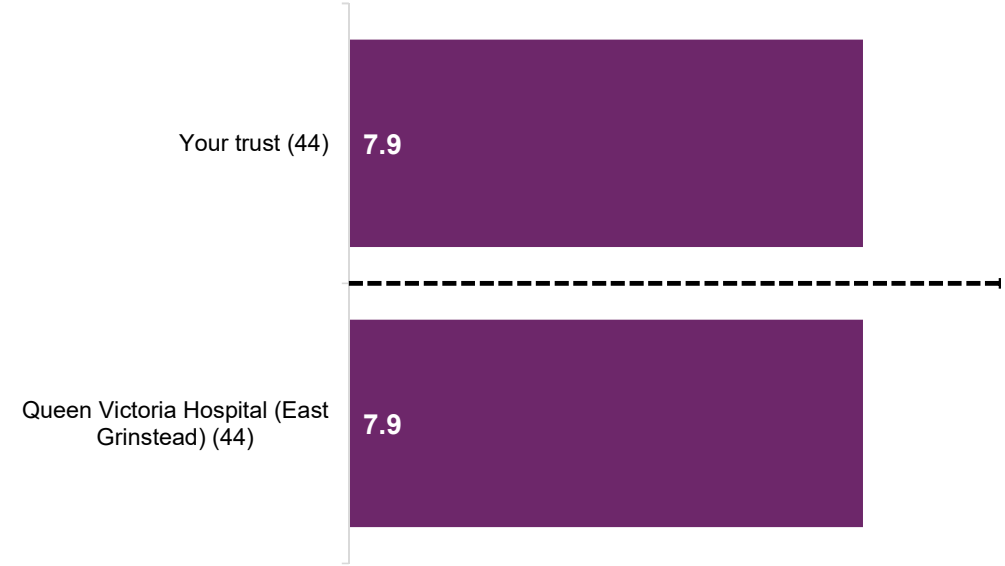
Please note: the number of respondents is shown in brackets next to the site name

Section 7. Individual needs

Q31_5. Thinking about your care and treatment, did hospital staff take into account the following individual needs? Dietary needs (e.g. medical, allergy, vegan)

Results for your trust and sites

A mean score has been produced to enable trusts to monitor their trust and sites performance internally.



Benchmark data has not been provided for Q31 for the 2024 Adult Inpatient Survey due to data quality issues.

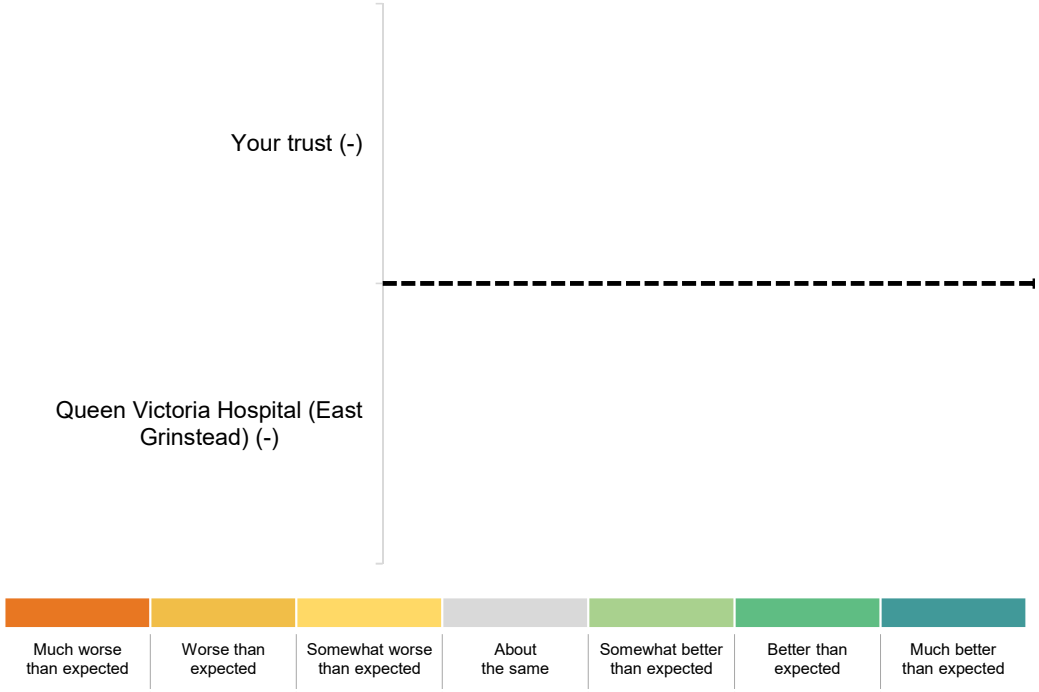
Please note: the number of respondents is shown in brackets next to the site name

Section 8. Virtual wards

Q33. Before being admitted onto a virtual ward, did hospital staff give you information about the risks and benefits of continuing your treatment on a virtual ward?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



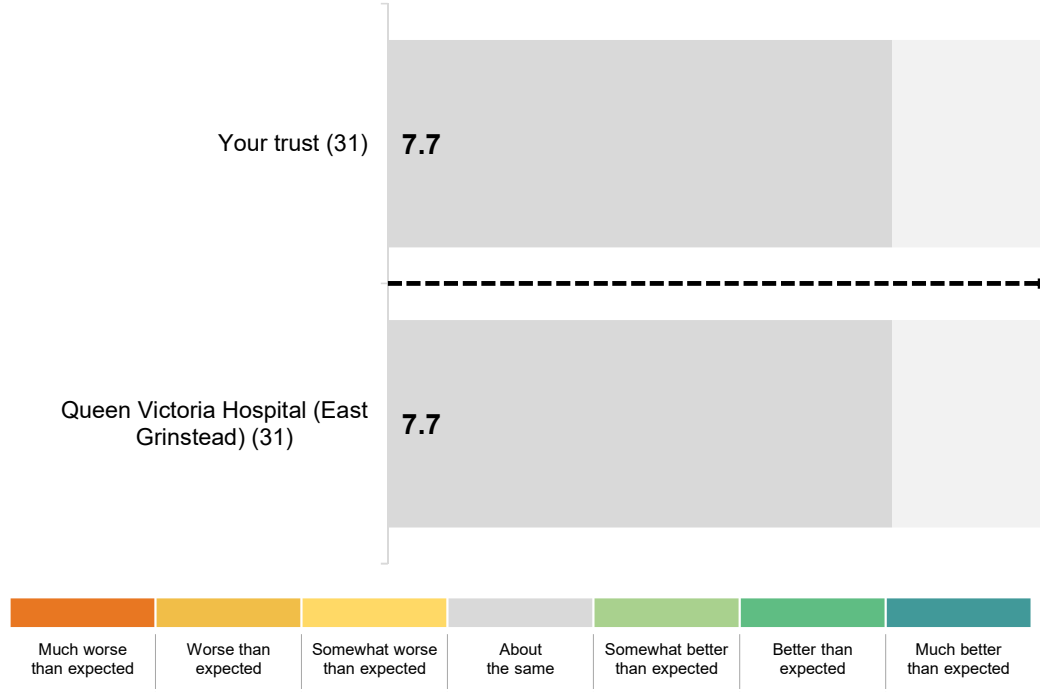
Please note: the number of respondents is shown in brackets next to the site name

Section . Virtual wards

Q34. Were you given enough information about the care and treatment you would receive while on a virtual ward?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



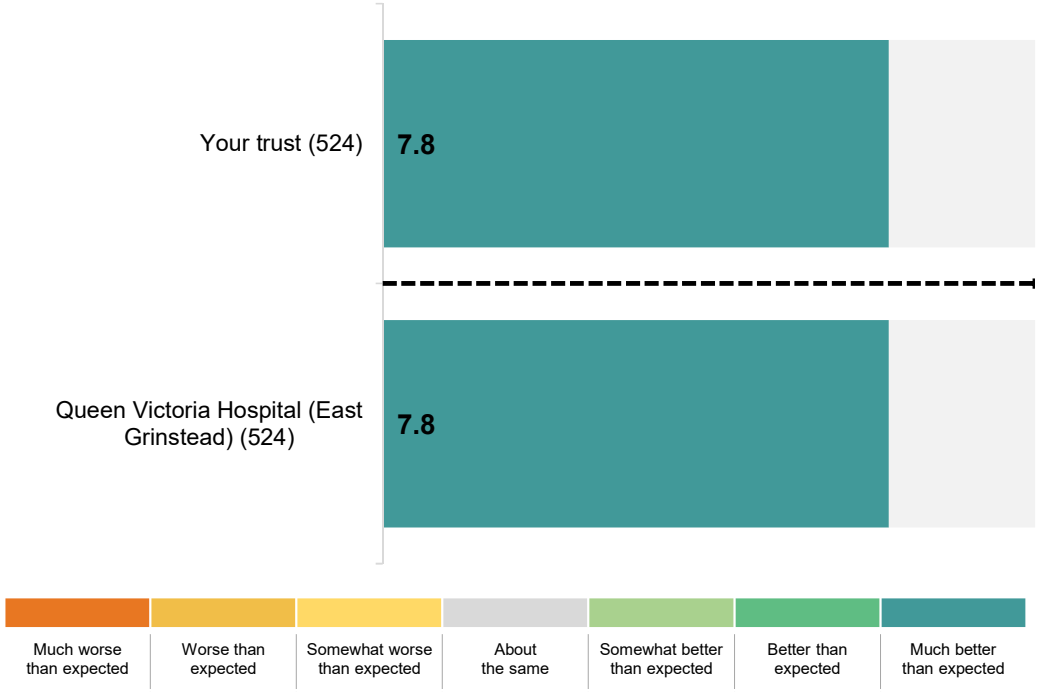
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Leaving hospital

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



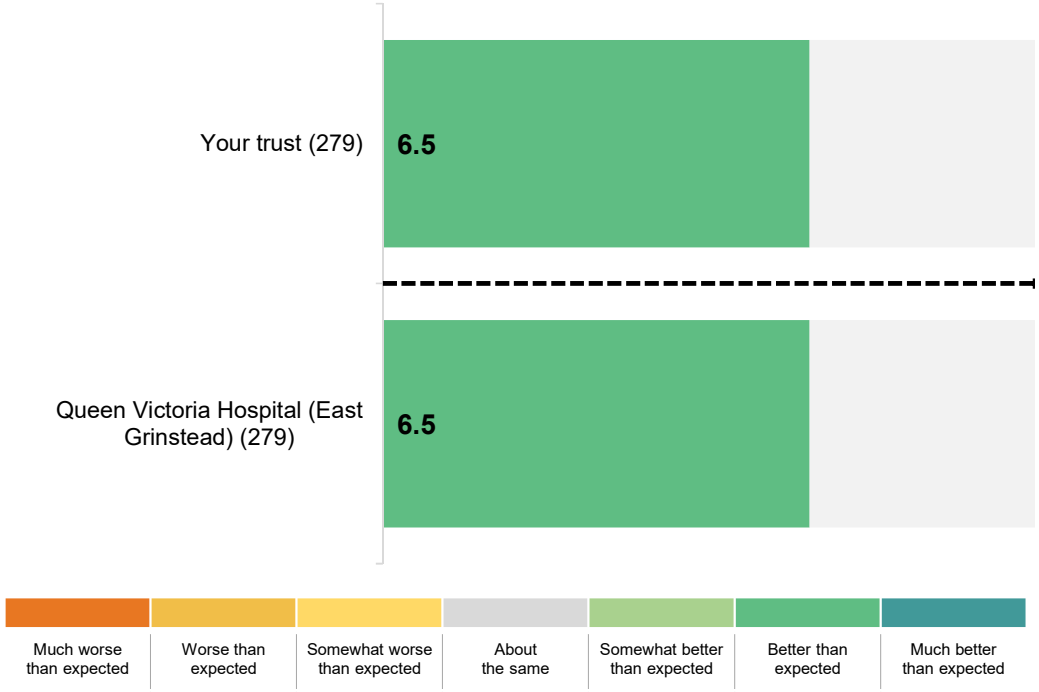
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Leaving hospital

Q36. To what extent did hospital staff involve your family or carers in discussions about you leaving the hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



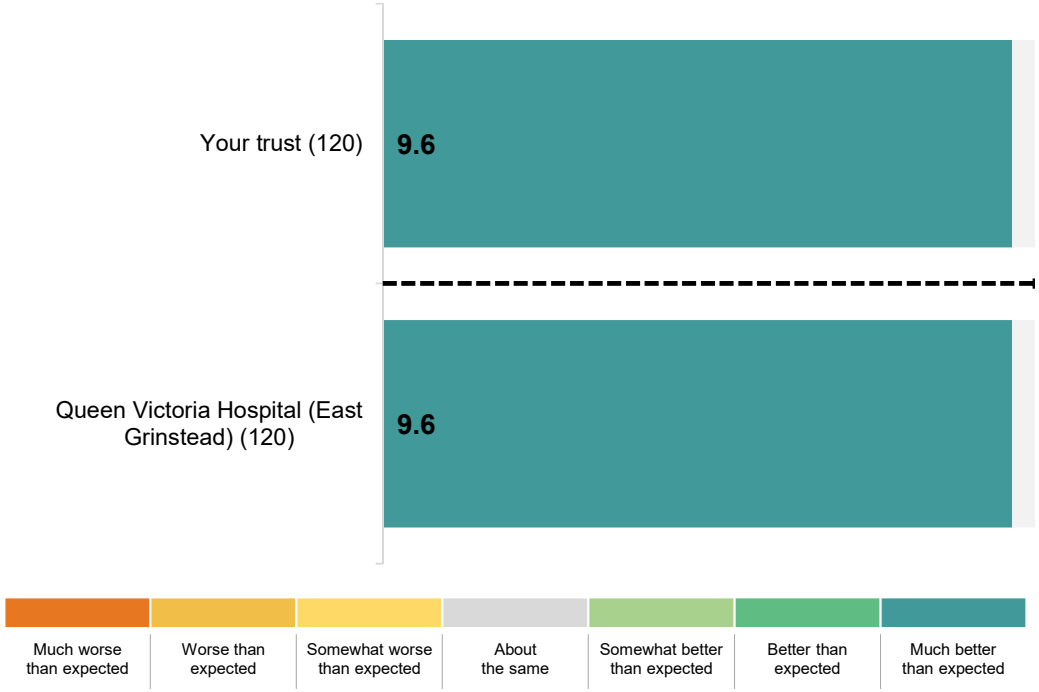
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Leaving hospital

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



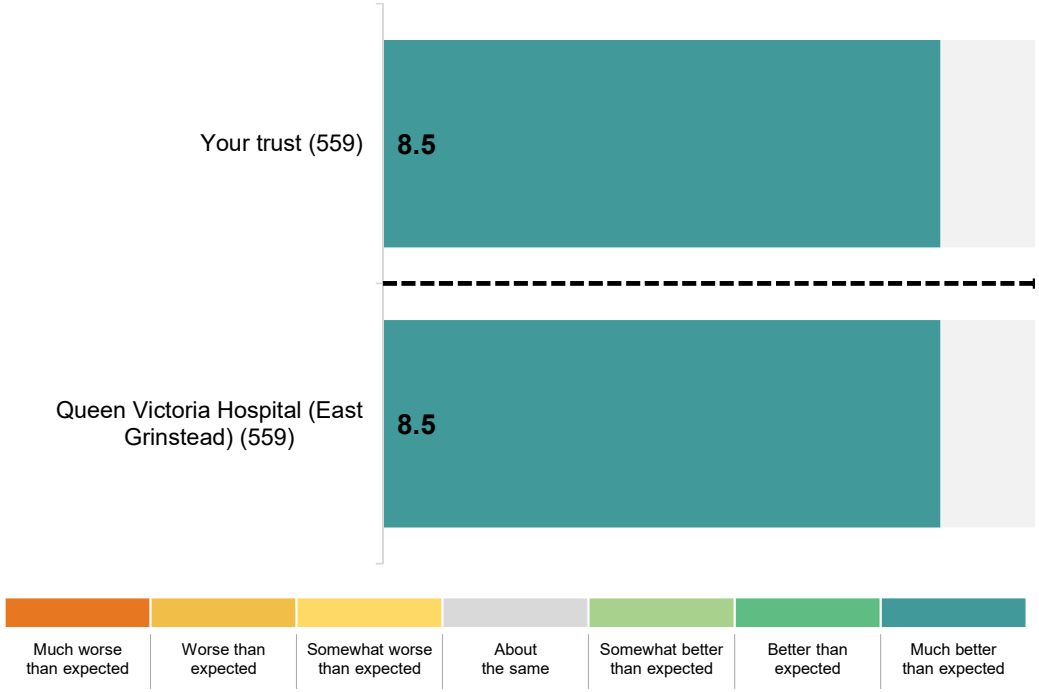
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Leaving hospital

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



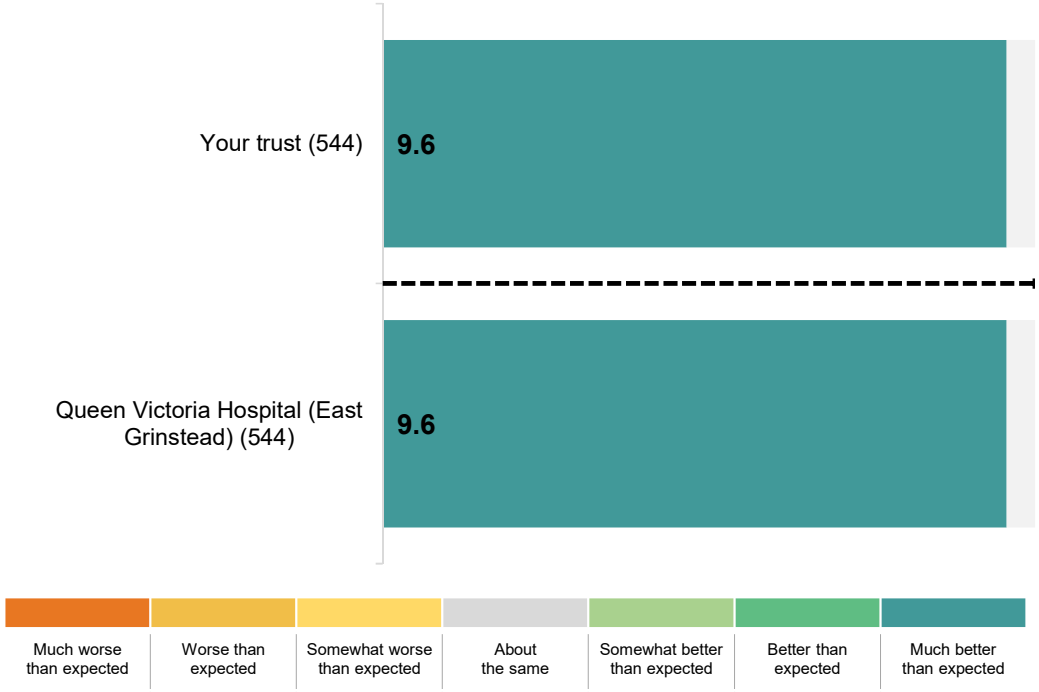
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Leaving hospital

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



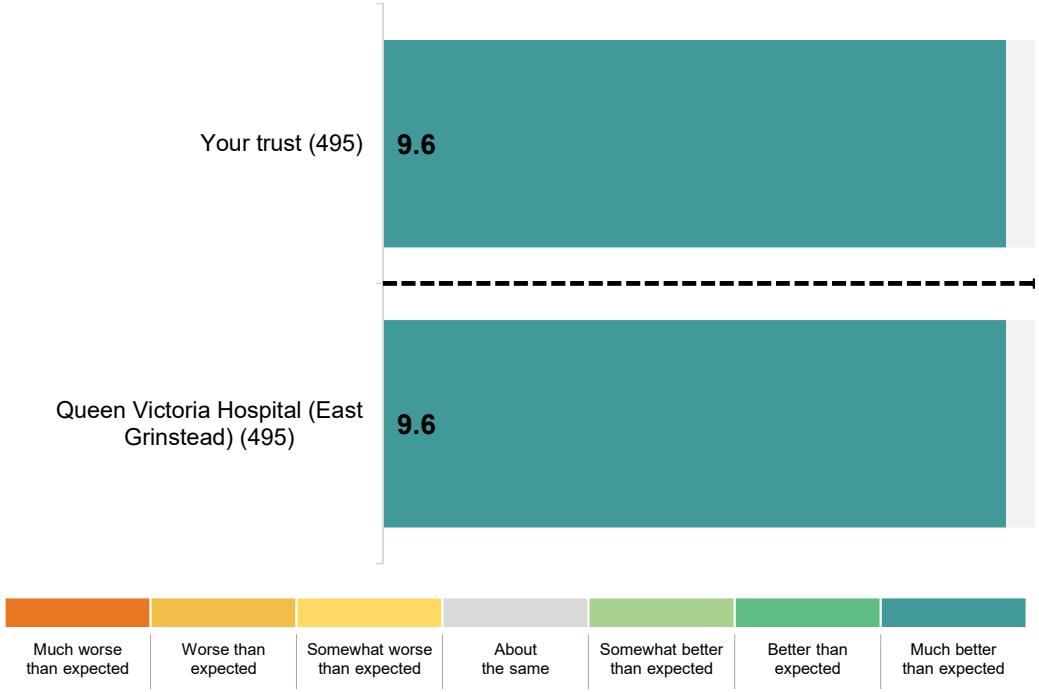
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Leaving hospital

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



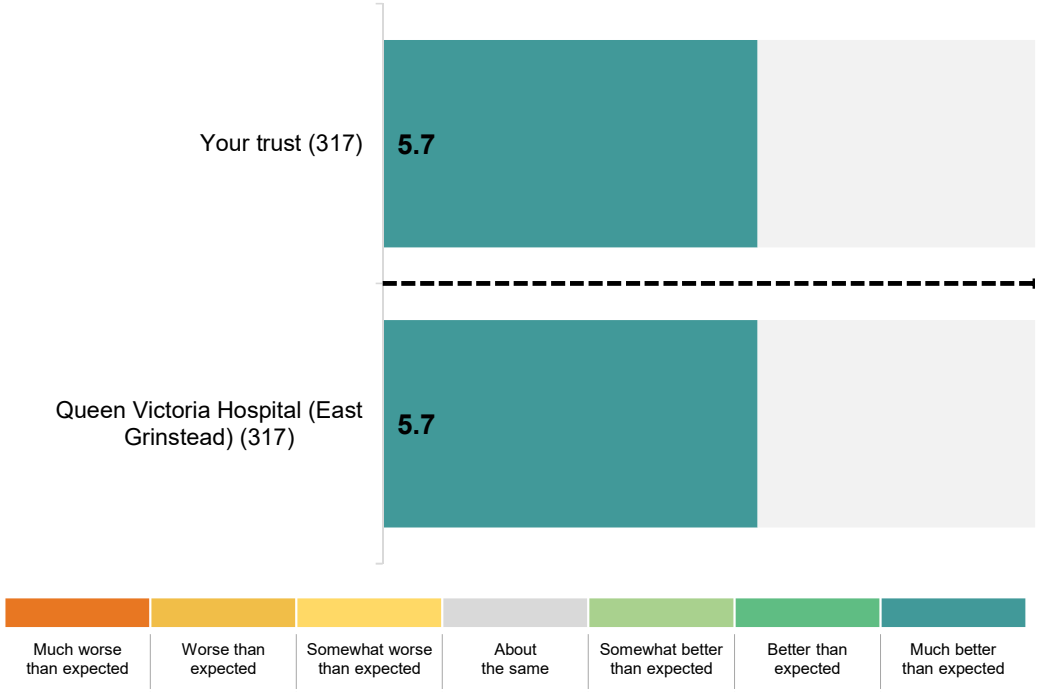
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Leaving hospital

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



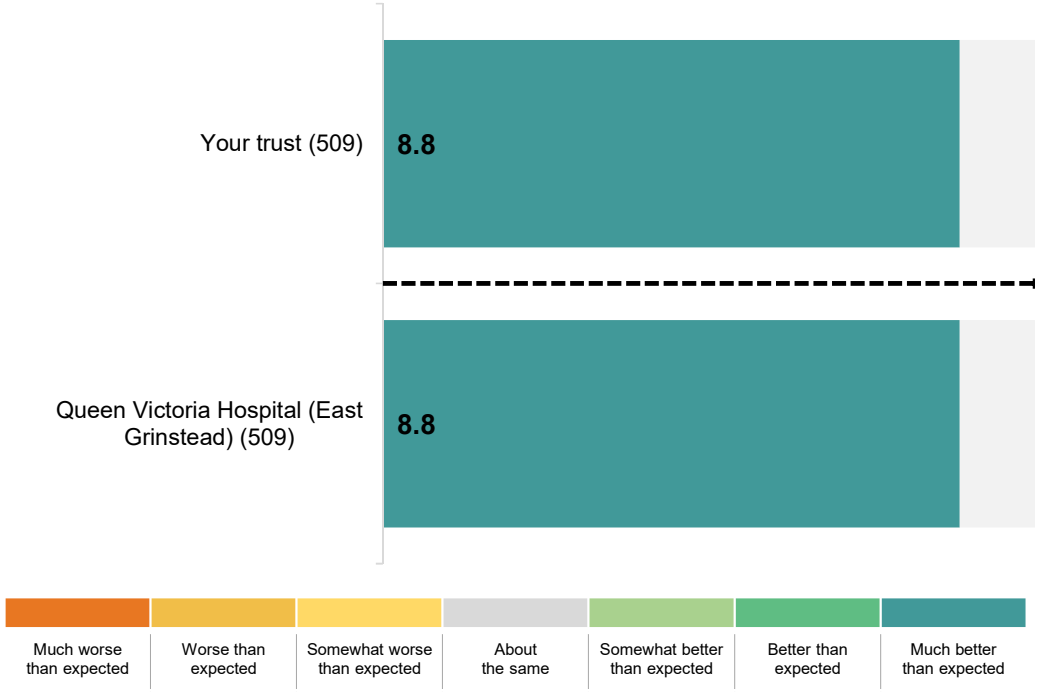
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Leaving hospital

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



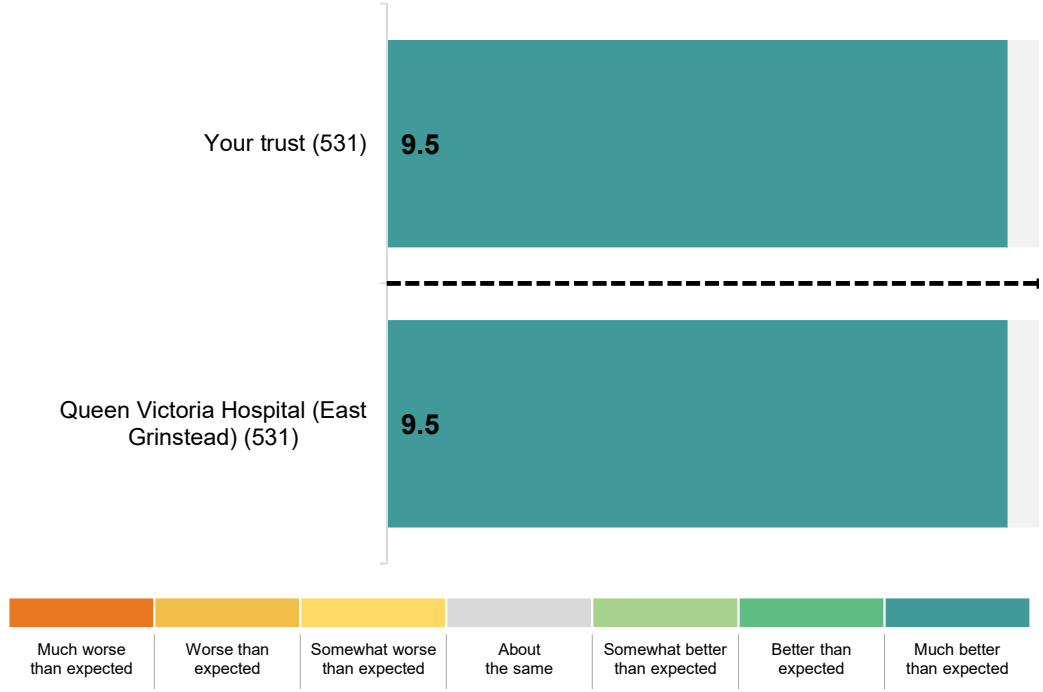
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Leaving hospital

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



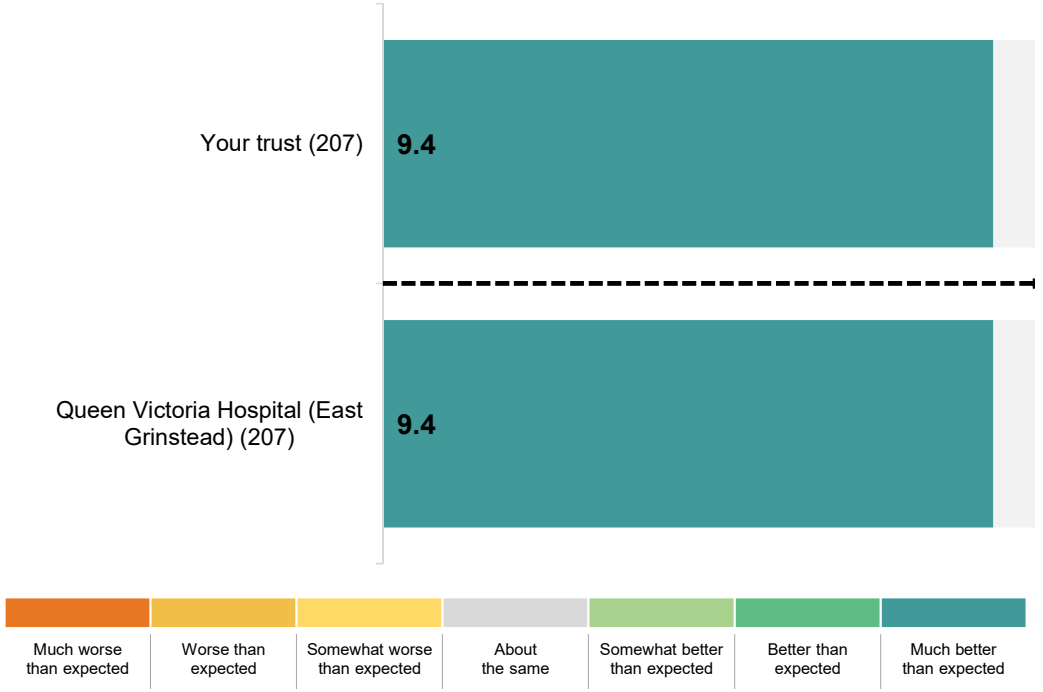
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Leaving hospital

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



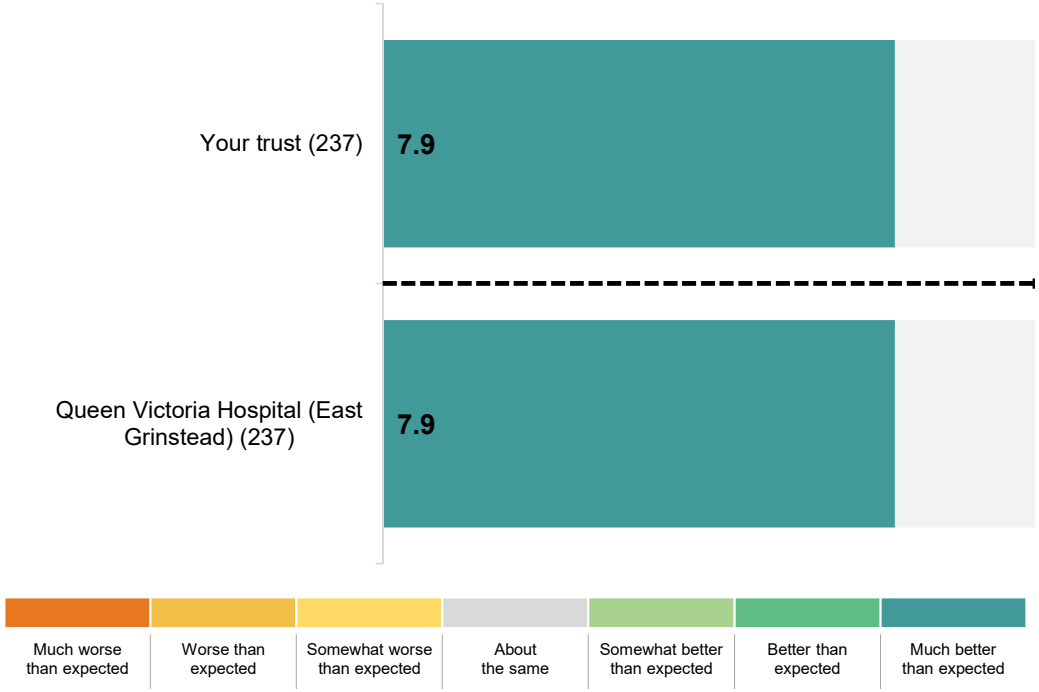
Please note: the number of respondents is shown in brackets next to the site name

Section 9. Leaving hospital

Q45. After leaving the hospital, did you get enough support from health or social care services to help you recover or manage your condition?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



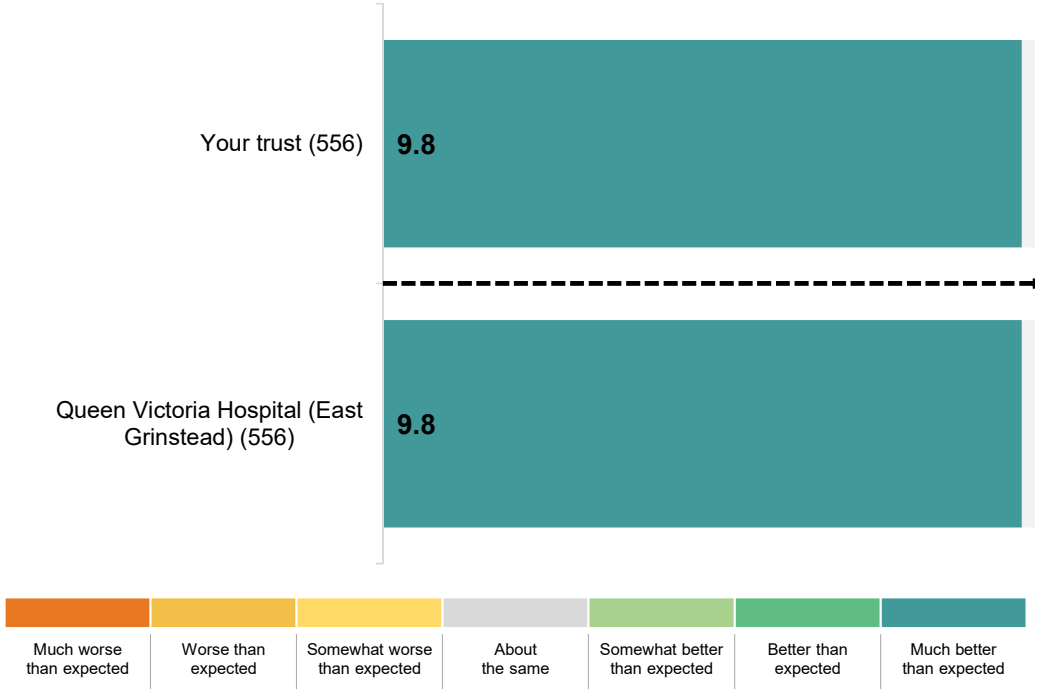
Please note: the number of respondents is shown in brackets next to the site name

Section 10. Kindness and compassion

Q46. Overall, did you feel you were treated with kindness and compassion while you were in the hospital?

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



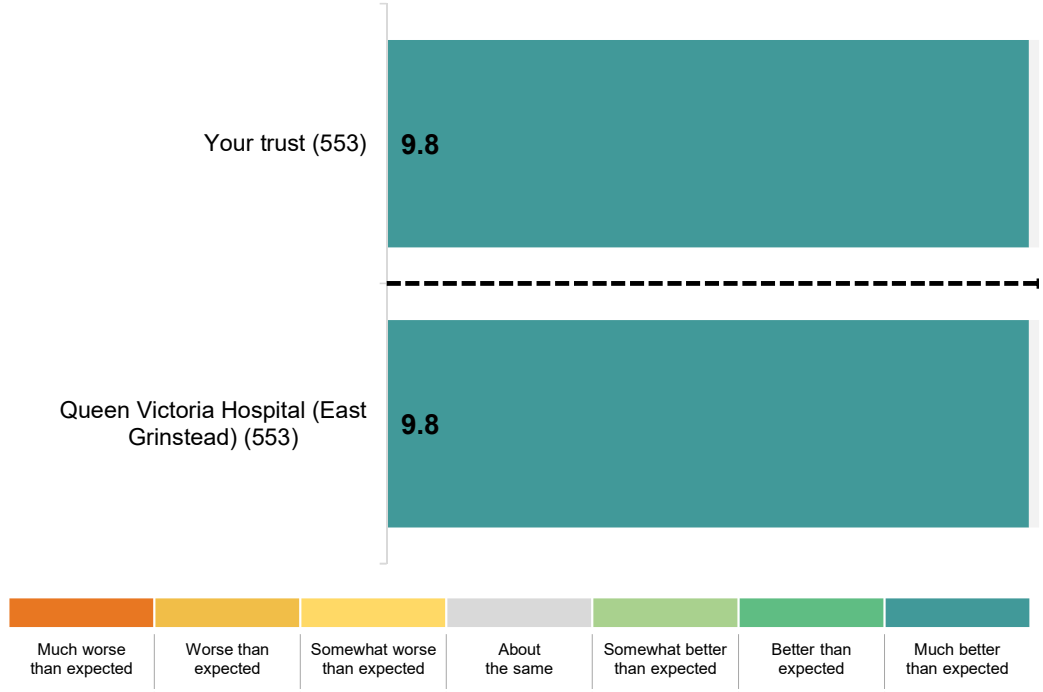
Please note: the number of respondents is shown in brackets next to the site name

Section 11. Respect and dignity

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



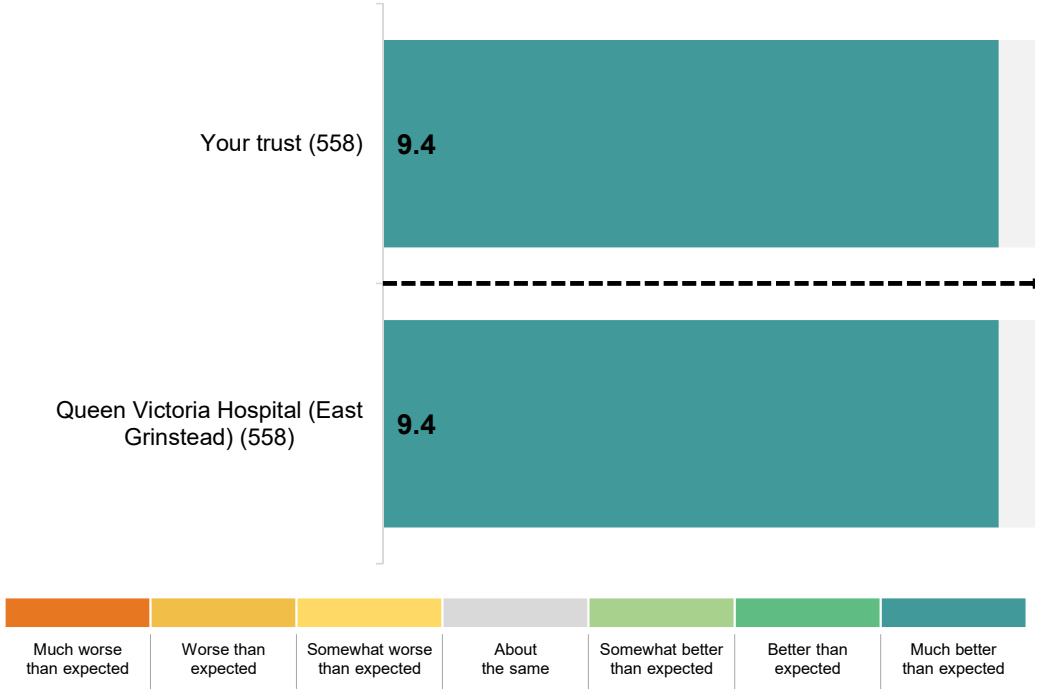
Please note: the number of respondents is shown in brackets next to the site name

Section 12. Overall experience

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

Results for your trust and sites

This benchmarking compares the question score for your trust against all other trusts, and the score for your trust's sites against all other sites across all trusts.



Please note: the number of respondents is shown in brackets next to the site name

Change 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 2023 and 2022 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.
- the following scored questions were new or changed for 2024 and therefore are not included in this section: Q7, Q31.
- the following questions are non-comparable and therefore are not included in this section: Q2, Q4, Q14, Q15, Q33, Q34, Q45.

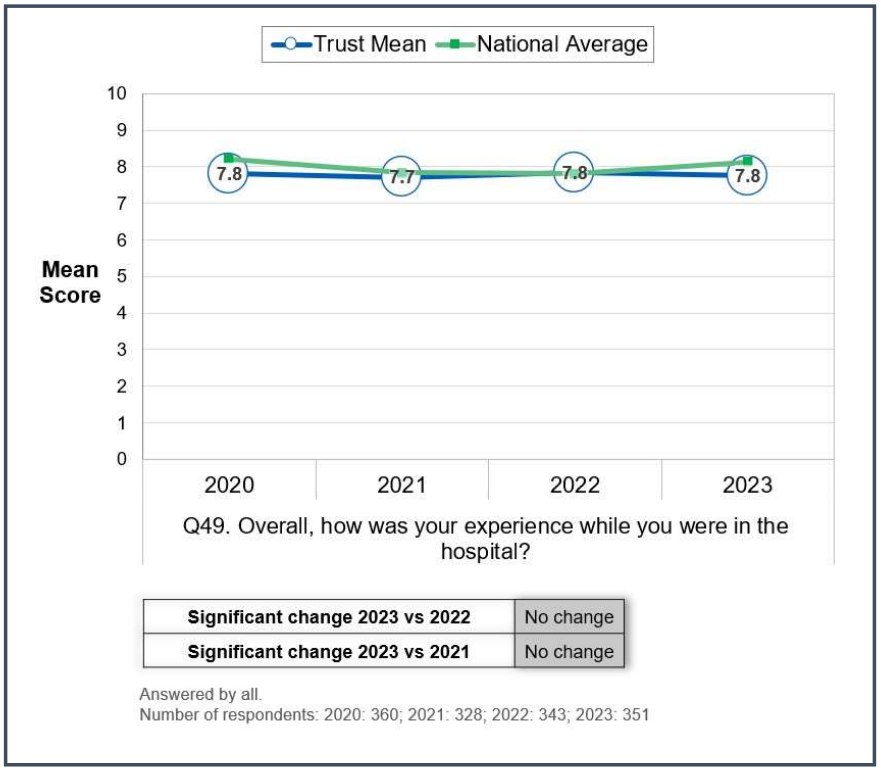
Please note: If data is missing for a survey year, this is due to a low number of responses, or because the trust data was not included in the survey that year, due to sampling errors or ineligibility.

How to interpret change over time in this report

The charts in the 'change over time' section show how your trust scored in each Inpatient survey iteration. Where available, trend data from 2020 to 2024 is shown. If a question only has one data point, this question is not shown. Questions that are not historically comparable, are also not shown.

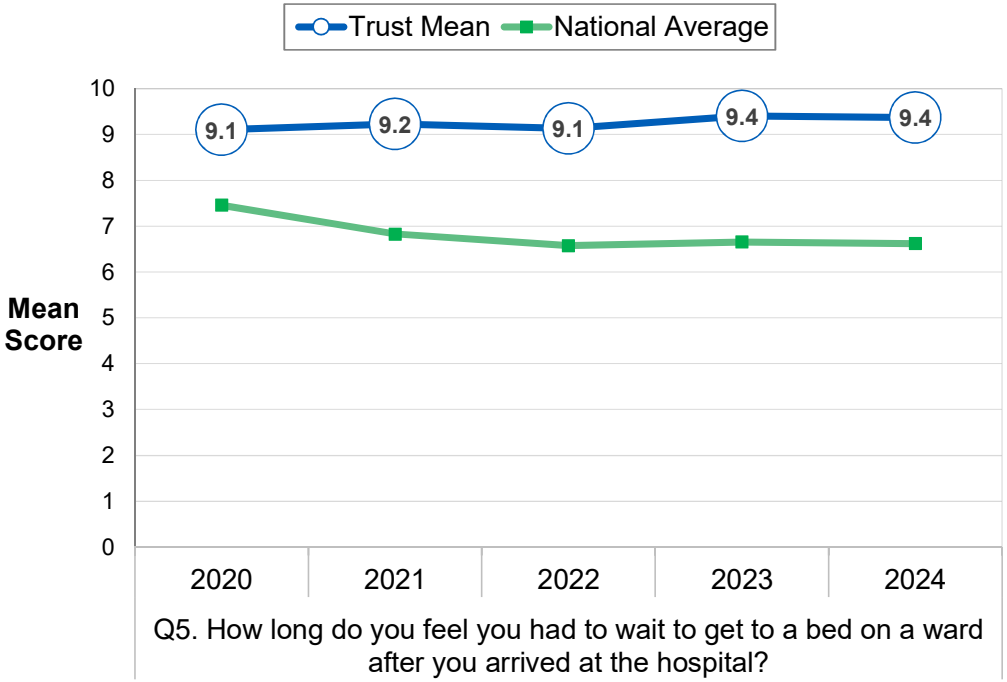
Each question is displayed in a line chart. These charts show your trust mean score for each survey year (blue line). The national average is also shown across survey years, this is the average score for that question across all NHS trusts with Adult Inpatient services in England (green line). This enables you to see how your trust compares to the national average. If there is data missing for a survey year, this may be due to either a low number of responses, because the trust was not included in the survey that year, sampling errors or ineligibility.

Statistically significant changes are also displayed in tables underneath the charts, showing significant differences between this year (2024) and the previous years (2023 and 2022). Two sample t-tests with a 95% significance level were used to compare data between 2024 and 2023, and 2024 and 2022. A statistically significant difference means it is unlikely that we would have obtained this result if there was no real difference.



Section 1. Admission to hospital

Question scores

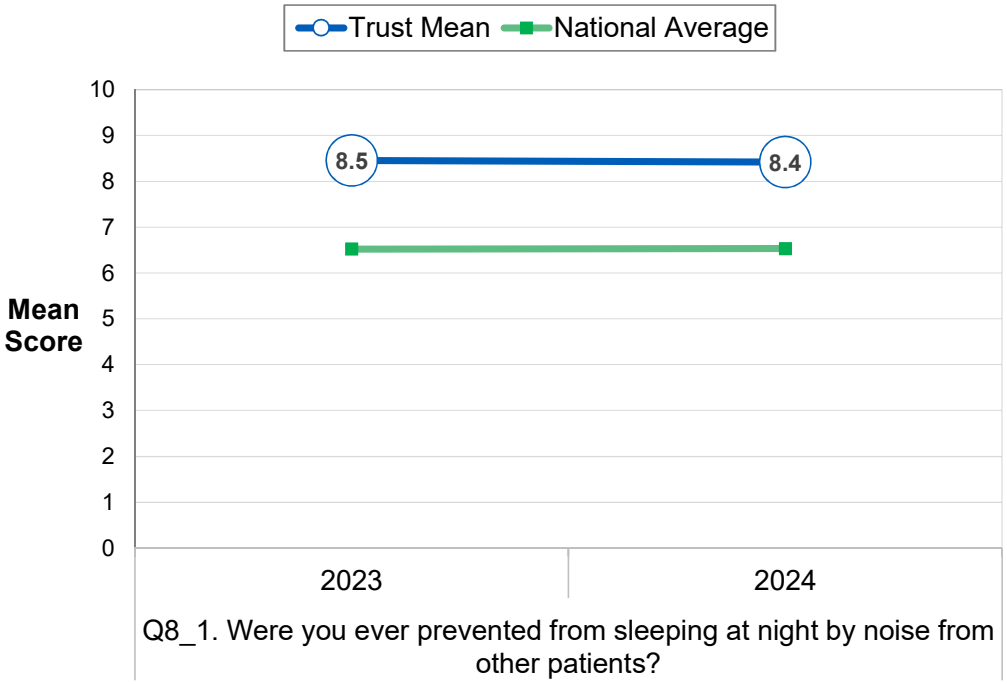


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2020: 622; 2021: 535; 2022: 524; 2023: 516; 2024: 555

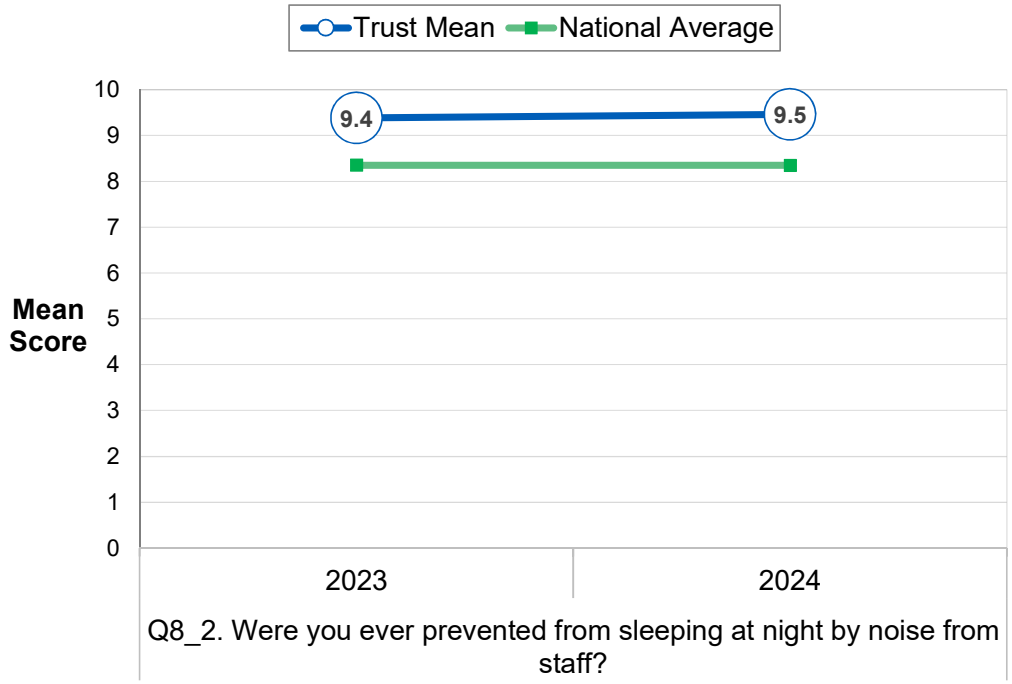
Section 2. The hospital and ward

Question scores



Significant change 2024 vs 2023	No change

Answered by all.
Number of respondents: 2023: 514; 2024: 556

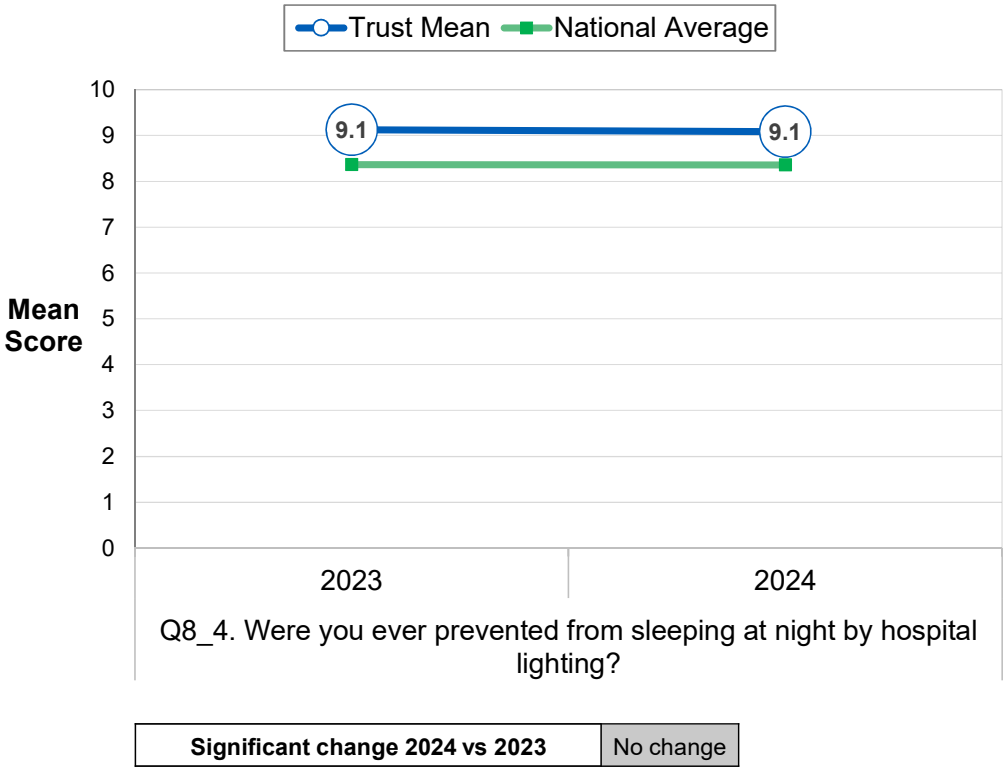


Significant change 2024 vs 2023	No change

Answered by all.
Number of respondents: 2023: 514; 2024: 556

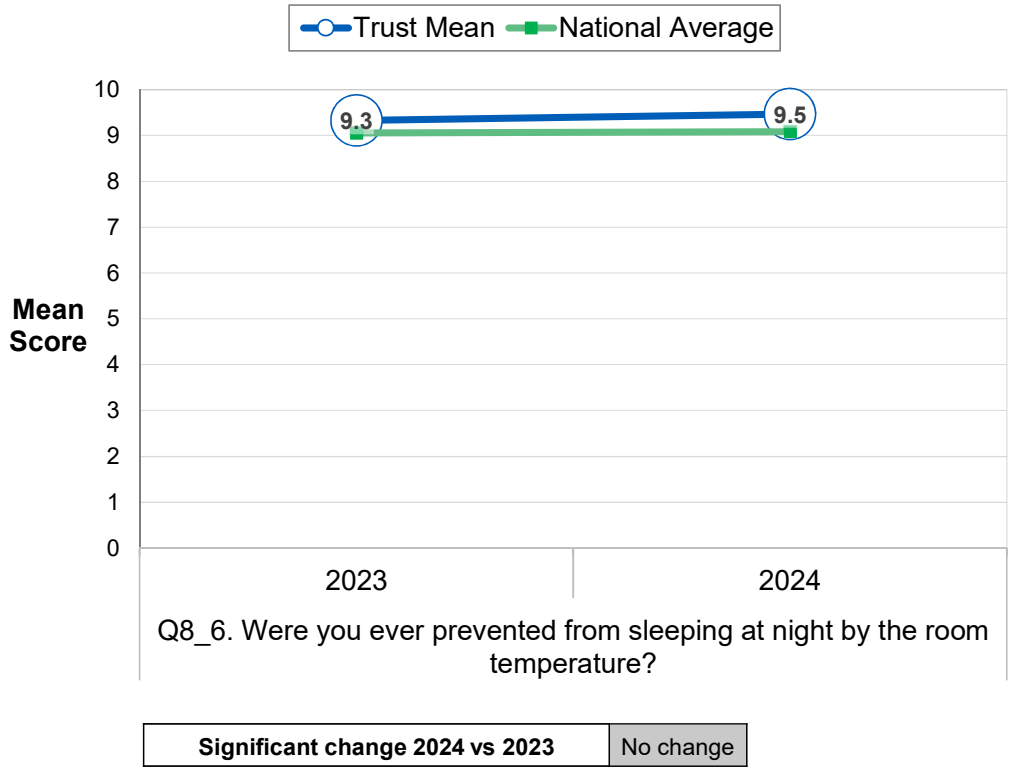
Section 2. The hospital and ward (continued)

Question scores



Significant change 2024 vs 2023	No change

Answered by all.
Number of respondents: 2023: 514; 2024: 556

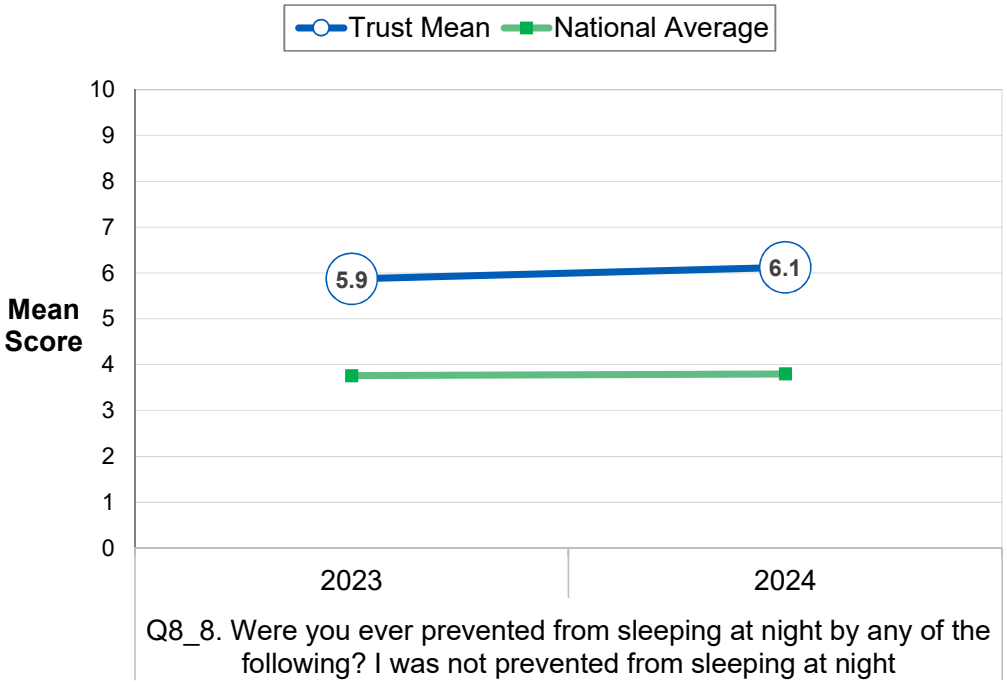


Significant change 2024 vs 2023	No change

Answered by all.
Number of respondents: 2023: 514; 2024: 556

Section 2. The hospital and ward (continued)

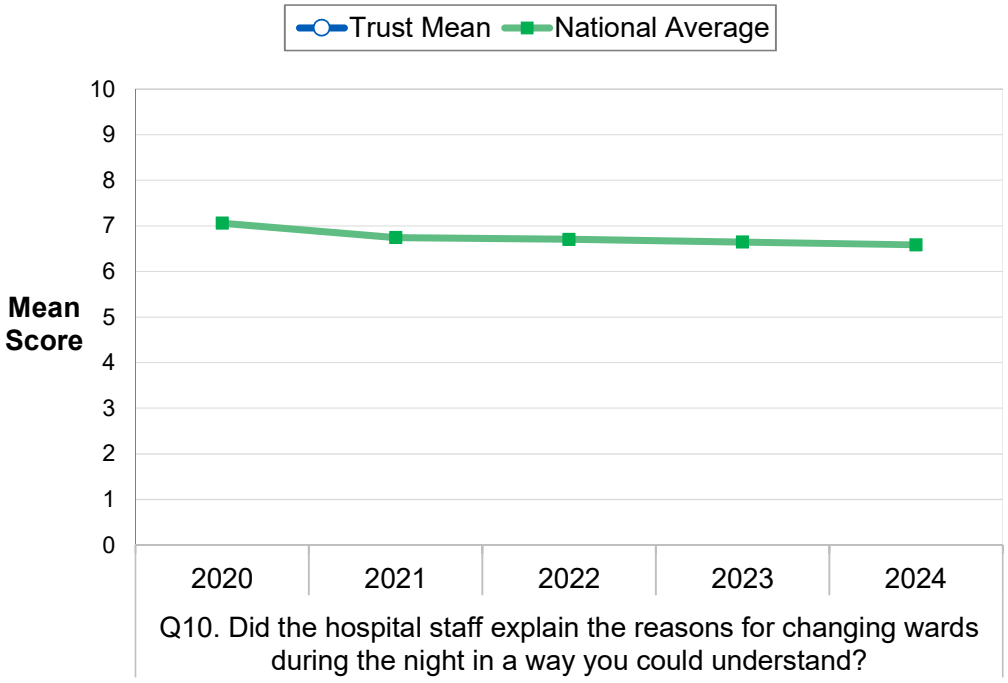
Question scores



Q8_8. Were you ever prevented from sleeping at night by any of the following? I was not prevented from sleeping at night

Significant change 2024 vs 2023	No change

Answered by all.
Number of respondents: 2023: 514; 2024: 556



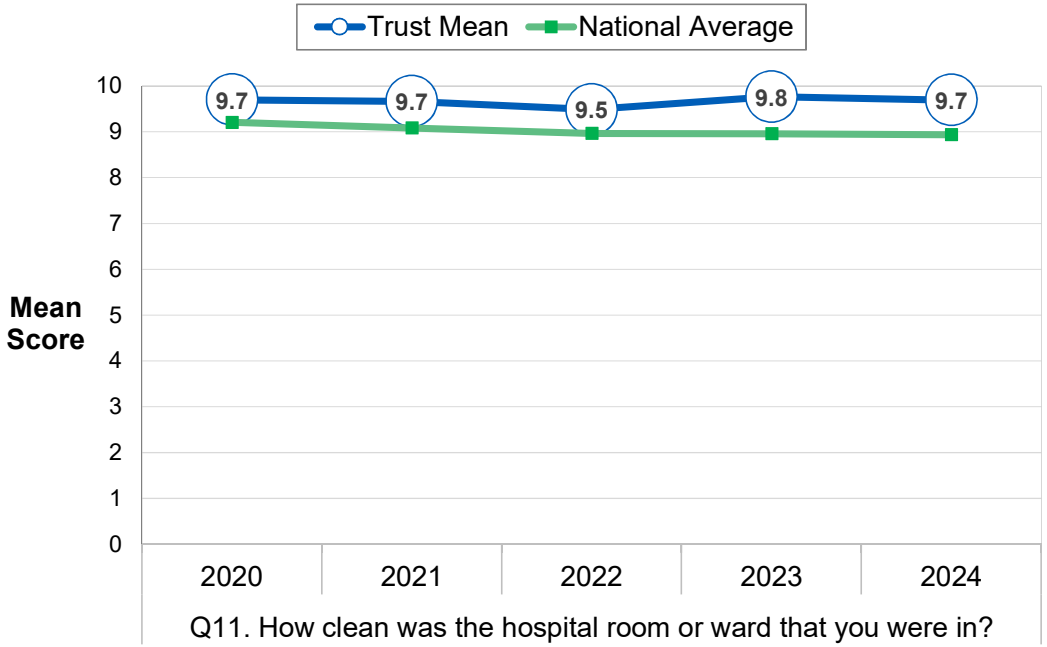
Q10. Did the hospital staff explain the reasons for changing wards during the night in a way you could understand?

Significant change 2024 vs 2023	-
Significant change 2024 vs 2022	-

Answered by those who changed wards during the night. Respondents who stated they didn't need an explanation or couldn't remember have been excluded.
Number of respondents: 2020: - ; 2021: - ; 2022: - ; 2023: - ; 2024: -

Section 2. The hospital and ward (continued)

Question scores

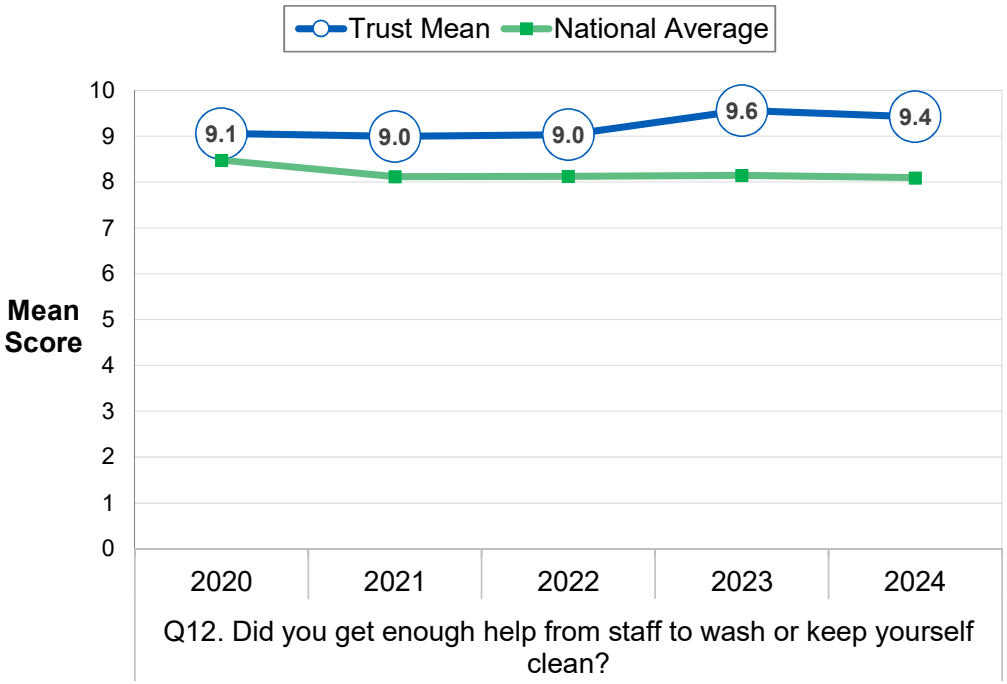


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	Increase

Answered by all. Respondents who stated that they didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 632; 2021: 535; 2022: 531; 2023: 518; 2024: 557

Section 3. Basic needs

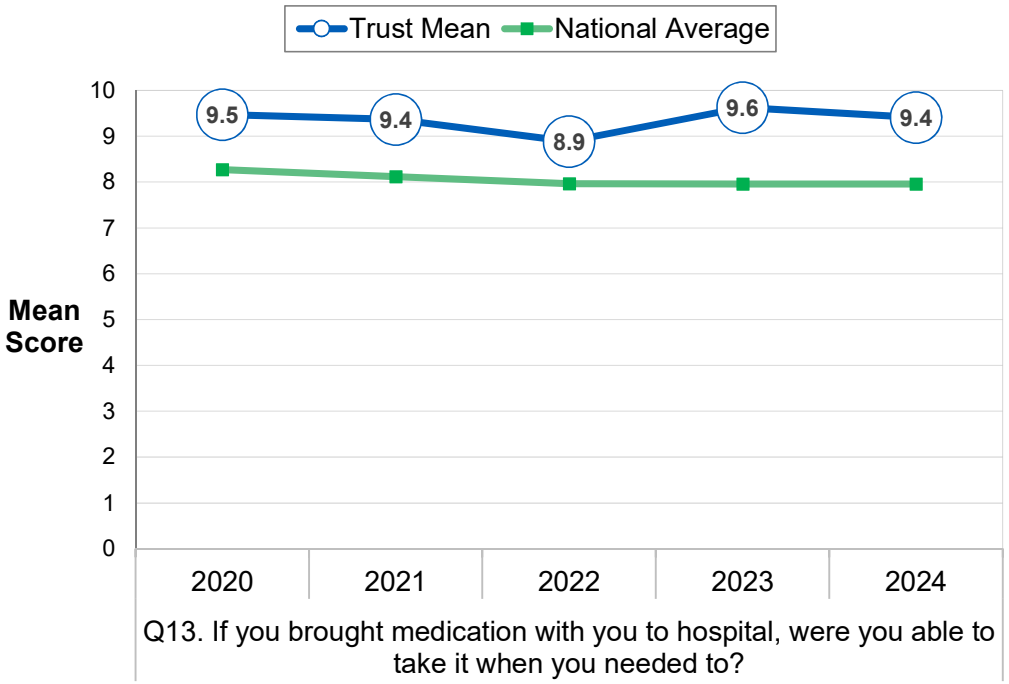
Question scores



Q12. Did you get enough help from staff to wash or keep yourself clean?

Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated they did not need help have been excluded.
Number of respondents: 2020: 361; 2021: 328; 2022: 319; 2023: 301; 2024: 331



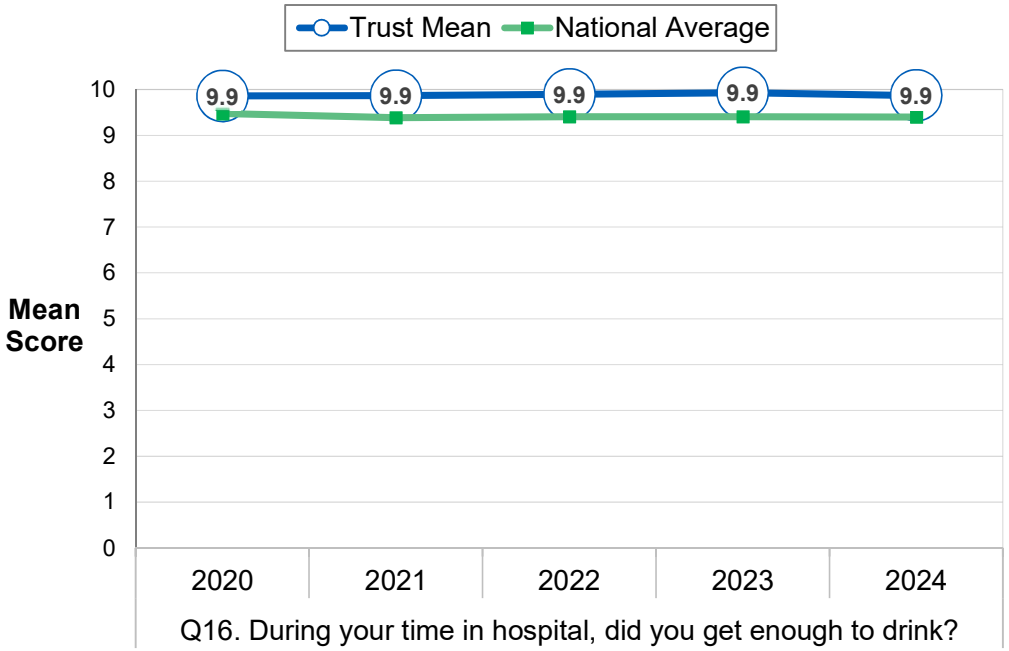
Q13. If you brought medication with you to hospital, were you able to take it when you needed to?

Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated that they had to stop taking medication as part of their treatment or did not bring medication with them to hospital have been excluded.
Number of respondents: 2020: 355; 2021: 314; 2022: 319; 2023: 308; 2024: 336

Section 3. Basic needs (continued)

Question scores

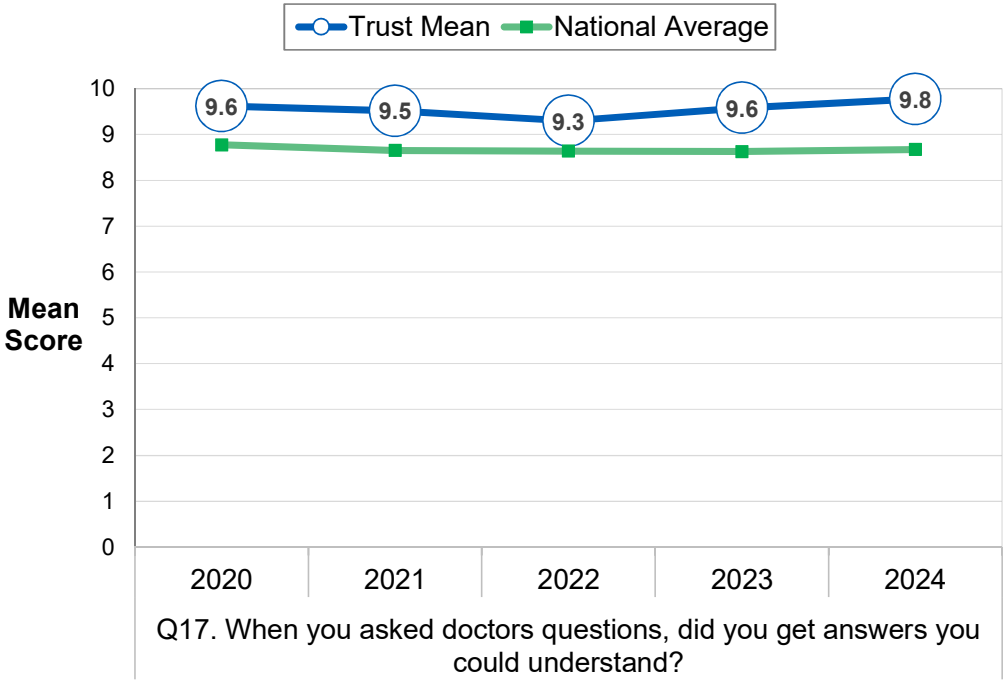


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all.
Number of respondents: 2020: 600; 2021: 525; 2022: 515; 2023: 509; 2024: 545

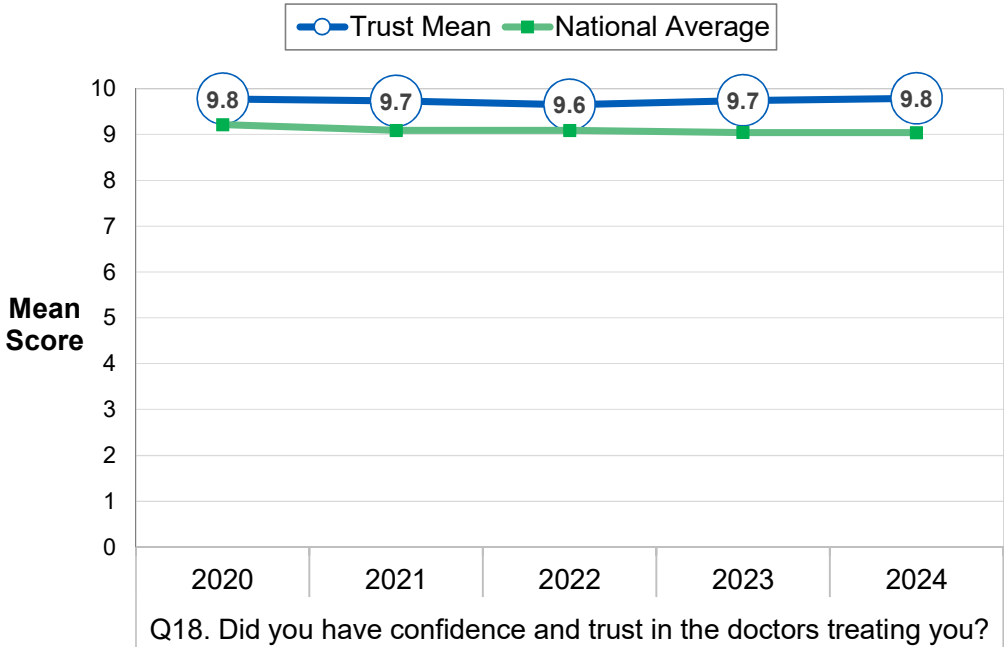
Section 4. Doctors

Question scores



Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	Increase

Answered by all. Respondents who stated they did not have any questions or feel able to ask questions have been excluded.
Number of respondents: 2020: 561; 2021: 476; 2022: 473; 2023: 459; 2024: 504

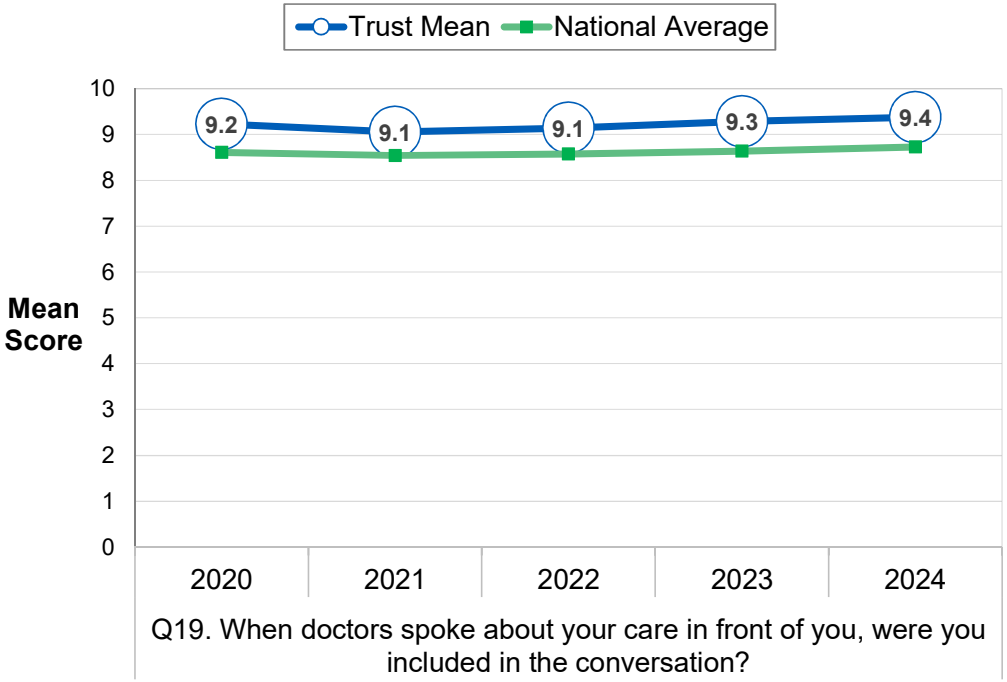


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all.
Number of respondents: 2020: 623; 2021: 535; 2022: 526; 2023: 519; 2024: 554

Section 4. Doctors (continued)

Question scores

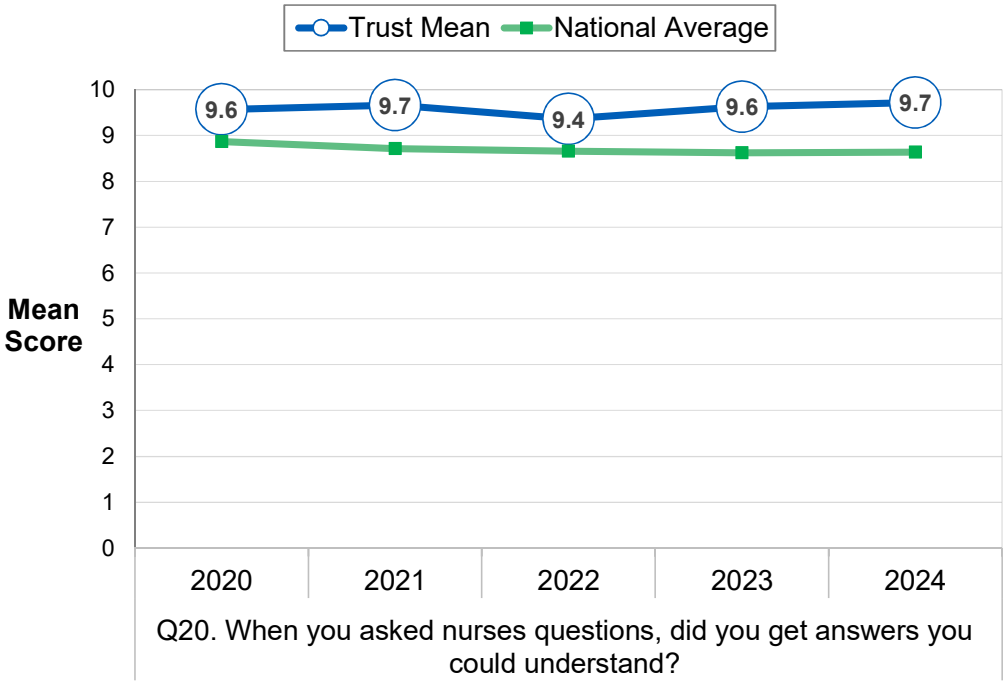


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all.
Number of respondents: 2020: 612; 2021: 526; 2022: 518; 2023: 512; 2024: 545

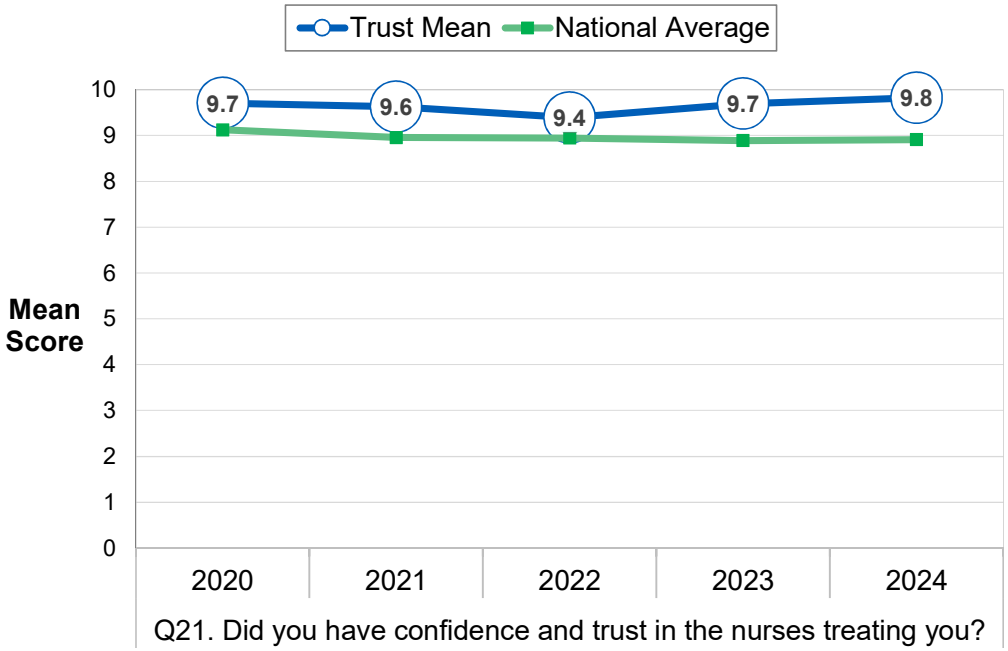
Section 5. Nurses

Question scores



Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	Increase

Answered by all. Respondents who stated they did not have any questions or feel able to ask questions have been excluded.
Number of respondents: 2020: 603; 2021: 511; 2022: 513; 2023: 494; 2024: 530

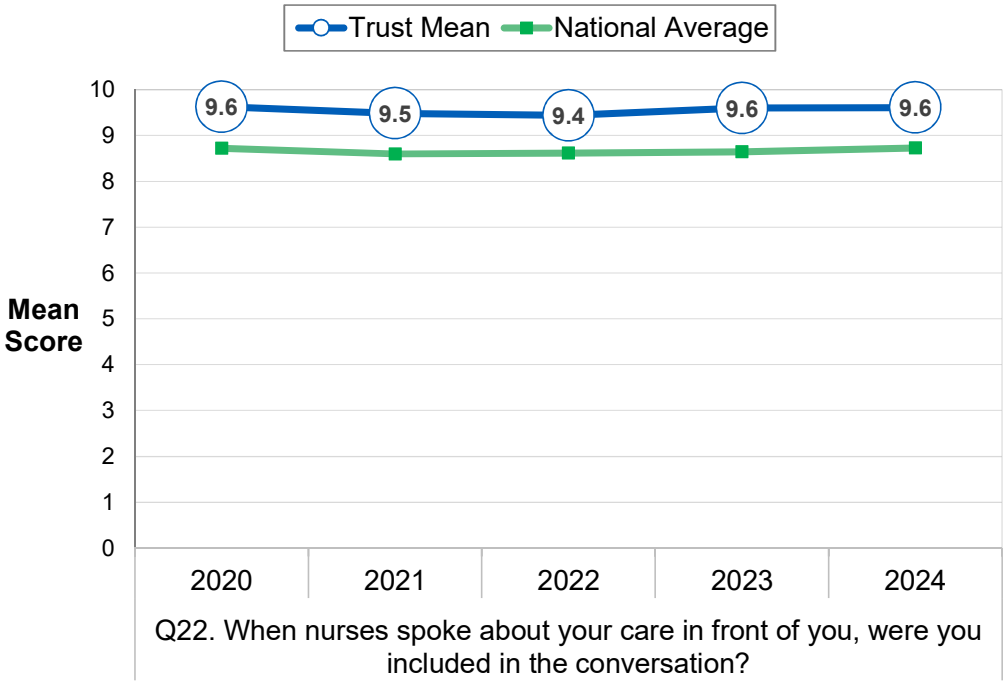


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	Increase

Answered by all.
Number of respondents: 2020: 633; 2021: 539; 2022: 531; 2023: 524; 2024: 557

Section 5. Nurses (continued)

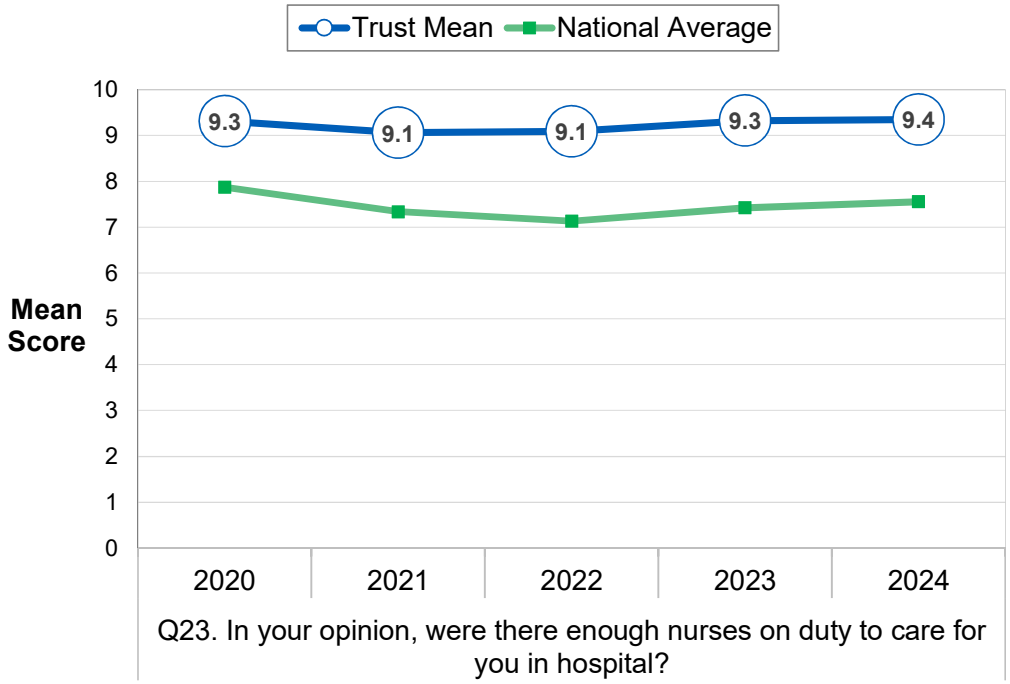
Question scores



Q22. When nurses spoke about your care in front of you, were you included in the conversation?

Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all.
Number of respondents: 2020: 628; 2021: 533; 2022: 523; 2023: 514; 2024: 548



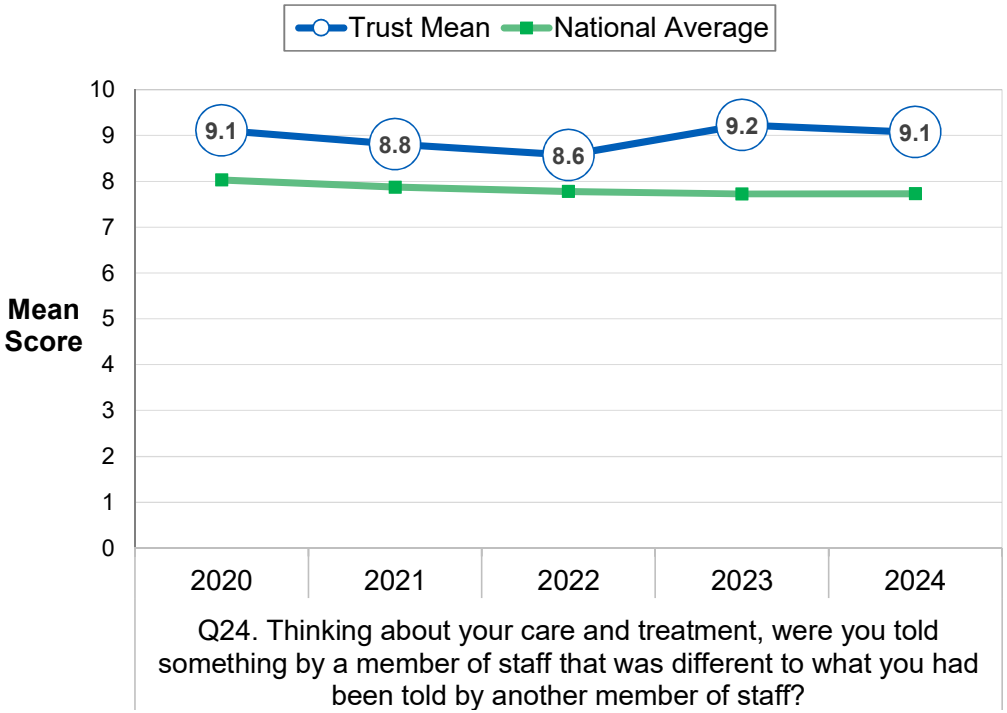
Q23. In your opinion, were there enough nurses on duty to care for you in hospital?

Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all
Number of respondents: 2020: 627; 2021: 534; 2022: 528; 2023: 516; 2024: 557

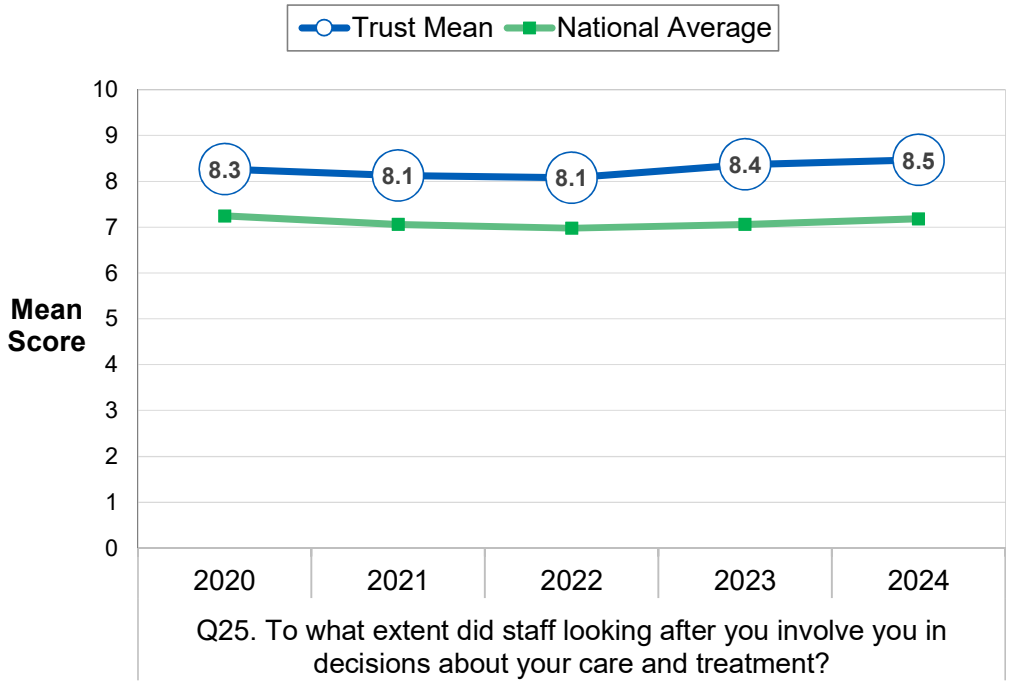
Section 6. Your care and treatment

Question scores



Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	Increase

Answered by all. Respondents who stated they didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 586; 2021: 496; 2022: 480; 2023: 477; 2024: 503

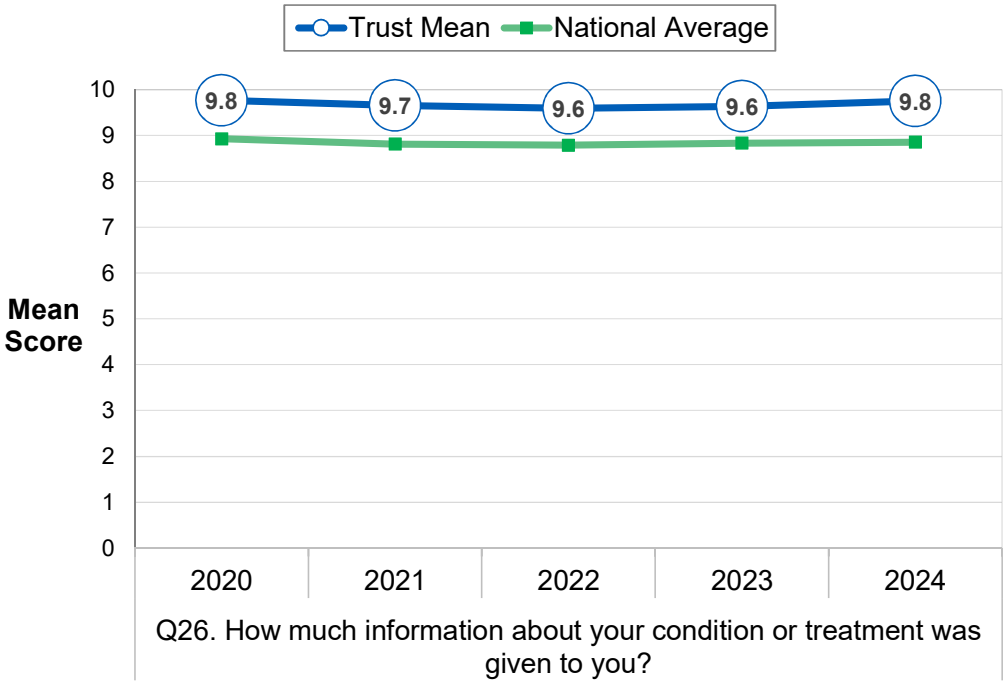


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	Increase

Answered by all. Respondents who stated they were not able to be or didn't want to be involved have been excluded.
Number of respondents: 2020: 605; 2021: 510; 2022: 506; 2023: 493; 2024: 522

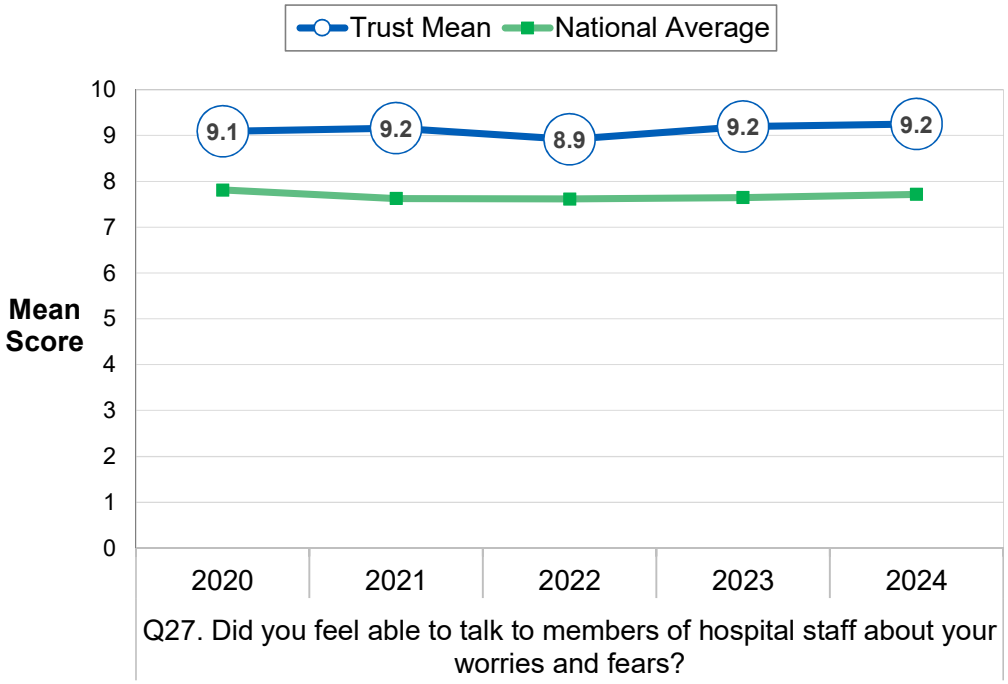
Section 6. Your care and treatment (continued)

Question scores



Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated they didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 626; 2021: 530; 2022: 523; 2023: 512; 2024: 546

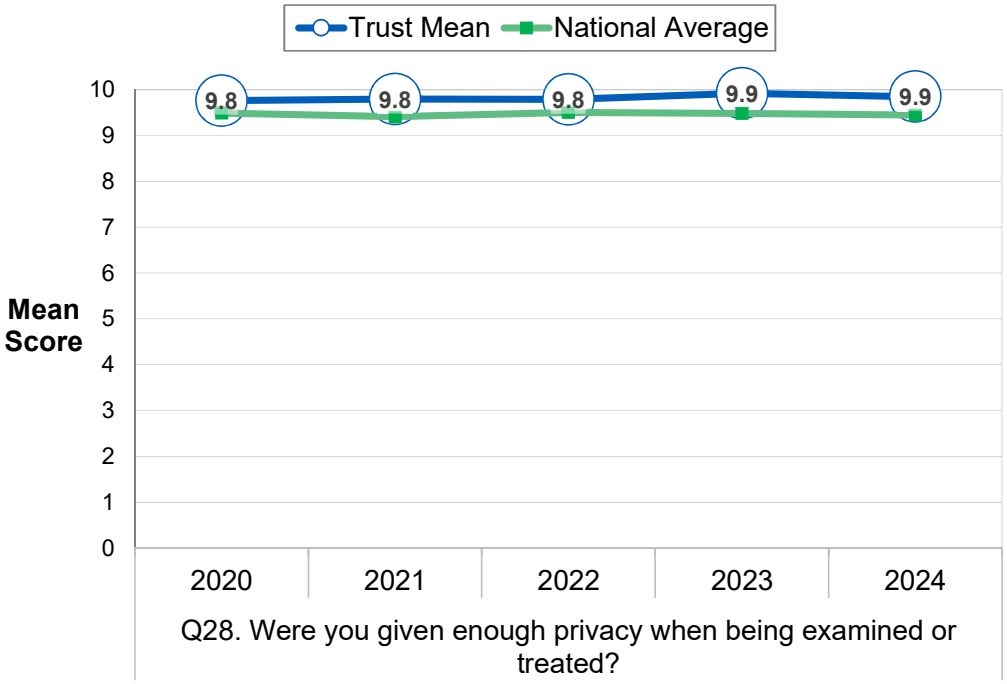


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated they had no worries or fears have been excluded.
Number of respondents: 2020: 514; 2021: 446; 2022: 444; 2023: 414; 2024: 444

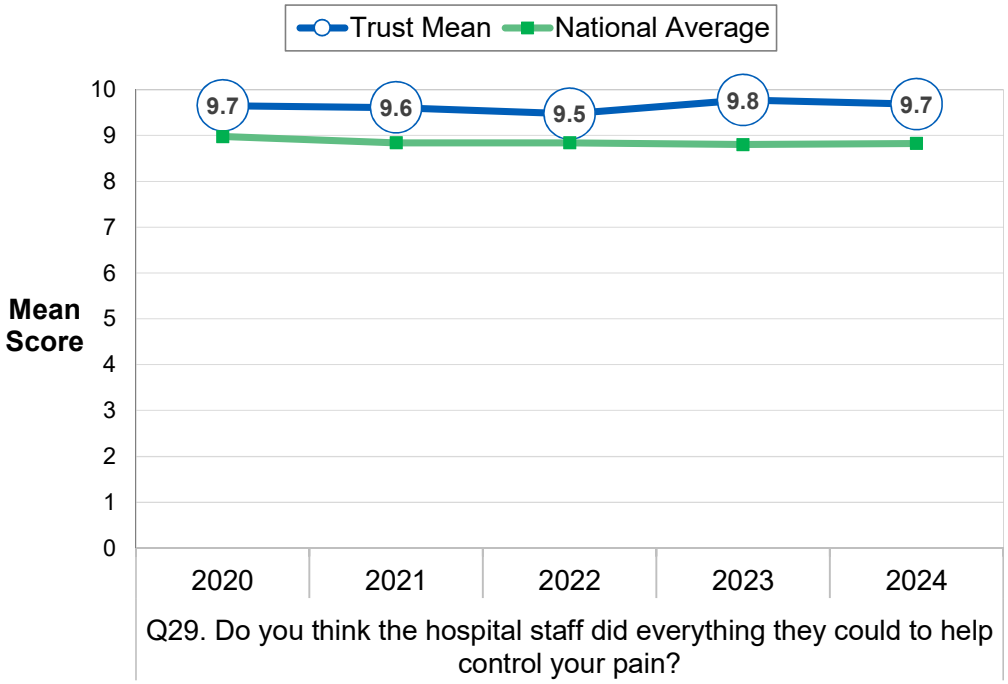
Section 6. Your care and treatment (continued)

Question scores



Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated they did not want this, didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 626; 2021: 529; 2022: 524; 2023: 509; 2024: 552

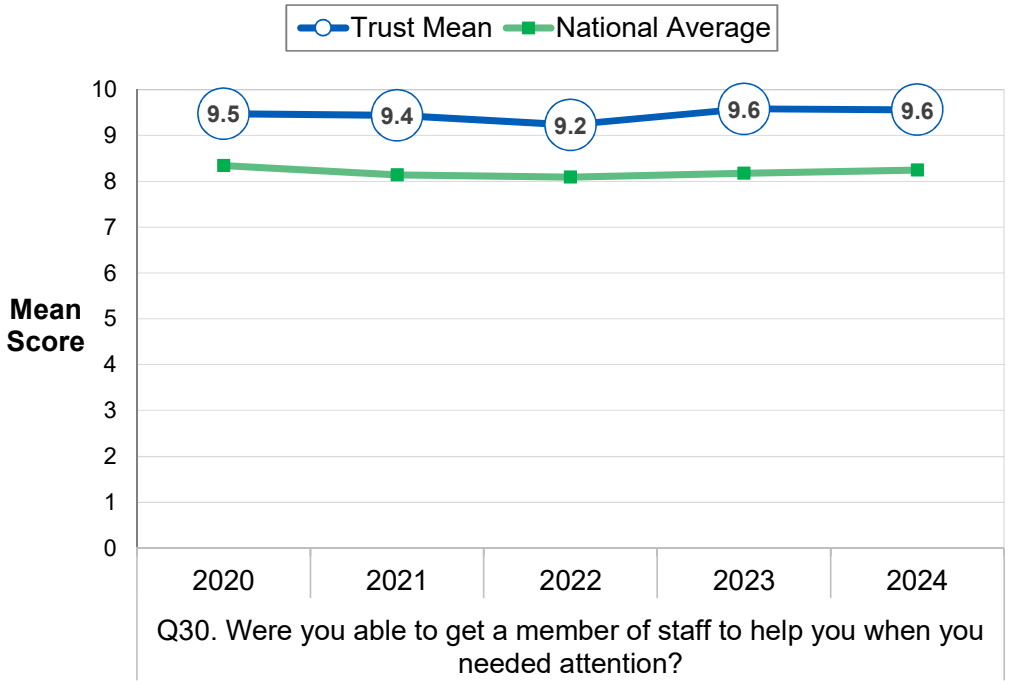


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated they were not in any pain, didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 490; 2021: 445; 2022: 399; 2023: 376; 2024: 426

Section 6. Your care and treatment (continued)

Question scores



Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	Increase

Answered by all. Respondents who stated they did not need attention have been excluded.
Number of respondents: 2020: 526; 2021: 458; 2022: 443; 2023: 427; 2024: 465

Section 7. Individual needs

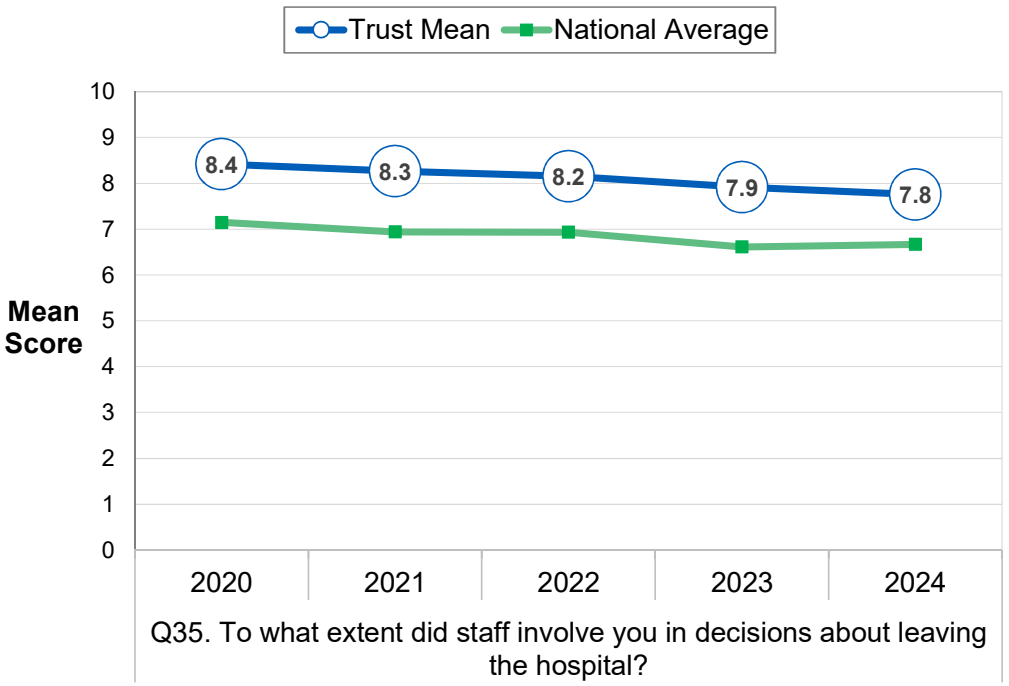
Please note, no data is available for this section as the questions included in this section are new to 2024.

Section 8. Virtual wards

Please note, no data is available for this section as the questions included in this section are non-comparable for 2024.

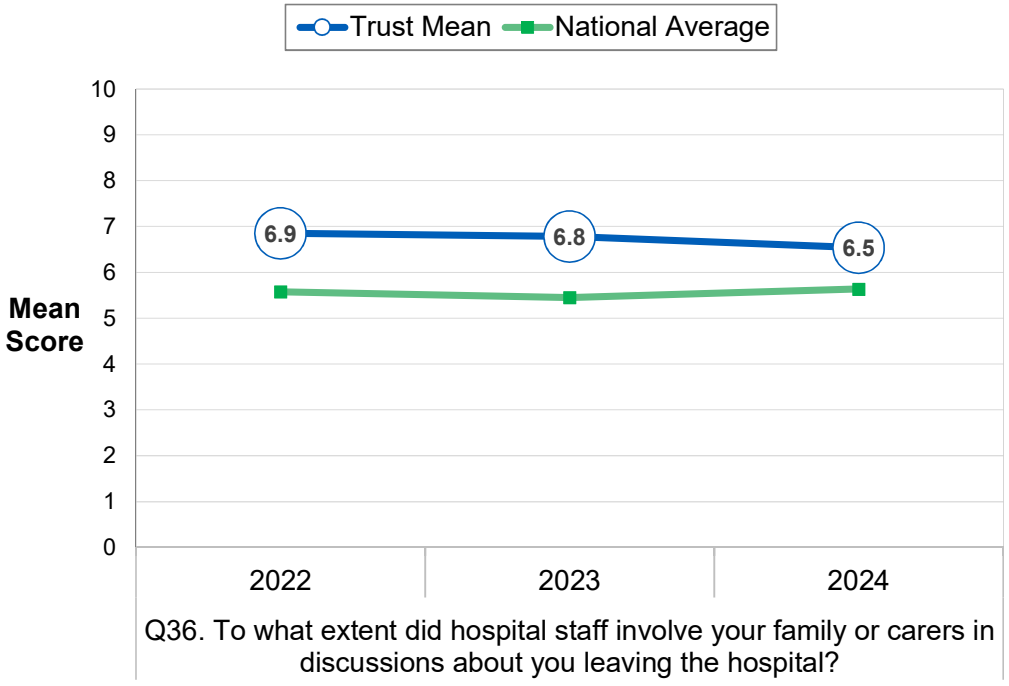
Section 9. Leaving hospital

Question scores



Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated they did not want to be involved in decisions have been excluded.
Number of respondents: 2020: 606; 2021: 512; 2022: 499; 2023: 488; 2024: 524

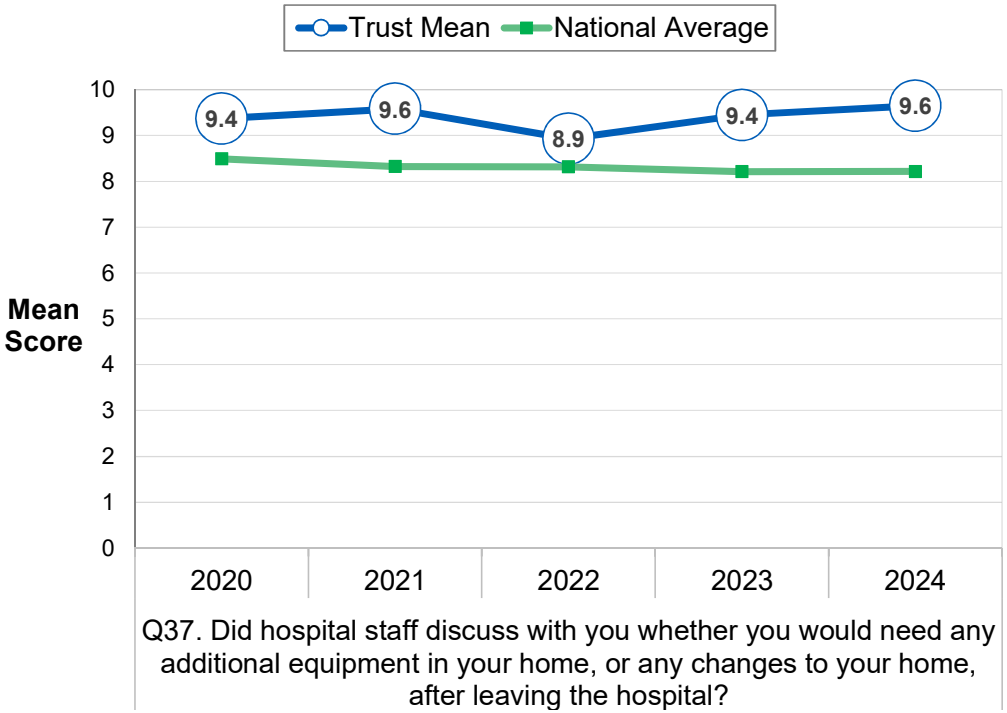


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated that it was not necessary, they didn't know or couldn't remember have been excluded.
Number of respondents: 2022: 256; 2023: 243; 2024: 279

Section 9. Leaving hospital (continued)

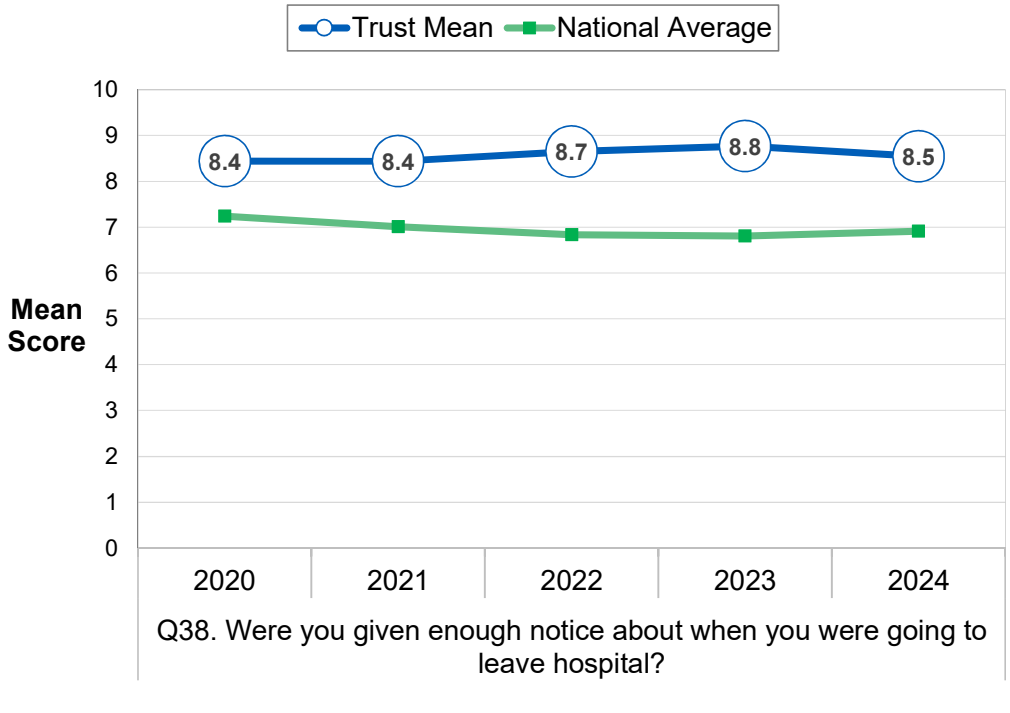
Question scores



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

Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated that it was not necessary to discuss it or that they didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 157; 2021: 149; 2022: 126; 2023: 105; 2024: 120



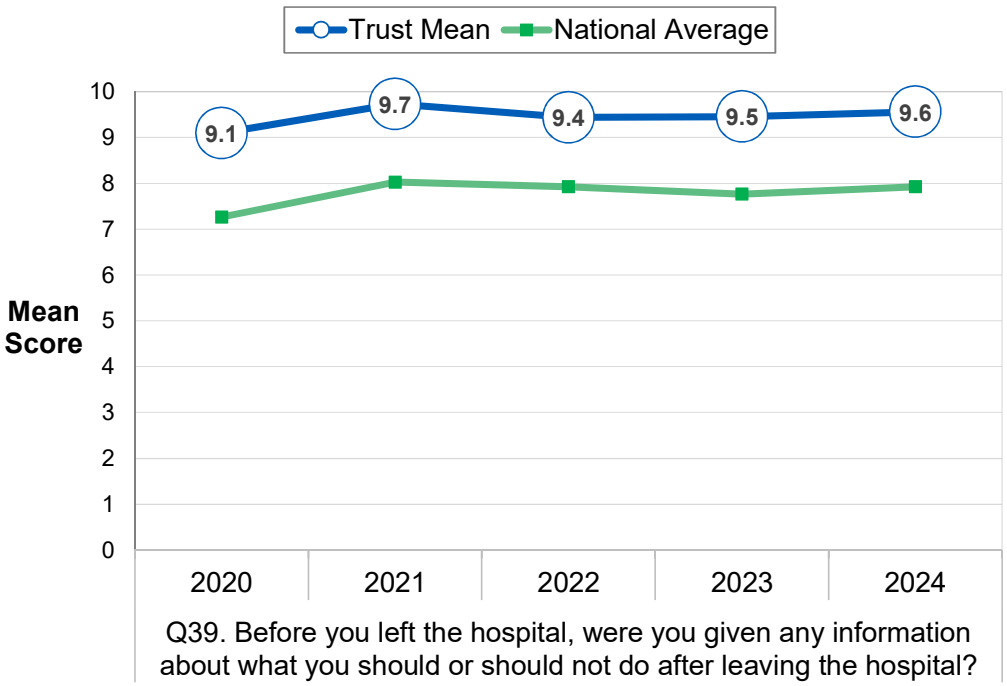
Q38. Were you given enough notice about when you were going to leave hospital?

Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all.
Number of respondents: 2020: 632; 2021: 538; 2022: 533; 2023: 519; 2024: 559

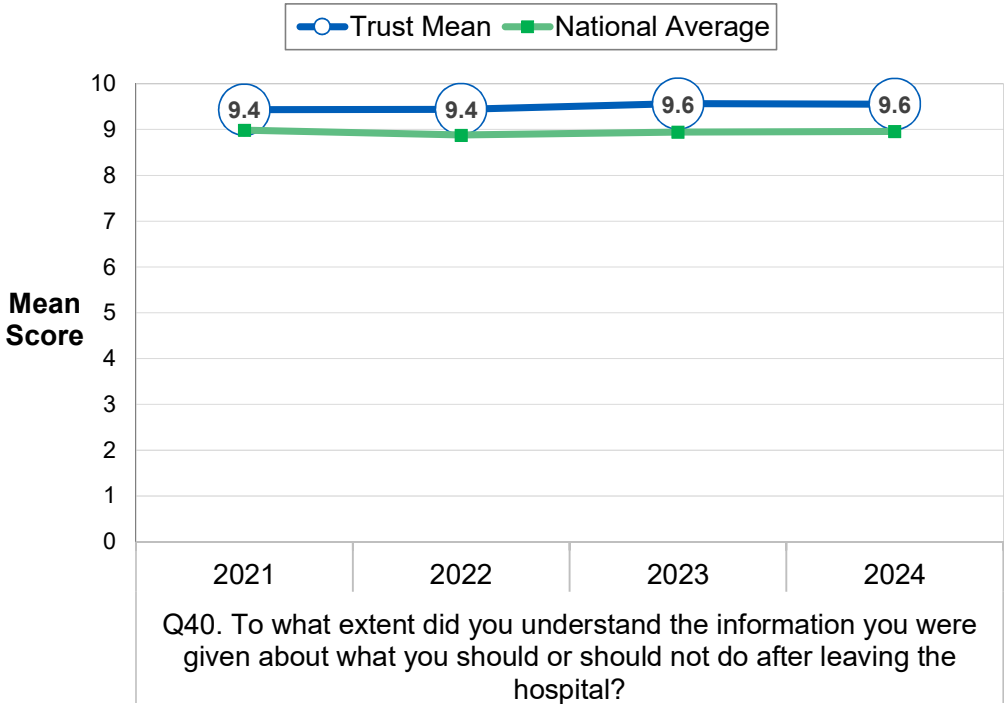
Section 9. Leaving hospital (continued)

Question scores



Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated that they didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 590; 2021: 512; 2022: 511; 2023: 499; 2024: 544

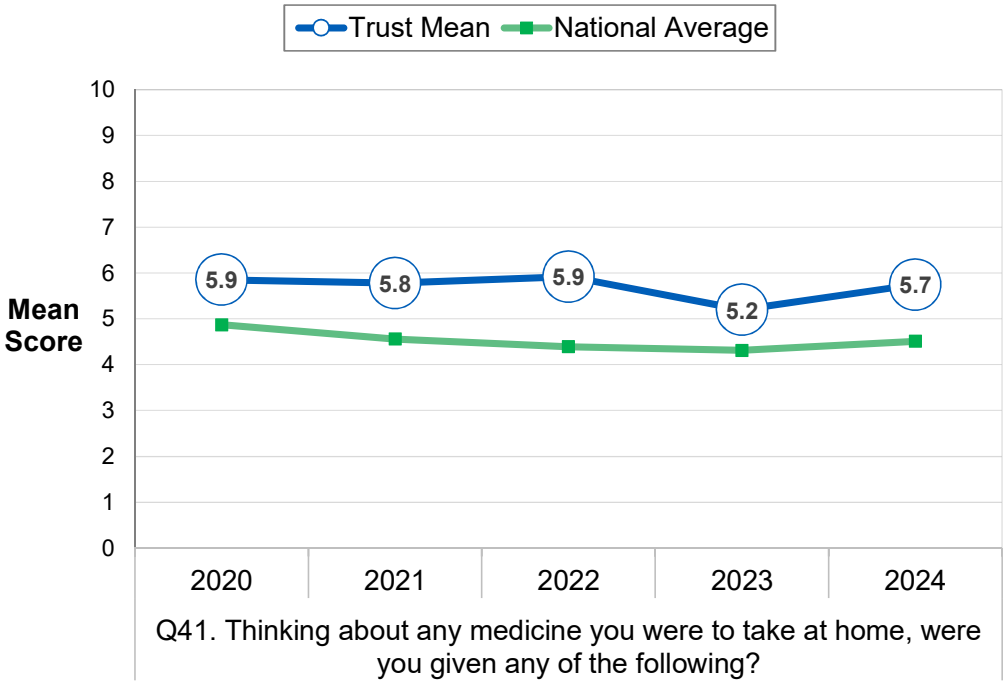


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by those that were given information about what they should or should not do after leaving hospital. Respondents who stated that they didn't know or couldn't remember have been excluded.
Number of respondents: 2021: 480; 2022: 475; 2023: 453; 2024: 495

Section 9. Leaving hospital (continued)

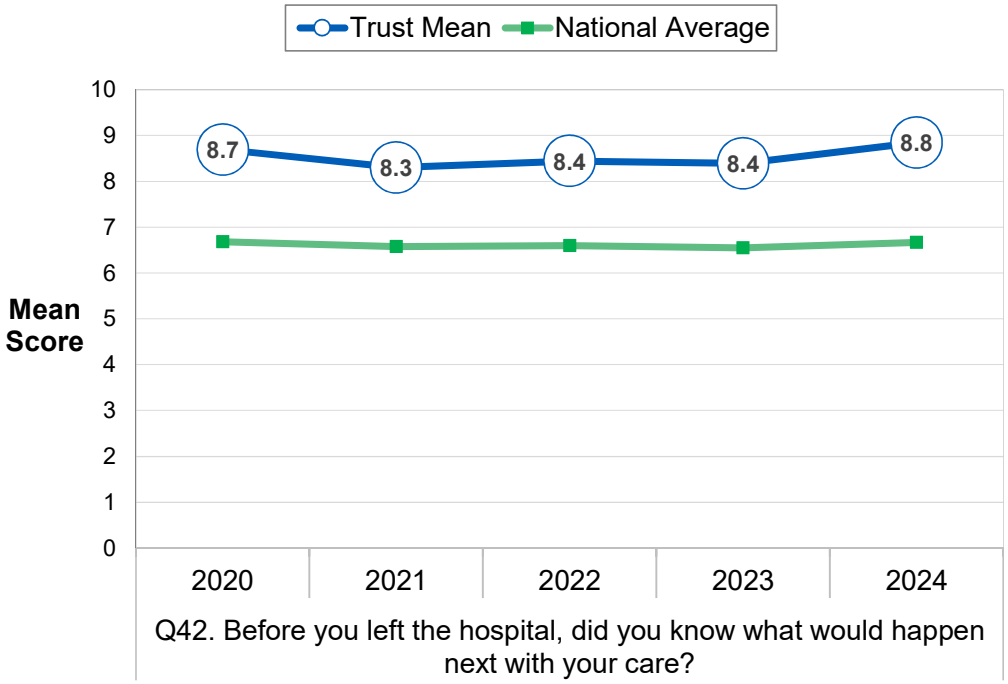
Question scores



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

Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all.
Number of respondents: 2020: 360; 2021: 370; 2022: 271; 2023: 278; 2024: 317



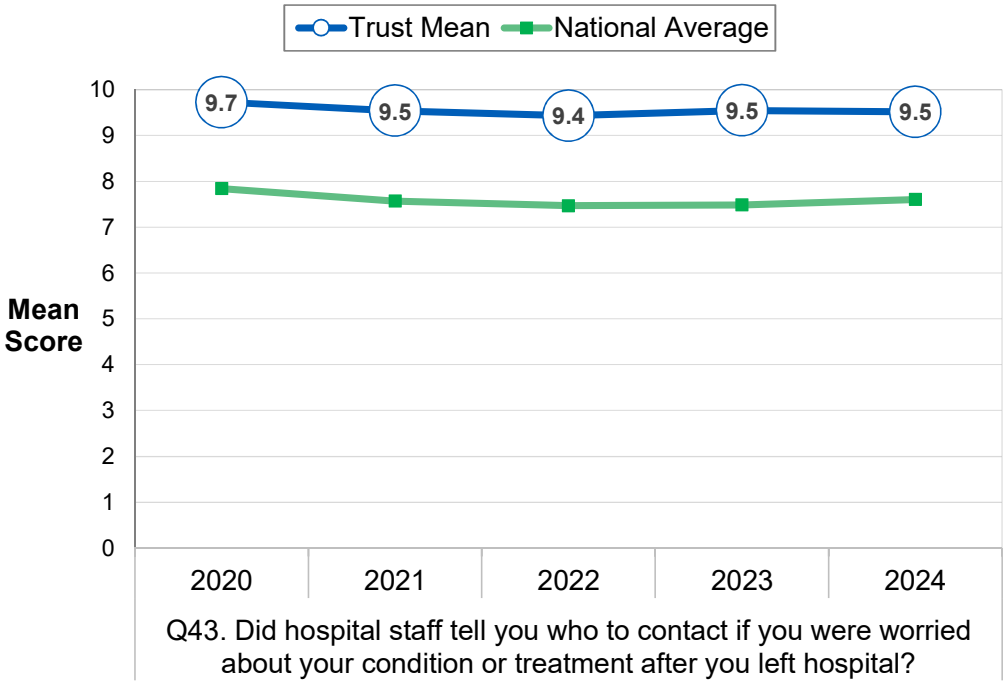
Q42. Before you left the hospital, did you know what would happen next with your care?

Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated that they did not need further care have been excluded.
Number of respondents: 2020: 586; 2021: 517; 2022: 497; 2023: 483; 2024: 509

Section 9. Leaving hospital (continued)

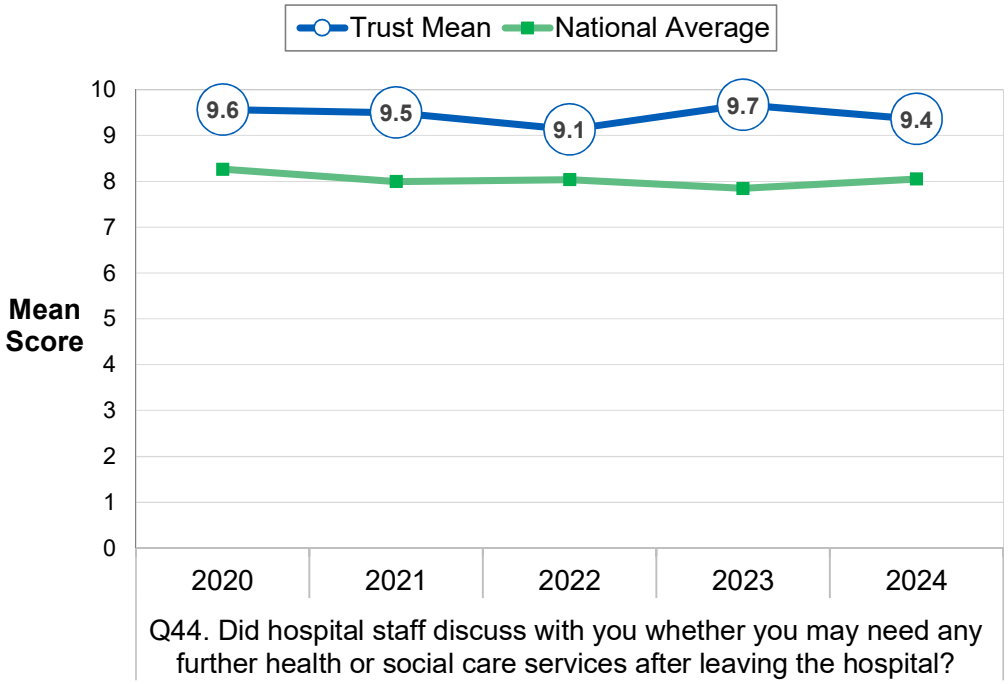
Question scores



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

Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated that they didn't know / couldn't remember have been excluded.
Number of respondents: 2020: 600; 2021: 511; 2022: 499; 2023: 486; 2024: 531



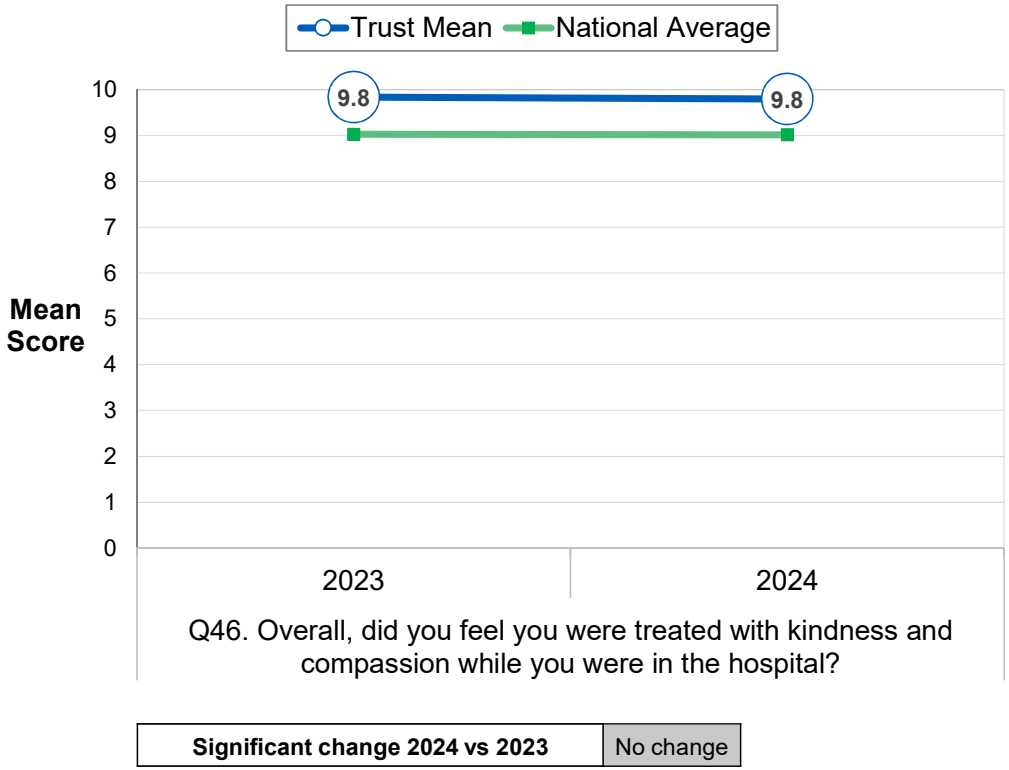
Q44. Did hospital staff discuss with you whether you may need any further health or social care services after leaving the hospital?

Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all. Respondents who stated that it was not necessary to discuss it, or that they didn't know or couldn't remember have been excluded.
Number of respondents: 2020: 257; 2021: 239; 2022: 209; 2023: 178; 2024: 207

Section 10. Kindness and compassion

Question scores

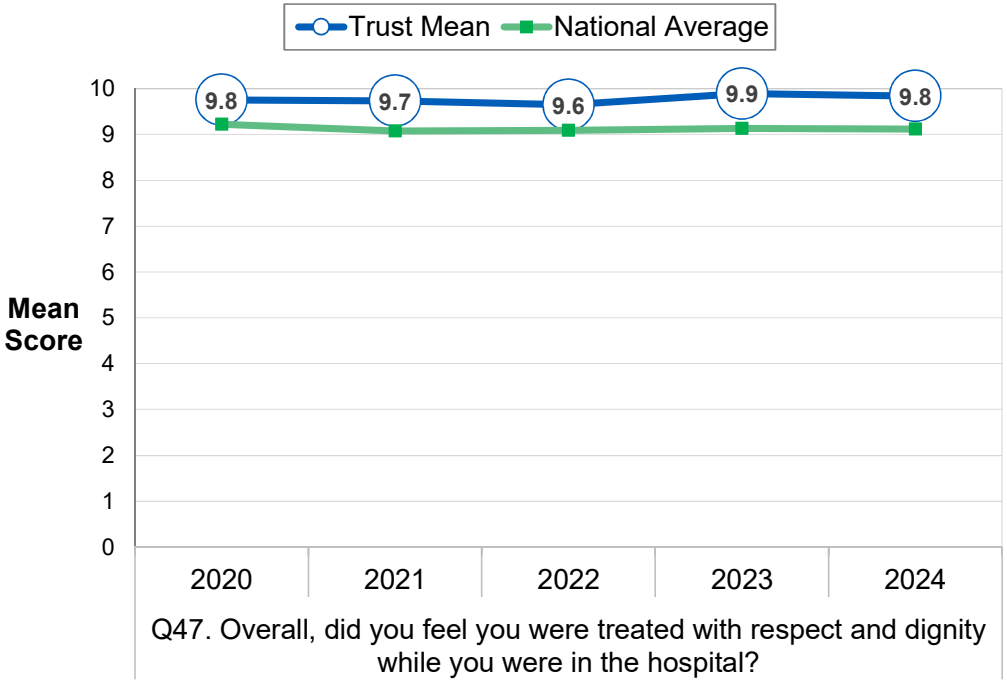


Significant change 2024 vs 2023	No change

Answered by all.
Number of respondents: 2023: 524; 2024: 556

Section 11. Respect and dignity

Question scores

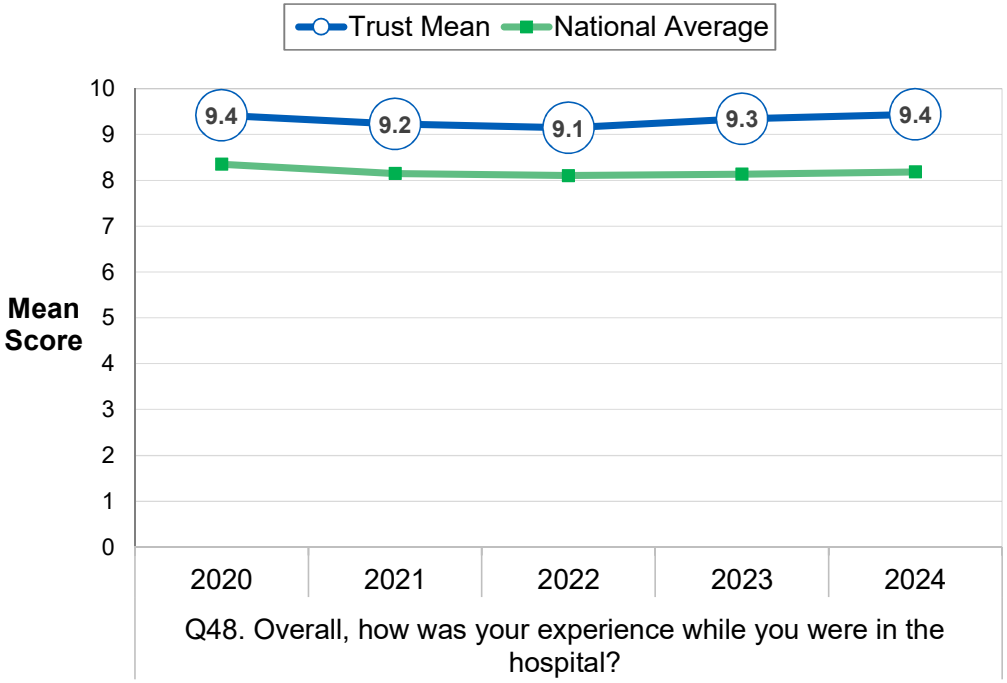


Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	No change

Answered by all.
Number of respondents: 2020: 630; 2021: 536; 2022: 534; 2023: 520; 2024: 553

Section 12. Overall experience

Question scores



Significant change 2024 vs 2023	No change
Significant change 2024 vs 2022	Increase

Answered by all.
Number of respondents: 2020: 630; 2021: 536; 2022: 535; 2023: 520; 2024: 558

Comparison to other trusts

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.

Much better than expected

- Q5. How long do you feel you had to wait to get to a bed on a ward, after you arrived at the hospital?
- Q7. Thinking about the location(s) selected at Q6, how long did you wait, in total, before you were admitted onto a ward?
- Q8_1. Were you ever prevented from sleeping at night by any of the following? Noise from other patients
- Q8_2. Were you ever prevented from sleeping at night by any of the following? Noise from staff
- Q8_8. Were you ever prevented from sleeping at night by any of the following? I was not prevented from sleeping
- Q11. How clean was the hospital room or ward that you were in?
- Q12. Did you get enough help from staff to wash or keep yourself clean?
- Q13. If you brought medication with you to hospital, were you able to take it when you needed to?
- Q15. Were you able to get hospital food outside of set mealtimes?
- Q16. During your time in hospital, did you get enough to drink?
- Q17. When you asked doctors questions, did you get answers you could understand?
- Q18. Did you have confidence and trust in the doctors treating you?
- Q20. When you asked nurses questions, did you get answers you could understand?
- Q21. Did you have confidence and trust in the nurses treating you?
- Q22. When nurses spoke about your care in front of you, were you included in the conversation?
- Q23. In your opinion, were there enough nurses on duty to care for you in hospital?
- Q24. 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?
- Q25. To what extent did staff looking after you involve you in decisions about your care and treatment?
- Q26. How much information about your condition or treatment was given to you?
- Q27. Did you feel able to talk to members of hospital staff about your worries and fears?
- Q28. Were you given enough privacy when being examined or treated?
- Q29. Do you think the hospital staff did everything they could to help control your pain?
- Q30. Were you able to get a member of staff to help you when you needed attention?
- Q35. To what extent did hospital staff involve you in decisions about leaving the hospital?

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_4. Were you ever prevented from sleeping at night by any of the following? Hospital lighting
- Q8_6. Were you ever prevented from sleeping at night by any of the following? Room temperature
- Q14. Did you get enough help from staff to eat your meals?
- Q19. When doctors spoke about your care in front of you, were you included in the conversation?
- Q36. To what extent did hospital staff involve your family or carers in discussions about you leaving the hospital?

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.

Somewhat better than expected

- No questions for your trust fall within this banding.

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.

Somewhat worse than expected

- No questions for your trust fall within this banding.

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.

Worse than expected

- No questions for your trust fall within this banding.

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.

Much worse than expected

- No questions for your trust fall within this banding.

For further information

Please contact the Survey Coordination Centre:
inpatient@surveycoordination.com

National Cancer Patient Experience Survey

2024 Results

Queen Victoria Hospital NHS Foundation Trust

Published July 2025

The National Cancer Patient Experience Survey is undertaken by Picker on behalf of NHS England

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Executive summary

Questions above expected range

	Case mix adjusted scores			National score
	2024 score	Lower expected range	Upper expected range	
Q03. Referral for diagnosis was explained in a way the patient could completely understand	**81%**	55%	79%	**67%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	**90%**	54%	88%	**71%**
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	**97%**	56%	88%	**72%**
Q34. Patient was always able to get help from ward staff when needed	**97%**	58%	90%	**74%**
Q35. Patient was always able to discuss worries and fears with hospital staff	**88%**	49%	83%	**66%**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	**87%**	64%	85%	**75%**
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	**79%**	48%	73%	**61%**

Executive summary

Questions below expected range

	Case mix adjusted scores			National score
	2024 score	Lower expected range	Upper expected range	
Q05. Patient received all the information needed about the diagnostic test in advance	**85%**	85%	100%	**93%**

Introduction

The National Cancer Patient Experience Survey 2024 is the fourteenth iteration of the survey first undertaken in 2010. It has been designed to monitor progress on cancer care; to provide information to drive local quality improvements; to assist commissioners and providers of cancer care; and to inform the work of the various charities and stakeholder groups supporting cancer patients.

The survey was undertaken by Picker on behalf of NHS England and it was overseen by a National Cancer Patient Experience Advisory Group. This Advisory Group set the principles and objectives of the survey programme and guided questionnaire development. The survey was commissioned and managed by NHS England. The survey provider, Picker, is responsible for designing, running and analysing the survey.

The 2024 survey involved 131 NHS trusts. Out of 127,021 people, 64,055 people responded to the survey, yielding a response rate of 50%.

Methodology

Eligibility, fieldwork and survey methods

The sample for the survey included all adult (aged 16 and over) NHS patients, with a confirmed primary diagnosis of cancer, discharged from an NHS trust after an inpatient episode or day case attendance for cancer related treatment in the months of April, May and June 2024. The fieldwork for the survey was undertaken between November 2024 and February 2025.

As in the previous nine years, the survey used a mixed mode methodology. Questionnaires were sent by post, with two reminders where necessary, but also included an option to complete the questionnaire online. A Freephone helpline and email was available for respondents to opt out, ask questions about the survey, enable them to complete their questionnaire over the phone and provide access to a translation and interpreting facility for those whose first language was not English.

Note on question comparability

The questionnaire was redeveloped for the 2021 National Cancer Patient Experience Survey. Year on year comparisons between 2021, 2022, 2023 and 2024 are included in this report for most questions. There were three changes to the questionnaire over the last two years:

- In 2023 the question text for Q23 and Q42 were amended. These questions are no longer deemed comparable to 2021 and 2022. Data is only comparable for 2023 and 2024.
- In 2023 the long-term condition question (Q67) was amended to include “Autism or autism spectrum condition” as a response option. And the “Neurological condition” answer option was updated to include an example condition changing it to “Neurological condition, such as epilepsy”. These changes see the answer option “Neurological condition, such as epilepsy” as no longer being deemed comparable to 2021 and 2022. Data is only comparable for 2023 and 2024.
- In 2023 the ethnic group question (Q71) was amended to include “Roma” as an answer option. The ethnic group question is still deemed comparable to 2021 and 2022. Data for the answer option is only available for 2023 and 2024.

Case mix adjustment

Both unadjusted and adjusted scores are presented in this report. Case mix adjusted scores allow us to account for the impact that differing patient populations might have on results. By using the case mix adjusted estimates we can obtain a greater understanding of how a trust is performing given their patient population. The factors taken into account in this case mix adjustment are ‘Which of the following best describes you?’, age, ethnicity, deprivation, and cancer type.

Unadjusted data should be used to see the actual responses from patients relating to the trust. Case mix adjusted data, together with expected ranges, should be used to understand whether the results are significantly higher or lower than national results taking account of the patient mix.

How trust results are derived

Trust results are derived using the NHS trust where each patient received cancer related treatment. Trust results are presented at the 'National' level, meaning results include patients with addresses in England and elsewhere in the UK. Some patients may receive care at a trust which is not near to where they live.

Scoring methodology

Sixty-one questions from the questionnaire are scored as these questions relate directly to patient experience. For all but one question (Q59), the score shows the percentage of respondents who gave the most favourable response to a question. For Q59, respondents rate their overall care on a scale of 0 to 10, of which the average was calculated for this question's score. The percentages in this report have been rounded to the nearest percentage point. Therefore, in some cases the figures do not appear to add up to 100%.

In 2022, following a review of the scoring methodology, a change was made to the scoring of Q12 such that the response option "No, I was told by letter or email" is no longer considered neutral and is now scored as negative.

The full scoring for all questions at a trust level is available in the trust Excel tables available at www.ncpes.co.uk. Excel tables are also available at a national, ICB and Cancer Alliance level.

Statistical significance

In the reporting of 2024 results, appropriate statistical tests have been undertaken to identify unadjusted scores for which the change over time is 'statistically significant'. A statistically significant difference means that the change in the result is very unlikely to have occurred by chance.

Suppression

Data is suppressed for two reasons: to ensure unreliable results based on very small numbers of respondents are not released, and to prevent individuals being identifiable in the data.

In cases where a result is based on fewer than 10 responses, the result has been suppressed. For example, where fewer than 10 people answered a question from a particular trust, the results are not shown for that question for that trust.

For trusts with an eligible population of 1,000 or fewer, data relating to the respondent and their condition has been suppressed where 5 people or fewer were in a particular category. In instances where only one has been suppressed, the next lowest category has been suppressed to prevent back calculation from the total number of responses.

Additional suppression

Additional suppression happens if only **one** trust has a score suppressed. If this happens, we will suppress another trust's results (both the trust level and subgroup results for the question) based on the next lowest number of respondents for the score. We do this so that the national score cannot be used to work out the score for the individual trust.

The same rule applies to groups in each subgroup breakdown. For example, if only one trust has the 85+ age group suppressed for Q25 we will need to suppress another trust's results for the 85+ age group on Q25. This suppression is based on the 85+ age group with the next lowest number of respondents for Q25.

Understanding the results

This report shows how this trust scored for each question in the survey compared with national results. It is aimed at helping individual trusts to understand their performance and identify areas for local improvement. Below is a description of the type of results presented within this report and how to understand them.

Expected range charts

The expected range charts in this report show a bar with the lowest and highest score received for each question nationally. Within this bar, an expected range is given (within the grey bar) and a black diamond represents the actual score for this trust.

Trusts whose score is above the upper limit of the expected range (in the dark blue) are positive outliers, with a score statistically significantly higher than the national mean. This indicates that the trust performs better than what trusts of the same size and demographics are expected to perform. The opposite is true if the score is below the lower limit of the expected range (in the light blue); these are negative outliers. For scores within the expected range (in the grey), the score is what we would expect given the trust's size and demographics.

Comparability tables

The comparability tables show the 2023 and 2024 unadjusted scores for this trust for each scored question. The Change 2023-2024 and Change overall columns show whether the scores show a statistically significant variation between years. This is shown between 2023-2024 and as an overall between 2021-2024. An upwards arrow indicates a statistically significant increase, a downwards arrow indicates a statistically significant decrease, and no arrow indicates no statistically significant change.

The adjusted 2024 score will also be presented for each scored question along with the lower and upper expected range and national score. Scores above the upper limit of the expected range will be highlighted dark blue, scores below the lower limit of the expected range will be highlighted light blue, and scores within the lower and upper limit of the expected ranges will be highlighted grey.

Subgroup breakdowns

Unadjusted scores are shown for tumour group, ‘Which of the following best describes you?’, age, IMD quintile, long-term condition status and ethnicity breakdowns. Unadjusted scores for the same subgroup across different trusts may not be comparable, as they do not account for the impact that differing patient populations might have on results.

Tumour group tables

The tumour group tables show the unadjusted scores for each scored question for each of the 13 tumour groups. Central nervous system is abbreviated as ‘CNS’ and lower gastrointestinal tract is abbreviated as ‘LGT’ throughout this report.

Age group tables

The age group tables show the unadjusted scores for each scored question for each of the eight age groups.

‘Which of the following best describes you?’

These tables show the unadjusted scores for the following groups male; female; non-binary; prefer to self-describe; and prefer not to say.

Ethnicity tables

The ethnicity tables show the unadjusted scores for six ethnicity groups.

Long-term condition status tables

The long-term condition status tables show the unadjusted scores for two groups: those who indicate they have one or more long-term conditions and those who indicate that they have no long-term conditions.

IMD quintile tables

The IMD quintile tables show the unadjusted scores for five quintiles based on relative disadvantage, with quintile 1 being the most deprived and quintile 5 being the least deprived.

Year on year charts

The year on year charts show four columns representing the unadjusted scores of the last four years (2021, 2022, 2023 and 2024) for each scored question.

National level and England level data

In some cases (389 respondents in 2024), patients from outside England (from Wales, Scotland, Northern Ireland, the Channel Islands or the Isle of Man) are referred to English NHS trusts for treatment. These patients are described as 'Non-England' in the data.

National level data (England and Non-England) is used for:

- Response rate section
- National column in comparability tables section
- Subgroup tables section (Tumour group tables, Age group tables, 'Which of the following best describes you?', Ethnicity tables, IMD quintile tables and Long-term condition status tables).

England only level data is used for:

- Expected range charts section (as case mix adjustment includes IMD data specific to England)
- Comparability tables section
- Year on year charts section.

Further information

This research was carried out in accordance with the international standard for organisations conducting market and social research (accreditation to ISO20252:2019; certificate number GB08/74322). Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality, and value in the Code of Practice for Statistics that all producers of official statistics should adhere to. You are welcome to contact us directly with any comments about how we meet these standards. Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website.

The 2024 questionnaire and survey guidance can be found on the website at www.ncpes.co.uk, and more information on the methodology in the Technical Document can be viewed on the website at www.ncpes.co.uk. For all other outputs at trust level, please see the Excel tables and dashboards at www.ncpes.co.uk.

Response rate

Overall response rate

84 patients responded out of a total of 155 patients, resulting in a response rate of 54%.

	Sample size	Adjusted sample	Completed	Response rate
Overall response rate	161	155	84	54%
National	135,429	127,021	64,055	50%

Respondents by survey type

	Number of respondents
Paper	63
Online	21
Phone	0
Translation service	0
Total	**84**

Respondents by tumour group

	Number of respondents
Brain / CNS	0
Breast	*
Colorectal / LGT	0
Gynaecological	0
Haematological	*
Head and neck	*
Lung	0
Prostate	0
Sarcoma	0
Skin	44
Upper gastro	0
Urological	0
Other	21
Total	**84**

* indicates the count is not shown due to suppression

Respondents by ethnicity

	Number of respondents
White	
English / Welsh / Scottish / Northern Irish / British	78
Irish	*
Gypsy or Irish Traveller	*
Roma	*
Any other White background	*
Mixed / Multiple Ethnic Groups	
White and Black Caribbean	*
White and Black African	*
White and Asian	*
Any other Mixed / multiple ethnic background	*
Asian or Asian British	
Indian	*
Pakistani	*
Bangladeshi	*
Chinese	*
Any other Asian background	*
Black / African / Caribbean / Black British	
African	*
Caribbean	*
Any other Black / African / Caribbean background	*
Other Ethnic Group	
Arab	*
Any other ethnic group	*
Not given	
Not given	*
Total	**84**

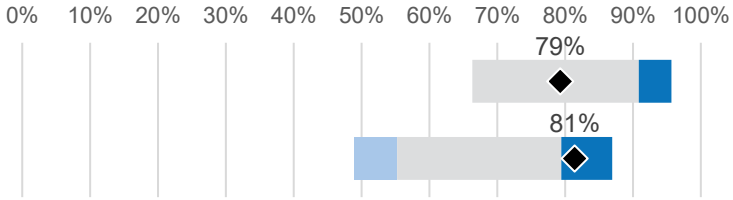
* indicates the count is not shown due to suppression

Expected range charts

Lower expected range | Within expected range | Upper expected range | Case mix adjusted score

The left outer edge of the bars is the lowest score achieved of all trusts. The right outer edge of the bars is the highest score achieved of all trusts.

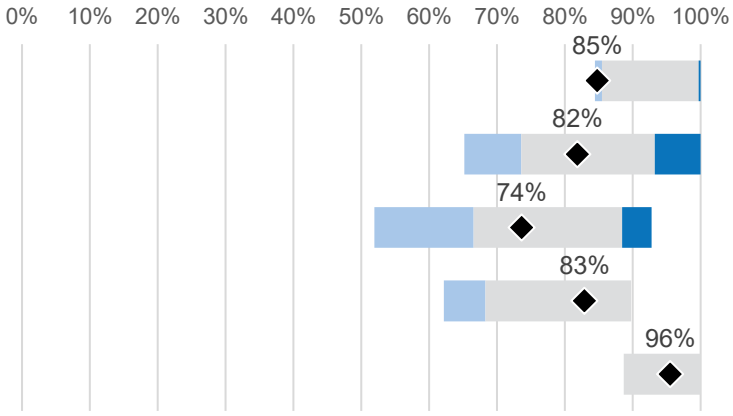
SUPPORT FROM YOUR GP PRACTICE



Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis

Q3. Referral for diagnosis was explained in a way the patient could completely understand

DIAGNOSTIC TESTS



Q5. Patient received all the information needed about the diagnostic test in advance

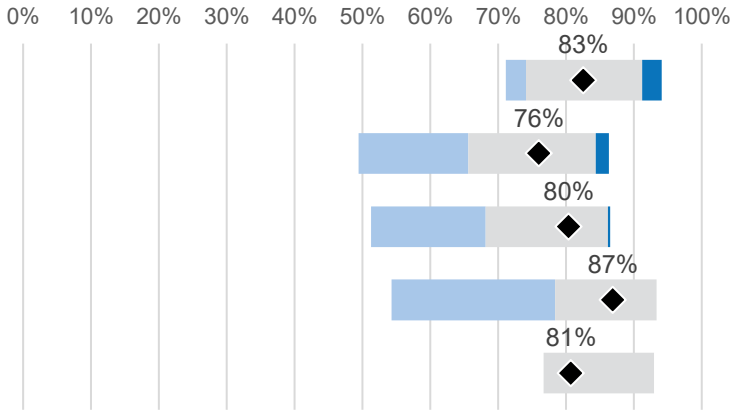
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient

Q7. Patient felt the length of time waiting for diagnostic test results was about right

Q8. Diagnostic test results were explained in a way the patient could completely understand

Q9. Enough privacy was always given to the patient when receiving diagnostic test results

FINDING OUT THAT YOU HAD CANCER



Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis

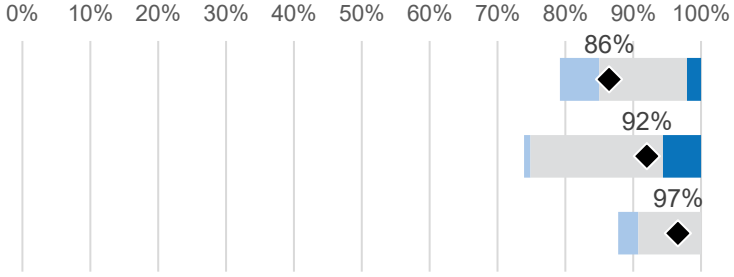
Q13. Patient was definitely told sensitively that they had cancer

Q14. Cancer diagnosis explained in a way the patient could completely understand

Q15. Patient was definitely told about their diagnosis in an appropriate place

Q16. Patient was told they could go back later for more information about their diagnosis

SUPPORT FROM A MAIN CONTACT PERSON



Q17. Patient had a main point of contact within the care team

Q18. Patient found it very or quite easy to contact their main contact person

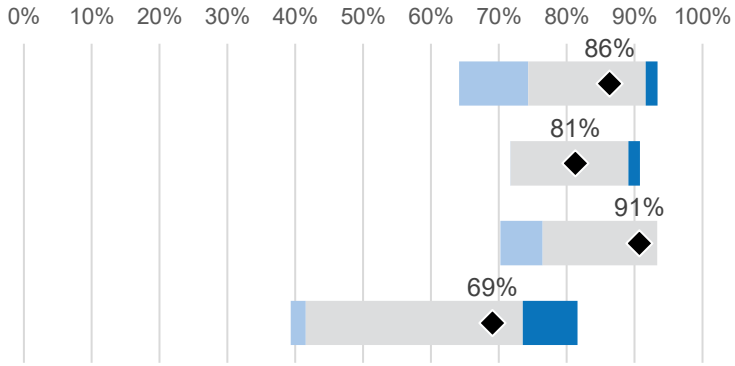
Q19. Patient found advice from main contact person was very or quite helpful

Expected range charts

Lower expected range | Within expected range | Upper expected range | Case mix adjusted score

The left outer edge of the bars is the lowest score achieved of all trusts. The right outer edge of the bars is the highest score achieved of all trusts.

DECIDING ON THE BEST TREATMENT



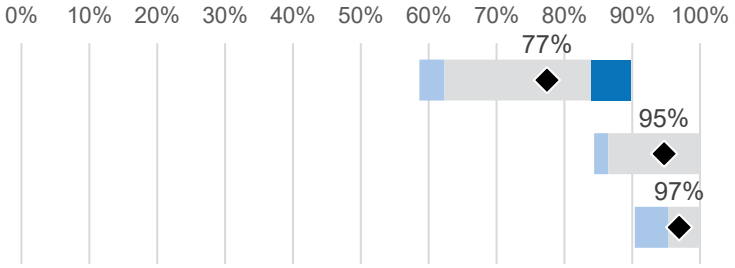
Q20. Treatment options were explained in a way the patient could completely understand

Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment

Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options

Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options

CARE PLANNING

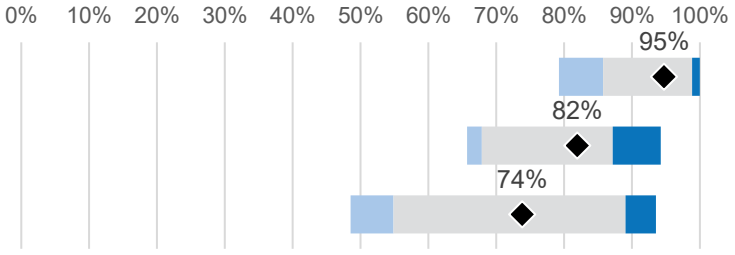


Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment

Q25. A member of their care team helped the patient create a care plan to address any needs or concerns

Q26. Care team reviewed the patient's care plan with them to ensure it was up to date

SUPPORT FROM HOSPITAL STAFF

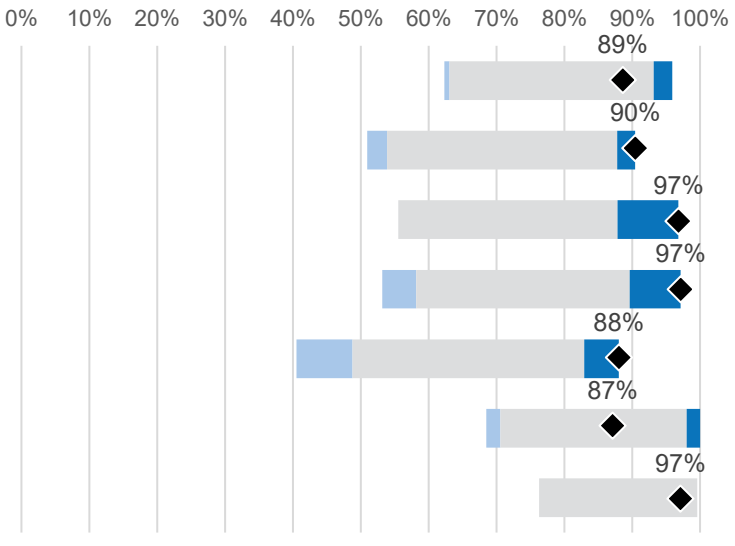


Q27. Staff provided the patient with relevant information on available support

Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff

Q29. Patient was offered information about how to get financial help or benefits

HOSPITAL CARE



Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital

Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital

Q33. Patient was always involved in decisions about their care and treatment whilst in hospital

Q34. Patient was always able to get help from ward staff when needed

Q35. Patient was always able to discuss worries and fears with hospital staff

Q36. Hospital staff always did everything they could to help the patient control pain

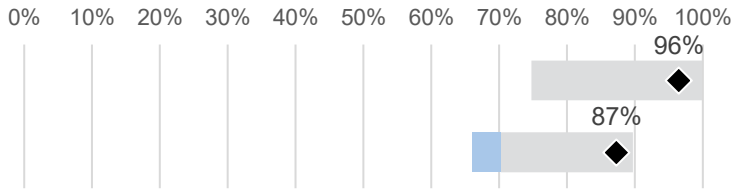
Q37. Patient was always treated with respect and dignity while in hospital

Expected range charts

Lower expected range | Within expected range | Upper expected range | Case mix adjusted score

The left outer edge of the bars is the lowest score achieved of all trusts. The right outer edge of the bars is the highest score achieved of all trusts.

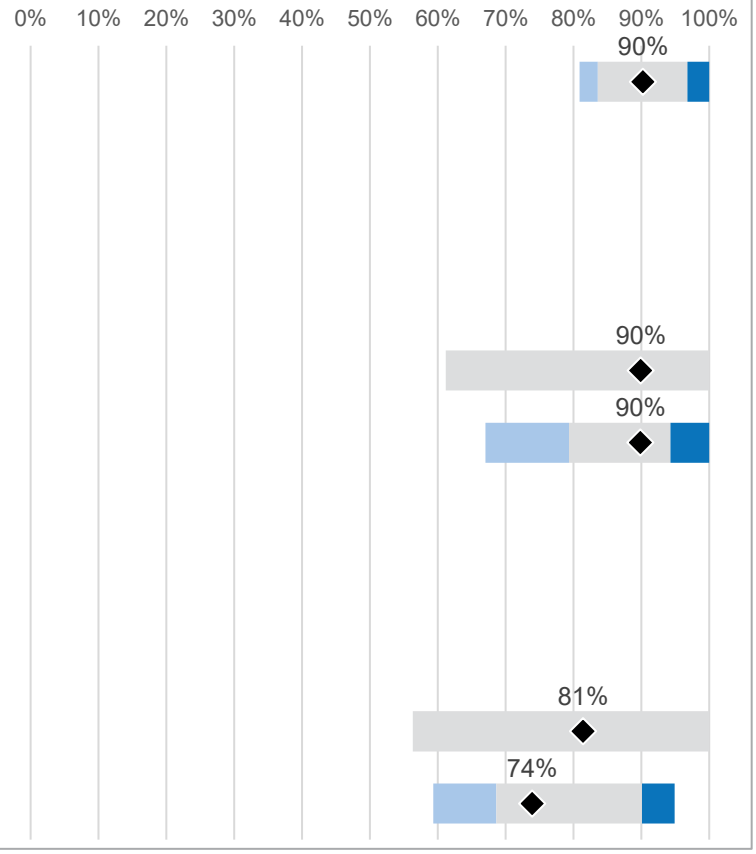
HOSPITAL CARE CONTINUED



Q38. Patient received easily understandable information about what they should or should not do after leaving hospital

Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case

YOUR TREATMENT



Q41_1. Beforehand patient completely had enough understandable information about surgery

Q41_2. Beforehand patient completely had enough understandable information about chemotherapy

Q41_3. Beforehand patient completely had enough understandable information about radiotherapy

Q41_4. Beforehand patient completely had enough understandable information about hormone therapy

Q41_5. Beforehand patient completely had enough understandable information about immunotherapy

Q42_1. Patient completely had enough understandable information about their response to surgery

Q42_2. Patient completely had enough understandable information about their response to chemotherapy

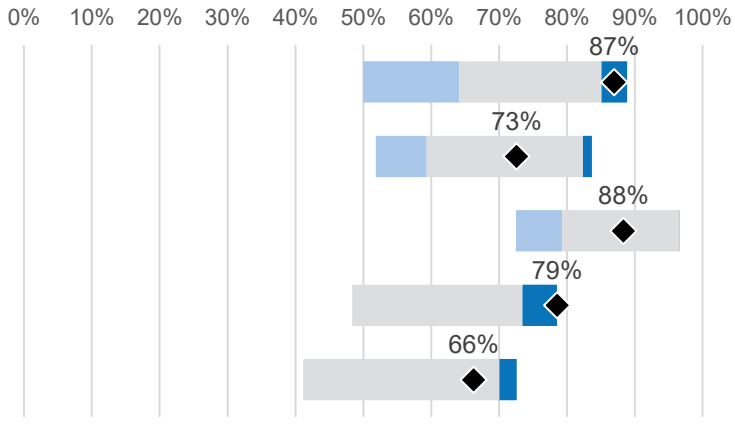
Q42_3. Patient completely had enough understandable information about their response to radiotherapy

Q42_4. Patient completely had enough understandable information about their response to hormone therapy

Q42_5. Patient completely had enough understandable information about their response to immunotherapy

Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right

IMMEDIATE AND LONG-TERM SIDE EFFECTS



Q44. Possible side effects from treatment were definitely explained in a way the patient could understand

Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment

Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment

Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment

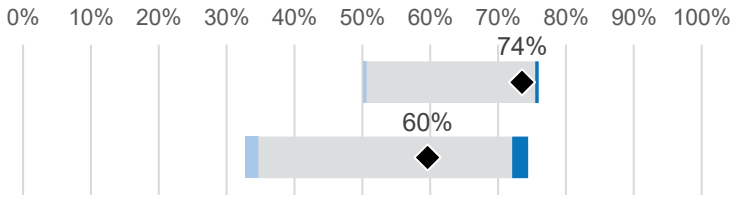
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects

Expected range charts

Lower expected range | Within expected range | Upper expected range | Case mix adjusted score

The left outer edge of the bars is the lowest score achieved of all trusts. The right outer edge of the bars is the highest score achieved of all trusts.

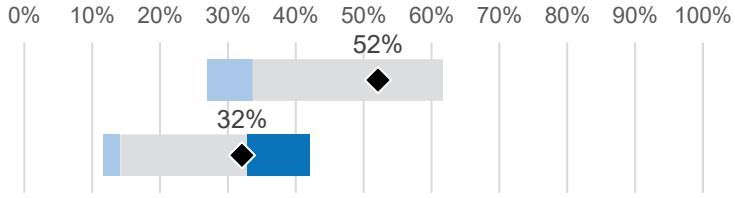
SUPPORT WHILE AT HOME



Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home

Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services

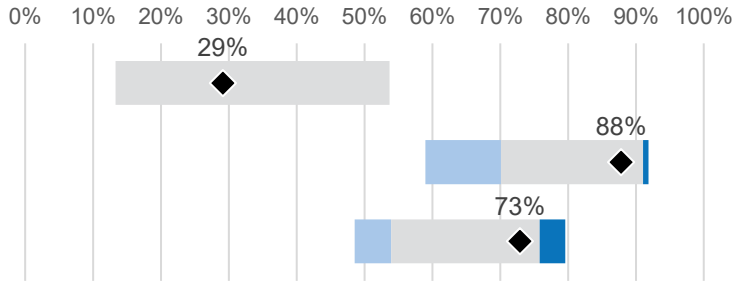
CARE FROM YOUR GP PRACTICE



Q51. Patient definitely received the right amount of support from their GP practice during treatment

Q52. Patient has had a review of cancer care by GP practice

LIVING WITH AND BEYOND CANCER

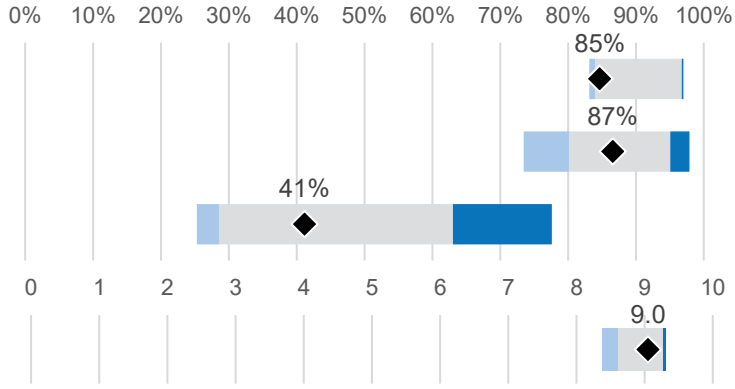


Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services

Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment

Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading

YOUR OVERALL NHS CARE



Q56. The whole care team worked well together

Q57. Administration of care was very good or good

Q58. Cancer research opportunities were discussed with patient

Q59. Patient's average rating of care scored from very poor to very good

Comparability tables

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\- No score available.

▲ or ▼ Change 2023-2024: Indicates where 2024 score is significantly higher or lower than 2023 score.

Change overall: Indicates significant change overall (2021, 2022, 2023 and 2024).

Adjusted score below lower expected range

Adjusted score between upper and lower expected ranges

Adjusted score above upper expected range

SUPPORT FROM YOUR GP PRACTICE	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	45	**91%**	43	**86%**			**79%**	66%	91%	**79%**
Q3. Referral for diagnosis was explained in a way the patient could completely understand	52	**65%**	58	**84%**	▲	▲	**81%**	55%	79%	**67%**

DIAGNOSTIC TESTS	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q5. Patient received all the information needed about the diagnostic test in advance	56	**96%**	52	**85%**			**85%**	85%	100%	**93%**
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	59	**88%**	55	**84%**			**82%**	74%	93%	**83%**
Q7. Patient felt the length of time waiting for diagnostic test results was about right	58	**79%**	56	**70%**		▼	**74%**	67%	88%	**77%**
Q8. Diagnostic test results were explained in a way the patient could completely understand	58	**86%**	56	**86%**			**83%**	68%	90%	**79%**
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	58	**95%**	56	**96%**			**96%**	89%	100%	**95%**

FINDING OUT THAT YOU HAD CANCER	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	64	**77%**	76	**79%**		▲	**83%**	74%	91%	**83%**
Q13. Patient was definitely told sensitively that they had cancer	75	**77%**	82	**78%**			**76%**	66%	84%	**75%**
Q14. Cancer diagnosis explained in a way the patient could completely understand	76	**83%**	84	**83%**			**80%**	68%	86%	**77%**
Q15. Patient was definitely told about their diagnosis in an appropriate place	75	**89%**	83	**89%**			**87%**	78%	93%	**86%**
Q16. Patient was told they could go back later for more information about their diagnosis	70	**84%**	75	**81%**			**81%**	77%	93%	**85%**

SUPPORT FROM A MAIN CONTACT PERSON	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q17. Patient had a main point of contact within the care team	74	**85%**	79	**85%**			**86%**	85%	98%	**91%**
Q18. Patient found it very or quite easy to contact their main contact person	53	**87%**	58	**93%**			**92%**	75%	94%	**85%**
Q19. Patient found advice from main contact person was very or quite helpful	58	**97%**	64	**97%**			**97%**	91%	100%	**96%**

Comparability tables

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Change overall: Indicates significant change overall (2021, 2022, 2023 and 2024).

Adjusted score below lower expected range

Adjusted score between upper and lower expected ranges

Adjusted score above upper expected range

DECIDING ON THE BEST TREATMENT	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q20. Treatment options were explained in a way the patient could completely understand	69	**88%**	75	**88%**			**86%**	74%	92%	**83%**
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	76	**87%**	83	**83%**			**81%**	72%	89%	**80%**
Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	57	**84%**	70	**91%**		▲	**91%**	76%	93%	**85%**
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	37	**46%**	37	**68%**	▲		**69%**	42%	74%	**58%**

CARE PLANNING	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	67	**76%**	69	**78%**			**77%**	62%	84%	**73%**
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	28	**96%**	41	**95%**			**95%**	86%	100%	**94%**
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	24	**96%**	32	**97%**	▲		**97%**	95%	100%	**99%**

SUPPORT FROM HOSPITAL STAFF	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q27. Staff provided the patient with relevant information on available support	50	**92%**	65	**95%**			**95%**	86%	99%	**92%**
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	74	**76%**	79	**84%**			**82%**	68%	87%	**78%**
Q29. Patient was offered information about how to get financial help or benefits	26	**69%**	28	**75%**			**74%**	55%	89%	**72%**

Comparability tables

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Change overall: Indicates significant change overall (2021, 2022, 2023 and 2024).

Adjusted score below lower expected range

Adjusted score between upper and lower expected ranges

Adjusted score above upper expected range

HOSPITAL CARE	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	32	**88%**	30	**87%**			**89%**	63%	93%	**78%**
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	28	**79%**	28	**89%**		▲	**90%**	54%	88%	**71%**
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	32	**81%**	30	**97%**		▲	**97%**	56%	88%	**72%**
Q34. Patient was always able to get help from ward staff when needed	32	**88%**	30	**97%**			**97%**	58%	90%	**74%**
Q35. Patient was always able to discuss worries and fears with hospital staff	32	**84%**	30	**87%**			**88%**	49%	83%	**66%**
Q36. Hospital staff always did everything they could to help the patient control pain	31	**97%**	27	**85%**			**87%**	71%	98%	**84%**
Q37. Patient was always treated with respect and dignity while in hospital	32	**94%**	30	**97%**			**97%**	76%	100%	**88%**
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	32	**94%**	27	**96%**			**96%**	75%	100%	**87%**
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	74	**82%**	71	**87%**			**87%**	70%	90%	**80%**

YOUR TREATMENT	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q41_1. Beforehand patient completely had enough understandable information about surgery	67	**93%**	78	**90%**			**90%**	84%	97%	**90%**
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*			*	*	*	**86%**
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	12	**83%**	*	*			*	*	*	**89%**
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*			*	*	*	**80%**
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	12	**92%**	10	**90%**			**90%**	61%	100%	**84%**
Q42_1. Patient completely had enough understandable information about their response to surgery	67	**94%**	79	**90%**			**90%**	79%	94%	**87%**
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*			*	*	*	**82%**
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	12	**92%**	*	*			*	*	*	**85%**
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*			*	*	*	**77%**
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	12	**83%**	10	**80%**			**81%**	56%	100%	**81%**
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	77	**88%**	81	**74%**			**74%**	69%	90%	**79%**

Comparability tables

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Adjusted score below lower expected range

Adjusted score between upper and lower expected ranges

Adjusted score above upper expected range

IMMEDIATE AND LONG-TERM SIDE EFFECTS	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	65	**78%**	67	**88%**		▲	**87%**	64%	85%	**75%**
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	65	**78%**	64	**75%**			**73%**	59%	82%	**71%**
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	47	**89%**	56	**89%**			**88%**	79%	97%	**88%**
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	59	**66%**	62	**81%**		▲	**79%**	48%	73%	**61%**
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	46	**61%**	48	**69%**			**66%**	41%	70%	**56%**

SUPPORT WHILE AT HOME	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	41	**66%**	61	**75%**			**74%**	51%	75%	**63%**
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	24	**50%**	28	**61%**			**60%**	35%	72%	**53%**

CARE FROM YOUR GP PRACTICE	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q51. Patient definitely received the right amount of support from their GP practice during treatment	37	**51%**	49	**55%**			**52%**	34%	62%	**48%**
Q52. Patient has had a review of cancer care by GP practice	74	**22%**	80	**30%**		▲	**32%**	14%	33%	**23%**

LIVING WITH AND BEYOND CANCER	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	12	**25%**	21	**29%**			**29%**	13%	54%	**34%**
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	45	**78%**	57	**89%**			**88%**	70%	91%	**81%**
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	63	**71%**	78	**79%**			**73%**	54%	76%	**65%**

Comparability tables

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Adjusted score below lower expected range

Adjusted score between upper and lower expected ranges

Adjusted score above upper expected range

YOUR OVERALL NHS CARE	Unadjusted scores						Case mix adjusted scores			National score
	2023 n	2023 score	2024 n	2024 score	Change 2023-2024	Change overall	2024 score	Lower expected range	Upper expected range	
Q56. The whole care team worked well together	73	**88%**	82	**87%**		▼	**85%**	84%	97%	**90%**
Q57. Administration of care was very good or good	76	**87%**	84	**87%**			**87%**	80%	95%	**88%**
Q58. Cancer research opportunities were discussed with patient	31	**26%**	40	**35%**			**41%**	29%	63%	**46%**
Q59. Patient's average rating of care scored from very poor to very good	76	**9.0**	81	**9.1**			**9.0**	8.6	9.3	**8.9**

Tumour group tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	*	*	*	*	*	*	*	91%	*	*	82%	86%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*	85%	*	*	93%	84%

DIAGNOSTIC TESTS	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	*	*	*	*	*	*	*	87%	*	*	83%	85%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	*	*	*	*	*	84%	*	*	83%	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	*	*	*	*	*	72%	*	*	62%	70%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*	81%	*	*	100%	86%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	*	*	*	*	*	97%	*	*	100%	96%

FINDING OUT THAT YOU HAD CANCER	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	*	*	*	*	*	*	*	78%	*	*	82%	79%
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	*	*	*	*	*	80%	*	*	68%	78%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*	84%	*	*	90%	83%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	*	*	*	*	*	91%	*	*	90%	89%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	*	*	*	*	*	76%	*	*	84%	81%

Tumour group tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM A MAIN CONTACT PERSON	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q17. Patient had a main point of contact within the care team	*	*	*	*	*	*	*	*	*	88%	*	*	74%	85%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	*	*	*	*	*	90%	*	*	100%	93%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	*	*	*	*	*	100%	*	*	92%	97%

DECIDING ON THE BEST TREATMENT	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q20. Treatment options were explained in a way the patient could completely understand	*	*	*	*	*	*	*	*	*	88%	*	*	89%	88%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	*	*	*	*	*	84%	*	*	76%	83%
Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	*	*	*	*	*	97%	*	*	82%	91%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	*	*	*	*	*	*	72%	*	*	55%	68%

CARE PLANNING	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	*	*	*	*	*	*	76%	*	*	88%	78%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	*	*	*	*	89%	*	*	100%	95%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	*	*	*	*	100%	*	*	91%	97%

SUPPORT FROM HOSPITAL STAFF	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q27. Staff provided the patient with relevant information on available support	*	*	*	*	*	*	*	*	*	94%	*	*	93%	95%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	*	*	*	*	*	86%	*	*	89%	84%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	*	*	*	*	82%	*	*	*	75%

Tumour group tables

* Indicates where a score is not available due to suppression or a low base size.

HOSPITAL CARE	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	*	*	*	*	*	*	*	*	*	70%	87%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	89%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	*	*	*	*	*	*	*	*	90%	97%
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	*	*	*	*	*	*	*	*	100%	97%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	*	*	*	*	*	*	*	*	80%	87%
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	*	*	*	*	*	*	*	*	*	85%
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	*	*	*	*	*	*	*	*	100%	97%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	*	*	*	*	*	*	*	*	*	96%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	*	*	*	*	*	83%	*	*	94%	87%

YOUR TREATMENT	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	*	*	*	*	*	*	90%	*	*	95%	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	*	*	*	*	*	*	88%	*	*	100%	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*	*	*	*	*	*	*	80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	*	*	*	*	*	68%	*	*	80%	74%

Tumour group tables

* Indicates where a score is not available due to suppression or a low base size.

IMMEDIATE AND LONG-TERM SIDE EFFECTS	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	*	*	*	*	*	*	*	91%	*	*	88%	88%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	*	*	*	*	*	80%	*	*	76%	75%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	*	*	*	*	*	92%	*	*	79%	89%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	*	*	*	*	*	81%	*	*	92%	81%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	*	*	*	*	*	65%	*	*	75%	69%

SUPPORT WHILE AT HOME	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	*	*	*	*	*	*	*	*	74%	*	*	79%	75%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	*	*	*	54%	*	*	*	61%

CARE FROM YOUR GP PRACTICE	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*	*	*	*	*	*	58%	*	*	64%	55%
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	*	*	*	*	*	24%	*	*	35%	30%

Tumour group tables

* Indicates where a score is not available due to suppression or a low base size.

LIVING WITH AND BEYOND CANCER	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	*	*	*	*	*	*	*	*	*	*	29%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	*	*	*	*	*	93%	*	*	90%	89%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	*	*	*	*	*	86%	*	*	74%	79%

YOUR OVERALL NHS CARE	Tumour group													
	Brain / CNS	Breast	Colorectal / LGT	Gynaecological	Haematological	Head and neck	Lung	Prostate	Sarcoma	Skin	Upper gastro	Urological	Other	**All**
Q56. The whole care team worked well together	*	*	*	*	*	*	*	*	*	91%	*	*	81%	87%
Q57. Administration of care was very good or good	*	*	*	*	*	*	*	*	*	86%	*	*	90%	87%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	*	*	*	*	*	28%	*	*	27%	35%
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	*	*	*	*	*	9.2	*	*	9.0	9.1

Age group tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	*	*	92%	82%	90%	*	86%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	*	*	81%	93%	86%	*	84%

DIAGNOSTIC TESTS	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	*	*	82%	87%	86%	*	85%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	*	*	83%	87%	81%	*	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	*	*	58%	80%	69%	*	70%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	*	*	75%	87%	94%	*	86%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	*	*	100%	93%	100%	*	96%

FINDING OUT THAT YOU HAD CANCER	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	*	*	74%	83%	71%	*	79%
Q13. Patient was definitely told sensitively that they had cancer	*	*	*	*	75%	75%	77%	80%	78%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	*	*	81%	75%	91%	91%	83%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	*	*	90%	75%	100%	100%	89%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	*	*	89%	74%	72%	90%	81%

SUPPORT FROM A MAIN CONTACT PERSON	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q17. Patient had a main point of contact within the care team	*	*	*	*	90%	85%	85%	*	85%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	*	*	100%	79%	100%	*	93%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	*	*	100%	94%	100%	*	97%

DECIDING ON THE BEST TREATMENT	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q20. Treatment options were explained in a way the patient could completely understand	*	*	*	*	90%	79%	84%	*	88%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	*	*	95%	74%	77%	100%	83%
Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	*	*	100%	88%	94%	*	91%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	*	*	60%	*	*	*	68%

Age group tables

* Indicates where a score is not available due to suppression or a low base size.

CARE PLANNING	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	*	*	71%	76%	94%	*	78%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	*	*	*	100%	*	*	95%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	*	*	100%	*	*	97%

SUPPORT FROM HOSPITAL STAFF	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q27. Staff provided the patient with relevant information on available support	*	*	*	*	100%	100%	87%	*	95%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	*	*	81%	89%	85%	*	84%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	69%	*	*	*	75%

HOSPITAL CARE	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	*	92%	*	*	*	87%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	91%	*	*	*	89%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	100%	*	*	*	97%
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	100%	*	*	*	97%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	92%	*	*	*	87%
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	83%	*	*	*	85%
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	100%	*	*	*	97%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	91%	*	*	*	96%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	*	*	82%	76%	95%	100%	87%

Age group tables

* Indicates where a score is not available due to suppression or a low base size.

YOUR TREATMENT	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	*	*	90%	94%	90%	90%	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	*	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	*	*	85%	94%	90%	90%	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	*	*	80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	*	*	70%	89%	73%	50%	74%

IMMEDIATE AND LONG-TERM SIDE EFFECTS	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	*	*	79%	82%	93%	*	88%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	*	*	75%	71%	71%	*	75%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	*	*	89%	86%	80%	*	89%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	*	*	79%	73%	83%	*	81%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	*	*	53%	73%	80%	*	69%

SUPPORT WHILE AT HOME	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	*	*	*	69%	71%	81%	*	75%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	*	*	61%

CARE FROM YOUR GP PRACTICE	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	*	*	18%	54%	55%	*	55%
Q52. Patient has had a review of cancer care by GP practice	*	*	*	*	10%	35%	30%	55%	30%

Age group tables

* Indicates where a score is not available due to suppression or a low base size.

LIVING WITH AND BEYOND CANCER	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	*	*	*	*	*	29%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	*	*	89%	92%	92%	*	89%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	*	*	75%	83%	81%	*	79%

YOUR OVERALL NHS CARE	Age								
	16 - 24	25 - 34	35 - 44	45 - 54	55 - 64	65 - 74	75 - 84	85+	**All**
Q56. The whole care team worked well together	*	*	*	*	90%	89%	86%	73%	87%
Q57. Administration of care was very good or good	*	*	*	*	90%	90%	82%	91%	87%
Q58. Cancer research opportunities were discussed with patient	*	*	*	*	36%	*	33%	*	35%
Q59. Patient's average rating of care scored from very poor to very good	*	*	*	*	9.1	9.1	9.1	9.5	9.1

‘Which of the following best describes you?’ tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	86%	*	*	*	*	*	86%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	83%	*	*	*	*	*	84%

DIAGNOSTIC TESTS	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q5. Patient received all the information needed about the diagnostic test in advance	83%	*	*	*	*	*	85%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	83%	*	*	*	*	*	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	63%	*	*	*	*	*	70%
Q8. Diagnostic test results were explained in a way the patient could completely understand	83%	*	*	*	*	*	86%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	93%	*	*	*	*	*	96%

FINDING OUT THAT YOU HAD CANCER	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	79%	*	*	*	*	*	79%
Q13. Patient was definitely told sensitively that they had cancer	83%	*	*	*	*	*	78%
Q14. Cancer diagnosis explained in a way the patient could completely understand	77%	*	*	*	*	*	83%
Q15. Patient was definitely told about their diagnosis in an appropriate place	88%	*	*	*	*	*	89%
Q16. Patient was told they could go back later for more information about their diagnosis	77%	*	*	*	*	*	81%

SUPPORT FROM A MAIN CONTACT PERSON	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q17. Patient had a main point of contact within the care team	88%	*	*	*	*	*	85%
Q18. Patient found it very or quite easy to contact their main contact person	93%	*	*	*	*	*	93%
Q19. Patient found advice from main contact person was very or quite helpful	97%	*	*	*	*	*	97%

‘Which of the following best describes you?’ tables

* Indicates where a score is not available due to suppression or a low base size.

DECIDING ON THE BEST TREATMENT	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q20. Treatment options were explained in a way the patient could completely understand	86%	*	*	*	*	*	88%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	81%	*	*	*	*	*	83%
Q22. Family and/or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	89%	*	*	*	*	*	91%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	64%	*	*	*	*	*	68%

CARE PLANNING	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	69%	*	*	*	*	*	78%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	92%	*	*	*	*	*	95%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	94%	*	*	*	*	*	97%

SUPPORT FROM HOSPITAL STAFF	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q27. Staff provided the patient with relevant information on available support	91%	*	*	*	*	*	95%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	76%	*	*	*	*	*	84%
Q29. Patient was offered information about how to get financial help or benefits	71%	*	*	*	*	*	75%

‘Which of the following best describes you?’ tables

* Indicates where a score is not available due to suppression or a low base size.

HOSPITAL CARE	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	80%	*	*	*	*	*	87%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	89%	*	*	*	*	*	89%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	100%	*	*	*	*	*	97%
Q34. Patient was always able to get help from ward staff when needed	95%	*	*	*	*	*	97%
Q35. Patient was always able to discuss worries and fears with hospital staff	80%	*	*	*	*	*	87%
Q36. Hospital staff always did everything they could to help the patient control pain	84%	*	*	*	*	*	85%
Q37. Patient was always treated with respect and dignity while in hospital	95%	*	*	*	*	*	97%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	94%	*	*	*	*	*	96%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	85%	*	*	*	*	*	87%

YOUR TREATMENT	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q41_1. Beforehand patient completely had enough understandable information about surgery	80%	*	*	*	*	*	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	80%	*	*	*	*	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	69%	*	*	*	*	*	74%

‘Which of the following best describes you?’ tables

* Indicates where a score is not available due to suppression or a low base size.

IMMEDIATE AND LONG-TERM SIDE EFFECTS	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	88%	*	*	*	*	*	88%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	71%	*	*	*	*	*	75%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	91%	*	*	*	*	*	89%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	83%	*	*	*	*	*	81%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	64%	*	*	*	*	*	69%

SUPPORT WHILE AT HOME	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	70%	*	*	*	*	*	75%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	53%	*	*	*	*	*	61%

CARE FROM YOUR GP PRACTICE	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	42%	*	*	*	*	*	55%
Q52. Patient has had a review of cancer care by GP practice	30%	*	*	*	*	*	30%

LIVING WITH AND BEYOND CANCER	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	27%	*	*	*	*	*	29%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	88%	*	*	*	*	*	89%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	68%	*	*	*	*	*	79%

‘Which of the following best describes you?’ tables

* Indicates where a score is not available due to suppression or a low base size.

YOUR OVERALL NHS CARE	Which of the following best describes you?						
	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say	Not given	**All**
Q56. The whole care team worked well together	79%	*	*	*	*	*	87%
Q57. Administration of care was very good or good	84%	*	*	*	*	*	87%
Q58. Cancer research opportunities were discussed with patient	37%	*	*	*	*	*	35%
Q59. Patient's average rating of care scored from very poor to very good	8.9	*	*	*	*	*	9.1

Ethnicity tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	85%	*	*	*	*	*	86%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	85%	*	*	*	*	*	84%

DIAGNOSTIC TESTS	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q5. Patient received all the information needed about the diagnostic test in advance	84%	*	*	*	*	*	85%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	83%	*	*	*	*	*	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	70%	*	*	*	*	*	70%
Q8. Diagnostic test results were explained in a way the patient could completely understand	85%	*	*	*	*	*	86%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	96%	*	*	*	*	*	96%

FINDING OUT THAT YOU HAD CANCER	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	79%	*	*	*	*	*	79%
Q13. Patient was definitely told sensitively that they had cancer	79%	*	*	*	*	*	78%
Q14. Cancer diagnosis explained in a way the patient could completely understand	84%	*	*	*	*	*	83%
Q15. Patient was definitely told about their diagnosis in an appropriate place	90%	*	*	*	*	*	89%
Q16. Patient was told they could go back later for more information about their diagnosis	83%	*	*	*	*	*	81%

SUPPORT FROM A MAIN CONTACT PERSON	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q17. Patient had a main point of contact within the care team	85%	*	*	*	*	*	85%
Q18. Patient found it very or quite easy to contact their main contact person	93%	*	*	*	*	*	93%
Q19. Patient found advice from main contact person was very or quite helpful	98%	*	*	*	*	*	97%

DECIDING ON THE BEST TREATMENT	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q20. Treatment options were explained in a way the patient could completely understand	89%	*	*	*	*	*	88%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	83%	*	*	*	*	*	83%
Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	92%	*	*	*	*	*	91%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	71%	*	*	*	*	*	68%

Ethnicity tables

* Indicates where a score is not available due to suppression or a low base size.

CARE PLANNING	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	77%	*	*	*	*	*	78%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	95%	*	*	*	*	*	95%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	97%	*	*	*	*	*	97%

SUPPORT FROM HOSPITAL STAFF	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q27. Staff provided the patient with relevant information on available support	95%	*	*	*	*	*	95%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	84%	*	*	*	*	*	84%
Q29. Patient was offered information about how to get financial help or benefits	75%	*	*	*	*	*	75%

HOSPITAL CARE	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	90%	*	*	*	*	*	87%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	89%	*	*	*	*	*	89%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	97%	*	*	*	*	*	97%
Q34. Patient was always able to get help from ward staff when needed	97%	*	*	*	*	*	97%
Q35. Patient was always able to discuss worries and fears with hospital staff	86%	*	*	*	*	*	87%
Q36. Hospital staff always did everything they could to help the patient control pain	85%	*	*	*	*	*	85%
Q37. Patient was always treated with respect and dignity while in hospital	97%	*	*	*	*	*	97%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	96%	*	*	*	*	*	96%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	89%	*	*	*	*	*	87%

Ethnicity tables

* Indicates where a score is not available due to suppression or a low base size.

YOUR TREATMENT	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q41_1. Beforehand patient completely had enough understandable information about surgery	89%	*	*	*	*	*	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	91%	*	*	*	*	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	76%	*	*	*	*	*	74%

IMMEDIATE AND LONG-TERM SIDE EFFECTS	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	90%	*	*	*	*	*	88%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	77%	*	*	*	*	*	75%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	91%	*	*	*	*	*	89%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	83%	*	*	*	*	*	81%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	71%	*	*	*	*	*	69%

SUPPORT WHILE AT HOME	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	78%	*	*	*	*	*	75%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	59%	*	*	*	*	*	61%

CARE FROM YOUR GP PRACTICE	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	57%	*	*	*	*	*	55%
Q52. Patient has had a review of cancer care by GP practice	32%	*	*	*	*	*	30%

Ethnicity tables

* Indicates where a score is not available due to suppression or a low base size.

LIVING WITH AND BEYOND CANCER	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	32%	*	*	*	*	*	29%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	89%	*	*	*	*	*	89%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	82%	*	*	*	*	*	79%

YOUR OVERALL NHS CARE	Ethnicity						
	White	Mixed	Asian	Black	Other	Not given	**All**
Q56. The whole care team worked well together	87%	*	*	*	*	*	87%
Q57. Administration of care was very good or good	86%	*	*	*	*	*	87%
Q58. Cancer research opportunities were discussed with patient	36%	*	*	*	*	*	35%
Q59. Patient's average rating of care scored from very poor to very good	9.1	*	*	*	*	*	9.1

IMD quintile tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	*	*	92%	93%	79%	*	86%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	*	*	100%	86%	76%	*	84%

DIAGNOSTIC TESTS	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q5. Patient received all the information needed about the diagnostic test in advance	*	*	100%	90%	75%	*	85%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	*	*	83%	90%	82%	*	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	*	*	75%	71%	71%	*	70%
Q8. Diagnostic test results were explained in a way the patient could completely understand	*	*	83%	90%	82%	*	86%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	*	*	100%	90%	100%	*	96%

FINDING OUT THAT YOU HAD CANCER	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	*	*	78%	79%	74%	*	79%
Q13. Patient was definitely told sensitively that they had cancer	*	*	85%	79%	70%	*	78%
Q14. Cancer diagnosis explained in a way the patient could completely understand	*	*	85%	77%	92%	*	83%
Q15. Patient was definitely told about their diagnosis in an appropriate place	*	*	95%	83%	88%	*	89%
Q16. Patient was told they could go back later for more information about their diagnosis	*	*	89%	69%	81%	*	81%

SUPPORT FROM A MAIN CONTACT PERSON	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q17. Patient had a main point of contact within the care team	*	*	95%	78%	83%	*	85%
Q18. Patient found it very or quite easy to contact their main contact person	*	*	100%	95%	84%	*	93%
Q19. Patient found advice from main contact person was very or quite helpful	*	*	100%	95%	95%	*	97%

IMD quintile tables

* Indicates where a score is not available due to suppression or a low base size.

DECIDING ON THE BEST TREATMENT	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q20. Treatment options were explained in a way the patient could completely understand	*	*	84%	85%	90%	*	88%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	*	*	85%	76%	88%	*	83%
Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	*	*	94%	88%	100%	*	91%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	*	*	83%	50%	*	*	68%

CARE PLANNING	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	*	*	82%	73%	85%	*	78%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	*	*	100%	100%	90%	*	95%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	*	*	*	91%	*	*	97%

SUPPORT FROM HOSPITAL STAFF	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q27. Staff provided the patient with relevant information on available support	*	*	100%	96%	95%	*	95%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	*	*	84%	86%	82%	*	84%
Q29. Patient was offered information about how to get financial help or benefits	*	*	*	*	*	*	75%

HOSPITAL CARE	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	*	*	*	*	93%	*	87%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	*	*	*	*	92%	*	89%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	*	*	*	*	93%	*	97%
Q34. Patient was always able to get help from ward staff when needed	*	*	*	*	100%	*	97%
Q35. Patient was always able to discuss worries and fears with hospital staff	*	*	*	*	93%	*	87%
Q36. Hospital staff always did everything they could to help the patient control pain	*	*	*	*	92%	*	85%
Q37. Patient was always treated with respect and dignity while in hospital	*	*	*	*	100%	*	97%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	*	*	*	*	100%	*	96%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	*	*	95%	75%	94%	*	87%

IMD quintile tables

* Indicates where a score is not available due to suppression or a low base size.

YOUR TREATMENT	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q41_1. Beforehand patient completely had enough understandable information about surgery	*	*	89%	86%	95%	*	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	*	*	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	*	*	89%	86%	95%	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*	*	*	*
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*	*	*	*
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*	*	*	*
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	*	*	*	80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	*	*	70%	72%	82%	*	74%

IMMEDIATE AND LONG-TERM SIDE EFFECTS	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	*	*	94%	85%	81%	*	88%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	*	*	83%	76%	61%	*	75%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	*	*	93%	89%	82%	*	89%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	*	*	86%	78%	75%	*	81%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	*	*	77%	57%	67%	*	69%

SUPPORT WHILE AT HOME	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	*	*	85%	65%	75%	*	75%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	*	*	*	*	*	*	61%

CARE FROM YOUR GP PRACTICE	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	*	*	29%	78%	60%	*	55%
Q52. Patient has had a review of cancer care by GP practice	*	*	26%	32%	30%	*	30%

IMD quintile tables

* Indicates where a score is not available due to suppression or a low base size.

LIVING WITH AND BEYOND CANCER	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	*	*	*	*	*	*	29%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	*	*	93%	90%	87%	*	89%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	*	*	79%	75%	82%	*	79%

YOUR OVERALL NHS CARE	IMD quintile						
	1 (most deprived)	2	3	4	5 (least deprived)	Non-England	**All**
Q56. The whole care team worked well together	*	*	90%	83%	91%	*	87%
Q57. Administration of care was very good or good	*	*	85%	90%	88%	*	87%
Q58. Cancer research opportunities were discussed with patient	*	*	30%	23%	43%	*	35%
Q59. Patient's average rating of care scored from very poor to very good	*	*	9.3	9.1	9.0	*	9.1

Long-term condition status tables

* Indicates where a score is not available due to suppression or a low base size.

SUPPORT FROM YOUR GP PRACTICE	Long-term condition status			
	Yes	No	Not given	**All**
Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis	77%	*	*	86%
Q3. Referral for diagnosis was explained in a way the patient could completely understand	82%	*	*	84%

DIAGNOSTIC TESTS	Long-term condition status			
	Yes	No	Not given	**All**
Q5. Patient received all the information needed about the diagnostic test in advance	90%	*	*	85%
Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient	85%	*	*	84%
Q7. Patient felt the length of time waiting for diagnostic test results was about right	73%	*	*	70%
Q8. Diagnostic test results were explained in a way the patient could completely understand	85%	*	*	86%
Q9. Enough privacy was always given to the patient when receiving diagnostic test results	97%	*	*	96%

FINDING OUT THAT YOU HAD CANCER	Long-term condition status			
	Yes	No	Not given	**All**
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis	84%	*	*	79%
Q13. Patient was definitely told sensitively that they had cancer	80%	*	*	78%
Q14. Cancer diagnosis explained in a way the patient could completely understand	90%	*	*	83%
Q15. Patient was definitely told about their diagnosis in an appropriate place	92%	*	*	89%
Q16. Patient was told they could go back later for more information about their diagnosis	80%	*	*	81%

SUPPORT FROM A MAIN CONTACT PERSON	Long-term condition status			
	Yes	No	Not given	**All**
Q17. Patient had a main point of contact within the care team	87%	*	*	85%
Q18. Patient found it very or quite easy to contact their main contact person	88%	*	*	93%
Q19. Patient found advice from main contact person was very or quite helpful	97%	*	*	97%

DECIDING ON THE BEST TREATMENT	Long-term condition status			
	Yes	No	Not given	**All**
Q20. Treatment options were explained in a way the patient could completely understand	91%	*	*	88%
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment	86%	*	*	83%
Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options	93%	*	*	91%
Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options	81%	*	*	68%

Long-term condition status tables

* Indicates where a score is not available due to suppression or a low base size.

CARE PLANNING	Long-term condition status			
	Yes	No	Not given	**All**
Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment	81%	*	*	78%
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns	93%	*	*	95%
Q26. Care team reviewed the patient's care plan with them to ensure it was up to date	100%	*	*	97%

SUPPORT FROM HOSPITAL STAFF	Long-term condition status			
	Yes	No	Not given	**All**
Q27. Staff provided the patient with relevant information on available support	92%	*	*	95%
Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff	85%	*	*	84%
Q29. Patient was offered information about how to get financial help or benefits	78%	*	*	75%

HOSPITAL CARE	Long-term condition status			
	Yes	No	Not given	**All**
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital	94%	*	*	87%
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital	100%	*	*	89%
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital	94%	*	*	97%
Q34. Patient was always able to get help from ward staff when needed	100%	*	*	97%
Q35. Patient was always able to discuss worries and fears with hospital staff	94%	*	*	87%
Q36. Hospital staff always did everything they could to help the patient control pain	92%	*	*	85%
Q37. Patient was always treated with respect and dignity while in hospital	100%	*	*	97%
Q38. Patient received easily understandable information about what they should or should not do after leaving hospital	93%	*	*	96%
Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case	90%	*	*	87%

Long-term condition status tables

* Indicates where a score is not available due to suppression or a low base size.

YOUR TREATMENT	Long-term condition status			
	Yes	No	Not given	**All**
Q41_1. Beforehand patient completely had enough understandable information about surgery	89%	*	*	90%
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy	*	*	*	*
Q41_3. Beforehand patient completely had enough understandable information about radiotherapy	*	*	*	*
Q41_4. Beforehand patient completely had enough understandable information about hormone therapy	*	*	*	*
Q41_5. Beforehand patient completely had enough understandable information about immunotherapy	*	*	*	90%
Q42_1. Patient completely had enough understandable information about their response to surgery	89%	*	*	90%
Q42_2. Patient completely had enough understandable information about their response to chemotherapy	*	*	*	*
Q42_3. Patient completely had enough understandable information about their response to radiotherapy	*	*	*	*
Q42_4. Patient completely had enough understandable information about their response to hormone therapy	*	*	*	*
Q42_5. Patient completely had enough understandable information about their response to immunotherapy	*	*	*	80%
Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right	73%	*	*	74%

IMMEDIATE AND LONG-TERM SIDE EFFECTS	Long-term condition status			
	Yes	No	Not given	**All**
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand	90%	*	*	88%
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment	74%	*	*	75%
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment	87%	*	*	89%
Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment	91%	*	*	81%
Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects	75%	*	*	69%

SUPPORT WHILE AT HOME	Long-term condition status			
	Yes	No	Not given	**All**
Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home	84%	*	*	75%
Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services	71%	*	*	61%

CARE FROM YOUR GP PRACTICE	Long-term condition status			
	Yes	No	Not given	**All**
Q51. Patient definitely received the right amount of support from their GP practice during treatment	55%	*	*	55%
Q52. Patient has had a review of cancer care by GP practice	27%	*	*	30%

Long-term condition status tables

* Indicates where a score is not available due to suppression or a low base size.

LIVING WITH AND BEYOND CANCER	Long-term condition status			
	Yes	No	Not given	**All**
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services	18%	*	*	29%
Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment	84%	*	*	89%
Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading	84%	*	*	79%

YOUR OVERALL NHS CARE	Long-term condition status			
	Yes	No	Not given	**All**
Q56. The whole care team worked well together	84%	*	*	87%
Q57. Administration of care was very good or good	86%	*	*	87%
Q58. Cancer research opportunities were discussed with patient	25%	*	*	35%
Q59. Patient's average rating of care scored from very poor to very good	9.1	*	*	9.1

Year on year charts

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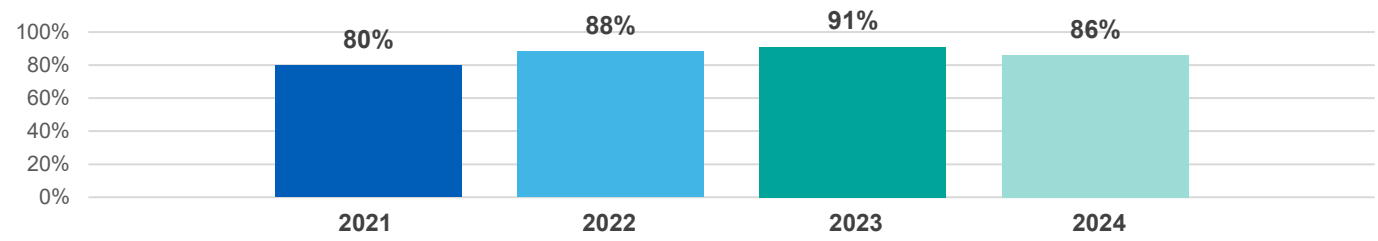
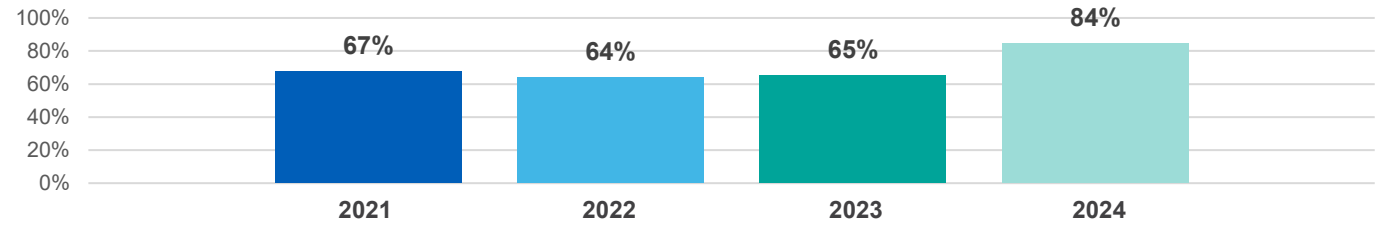
SUPPORT FROM YOUR GP PRACTICE

Q2. Patient only spoke to primary care professional once or twice before cancer diagnosis

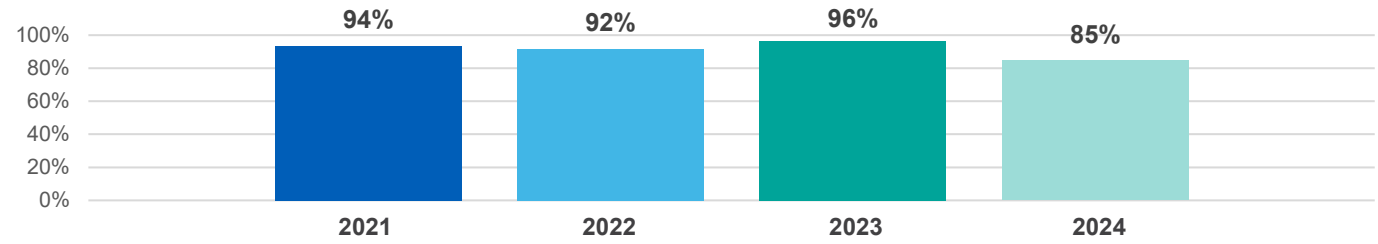


Q3. Referral for diagnosis was explained in a way the patient could completely understand

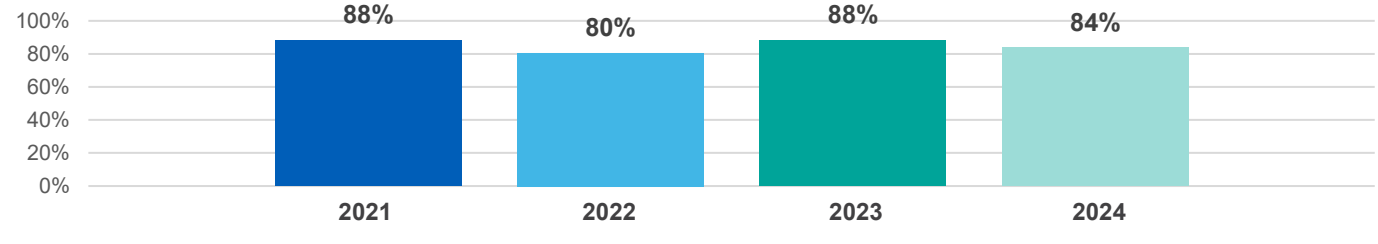


DIAGNOSTIC TESTS

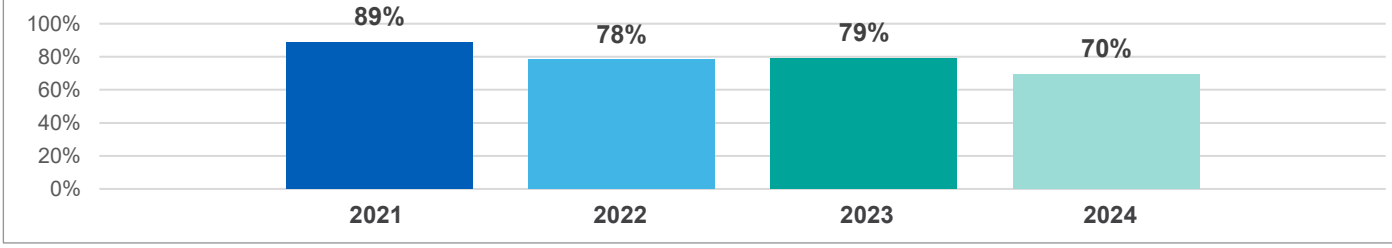
Q5. Patient received all the information needed about the diagnostic test in advance



Q6. Diagnostic test staff appeared to completely have all the information they needed about the patient



Q7. Patient felt the length of time waiting for diagnostic test results was about right



Year on year charts

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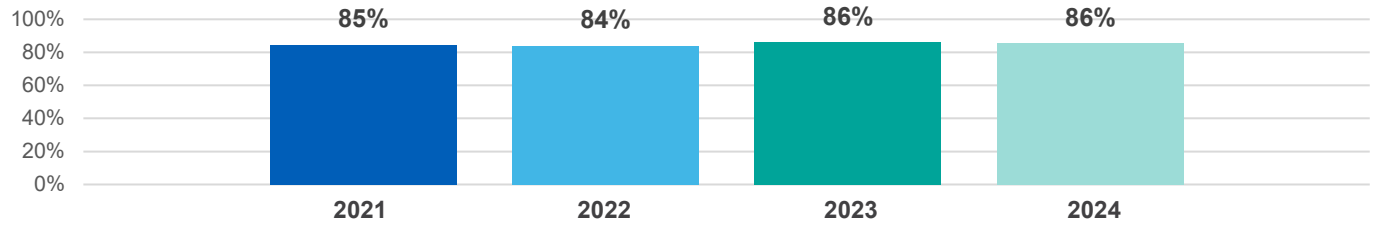
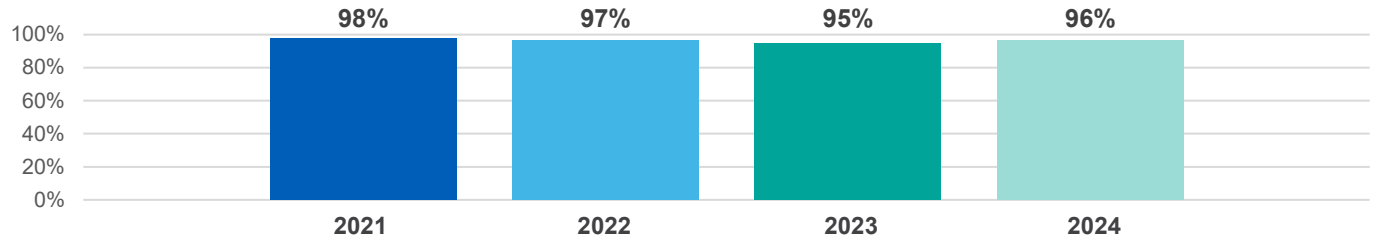
Q8. Diagnostic test results were explained in a way the patient could completely understand

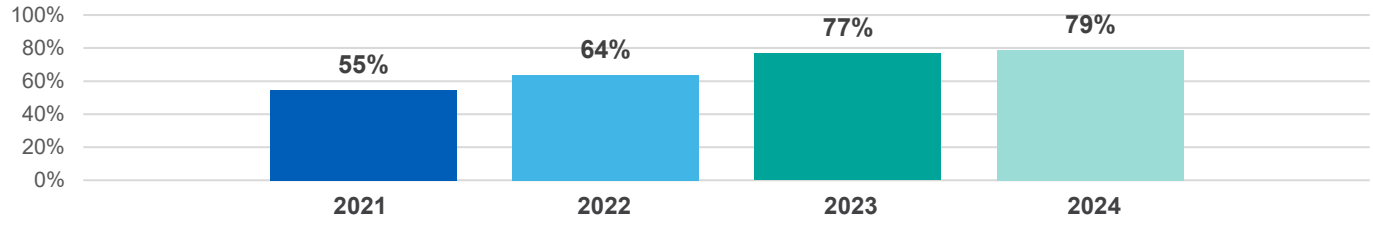


Q9. Enough privacy was always given to the patient when receiving diagnostic test results

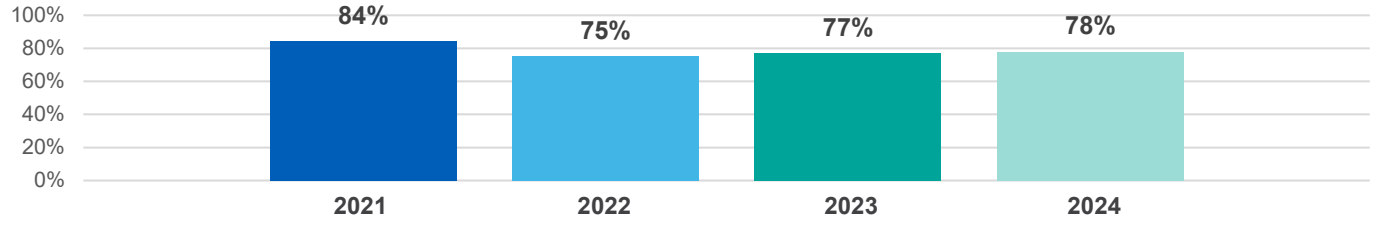


FINDING OUT THAT YOU HAD CANCER

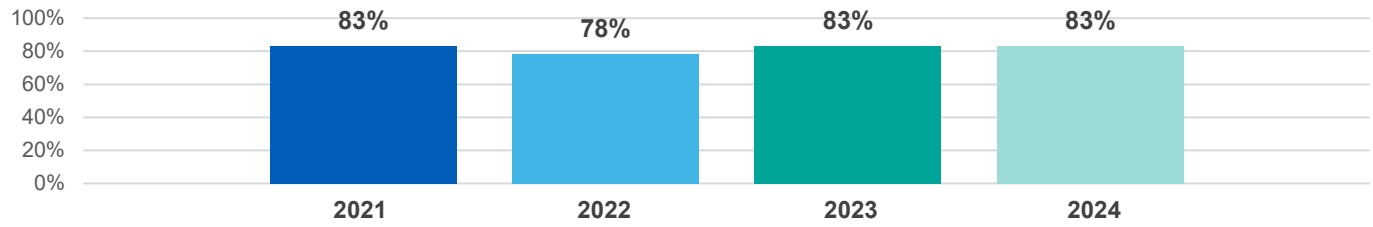
Q12. Patient was told they could have a family member, carer or friend with them when told diagnosis



Q13. Patient was definitely told sensitively that they had cancer



Q14. Cancer diagnosis explained in a way the patient could completely understand



Year on year charts

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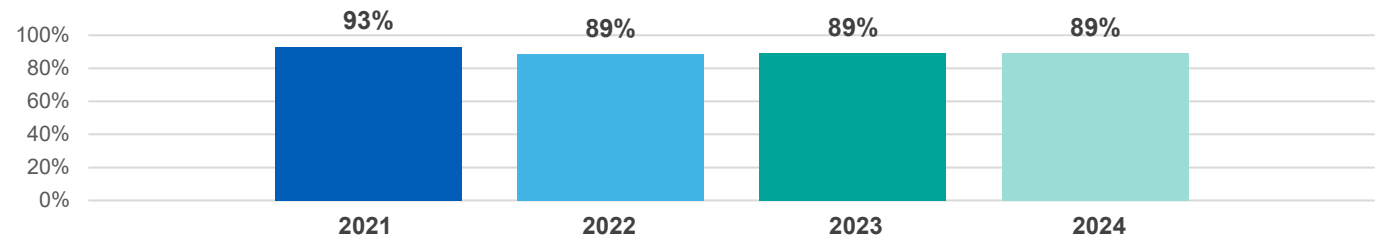
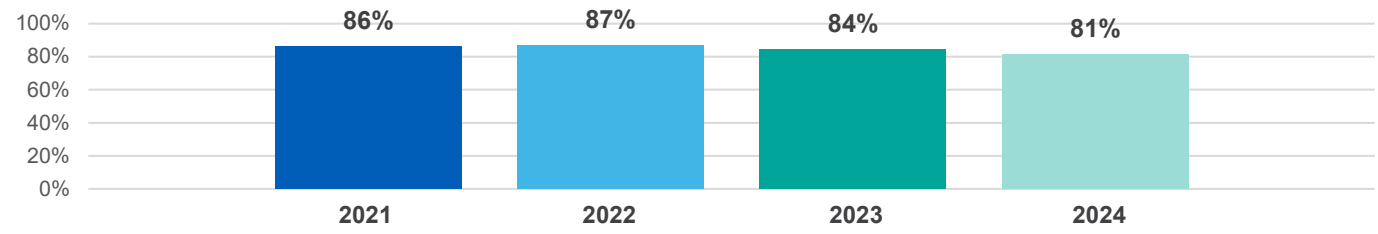
Q15. Patient was definitely told about their diagnosis in an appropriate place

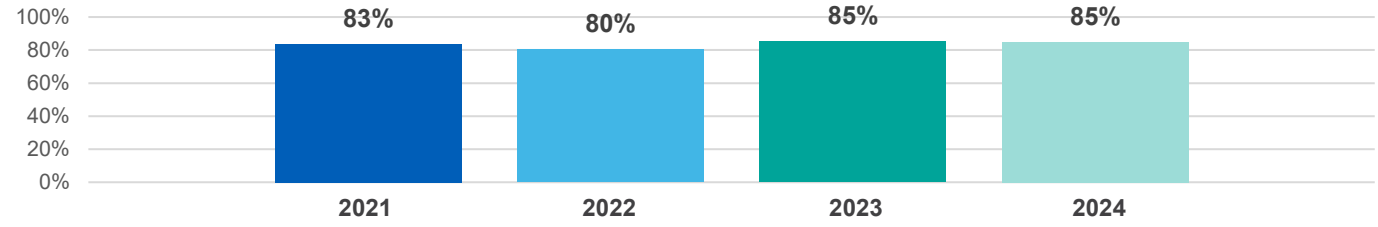


Q16. Patient was told they could go back later for more information about their diagnosis

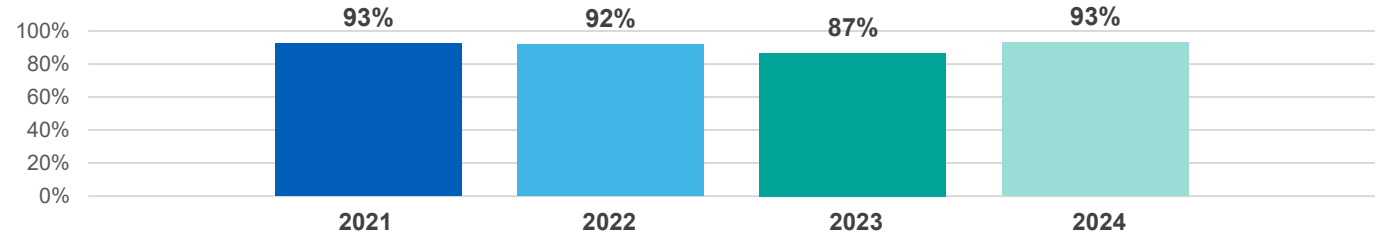


SUPPORT FROM A MAIN CONTACT PERSON

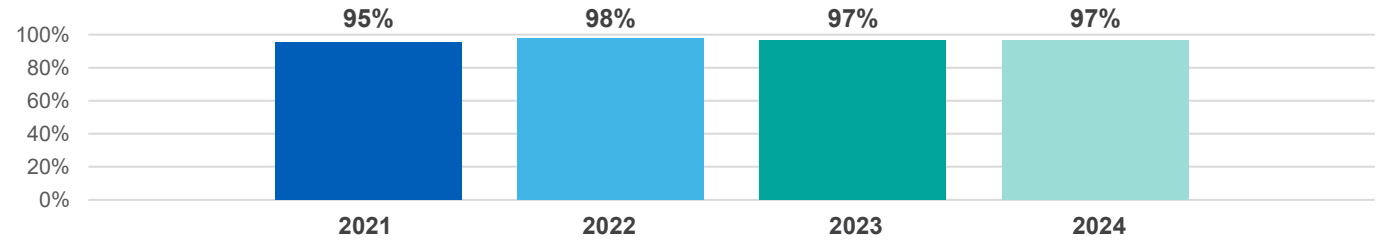
Q17. Patient had a main point of contact within the care team



Q18. Patient found it very or quite easy to contact their main contact person



Q19. Patient found advice from main contact person was very or quite helpful



Year on year charts

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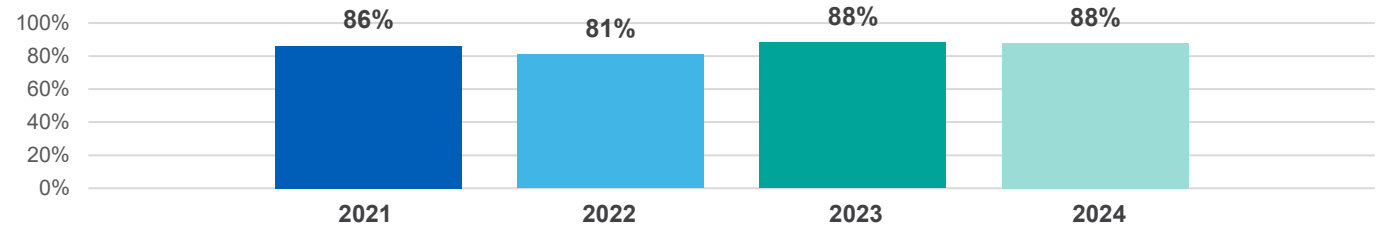
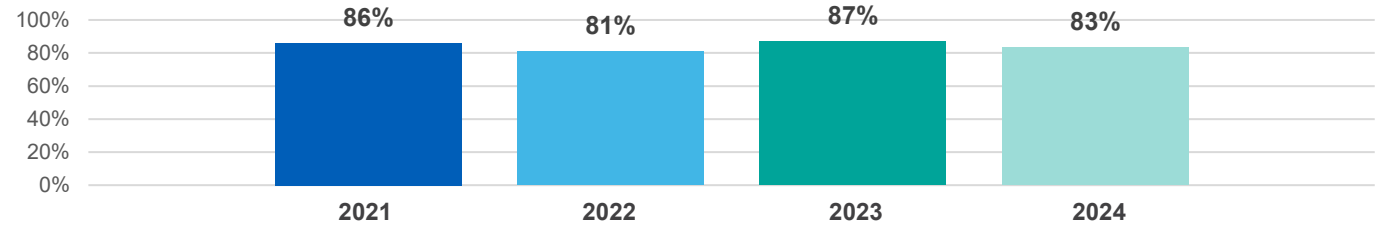
DECIDING ON THE BEST TREATMENT

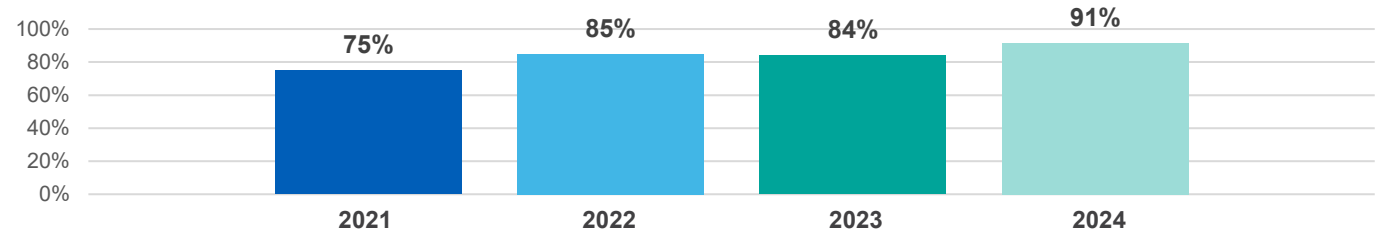
Q20. Treatment options were explained in a way the patient could completely understand



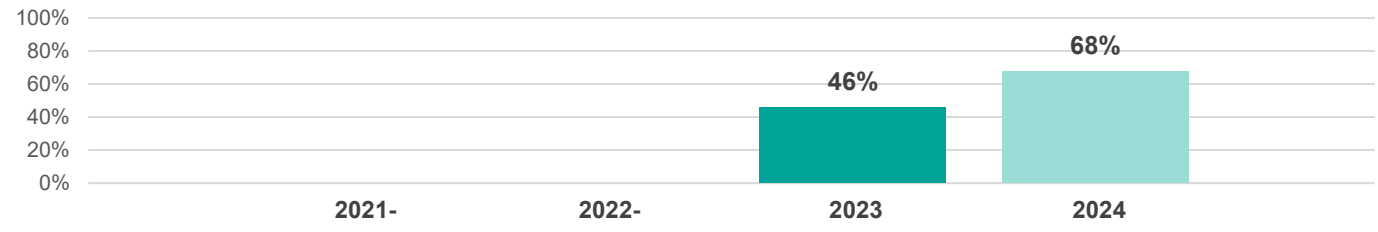
Q21. Patient was definitely involved as much as they wanted to be in decisions about their treatment



Q22. Family and / or carers were definitely involved as much as the patient wanted them to be in decisions about treatment options

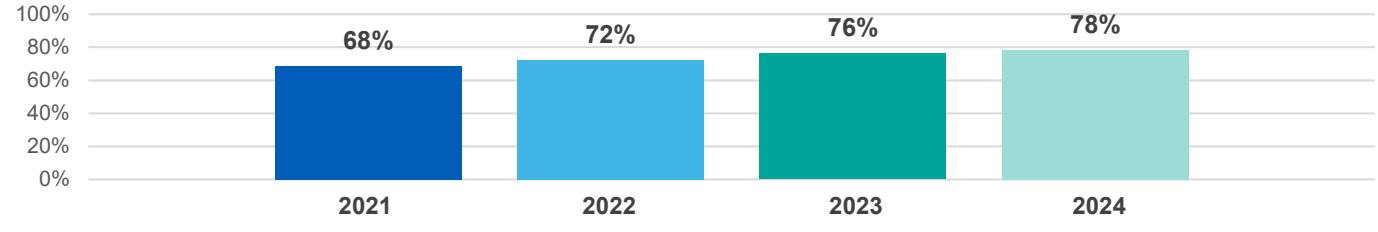


Q23. Patient could get further advice from a different healthcare professional before making decisions about their treatment options



CARE PLANNING

Q24. Patient was definitely able to have a discussion about their needs or concerns prior to treatment



Year on year charts

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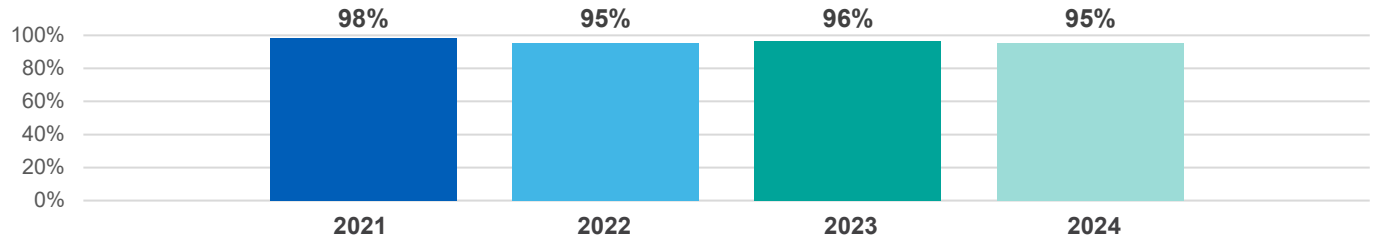
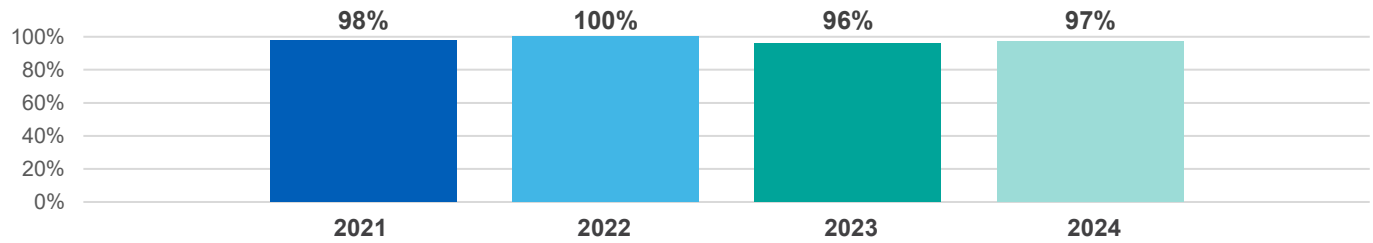
Q25. A member of their care team helped the patient create a care plan to address any needs or concerns

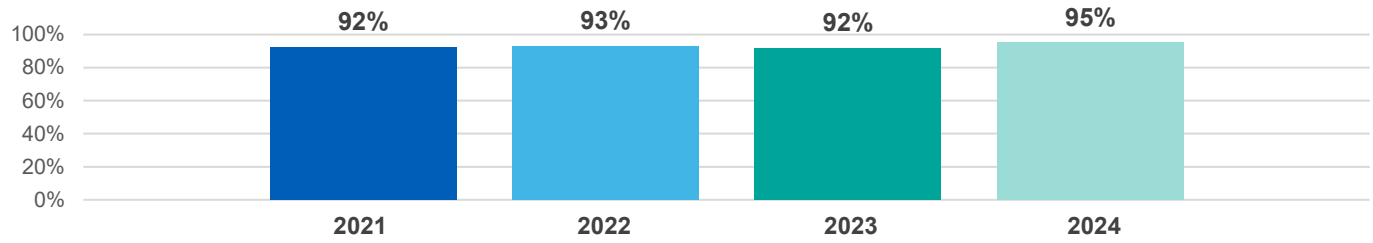


Q26. Care team reviewed the patient's care plan with them to ensure it was up to date

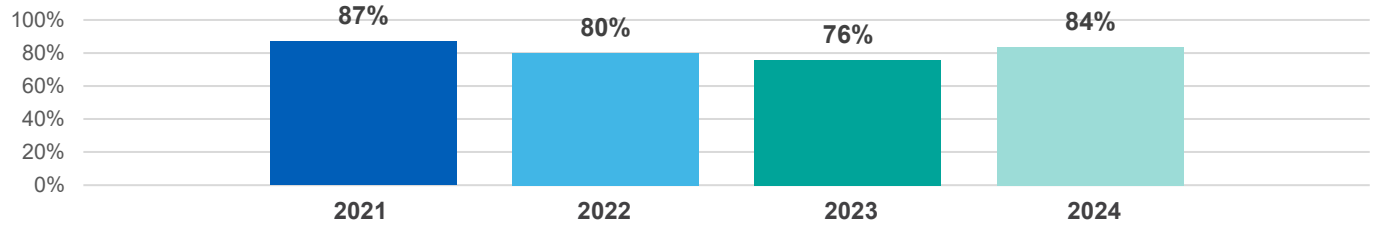


SUPPORT FROM HOSPITAL STAFF

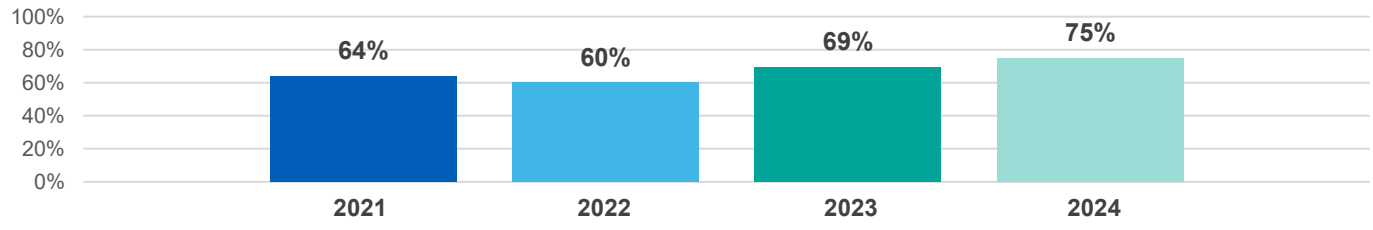
Q27. Staff provided the patient with relevant information on available support



Q28. Patient definitely got the right level of support for their overall health and well being from hospital staff



Q29. Patient was offered information about how to get financial help or benefits



Year on year charts

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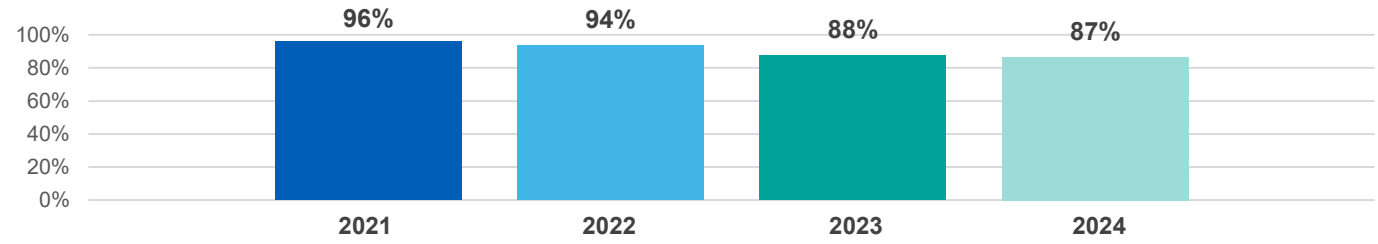
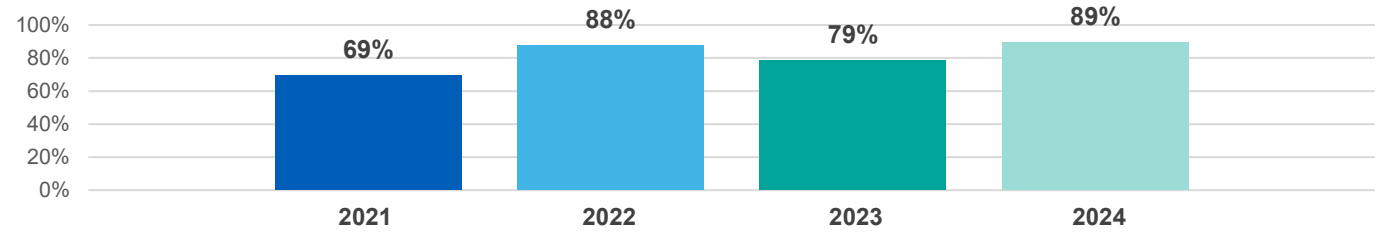
HOSPITAL CARE

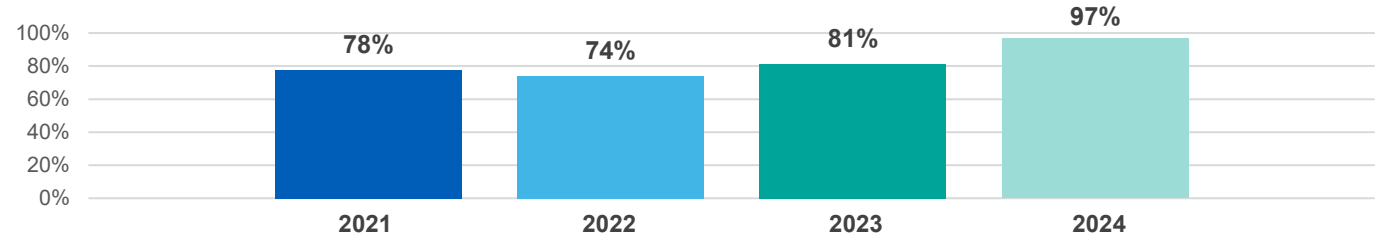
Q31. Patient had confidence and trust in all of the team looking after them during their stay in hospital



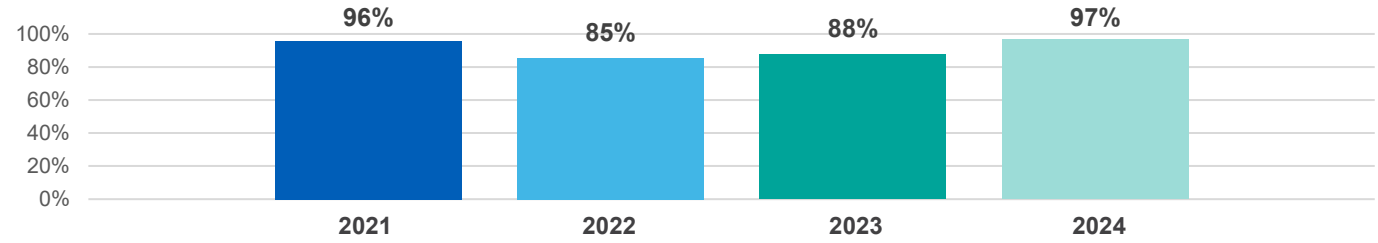
Q32. Patient's family, or someone close, was definitely able to talk to a member of the team looking after the patient in hospital



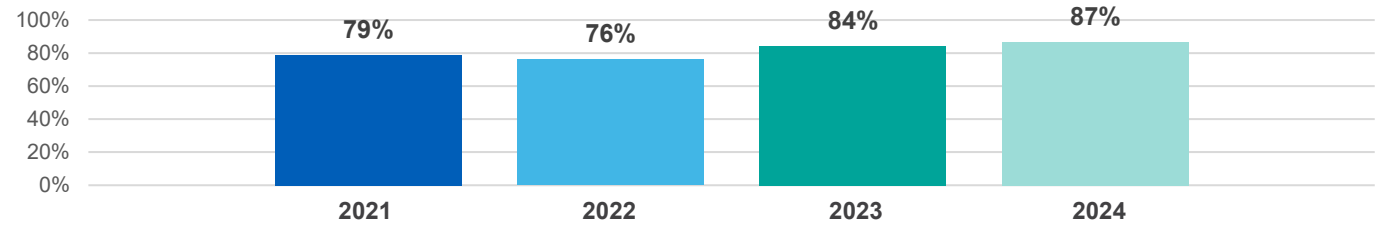
Q33. Patient was always involved in decisions about their care and treatment whilst in hospital



Q34. Patient was always able to get help from ward staff when needed



Q35. Patient was always able to discuss worries and fears with hospital staff



Year on year charts

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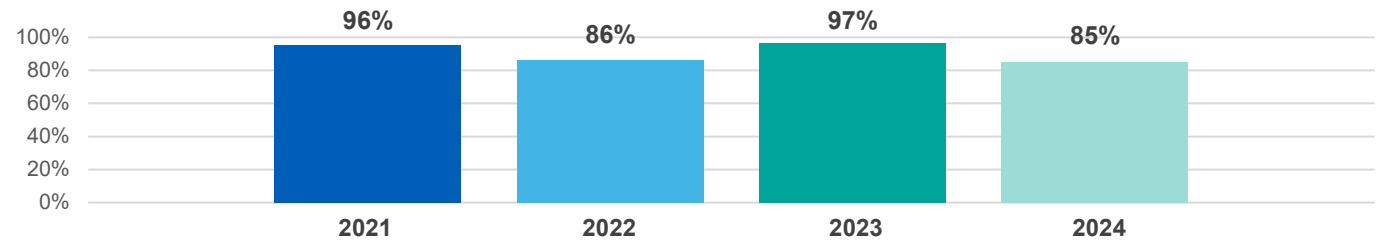
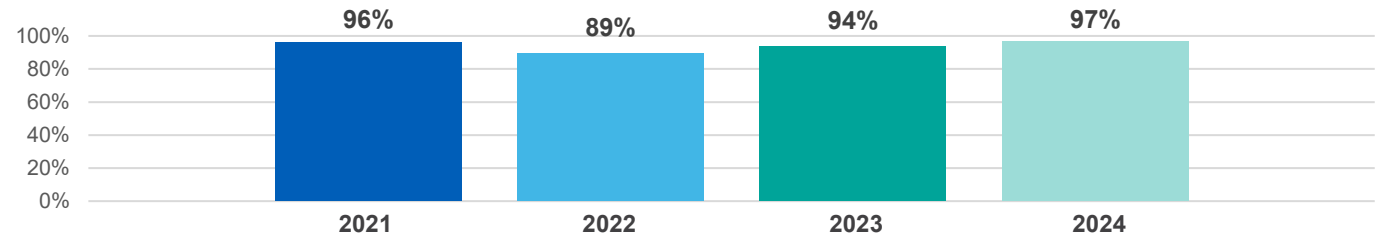
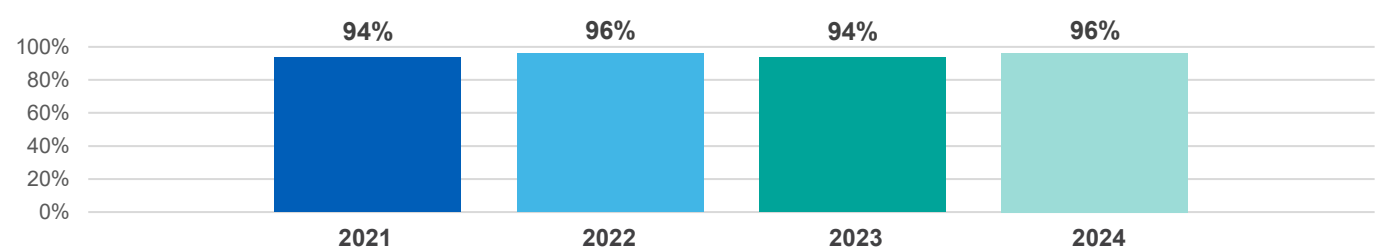
Q36. Hospital staff always did everything they could to help the patient control pain



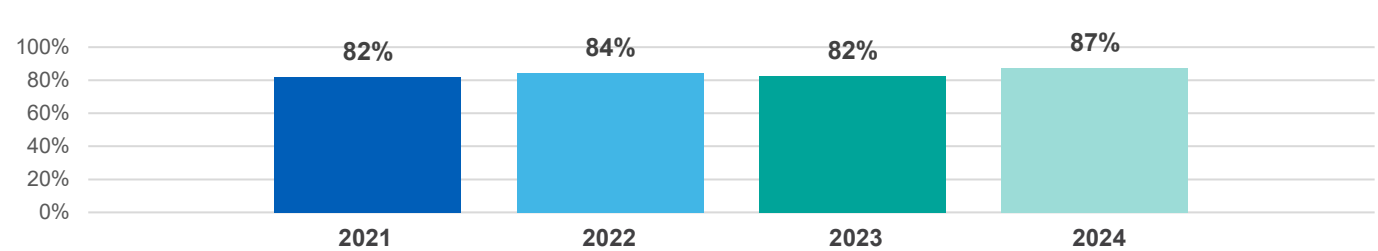
Q37. Patient was always treated with respect and dignity while in hospital



Q38. Patient received easily understandable information about what they should or should not do after leaving hospital

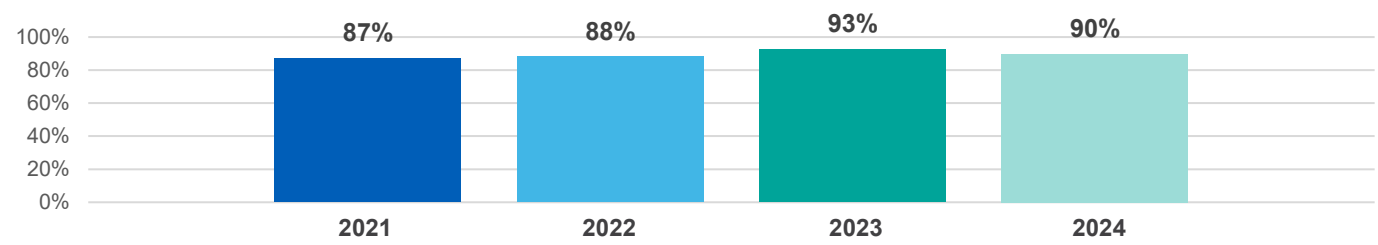


Q39. Patient was always able to discuss worries and fears with hospital staff while being treated as an outpatient or day case



YOUR TREATMENT

Q41_1. Beforehand patient completely had enough understandable information about surgery



Year on year charts

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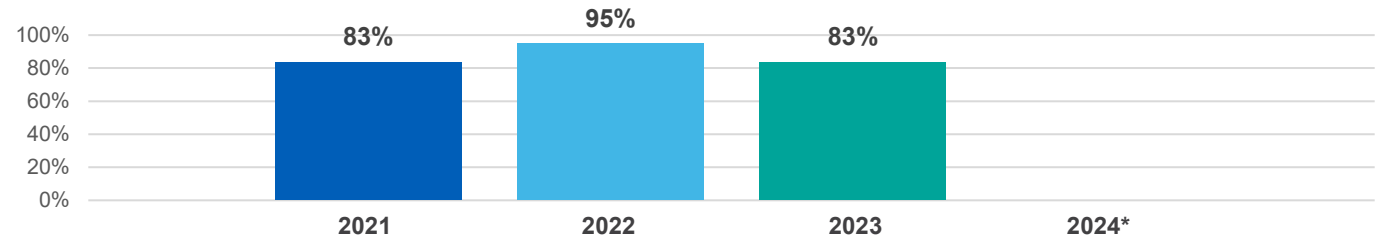
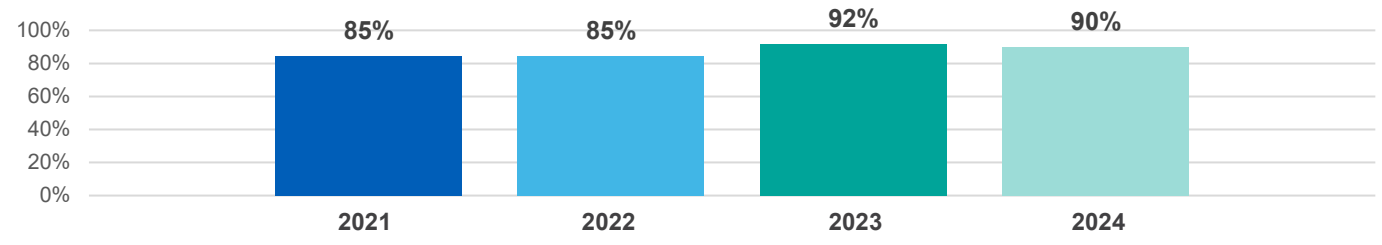
Q41_2. Beforehand patient completely had enough understandable information about chemotherapy

Q41_3. Beforehand patient completely had enough understandable information about radiotherapy

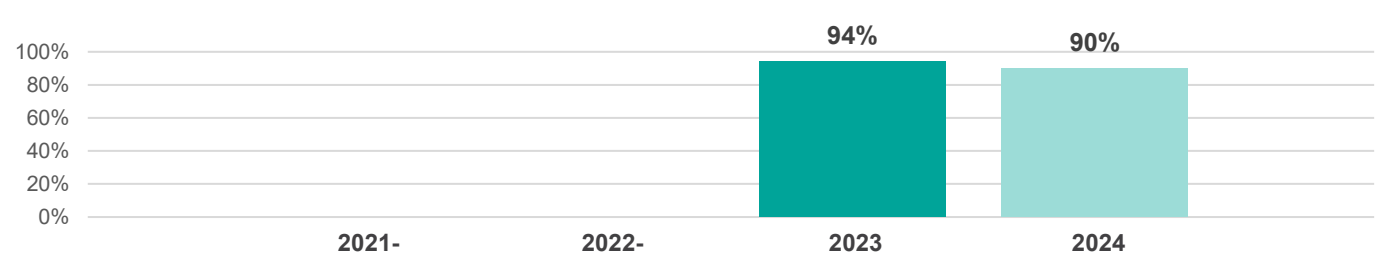


Q41_4. Beforehand patient completely had enough understandable information about hormone therapy

Q41_5. Beforehand patient completely had enough understandable information about immunotherapy



Q42_1. Patient completely had enough understandable information about their response to surgery



Year on year charts

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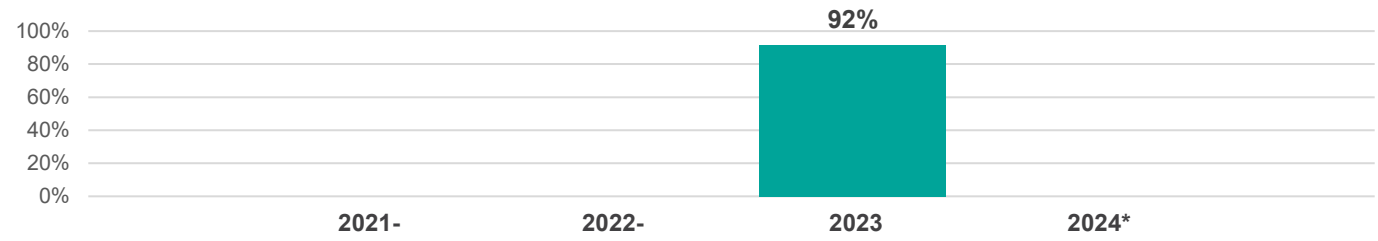
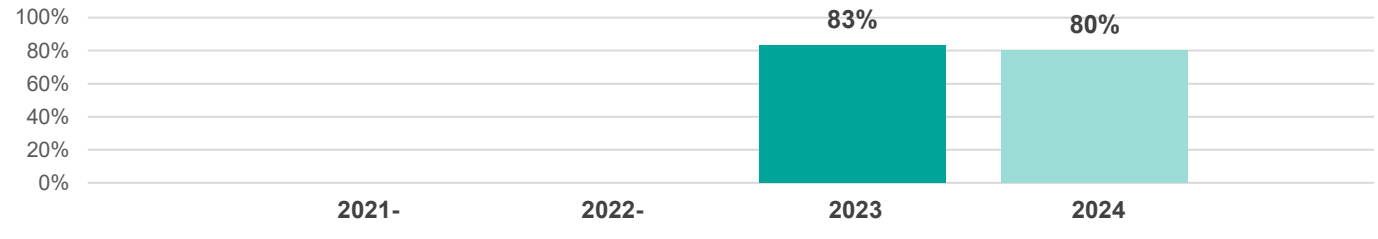
Q42_2. Patient completely had enough understandable information about their response to chemotherapy

Q42_3. Patient completely had enough understandable information about their response to radiotherapy

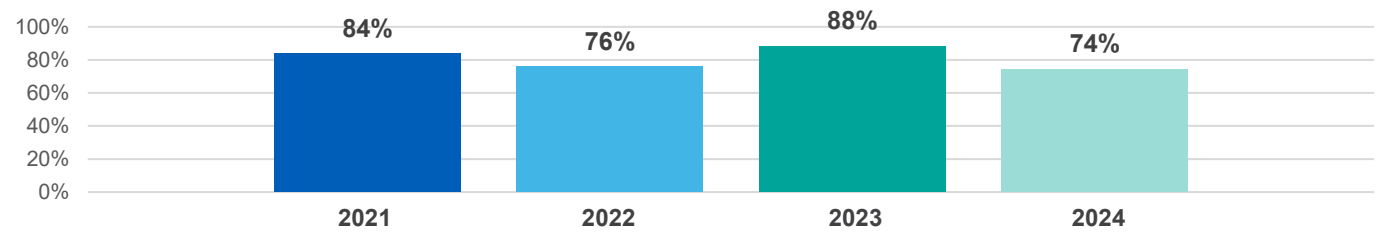


Q42_4. Patient completely had enough understandable information about their response to hormone therapy

Q42_5. Patient completely had enough understandable information about their response to immunotherapy



Q43. Patient felt the length of waiting time at clinic and day unit for cancer treatment was about right



Year on year charts

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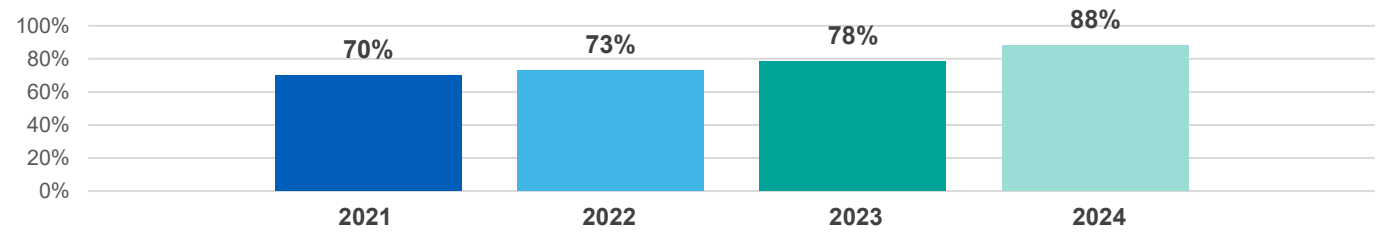
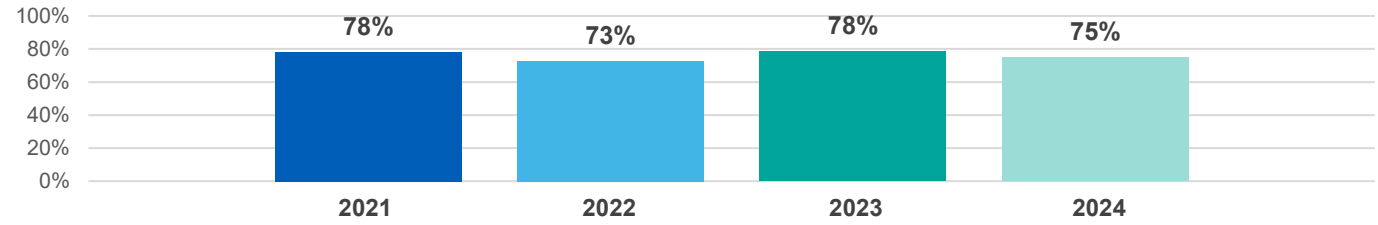
IMMEDIATE AND LONG-TERM SIDE EFFECTS

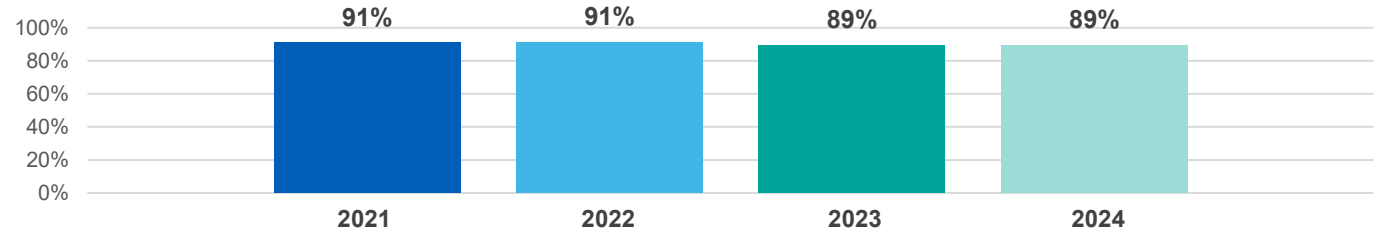
Q44. Possible side effects from treatment were definitely explained in a way the patient could understand



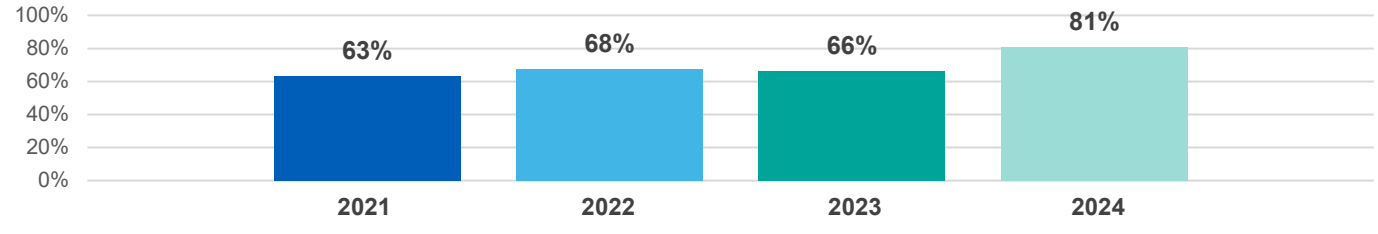
Q45. Patient was always offered practical advice on dealing with any immediate side effects from treatment



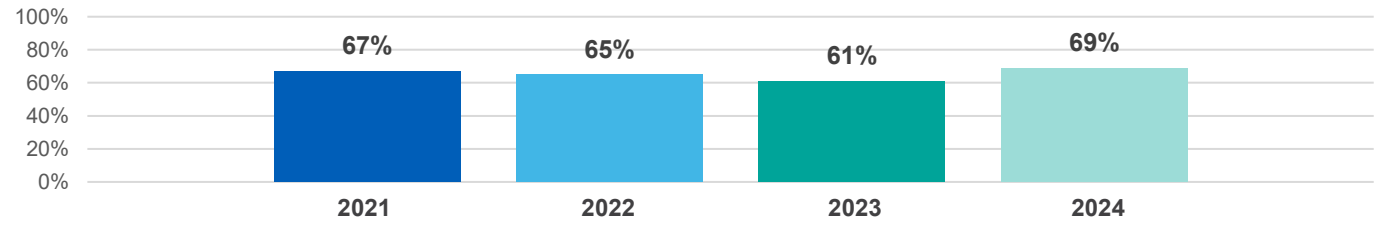
Q46. Patient was given information that they could access about support in dealing with immediate side effects from treatment



Q47. Patient felt possible long-term side effects were definitely explained in a way they could understand in advance of their treatment



Q48. Patient was definitely able to discuss options for managing the impact of any long-term side effects

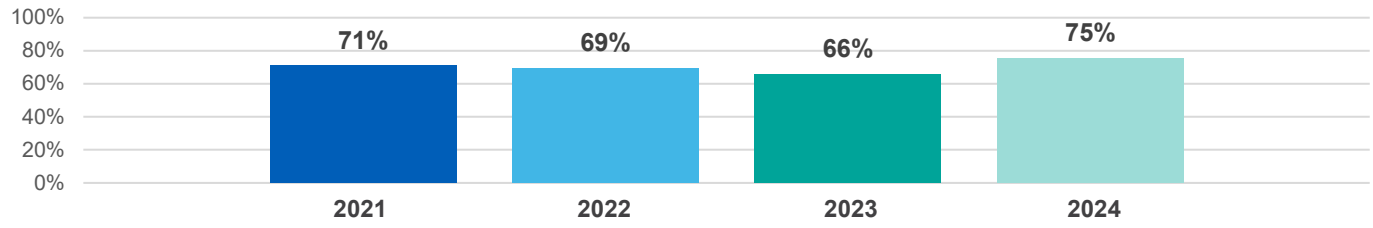


Year on year charts

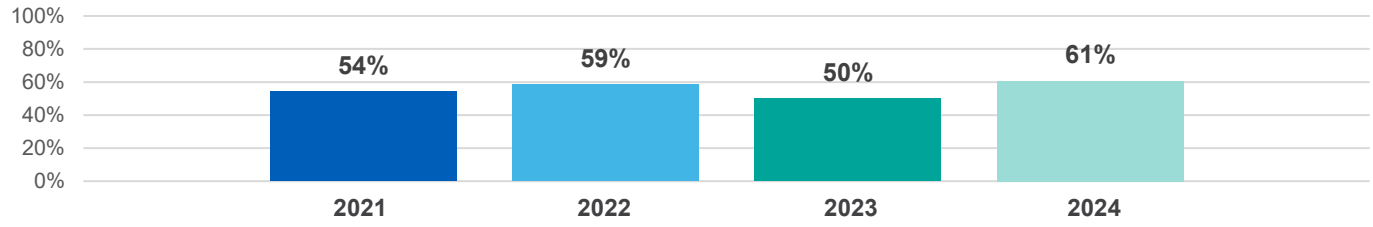
* Indicates where a score is not available due to suppression or a low base size.	- No score available.	The scores are unadjusted and based on England scores only.

SUPPORT WHILE AT HOME

Q49. Care team gave family, or someone close, all the information needed to help care for the patient at home

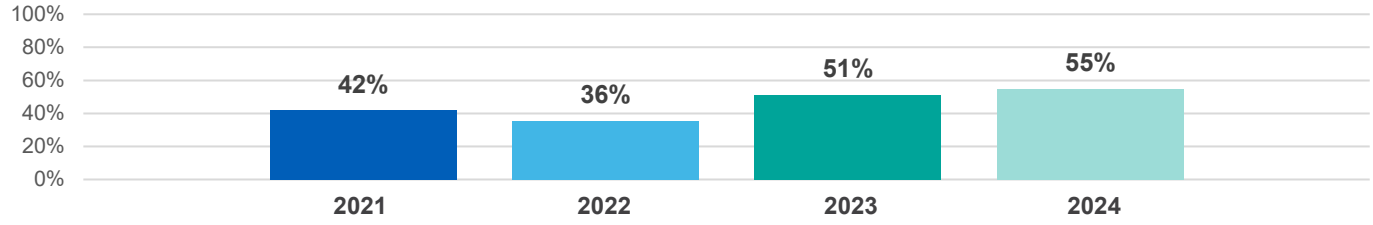


Q50. During treatment, the patient definitely got enough care and support at home from community or voluntary services

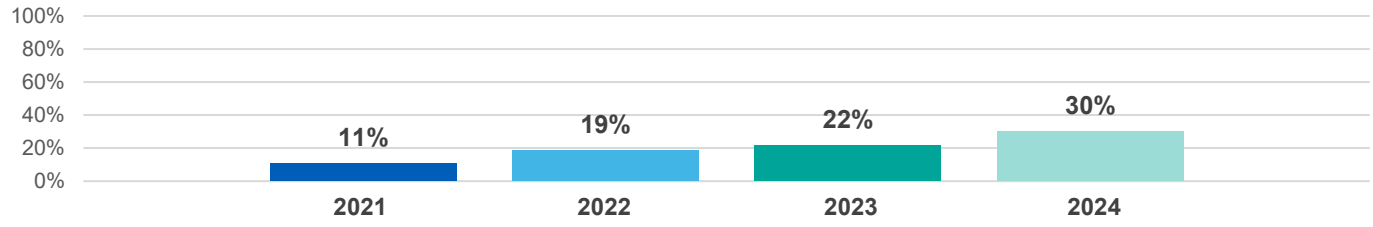


CARE FROM YOUR GP PRACTICE

Q51. Patient definitely received the right amount of support from their GP practice during treatment

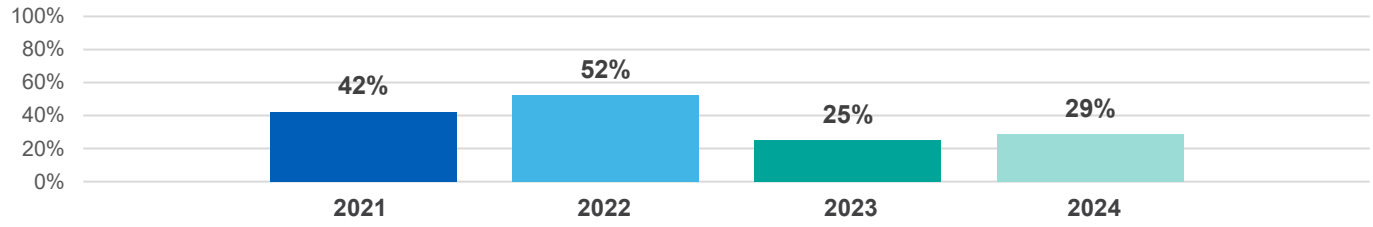


Q52. Patient has had a review of cancer care by GP practice



LIVING WITH AND BEYOND CANCER

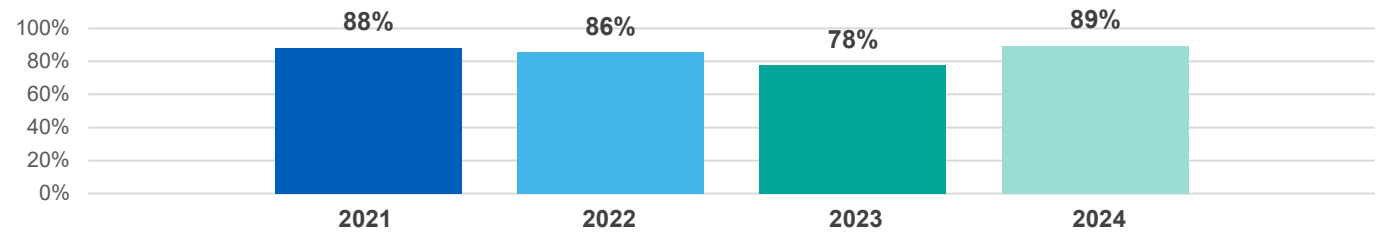
Q53. After treatment, the patient definitely could get enough emotional support at home from community or voluntary services



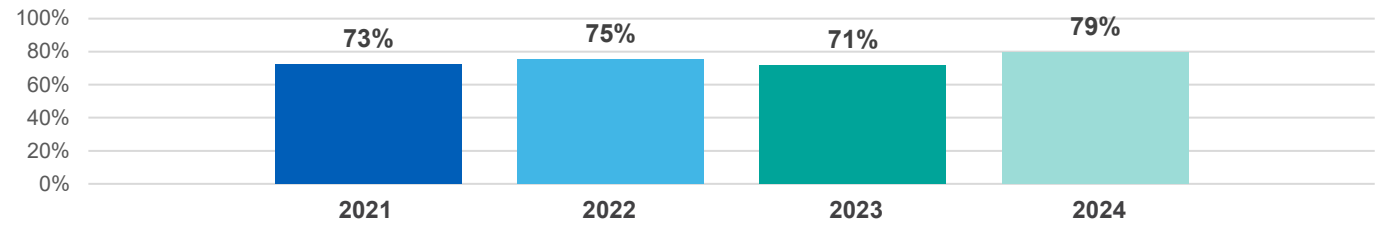
Year on year charts

* Indicates where a score is not available due to suppression or a low base size.	- No score available.	The scores are unadjusted and based on England scores only.

Q54. The right amount of information and support was offered to the patient between final treatment and the follow up appointment

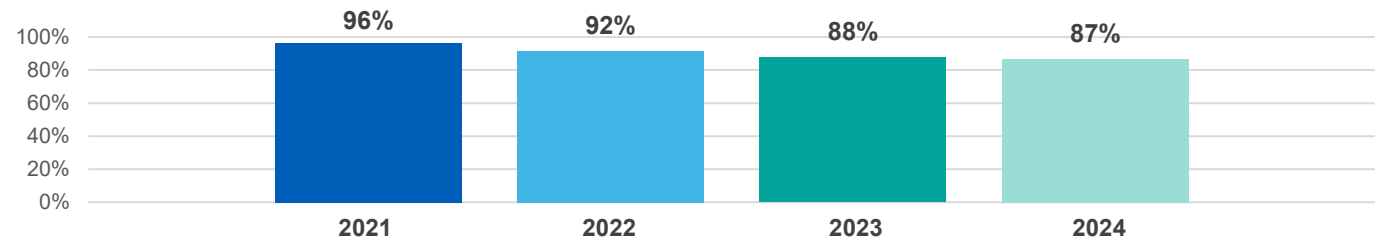


Q55. Patient was given enough information about the possibility and signs of cancer coming back or spreading

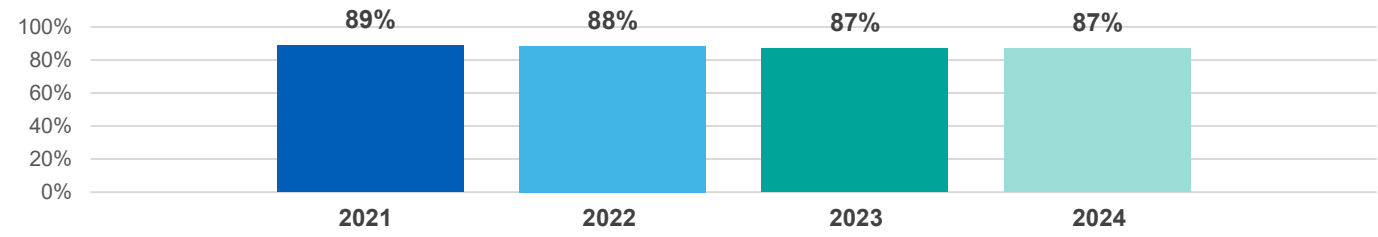


YOUR OVERALL NHS CARE

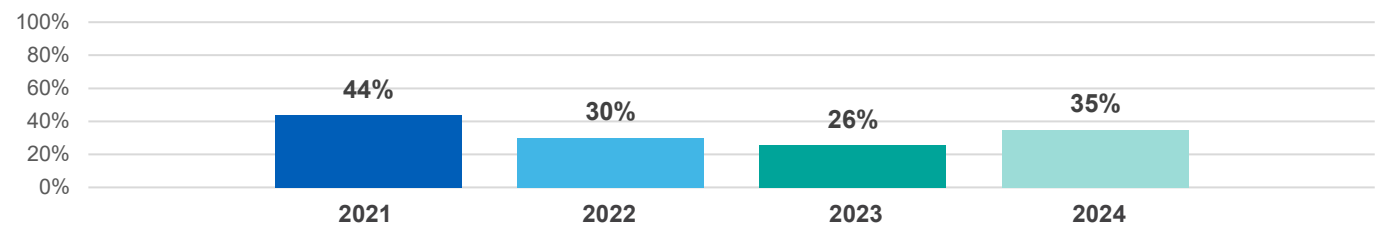
Q56. The whole care team worked well together



Q57. Administration of care was very good or good



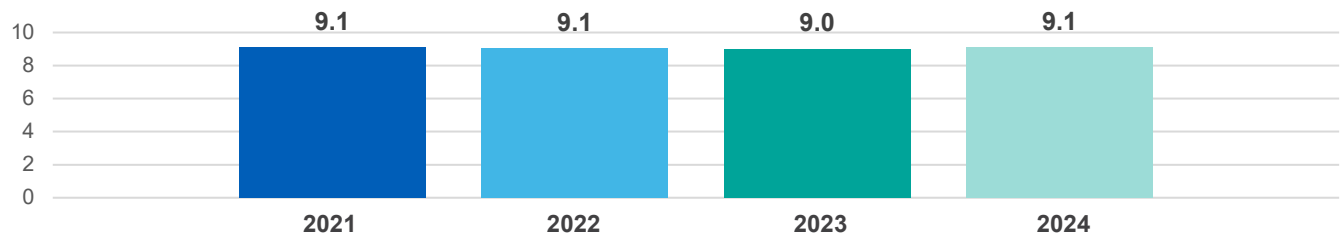
Q58. Cancer research opportunities were discussed with patient



Year on year charts

* Indicates where a score is not available due to suppression or a low base size.	- No score available.	The scores are unadjusted and based on England scores only.

Q59. Patient's average rating of care scored from very poor to very good



Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	13 November 2025	**Agenda reference:**	**87-25**		
Report title:	Guardian of Safe Working Hours (GOSW) Report				
Sponsor:	Tamara Everington, Chief Medical Officer				
Author:	Jennifer O'Neill, Guardian of Safety Working Abdisalam Sulaiman, Head of Medical Workforce				
Appendices:	a) Q1 and b) Q2 GOSW reports covering April to September 2025				
Executive summary					
Purpose of report:	The purpose of this report is for the Guardian of Safe Working to share insights and findings from the exception reporting system and the resident doctor forum. It also provides an update to ensure the Board are aware about national changes, namely to 1) exception reporting and 2) the government 10 point plan to improve resident doctors working lives.				
Summary of key issues	There have not been any immediate safety concerns and published rotas are compliant with the resident doctor contract (we have robust rota checking software). A problem arose during this period (last 6 months) with rota gaps in the maxillofacial dental core trainee rota. This led to changes in work pattern and led to a guardian of safe working instigated work schedule review. Our human resources team conducted this and found that the actual work schedule was correct but the need to cover patient care had led to implementation problems. No external agency staff are used – see Q1 and Q2 reports -so cover is internal or bank only. It is difficult to find expertise specific to the role of a dental core trainee in a hospital role. This is resolved as there is now a full rota with no gaps as all posts are filled. The process for exception reporting has changed so that the educational supervisor is now not involved and it is more confidential. There is an apparent increase in reports but this will show in future reports. The change was implemented in August 2025 at QVH and will take time to embed. The government has published a 10-point plan to improve resident doctors working lives. This is to be led by a senior board member. Here is the link to read about this: NHS England » 10 Point Plan to improve resident doctors' working lives There will be a separate report regarding this, but many of the points (for example out-of- hours food, rest facilities, on call accommodation and access to lockers) overlap with the items discussed with the residents at the resident doctor forum.				
Recommendation:	The Board is asked to note the contents of the report.				
Action required *[embolden **one** only]*	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs): *[[embolden KSO(s) this recommendation aims to support]*	KSO1: ***To deliver outstanding care***	KSO2: *To innovate and improve*	KSO3: ***To be an excellent employer***	KSO4: ***To deliver sustainable services***	KSO5: *To collaborate with others*
Implications					
Board assurance framework:	Safe Rotas				
Corporate risk register:	none				

Regulation:	none			
Legal:	none			
Resources:	HR/ recruitment for staffing levels			
Assurance route				
Previously considered by:	Quality and safety committee			
	Date:	04/11/2025	Decision:	Noted
Next steps:	NA			

Report to: Board of Directors
Agenda item: 87-25
Date of meeting: 13 November 2025
Report from: Tamara Everington, Chief Medical Officer
Report author: Jennifer O'Neill, Guardian of Safe Working
Date of report: 15 October 2025
Appendices: Q1 GOSW report and Q2 GOSW report

Guardian of Safe Working Hours Report

Introduction

The purpose of this report is for the Guardian of Safe Working to share insights and findings from the exception reporting system and the resident doctor forum. It also provides an update to ensure the board are aware of national changes, namely to 1) exception reporting and 2) the government 10 point plan to improve resident doctors working lives.

Executive Summary

There have not been any immediate safety concerns and published rotas are compliant with the resident doctor contract (we have robust rota checking software).

A problem arose during this period (last 6 months) with rota gaps in the maxillofacial dental core trainee rota. This led to changes in work pattern and led to a guardian of safe working instigated work schedule review. Our human resources team conducted this and found that the actual work schedule was correct but the need to cover patient care had led to implementation problems. This is all resolved as there is now a full rota with no gaps as all posts filled.

The process for exception reporting has changed so that the educational supervisor is now not involved and it is more confidential. There is an apparent increase in reports but this will show in future reports. The change was implemented in August at QVH and will take time to embed.

The government has published a 10-point plan to improve resident doctors working lives. This is to be led by a senior board member. Here is the link to read about this:NHS England » 10 Point Plan to improve resident doctors' working lives
There will be a separate report regarding this, but many of the points (for example out of hours food, rest facilities, on call accommodation and access to lockers) overlap with the items discussed with the residents at the resident doctor forum.

Situation
The Guardian of Safe Working has been monitoring rotas and gathering information through exception reports and quarterly Resident Doctor Forum meetings

Although all resident doctor rotas are compliant, staffing shortages and rota gaps can lead to problems where residents find that they are required to work altered hours or extra hours to cover for patient care.

These have been investigated, discussed, and now resolved

At the Resident Doctors Forum access to theatre lockers was raised. It can be difficult for doctors on rotation to find a locker. We have been working on a system for resident lockers and for residents to hand lockers over to another resident when they leave.

Guardian fines are levied where applicable – these are usually for doctors working on a 24 hour on call shift who are called in and do not get the usual 5 hours of rest at night. This does not happen often and in the 6 months here (April to September 2025 – please see Q1 and Q2 reports attached) there have been no fines levied at all.

To recognise resident doctor achievement and value the resident doctors' awards took place (after an online voting process). The overall award was presented to the winner - by the Guardian of Safe Working - at the September hospital-wide staff awards event.

Background
The Guardian of Safe working has a link with the deanery and other guardians - attending regional meetings for guardians, webinar training on proposed software ('Allocate') exception reporting changes, and plans to attend a national conference for Guardians.

As a consultant doctor at QVH, the Guardian of Safe Working, is integrated with the hospital and attends meetings to enhance that involvement and leadership role. These include trust values meetings, leadership workshops, local faculty group meetings of all specialities and the local academic board meetings).

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

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

Quarter 1 – 1 April to 30 June 2025

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 Lydia Rome, Medical Workforce Administrator

High level data for QVH

Number of doctors / dentists in training (total):	59 (43 HEE 16 Trust)
Number of doctors / dentists in training on 2016 contract (total):	59 (43 HEE 16 Trust)
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

*excludes Radiology HEE trainees, lead employer UHSx facilitates the exception reporting.

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	4	2	2
Orthodontic	0	0	0	0
Plastics	0	11	11	0
Total	0	15	13	2

Exception Reports for Hours breached or work pattern this Q only

Specialty	No. exceptions raised	No. exceptions outstanding
Anaesthetics	0	0
Maxillofacial	4	2
Orthodontic	0	0
Plastics	11	0
Total	15	2

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	0	0
Total	0	0

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

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	12	3	1	0	2

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	29	28	0	322.5	313.5
Maxillofacial	187	183	0	1251.92	1208.92
Orthodontics	0	0	0	0.00	0.00
Plastics	103	89	0	999.25	863.25
Total	319	300	0	2573.67	2385.67

ii)

Locum bookings (bank) by grade					
Specialty	Number of shifts requested Filled+unfilled bank + agency	Number of shifts worked Filled bank and agency	Number of shifts given to agency filled+unfilled(agency)	Number of hours requested filled+unfilled b+a	Number of hours worked Filled b+a
CT1-2*	78	62	0	487	467
ST3 +*	255	238	0	2086.67	1918.67
Total	333	300	0	2573.67	2385.67

*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	75	67	0	776.25	693.25
Sickness	20	17	0	153	127
Increase in workload*	58	54	0	548.75	509.75
Other** on call	157	155	0	1012.67	992.67
Total	310	293	0	2490.67	2322.67

** 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	7	22	29
Maxillofacial	67	4	0	115	25
Orthodontics	0	0	0	0	0
Plastics	8	15	51	20	55
Total	98	19	58	157	109

** 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	0
Maxillofacial	0	0	0	0
Orthodontic	0	0	0	0
Plastics	0	0	0	0
Radiology	0	0	0	0
Total	0	0	0	0

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

Locum bookings (agency) by reason				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	0.0	0.0	0.0	0.0
Sickness	0.0	0.0	0.0	0.0
Total	0.0	0.0	0.0	0.0

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+	10	9	10	9.6	1
Maxillofacial Core	CT1-2	21	11	11	14	2
Maxillofacial higher	ST3+	45	60	38	47.6	2
Plastic surgery core	CT1-2	3	2	1	2	0
Plastic surgery higher	ST3+	17	6	4	9	14
Orthodontics	ST3+	0	0	0	0	0
Total		96	88	64	82.2	19

**Currently non reportable*

e) Fines

Fines by department		
Department	Number of fines levied	Value of fines levied
Total	0	£0.00

Fines (cumulative)			
Total fines levied, as of end of last quarter - since 4/2/21	Fines this quarter	Total disbursements, including this quarter	Fine balance at the end of this quarter
£12,946.05	£0.00	£11,752.44	£1193.61

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

Quarter 2 – 1 July to 30 September 2025

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 Lydia Rome Medical Workforce Administrator

High level data for QVH

Number of doctors / dentists in training (total):	65 (50 HEE 15 Trust)
Number of doctors / dentists in training on 2016 contract (total):	65 (50 HEE 15 Trust)
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

*excludes Radiology HEE trainees, lead employer UHSx facilitates the exception reporting.

a) Exception reports (all were regarding working hours breached and none for missed educational opportunities or breaks)

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	14	14	0
Orthodontic	0	0	0	0
Plastics	0	13	13	0
Total	0	27	27	0

Exception reports by grade				
Specialty	No. exceptions carried over from last report	No. exceptions raised	No. exceptions closed	No. exceptions outstanding
ST3 +	0	20	20	0
CT1-2 / ST1-2	0	7	7	0
Total	0	27	27	0

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	11	8	8	0	0

b) Work schedule reviews

We have had a work schedule review for Maxillofacial Surgery DCT's, at the request of the GOSW – due to a high number of exception reports raised. This showed no work schedule deviations but poor rostering practices which are being addressed

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	30	24	0	307	244.5
Maxillofacial	102	102	0	756.25	726.25
Orthodontics	0	0	0	0.00	0.00
Plastics	75	67	0	749.75	585.75
Total	207	193	0	1,813	1,556.5

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*	11	10	0	94.5	84.5
ST3 +*	13	179	0	1,928.5	1,472

Total	207	191	0	1,753	1,556.5

*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	28	28	0	375.75	375.75
Sickness	4	4	0	33.5	33.5
Increase in workload*	60	47	0	538	435.5
Other**	118	111	0	739	690
Total	207	191	0	1,686.25	1,534.75

** 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	5	22	27
Maxillofacial	29	6	0	75	107
Orthodontics	0	0	0	0	0
Plastics	2	0	54	17	73
Total	31	6	59	114	207

** 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	0.0	0.0	0.0
Maxillofacial	0.0	0.0	0.0	0.0
Orthodontic	0.0	0.0	0.0	0.0
Plastics	0.0	0.0	0.0	0.0
Radiology	0.0	0.0	0.0	0.0

Total	0.0	0.0	0.0	0

Locum bookings (agency) by grade				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
CT1-2	0.0	0.0	0.0	0.0
ST3-8	0.0	0.0	0.0	0.0
Total	0.0	0.0	0.0	0.0

Locum bookings (agency) by reason				
Specialty	Number of shifts requested	Number of shifts worked	Number of hours requested	Number of hours worked
Vacancy	0.0	0.0	0.0	0.0
Sickness	0.0	0.0	0.0	0.0
Total	0.0	0.0	0.0	0.0

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+	2	2	1	1.6	1
Maxillofacial Core	CT1-2	1	0	0	0.00	11
Maxillofacial higher	ST3+	1	1	10	1	2
Plastic surgery core	CT1-2	0	0	0	0.00	0
Plastic surgery higher	ST3+	36	36	57	43	7
Orthodontics	ST3+	0	0	0	0.00	0
Total		37	36	57	44	21

**Currently non reportable*

e) Fines

Fines by department		
Department	Number of fines levied	Value of fines levied
Total	0	0

Fines (cumulative)			
Total fines levied, as of end of last quarter - since 4/2/21	Fines this quarter	Total disbursements, including this quarter	Fine balance at the end of this quarter
£12,946.05	0	£12573.24	£372.81

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	13/11/2025		**Agenda reference:**	**88-25**	
Report title:	Board Assurance Framework (BAF)				
Sponsor:	Abigail Jago, acting Chief executive officer Leonora May, Company secretary				
Author:	Leonora May, Company secretary				
Appendices:	Appendix one- BAF summary Appendix two- BAF				
Executive summary					
Purpose of report:	To present the revised Board Assurance Framework (BAF) to the Board.				
Summary of key issues	- The Board agreed in November 2024 that the BAF risks should be updated in line with the *QVH Strategy 2025-2030*. The risks required updating in line with the new key strategic objectives agreed by the Board, the strategy, strategic partnership work and the wider current context within which the Trust is operating - A summary of each of the new BAF risks is set out within appendix one including current scores against risk appetite and key highlights. In future reporting, this summary will include a trajectory/ direction of travel and updates where key actions are being completed. - Of the nine strategic risks, the highest scoring are in relation to finance, estate, sustainability, leadership capacity and digital. - Assurance ratings for eight of the risks are amber, demonstrating that there are issues which require monitoring and addressing. The assurance rating for the quality risk is green, demonstrating that there are no serious issues and that the controls are effective. - Of the nine risks, six of them are currently outside of risk appetite, with a higher score.				
Recommendation:	The Board is asked to: - **Approve** the closure of the current BAF risks as set out within this report - **Approve** the new BAF risks and confirm that the BAF is appropriately focused on the key risks which may impact on the Trust's ability to deliver its key strategic objectives - **Advise** if there are any specific matters in relation to the strategic risks presented in the BAF that require follow up at a sub-committee				
Action required	**Approval**	Information	Discussion	Assurance	Review
Link to key strategic objectives (KSOs):	**KSO1:** ***To deliver outstanding care***	**KSO2:** ***To innovate and improve***	**KSO3:** ***To be an excellent employer***	**KSO4:** ***To deliver sustainable services***	**KSO5:** ***To collaborate with others***
Implications					
Board assurance framework:	Revised BAF to support delivery of KSO's				
Organisational risk register:	Links to organisational risks included in BAF				
Regulation:	CQC well led				
Legal:	None				
Resources:	None				
Assurance route					

Previously considered by:	ELT Board seminar			
	Date:	October 2025	Decision:	
Next steps:	Opening of new BAF risks Closure of current BAF risks			

Report to: Board Directors
Agenda item: 88-25
Date of meeting: 13 November 2025
Report from: Abigail Jago, acting Chief executive officer
Leonora May, Company secretary
Report author: Leonora May, Company secretary
Date of report: 31 October 2025
Appendices: Appendix one- BAF summary
Appendix two- BAF

Board Assurance Framework (BAF)

Introduction and background

The BAF sets out the key risks which may threaten the achievement of the Trust's key strategic objectives. It enables the Board to monitor progress in achieving the strategic objectives, attend to key accountability issues, ensure the right issues are debated and that remedial actions are taken to reduce risk as well as strengthen controls and assurances. The BAF risks are informed by the organisational level risks.

The Board agreed in November 2024 that the BAF risks should be updated in line with the *QVH Strategy 2025-2030*. The risks required updating in line with the new key strategic objectives agreed by the Board, the strategy, strategic partnership work and the wider current context within which the Trust is operating.

The Board reviewed and agreed in principle the new BAF risks at its seminar in October 2025. The new BAF risks are included within the summary document in appendix one to the report and the full BAF in appendix two.

The Board is asked to approve the opening of the new BAF risks as detailed within this report and appendices and the closure of the current BAF risks as detailed within this report.

New BAF risks (for approval)

This is the first time that the Board has formally received the revised BAF. The new strategic risks are set out below and can be seen in more detail in the appendices.

Ref	Description
1	**Access** There is a risk that the Trust will not deliver against its operational plan and national access standards Caused by rise in waiting lists; increased demand; national changes; support to the wider Sussex system

	Resulting in patients waiting longer than we would like for treatment; potential patient harm/ poor experience; widening health inequalities; the Trust not achieving its operational plan; reputational damage; increased oversight
2	**Digital** There is a risk that the Trust may not be able to deliver its clinical, operational and financial objectives due to insufficient digitisation including the benefits of the EPR programme Caused by constraints of capital and revenue funding to support people and resources required to deliver digital transformation including lack of funding for EPR roles past December 2025 Resulting in non-alignment with the national priority to move from analogue to digital; reputational damage; potential non-realisation of benefits; impact on service delivery and quality
3	**Estate** There is a risk that the Trust's estate deteriorates further to the point where it is no longer safe Caused by ageing estate; poor quality of previous work completed; limited capital resource to address critical infrastructure challenges; maintenance and repair backlog; estates team resource challenges; lack of compliant ventilation Resulting in harm to individuals; Potential impact on service delivery; services no longer being delivered from the QVH site; financial loss; reputational damage.
4	**Finance** There is a risk that the Trust will not deliver the full value of its £7.5m cost improvement plan for 2025/26 and cost improvement plans for future years; deliver a breakeven position for 2025/26 and for future years and/ or that the working cash balance will reduce to lower than £1m Caused by the Trust's significant cost improvement target of £7.5m for 2025/26 including the requirement for corporate service cost reductions; changes to the funding regime including capping of income levels; significant activity levels, and financial pressures across other NHS organisations delaying payments Resulting in the Trust not being financially sustainable for the future
5	**Leadership capacity** There is a risk that there will not be leadership capacity to deliver the strategic partnership, key strategic objectives and key projects Caused by three interim executive roles including Chief executive officer; turnover in Board level roles and organisational memory loss; Chair finishing term at end of December 2025 Resulting in closure of services/ site; regulatory intervention; reputational damage; non-delivery of recurrent annual financial, productivity and efficiency savings
6	**Workforce** There is a risk that the Trust is unable to fulfil its commitment to being an excellent employer and may not have a workforce fit for the future Caused by significant organisational change; uncertainty; the Trust's significant cost improvement target; requirement for corporate service cost reduction; leadership capacity and managers capability Resulting in staff turnover; single points of challenge and lack of resilience; challenges with recruitment and retention; challenges with organisational culture; a negative effect on staff

	wellbeing and motivation; non-delivery of key strategic objectives and projects; impact on quality
7	**Quality** There is a risk that the Trust may not consistently deliver high quality, safe and effective care Caused by failure to ensure that clinical structure enables prioritisation of quality, safety and effectiveness in care; productivity increases constrict time to care and train, financial constraint compromises progress in estate, systems and equipment supporting care, frequent and rapid organisational changes distracts from sustainable quality Resulting in poor patient experience and outcomes; potential harm; reputational damage
8	**Regulation** There is a risk that the Trust may not be able to meet its regulatory requirements Caused by scale; cost improvement plans; corporate savings; turnover at Board level; additional licence conditions; non-compliance; leadership capacity; national changes to requirements Resulting in damage to reputation; non-removal of additional licence conditions; regulatory intervention
9	**Sustainability** There is a risk that the Trust will not secure long term sustainability Caused by inability to secure a strategic partnership; Challenges with progression of engagement with shortlisted partners; a potential breakdown in relationship between the Board and the Council of Governors; leadership capacity and resilience challenges; significant national changes; changes to the commissioning of services; changes to service specifications; staff morale; time constraints; differing views of key stakeholders on options Resulting in sustainability challenges for patient services/ site; non-delivery of QVH Strategy 2025-2030; regulatory intervention; reputational damage; non-delivery of recurrent annual financial, productivity and efficiency savings

The current scores of the nine strategic risks included in the revised BAF are shown in the heat map below.

Heat map

Likelihood	*Consequence*				
	Negligible	**Minor**	**Moderate**	**Major**	**Catastrophic**
Almost certain					
Likely			**Quality**	**Digital** **Estate** **Finance**	

				Leadership capacity	
Possible			**Workforce**	**Access Regulation**	**Sustainability**
Unlikely					
Rare					

A summary of each of the new BAF risks is set out within appendix one including current scores against risk appetite and key highlights. In future reporting, this summary will include a trajectory/ direction of travel and updates where key actions are being completed.

Of the nine strategic risks, the highest scoring are in relation to finance, estate, sustainability, leadership capacity and digital.

Assurance ratings for eight of the risks are amber, demonstrating that there are issues which require monitoring and addressing. The assurance rating for the quality risk is green, demonstrating that there are no serious issues and that the controls are effective.

Of the nine risks, six of them are currently outside of risk appetite, with a higher score.

The Board will use the BAF to monitor:

- The overall adequacy of assurance on the effectiveness of existing controls for each risk, and whether this is improving or deteriorating over time
- How the risks might impact delivery of the strategic objectives

- How effectively risks are being managed; through considering the gap between current risk score and the target risk score, and whether this gap is closing over time

The Board will not routinely consider the detail of the risks in the BAF as recorded in appendix two; it is the role of the sub-committees to undertake detailed challenge and provide assurance to the Board, specifically around reasonableness of the risk assessments, and the effectiveness of controls, assurances and actions being taken to manage individual risks to achieve the target scores within the expected timeframes. Updates will be provided in each committees' assurance reports to the Board.

Current BAF risks (for closure)
The Board is asked to agree the closure of the current BAF risks as below. The risks required updating in line with the current context within which the Trust is operating.

Ref	Description
1	**Patient services** There is a risk that the Trust fails to deliver safe, effective, caring, responsive and well-led patient services; Due to ineffective operational / clinical management (including management of resources and risks / incidents), failure of third-party service providers, ineffective and

	unpredictable staff behaviours (e.g., communication), physical infrastructure failure; Which may result in negative impacts on patient outcomes / experiences, potential avoidable harm to people, failing to meet regulatory performance targets, financial implications including losses, regulatory Intervention, criminal prosecution, and reputational damage
2	**Workforce strategy** There is a risk the Trust's workforce portfolio fails to address the key external and internal challenges to support delivery of its operational and strategic objectives; due to inadequate leadership and / or resources and a focus on reactive issues mean the workforce team, corporate and clinical services do not address the important workforce challenges (e.g., capacity and capability, education and training, health and well-being, engagement and morale, culture and behaviours, equality, diversity and inclusion, ineffective third party provider functions, industrial action and key person dependencies) and / or fail to keep up to date with national / regional requirements; which may result in Potential reduction in clinical or corporate service capacity or quality with negative impact on care and / or patient and service user experience and outcomes, negative impact on staff health and wellbeing, financial implications including increased temporary staff spend, regulatory intervention, reputational damage, employee grievances / tribunals, higher staff turnover, or potential challenges in recruitment
3	**Physical infrastructure** There is a risk the Trust's physical infrastructure (i.e. buildings and services) is not fit for purpose to support an effective, efficient and safe environment for operational delivery; Due to Ageing infrastructure, lack of financial investment resulting in back log of maintenance / repairs, ineffective governance, inadequate resources, failure of critical third-party suppliers; Which may result in Potential harm to individuals, disruption to / inefficiencies within clinical and support services, damage to physical infrastructure (i.e. the buildings and the services e.g. heating systems, electrical infrastructure, cooling and ventilation systems), financial loss, regulatory intervention, reputational damage, negative impact on staff morale
4	**Long term sustainability** There is a risk that the Trust fails to secure its long-term sustainability leading to closure of services and /or the site; Due to Inadequate or ineffective strategic planning / delivery, lack of effective stakeholder engagement (internally and externally) / support, internal governance failures, inadequate leadership capability and capacity, failing to address environmental sustainability matters, emergent change at a trust, system or national level that may impact strategy requirements; Which may result in potential for loss of patient services, reduction in staff morale, challenges with recruitment and retention, loss of community employment and local facilities
5	**Compliance breach (non-clinical)** There is a risk that the Trust experiences a material legislative or regulatory compliance breach (non-clinical). (This would include financial breaches such as fraud, theft, misuse of NHS funds; breaches of legislation including health and safety; breaches of NHS statutory requirements including licence conditions; breaches of Constitutional documents incl. Standing orders. This does not include; data breaches which are covered by BAF07 – information assets, or clinical breaches which are covered by BAF01.); Due to failure to identify existing and new requirements, unhelpful behaviours (human error / intentional wrongdoing), staff not being adequately trained, failure of third party to deliver, failure of record keeping or IT systems, ineffective policy frameworks and processes; Which may result in potential harm to people, regulatory intervention, criminal prosecution, misuse of NHS funds and financial loss and reputational damage
6	**Financial sustainability** There is a risk that the Trust is unable to deliver medium to long term financial sustainability; Due to increasing demand outstrips resources available, impact of investment requirements and inflation, failure to deliver operational efficiencies and /or realise investment programme benefits, potential for unplanned costs (e.g., cyber-attack), lack of available workforce increasing agency spend, Ineffective management of multiple Integrated Care Systems financial transformational risks, impact of political changes and national directives; Which may

	result in possible loss of operational capacity and failure to provide timely treatment to patients, failure to generate funding for investments, potential for workforce restructuring, and /or reputational damage with loss of confidence from stakeholders (e.g., ICB)
7	**Information assets** There is a risk that the Trust does not protect and develop its information assets to ensure that they are complete, accurate, accessible, and effectively utilised to support safe and efficient service delivery, fulfilment of strategic objectives, and meet compliance requirements; Due to inadequate policies / procedures, staff behaviours, limited funding, insufficient implementation and support resources (capacity and capability), external factors (e.g. cyber-attack, third party performance and management, national and ICS governance relating to funding & process requirements); Which may result in potential for patient harm, inability to deliver services, negative impact on staff, data compromised (confidentiality, integrity and availability) and potentially lost, non-compliance with legislation and best practice standards, poor decision making, reputational damage and financial loss
8	**Partner organisations** There is a risk that the Trust does not develop and maintain collaborative relationships with partner organisations built on shared objectives and mutual trust that may impact adversely on the ability to deliver a sustainable future and trust strategy and improve the health of the populations we serve; Due to the Trust and /or system partners do not effectively engage with the system framework or direct arrangements, ineffective communication, absence of shared goals; Which may result in failure to achieve system and Trust objectives, negative impact on patient outcomes and experience

Recommendation

The Board is asked to:

- **Approve** the closure of the current BAF risks as set out within this report
- **Approve** the new BAF risks and confirm that the BAF is appropriately focused on the key risks which may impact on the Trust's ability to deliver its key strategic objectives
- **Advise** if there are any specific matters in relation to the strategic risks presented in the BAF that require follow up at a sub-committee

Ref	Title/ description	Score			Trajectory/ direction of travel	Assurance rating	Risk appetite	Highlights
		Inherent	Current	Target				
1	**Access** There is a risk that the Trust will not deliver against its operational plan and national access standards Caused by rise in waiting lists; increased demand; national changes; support to the wider Sussex system Resulting in patients waiting longer than we would like for treatment; potential patient harm/ poor experience; widening health inequalities; the Trust not achieving its operational plan; reputational damage; increased oversight	16	12	8	Not yet available (new risk)	Amber (indicates that there are some issues that need to be monitored and addressed)	This risk is currently outside of risk appetite, with a higher score. The risk appetite for this area is cautious (4-6)	• Challenges related to addressing 65 plus week waits- strategic review of breast reconstruction required to reduce • Clinical review of patients at harm from cancer pathways delay is 50% complete • Key assurance required on impact for patient of health inequalities work
2	**Digital** There is a risk that the Trust may not be able to deliver its clinical, operational and financial objectives due to insufficient digitisation including the benefits of the EPR programme Caused by constraints of capital and revenue funding to support people and resources required to deliver digital transformation including lack of funding for EPR roles past December 2025 Resulting in non-alignment with the national priority to move from analogue to digital; reputational damage; potential non-realisation of benefits; impact on service delivery and quality	20	16	12	Not yet available (new risk)	Amber (indicates that there are some issues that need to be monitored and addressed)	This risk is currently within the range of risk appetite. The risk appetite for this area is seek (15-20)	• EPR progress on track with go live scheduled for 4 November 2025 • DSPT and CAF submission demonstrates approaching standards (not met)- action plan in place and progressing • Gaps in funding for EPR team after December 2025 • There is a need to review the Trust's digital strategy in line with national changes incl. ten year plan • There are ongoing discussions with NHSE about availability of funding to support digital
3	**Estate** There is a risk that the Trust's estate deteriorates further to the point where it is no longer safe Caused by ageing estate; poor quality of previous work completed; limited capital resource to address critical infrastructure challenges; maintenance and repair backlog; estates team resource challenges; lack of compliant ventilation Resulting in harm to individuals; Potential impact on service delivery; services no longer being delivered from the QVH site; financial loss; reputational damage.	20	16	12	Not yet available (new risk)	Amber (indicates that there are some issues that need to be monitored and addressed)	This risk is currently outside of risk appetite, with a higher score. The risk appetite for this area is minimal (1-3)	• QVH does not meet 'new hospital' criteria so there is no assurance regarding a future rebuild, however, the current site is uneconomic to keep repairing • The national estates safety fund and RAAC replacement initiatives provide the only mechanism to address backlog maintenance challenges • Limited funding available to address infrastructure risks, so additional funding is being sought from NHSE but it is not guaranteed. Funding is required to address asbestos removal

4	**Finance** There is a risk that the Trust will not deliver the full value of its £7.5m cost improvement plan for 2025/26 and cost improvement plans for future years; deliver a breakeven position for 2025/26 and for future years and/ or that the working cash balance will reduce to lower than £1m Caused by the Trust's significant cost improvement target of £7.5m for 2025/26 including the requirement for corporate service cost reductions; changes to the funding regime including capping of income levels; significant activity levels, and financial pressures across other NHS organisations delaying payments Resulting in the Trust not being financially sustainable for the future	20	16	12	Not yet available (new risk)	Amber (indicates that there are some issues that need to be monitored and addressed)	This risk is currently outside of risk appetite, with a higher score. The risk appetite for this area is minimal (1-3)	• Good progress has been made in delivering the 2025/26 cost improvement programme, however, more is being delivered non-recurrently than planned • Assurance is required that further recurrent savings can be made • The Trust's breakeven position at year end is high risk • Internal audit on compliance with governing documents and policies concluded reasonable assurance with considerable progress and strengthening of controls • A medium term financial plan is being developed as part of the 2026/27 business plan
5	**Leadership capacity** There is a risk that there will not be leadership capacity to deliver the strategic partnership, key strategic objectives and key projects Caused by three interim executive roles including Chief executive officer; turnover in Board level roles and organisational memory loss; Chair finishing term at end of December 2025 Resulting in closure of services/ site; regulatory intervention; reputational damage; non-delivery of recurrent annual financial, productivity and efficiency savings	20	16	8	Not yet available (new risk)	Amber (indicates that there are some issues that need to be monitored and addressed)	This risk is currently outside of risk appetite, with a higher score. The risk appetite for this area is minimal (1-3)	• The Trust Chair's term ends on December 2025 and an interim arrangement from January 2026 is yet to be determined. This is high risk • The timeline for strategic partnership work remains challenging due to external factors • Opportunities for shared corporate services and key roles are being explored as part of the partnership work
6	**Workforce** There is a risk that the Trust is unable to fulfil its commitment to being an excellent employer and may not have a workforce fit for the future Caused by significant organisational change; uncertainty; the Trust's significant cost improvement target; requirement for corporate service cost reduction; leadership capacity and managers capability Resulting in staff turnover; single points of challenge and lack of resilience; challenges with recruitment and retention; challenges with organisational culture; a negative effect on staff wellbeing and motivation;	15	9	6	Not yet available (new risk)	Amber (indicates that there are some issues that need to be monitored and addressed)	This risk is currently within the range of risk appetite. The risk appetite for this area is open (8-12)	• The Trust does not have EDI networks- opportunity to link into partner organisations networks • Managers training programme being progressed • Further assurance is required regarding the embedding of the behaviours framework • Organisational culture assessment undertaken to be presented to the Board in November 2025 • There is a decline in mood and motivation and increase in staff long term sickness

	non-delivery of key strategic objectives and projects; impact on quality							
7	**Quality** There is a risk that the Trust may not consistently deliver high quality, safe and effective care Caused by failure to ensure that clinical structure enables prioritisation of quality, safety and effectiveness in care; productivity increases constrict time to care and train, financial constraint compromises progress in estate, systems and equipment supporting care, frequent and rapid organisational changes distracts from sustainable quality Resulting in poor patient experience and outcomes; potential harm; reputational damage	20	12	6	Not yet available (new risk)	Green (indicates that there are no serious issues and the controls are effective)	This risk is currently outside of risk appetite, with a higher score. The risk appetite for this area is minimal (1-3)	• There is a need to review nursing staffing levels in line with the cost improvement plan • Staff survey results demonstrate a decline in the percentage of staff who feel safe to speak up and confidence that concerns will be addressed- action plan and monitoring required
8	**Regulation** There is a risk that the Trust may not be able to meet its regulatory requirements Caused by scale; cost improvement plans; corporate savings; turnover at Board level; additional licence conditions; non-compliance; leadership capacity; national changes to requirements Resulting in damage to reputation; non-removal of additional licence conditions; regulatory intervention	20	12	8	Not yet available (new risk)	Amber (indicates that there are some issues that need to be monitored and addressed)	This risk is currently outside of risk appetite, with a higher score. The risk appetite for this area is minimal (1-3)	• A number of policies are out of date- requires continued oversight of management incl. priority areas# • Annual governance statement 2024/25 identified significant control issues related to contracting and procurement. Recent internal audit in this area concluded reasonable assurance with no further breaches, however, there is a need further assurance that the position has materially improved long term • The Provider Capability Assessment undertaken by the Board demonstrated a confirmed rating for quality of care and people and culture and a partially confirmed rating for other areas
9	**Sustainability** There is a risk that the Trust will not secure long term sustainability Caused by inability to secure a strategic partnership; Challenges with progression of engagement with shortlisted partners; a potential breakdown in relationship between the Board and the Council of Governors; leadership capacity and resilience challenges; significant national changes; changes to the commissioning of services; changes to service	20	15	10	Not yet available (new risk)	Amber (indicates that there are some issues that need to be monitored and addressed)	This risk is currently within the range of risk appetite. The risk appetite for this area is open (8-12)	• Timeline for strategic partnership remains challenging with external factors being a risk- this is being mitigated where possible with continued engagement • Currently, a Board decision related to the partnership is scheduled to be made in December 2025

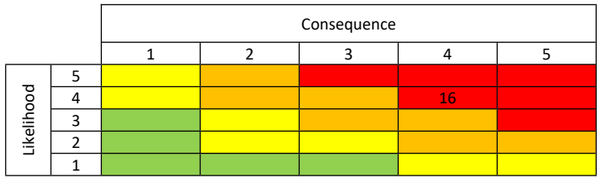
	specifications; staff morale; time constraints; differing views of key stakeholders on options Resulting in sustainability challenges for patient services/ site; non-delivery of QVH Strategy 2025-2030; regulatory intervention; reputational damage; non-delivery of recurrent annual financial, productivity and efficiency savings							

KSO1	KSO2	KSO3	KSO4	KSO5	Overall Assurance Rating (RAG)	Q3- 2025/26					
✓			✓	✓							

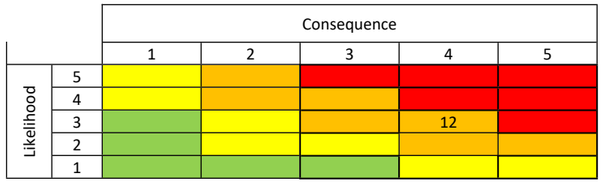
BAF	**Risk description** Risk: There is a risk that the Trust will not deliver against its operational plan and national access standards Caused by: Rise in waiting lists; increased demand; national changes; support to the wider Sussex system Resulting in: Patients waiting longer than we would like for treatment; potential patient harm/ poor experience; widening health inequalities; the Trust not achieving its operational plan; reputational damage; increased NHS oversight

Responsible committee	Finance and performance committee	**Date Risk Added:**	13 November 2025		
Principal Exec – Risk Owner	Chief operating officer	**Date Risk last reviewed:**	30 October 2025		
Risk Handler(s)	Deputy Chief operating officer	**Date Risk last formally discussed:**	13 November 2025	**Group**	Board

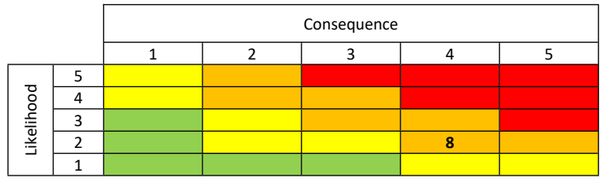
Inherent Score



Current Score



Target Score



Direction of travel since last review	
Target date	31 March 2026
Risk tolerance	Current risk score outside of risk appetite (higher) (cautious)

Controls (what are we doing about risk)	Assurances and RAG rating (how do we know if it's working)	Gaps in assurance (what additional assurance is needed)
Monitoring against the operational plan 2025/26 weekly internally and externally with action plans for improvements	1st line: Review of cancer action plan by Cancer Board monthly which demonstrates that the action plan is largely on track with some challenges which related to demand, September 2025, Green/ Amber Review of long wait action plan by Operational performance group weekly which demonstrates that the action plan is off track due to increased cancer referrals constraining capacity for long waits. The Trust requires NHSE strategic review of breast reconstruction in order to reduce 65 week waits, September 2025, Red (see action 2) 2nd line:	Non-RTT waits oversight and reporting NHSE strategic review of breast reconstruction- the Trust has indicated wanting to be a key player within this

	Monthly reporting and monitoring through the IQPR demonstrates challenges with increased cancer demand and treatment of long waiting patients, M5 August 2025, Amber (see action 2) 3rd line: Internal audit on faster diagnosis standards demonstrates reasonable assurance with a good control framework in place, September 2025, Green Quarterly provider assurance meetings with NHSE and the ICB. Letter received from NHSE and the ICB for Q1 2025/26 demonstrates positive assurance, recognising challenges with long waits, August 2025, Amber (see action 2) National Oversight Framework rating by NHSE. The Trust was rated 34 out of 134 trusts for performance overall for Q1 2025/26, July 2025, Green	
Governance and oversight incl. twice weekly tracking list meeting, weekly operational performance meeting, system capacity meeting, monthly access and responsiveness meeting	2nd line: Monthly alert, assure, advise reporting to the ECQR from the Access and Responsiveness executive sub-committee demonstrates grip and control, appropriate oversight and escalation, September 2025, Green	
Clinical harm review process with CMO reviewing patients over 78 weeks. Metrics and learning on harm from delays in cancer pathways shared at Cancer Board	1st line: Weekly review of long waiting patients by Operational performance meeting demonstrates no patient harm, but increasing number of patients waiting over 62 days on a cancer pathway which could cause patient experience issues, September 2025, Amber (see action 4) Process established within cancer care pathways for harm from delays to be clinically evaluated resulting in targeted action and shared learning reported to Cancer Board. Reporting through Quality Committee to ECQR and by exception to Quality & Safety Committee demonstrates targeted action and shared learning, Amber (see action 4)	Currently clinical review of patients at harm from cancer pathway delays is <50% complete. Clinical Lead for Cancer has responsibility and oversight of progress in this metric.
Health inequalities priorities improving data collection around ethnicity and processes for patients under the mental capacity act	1st line: Annual report to Board on addressing health inequalities demonstrated improvement in ethnicity data capture, priorities and key risks including resource constraints. Key assurance still required is related to the impact for patients, September 2025, Amber (see actions 3, 6 and 7)	Data for patients with other protected characteristics due to patient administration system. Impact on health inequalities work for patients.
Access policy, booking policy, training manual for appointments staff, EPRR policies in place	2nd line: Internal review of policies demonstrates the majority of operational policies are in date and have been reviewed against most recent guidance, with three EPRR policies being reviewed, September 2025, Green EPRR annual assurance to Board demonstrates full compliance September 2024, Green	

	3rd line: Internal audit on faster diagnosis standards demonstrates reasonable assurance with a good control framework in place, September 2025, Green		
Actions		**Timescale**	**Lead**	**Status** (complete, on track, off track, not yet started)
1. Improvements to teledermatology pathway to improve capacity within skin. QVH part of Sussex dermatology transformation work to look at single point of access from 2026.		April 2026	COO	On track
2. QVH to inform the NHSE strategy regarding commissioning of breast reconstruction services across the South East. Internally, continue prioritisation of long waiting patients.		April 2026	COO	On track
3. Use the Health Inequalities Task and finish Group to continue to prioritise ethnicity recording, and to work through actions to reduce inequalities where these are known, e.g children with long waits.		January 2026	CNO	On track
4. Completion of clinical review of harm for cancer patients with long waits		January 2026	CMO	On track, 50% complete
5. Develop oversight and reporting for non-RTT waits		April 2026	COO	Not yet started
6. Health inequalities data for patients with protected characteristics		January 2026	CNO	Not yet started
7. Provide assurance about the impact on health inequalities work completed to date and yet to be completed for patients		January 2026	CNO	Not yet started
Links to Organisational Risk Register	Risk 77 (patients coming to harm whilst waiting for treatment), 88 (compliance with standards in relation to performance)			

KSO1	KSO2	KSO3	KSO4	KSO5	Overall Assurance Rating (RAG)	Q3- 2025/26					
✓	✓		✓	✓							

BAF

Risk description

Risk:

There is a risk that the Trust may not be able to deliver its clinical, operational and financial objectives due to insufficient digitisation including the benefits of the EPR programme

Caused by:

Constraints of capital and revenue funding to support people and resources required to deliver digital transformation including lack of funding for EPR roles past December 2025;

Resulting in:

Non alignment with the national priority to move from analogue to digital; reputational damage; potential non-realisation of benefits; impact on service delivery and quality

Responsible committee	Finance and performance committee	**Date Risk Added:**	13 November 2025		
Principal Exec – Risk Owner	Helen Edmunds, Chief people officer	**Date Risk last reviewed:**			
Risk Handler(s)	Bill Gordon, Chief digital information officer	**Date Risk last formally discussed:**	13 November 2025	**Group**	Board

Inherent Score

Current Score

Target Score

Direction of travel since last review	
Target date	31 December 2025
Risk tolerance	Current risk score within risk appetite (seek)

Controls (what are we doing about risk)	Assurances and RAG rating (how do we know if it's working)	Gaps in assurance (what additional assurance is needed)
Digital strategy incl. alignment of digital transformation with EPR programme	1st line: Regular reporting on progress against the EPR programme to the FPC, demonstrates progress on track with go live planned for 4 November 2025, September 2025, Amber (see action 6)	Funding for EPR programme team post December 2025 Review of digital strategy in line with national changes incl. ten year plan and strategic partnership Development of the data strategy working with System partners
Digital policies and procedures	1st line: Policy report to ECQR demonstrates no digital policies out of date, however, there are policies currently being reviewed and updated. These will go through the governance process for approval prior to publication November 2025, Amber (see action 7) 2nd line:	Actions to be completed in CAF DSPT improvement plan

	DSPT and CAF annual submission for standards met demonstrates the Trust is approaching standards (not met), June 2025, Amber (see action 1) 3rd line: The independent assessment of the CAF- aligned DSPT undertaken by RSM in May 2025 demonstrated a very high risk rating across all five CAF objectives. Further work has been completed since the assessment was carried out. September 2025, Amber (see action 1)	
Digital security and protection procedures incl. cyber	1st line: CAF and DSPT remediation plan agreed with NHSE reviewed weekly by digital team, and bi-weekly by ELT, demonstrates progress being made against actions, Amber (see action 1) 2nd line: DSPT and CAF annual submission for standards met demonstrates the Trust is approaching standards (not met), June 2025, Amber (see action 1) Monitoring in place for key infrastructure by third party contractor and NHSE CSOC monitoring of cyber alerts, Amber Reporting to the Audit and risk committee demonstrates continued strengthening of cyber security with eight CSOC security alerts being received in the last six months and all but one of them being resolved, September 2025, Green Reporting to the Audit and risk committee on detailed security test undertaken in May 2025 by NHSE CREST. This demonstrated several areas needing attention with 127 vulnerabilities. Most areas were low or medium risk and those rated high or critical are being addressed, May 2025, Amber 3rd line: The independent assessment of the CAF- aligned DSPT undertaken by RSM in May 2025 demonstrates a very high risk rating across all five CAF objectives. Further work has been completed since the assessment was carried out. September 2025, Amber (see action 1)	Board training required to be completed for the period Actions to be completed in CAF DSPT improvement plan Cyber table top exercise to be completed ahead of EPR 'go live'
Horizon scanning for digital funding with NHSE incl. commissioning intentions	1st line: Discussion with NHSE about medium term planning- no confirmation about future funding, October 2025, Red (see actions 3 and 8) 3rd line: Commissioning intentions for 2026/27 demonstrate a continued commitment to driving digital transformation and plans to address duplication in digital infrastructure with opportunities to share costs and functions across the system for implementation from 1 April 2026, October 2025, Red (see actions 3 and 8)	Trust reliant on external funding to progress Significant inflationary increase in resource cost anticipated in relation to digital resources which is not budgeted for.
Workforce with specialist digital and technical skills to support digitisation	1st line: Contractors to support specific functions to support programme such EPR monitored through programme Board until December 2025, Green	Time limited resource with no confirmation of long term funding.

	2nd line: Outsourced functions to 3rd party providers through managed service contracts. Contract monitoring processes in place, Green		
Actions		**Timescale**	**Lead**	**Status** (complete, on track, off track, not yet started)
1. Completion of DSPT and CAF remediation plan		31 December 2025	CDIO	In progress
2. Cyber table top exercise to be completed ahead of EPR 'go live'		1 November 2025	CDIO	Not yet started
3. Request to NHSE for EPR team funding post December 2025 and budget considerations internally		31 October 2025	CDIO	In progress
4. Review of the Digital strategy in line with national changes incl. ten year plan and strategic partnership		31 January 2026	CDIO	Not yet started
5. Board cyber training		31 December 2025	CS	In progress
6. Regular reporting to the Finance and performance committee Re EPR Go Live		31 December 2025	CDIO	In progress
7. Digital policies to be updated and approved through governance routes		30 November 2025	CDIO	In progress
8. Ongoing discussions with NHSE about availability of funding to support digital		Ongoing	CDIO	In progress
Links to Organisational Risk Register	138 (failure to deliver EPR programme)			

KSO1	KSO2	KSO3	KSO4	KSO5	Overall Assurance Rating (RAG)	Q3- 2025/26					
✓			✓								

BAF	**Risk description** Risk: There is a risk that the Trust's estate deteriorates further to the point where it is no longer safe Caused by: Ageing estate; poor quality of previous work completed; limited capital resource to address critical infrastructure challenges; maintenance and repair backlog; estates team resource challenges; lack of compliant ventilation Resulting in: Harm to individuals; Potential impact on service delivery; services no longer being delivered from the QVH site; financial loss; reputational damage.

Responsible committee	Finance and Performance committee	**Date Risk Added:**	13 November 2025		
Principal Exec – Risk Owner	Chief Finance Officer	**Date Risk last reviewed:**			
Risk Handler(s)	Interim Director of Estates and Facilities	**Date Risk last formally discussed:**	13 November 2025	**Group**	Board

Inherent Score	Current Score	Target Score
		
	Direction of travel since last review	**Target date** 31 March 2026
		Risk tolerance Current risk score outside of risk appetite (higher) (minimal)

Controls (what are we doing about risk)	Assurances and RAG rating (how do we know if it's working)	Gaps in assurance (what additional assurance is needed)
Estates policies and processes in place to support compliance with statutory requirements	1st line: Regular reporting on the Trust's estate to the Finance and Performance committee demonstrates that works are completed are in line with statutory requirements, September 2025, Green 2nd line: Regular report regarding out of date policies to the ECQR demonstrates 6 estate policies being out of date, October 2025, Amber (see action 7) Policy log demonstrates that key estates policies are in place to support compliance with statutory requirements, October 2025, Amber (see action 7)	Backlog works to be completed including fire and heating systems multi-year plans The last six facet survey was completed in 2023- an updated detailed six facet survey is required by 31.3.26 Appointment of authorised engineer (AE) for electrical and review on electrical compliance to be completed Appointment of authorised engineer (AE) for medical gases and review on medical gas compliance to be completed

	Premises Assurance Model completed annually and reported to the Finance and Performance committee and the Board demonstrates significant improvement from the previous year with action planning for further improvements underway subject to funding, September 2025, Amber (see action 2) 3rd line: Authorised engineer (AE) review on water compliance was completed in September 2025 and the report is awaited Authorised engineer (AE) review on ventilation compliance is due to be completed in November 2025	PAM improvement action plan to be developed Histology water action plan to be completed
Estates capital funding plan to ensure prioritisation of works in line with risks	1st line: Regular reporting on the Trust's estate to the Finance and Performance committee demonstrates limited funding available to appropriately address critical infrastructure risks, September 2025, Amber (see action 2) 2nd line: Review of estates budget by management accountant demonstrates that the directorate is overspent on its allocated budget at this stage of the year due to unplanned and unforeseen issues, October 2025, Amber (see action 2) Regular reporting on financial performance through the IQPR demonstrates that the estates capital budget is underspent by £175k at M5 excluding CDC capital, October 2025, this continues to be monitored closely. Amber (see action 8) 3rd line: Requests are submitted to NHSE for funding support whenever this is available, however to date is it now known what additional funding for 25/26 may be received, October 2025, Amber (see action 2)	QVH does not meet the NHS new hospital programme criteria so there is no assurance regarding a future rebuild, however the current site is uneconomic to keep repairing. At the current time Estates Safety Fund and RAAC replacement bids provides the only realistic mechanisms for tackling our backlog maintenance challenges. The Trust is actively pursuing all of these.
Business continuity plans for dealing with a range of issues, for example critical infrastructure failure	2nd line: EPRR annual assurance to Board demonstrates full compliance September 2024, Green	Lack of EPRR lead There is a need to review estates specific business continuity plans There are limited mitigations regarding emergency plant in the event of a critical failure as there is no in built resilience. There is no normal load plus one for critical plant which is not in line with HTM guidance Reliance on key individuals to enact business continuity plans
Asbestos management plan in place to meet the statutory requirement of CAR 2012 (Control of Asbestos Regulations)	1st line: Regular review of Management Plan by estates leadership incl. visual inspection of asbestos areas demonstrates a requirement to remove certain asbestos contained roofing materials (ACM's) within six months. Red (see action 2)	Assurance from annual review of asbestos Management Plan D Currently no assurance around additional external safety funding

	3rd line: The Management Plan is reviewed annually by an external specialist contractor. The next review of due in November 2025. Green Regular testing (refurbishment and demolition surveys) to identify asbestos prior to any building or repair works being undertaken, demonstrates no works to be undertaken in unsafe environment, October 2025, Green	
Estates team and key roles with appropriate qualifications to manage the Trust's estate	1st line: Review of team demonstrates that some key roles are in place including Director of Estates and Facilities, Associate Director of Estates and Facilities, Project manager and Compliance Manager, however there are gaps in expertise relation to electrical and mechanical, ventilation and water and medical gases, October 2025, Red (see actions 4 and 5)	Lack of qualified persons in roles incl. fire advisor and other authorised persons such as electrical and mechanical, ventilation, water and medical gases Partnership opportunities to be resolved

Actions	**Timescale**	**Lead**	**Status** (complete, on track, off track, not yet started)
1. Statutory Fire advisor role to be recruited to	31 March 2026	ADEF	On track
2. Seeking additional funding from NHSE for funding for critical infrastructure risks	Ongoing	DEF	On track
3. Arrange for a six facet survey to be completed	31 March 2026	CFO	Not yet started
4. Appointment of authorised engineer (AE) for electrical and review on electrical compliance to be completed	31 March 2026	DEF	Not yet started
5. Appointment of authorised engineer (AE) for medical gases and review of medical gas compliance to be completed	31 March 2026	DEF	Not yet started
6. Review of estates specific business continuity plans	31 March 2026	ADEF	Not yet started
7. All estates policies to be updated in line with requirements	31 December 2025	ADEF	In progress
8. Continued oversight of estates capital spend to support year end position	32 March 2025	CFO	In progress

Links to Organisational Risk Register	153 (spread of fire), 139 (electrical fire), 47 (failure of electrical systems), 48 (fire alarm), 49 (fire dampers), 53 (heating and hot water), 54 (boiler)

KSO1	KSO2	KSO3	KSO4	KSO5	Overall Assurance Rating (RAG)	Q3- 2025/26					
✓	✓	✓	✓	✓							

BAF

Risk description

Risk:

There is a risk that the Trust will not deliver the full value of its £7.5m cost improvement plan for 2025/26 and cost improvement plans for future years; deliver a breakeven position for 2025/26 and for future years and/ or that the working cash balance will reduce to lower than £1m.

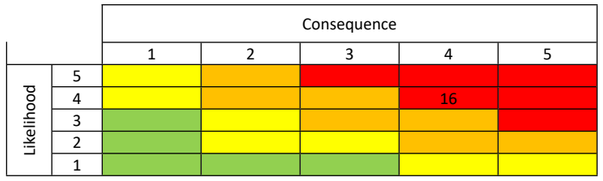
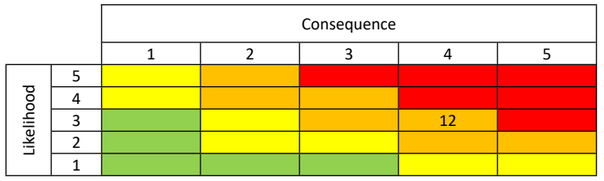
Caused by:

The Trust's significant cost improvement target of £7.5m for 2025/26 including the requirement for corporate service cost reductions; changes to the funding regime including capping of income levels; significant activity levels, and financial pressures across other NHS organisations delaying payments.

Resulting in:

The Trust not being financially sustainable for the future.

Responsible committee	Finance and performance committee	**Date Risk Added:**	13 November 2025		
Principal Exec – Risk Owner	Chief Finance Officer	**Date Risk last reviewed:**			
Risk Handler(s)	Deputy Chief Finance Officer	**Date Risk last formally discussed:**	13 November 2025	**Group**	Board

Inherent Score	Current Score	Target Score
		
	Direction of travel since last review	**Target date** 31 March 2026
		Risk tolerance Current risk score outside of risk appetite (higher) (minimal)

Controls (what are we doing about risk)	Assurances and RAG rating (how do we know if it's working)	Gaps in assurance (what additional assurance is needed)
Cost improvement programme for 2025/26 incl. strategic partnership and	1st line: Reporting on progress of the cost improvement programme through the Efficiency Steering Group, Finance and Performance committee and Board. This demonstrates delivery against programme but with more being delivered non-recurrently than planned, September 2025, Amber (see action 1) 2nd line Regular reporting on finance through the IQPR. This demonstrates delivery against programme and key corrective actions being taken, but with more	Assurance that recurrent savings can be made. Currently, more is being delivered non-recurrently than planned. Findings from internal audit on financial management review (due to start in November 2025).

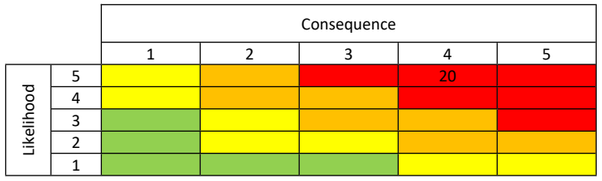
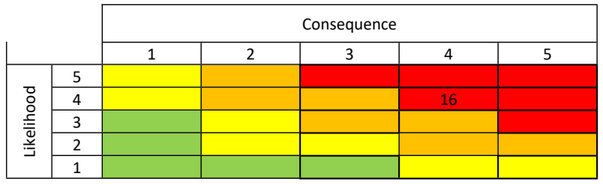
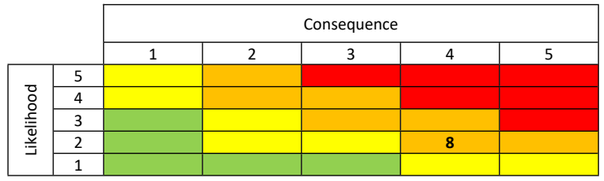
	being delivered non-recurrently than planned, September 2025, Amber (see action 1)	
Regular oversight of overall financial position incl. regular reporting to the Resources and Financial Control Groups	1st line: Regular reporting and review of financial management arrangements , including revenue, capital, VAT, NI, ERS, balance sheet items and cash flow actuals & forecasts and the accounting treatment of significant transactions, Green 2nd line: Regular reporting on divisional financial performance, through the IQPR demonstrates that to date, the Trust remains on track for its breakeven target, but this is not without risk, September 2025, Amber	Findings from internal audit on financial management review (planned to start in November 2025).
Financial policies including Standing Financial Instructions, Scheme of Delegation, Contract policy and Procurement policy	1st line: Regular reporting to the Audit and Risk committee regarding compliance with policies including waiver report and PO compliance report. This demonstrates a reduced number of waivers supporting better value for money and the percentage of non-PO's being less than 1% of invoices, September 2025, Green 2nd line: Regular report regarding out of date policies to the ECQR demonstrates reduced number of finance policies being out of date, October 2025, Green 3rd line: Internal audit on compliance with governing documents and policies concluded reasonable assurance with considerable progress and strengthening of controls, September 2025, Green	Assurance that staff across the organisation understand their responsibilities. Assurance that the compliance position has materially improved long term. Quarterly reviews demonstrate compliance to date. The next annual review is due to be completed and reported to the Audit and Risk committee at its meeting in March 2026.
Medium term financial plan in development to support a forward view	There is no assurance to date as the MTFP remains in development for adoption in December with significant amounts of internal and system work still to be undertaken, Amber (see action 3)	Medium term financial plan sign off and ongoing monitoring of progress.
Annual business planning process incl. budget setting	1st line: Reporting on Business plan 2025/26 to the Finance Performance committee and Board demonstrates planned breakeven position, however this is high risk, September 2025, Amber (see action 1) Report to ELT on the business planning approach for 2026/27 demonstrates that learning from last year is being taken to further improve the business planning process, September 2025, Green 2nd line: Weekly review of business planning progress by business planning group to ensure delivery and triangulation of plans shows that the planning process for 2026/27 is underway subject to the receipt of national guidance, September 2025, Amber	Assurance that the National planning guidance for 2026/27 is being fed into internal and system plans. This is awaited. Findings from internal audit on financial management review (planned to start in November 2025).

Actions		**Timescale**	**Lead**	**Status** (complete, on track, off track, not yet started)
1. Continued identification of cost improvement programmes and conversion of non-recurrent to recurrent schemes		Ongoing	CFO	Ongoing
2. Develop Governance handbook to support staff across organisation		31 December 2025	CS	Ongoing
3. Medium term financial plan to be developed as part of the 2026/27 business planning process		31 December 2025	CFO	In progress
Links to Organisational Risk Register	161 (cash balance), 148 (CIP), 149 (ERF assumptions), 144 (delivery of breakeven plan)			

KSO1	KSO2	KSO3	KSO4	KSO5	Overall Assurance Rating (RAG)	Q3- 2025/26					
✓	✓	✓	✓	✓							

BAF	**Risk description** Risk: There is a risk that there will not be leadership capacity to deliver the strategic partnership, key strategic objectives and key projects Caused by: Three interim executive roles including Chief executive officer; turnover in Board level roles and organisational memory loss; Chair finishing term at end of December 2025 Resulting in: Closure of services/ site; regulatory intervention; reputational damage; non-delivery of recurrent annual financial, productivity and efficiency savings

Responsible committee	Strategy and culture committee	**Date Risk Added:**	13 November 2025		
Principal Exec – Risk Owner	Chief executive officer	**Date Risk last reviewed:**			
Risk Handler(s)	Chief executive officer	**Date Risk last formally discussed:**	13 November 2025	**Group**	Board

Inherent Score	Current Score	Target Score
		

Direction of travel since last review		**Target date**	July 2026
		Risk tolerance	Current risk score outside of risk appetite (higher) (minimal)

Controls (what are we doing about risk)	Assurances and RAG rating (how do we know if it's working)	Gaps in assurance (what additional assurance is needed)
Key Board level roles being filled incl. executive portfolios covering all areas of operational business	1st line: Review of Board roles demonstrates all roles currently filled with some executive roles being filled by interims to ensure the required level of experience required. The Trust Chair's term ends on 31 December 2025 and an interim arrangement from January 2026 is yet to be determined, October 2025, Red (see action 3) Board succession plan presented to the Nomination and remuneration committee in March 2025 demonstrates a limited succession pipeline for key roles, March 2025, Red (see action 2)	Interim arrangements for Chair role Potential delays driven by external factors beyond the control of QVH

	Reporting to the Strategy and Culture committee outlining the timeline demonstrates that the Trust is meeting milestones to have a shared Chair and CEO in post by March 2026, October 2025, Amber	
Programme of work to deliver strategic partnership incl. timeline	1st line: Reporting to the Strategy and Culture committee outlining the timeline demonstrates that the Trust is meeting milestones, however the timeline remains challenging with external factors being a risk, October 2025, Amber Reporting to the Strategy and Culture committee outlining the option appraisal process demonstrates a robust, methodical and objective process, August 2025, Amber 3rd line: Review of NHSE timeline demonstrates alignment with QVH timeline, October 2025, Amber	
Monitoring of progress against strategic projects incl. project management office function in place to support this	2nd line: Reporting on major projects to the Finance and performance committee through the PMO and IQPR demonstrates the EG CDC being rated as Green/ Amber, the Bognor CDC being rated as Amber and the EPR project being rated as Amber, September 2025, Amber (see action 4) Reporting on major projects to the Finance and performance committee through the PMO demonstrates that the Trust's financial position is impacting the progress of some projects, as well as some resource challenges September 2025, Amber (see action 4)	Project benefits realisation tracking across the Trust to be developed
Key strategic objectives and priorities	1st line: Reporting to the Board demonstrates that year one implementation of the QVH Strategy 2025-2030 is included and being driven forward within the key strategic objectives for 2025/26, progress is on track, September 2025, Green Reporting to the Board demonstrates good progress against the key strategic objectives and priorities for 2025/26 during Q1, September 2025, Amber (see action 4)	Some gaps in assurance in some strategic projects including post go live EPR funding

Actions	**Timescale**	**Lead**	**Status** (complete, on track, off track, not yet started)
1. Shared Chair and CEO to be in post by March 2026	March 2026	CEO	Off track
2. Explore opportunities for sharing corporate services and key roles	March 2026	CEO	On track
3. Interim Chair arrangements from January 2026 to be agreed	November 2025	SID, CS	Off track
4. Project benefits realisation tracking to be developed	January 2026	DCSO	On track

Links to Organisational Risk Register	11 (relationship between Board and Council of Governors)

KSO1	KSO2	KSO3	KSO4	KSO5	Overall Assurance Rating (RAG)	Q3- 2025/26					
		✓									
BAF	**Risk:** There is a risk that the Trust is unable to fulfil its commitment to being an excellent employer and may not have a workforce fit for the future **Caused by:** Significant organisational change; uncertainty; the Trust's significant cost improvement target; requirement for corporate service cost reduction; leadership capacity and managers capability **Resulting in:** Staff turnover; single points of challenge and lack of resilience; challenges with recruitment and retention; challenges with organisational culture; a negative effect on staff wellbeing and motivation; non-delivery of key strategic objectives and projects; impact on quality										

Responsible committee	Strategy and culture committee	**Date Risk Added:**	13 November 2025		
Principal Exec – Risk Owner	Chief people officer	**Date Risk last reviewed:**			
Risk Handler(s)	Deputy Chief people officer	**Date Risk last formally discussed:**	13 November 2025	**Group**	Board

Inherent Score	Current Score	Target Score
		
	Direction of travel since last review	**Target date** July 2026 **Risk tolerance** Current risk score within risk appetite (open)

Controls (what are we doing about risk)	Assurances and RAG rating (how do we know if it's working)	Gaps in assurance (what additional assurance is needed)
Staff wellbeing support and programmes incl. occupational health, EDI champions, Vivup, Wellbeing team initiatives, monthly newsletter promoting annual wellbeing calendar	1st line: Data showing staff sickness and type. Data shows c.4% sickness level with an increase in long term sickness, October 2025, Amber (see actions 1 and 4) Reporting to CTSG demonstrates progress towards using continuous improvement methodology to improve culture and challenges experienced by EDI champions with engagement, October 2025, Amber (see actions 1 and 4) 2nd line: 2024 Staff survey results published in March 2025 with a 57% response rate, demonstrate disabled staff have a less positive experience than non-disabled staff and staff do not always feel confident action will be taken if they speak up, Amber (see actions 1 and 4)	EDI groups not up and running Responses to CTSG survey (not yet happened) will determine focus of group

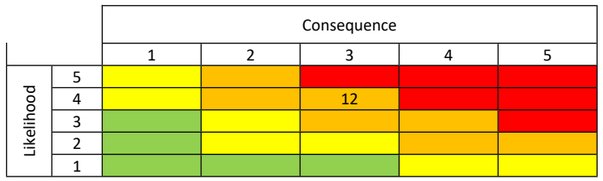
	People Pulse Survey for Q2 was responded to by 14% of staff which demonstrated a decline in mood and motivation, Red (see actions 1 and 4)	
Staff development and training incl. coaching, mentoring, change management workshops, resilience workshops	1st line: Executive sub-committee for Workforce regular assurance report to ELT includes staff development and training data, demonstrates a good take up from clinical and medical staff, but less from corporate staff, September 2025, Amber (see action 2) Apprenticeship Levy report presented to the Finance and performance committee in September 2025 demonstrates that our spend has increased as well as the number of apprentices and types of apprenticeships, but there needs to be a focus widening the diversity pool of apprentices, Green 2nd line: Mandatory and statutory training compliance reported monthly through IQPR, demonstrates 92% compliance overall with improvement required in some specific areas such as Resus, October 2025, Green	Managers training programme not yet in place- the first cohort is booked to start in October 2025. Assurance will be in manager and staff feedback, ER cases, FTSU increases
Managers training programme, prioritising bands 6-8a- two day programme including policies and softer skills such as supporting staff to speak up and holding difficult conversations	In progress- no assurance to report to date	
Behaviour framework and implementation including embedding into 1:1's, appraisals, team charters, interview processes	1st line: Data related to number of appraisals completed is reported monthly in the IQPR, demonstrates the average compliance rate is 83% against the 90% target, October 2025, Amber Employee relations team weekly review of employee relations cases, demonstrates focus points for specific support and interventions required, October 2025, Amber (see action 1) 2nd line: Organisational cultural assessment undertaken to be presented to the Board in November 2025, demonstrates that there are micro cultures and ongoing focus required to embed behavioural framework, Green	Further assurance required regarding embedding of behaviours framework
Mechanisms in place for staff to provide feedback incl. Staff Survey, Quarterly People Pulse Surveys, Freedom to Speak Up Service, 'Tell Edmund', 'Ask Abigail'	2nd line: 2024 Staff survey results published in March 2025 with a 57% response rate, demonstrate disabled staff have a less positive experience than non-disabled staff and staff do not always feel confident action will be taken if they speak up, Amber (see actions 1 and 4) People Pulse Survey for Q2 was responded to by 14% of staff which demonstrated a decline in mood and motivation, Red (see actions 1 and 4) 3rd line: FTSU Guardian report presented to the Board in July 2025 demonstrated that more staff are speaking up but some staff still wishing to stay anonymous due to concerns about the consequence, Green	Action plan from culture review

Actions	**Timescale**	**Lead**	**Status** (complete, on track, off track, not yet started)
1. Ongoing promotion and embedding of behaviour framework and values through workshops, staff survey action plans and team charters.	Ongoing	Head of Leadership and OD	Ongoing- workshops completed in September 2025
2. Communication and engagement plan to encourage non-clinical staff to apply for Charity funded training to support their development	December 2025	Head of Leadership and OD	Ongoing
3. Communication and engagement plan to encourage a wider diversity of apprenticeship applicants	November 2025	Head of Leadership and OD	Ongoing
4. Link into to partner organisations to join/ support EDI networks	March 2026	Chief People Officer	Not yet started
5. Organisational culture review incl. associated action plan	November 2025	Chief People Officer	In progress
Links to Organisational Risk Register	133 (hard to recruit to roles)		

KSO1	KSO2	KSO3	KSO4	KSO5	Overall Assurance Rating (RAG)	Q3- 2025/26					
✓	✓		✓								

BAF	Risk: There is a risk that the Trust may not consistently deliver high quality, safe and effective care Caused by: Failure to ensure that clinical structure enables prioritisation of quality, safety and effectiveness in care; productivity increases constrict time to care and train, financial constraint compromises progress in estate, systems and equipment supporting care, frequent and rapid organisational changes distracts from sustainable quality Resulting in: Poor patient experience and outcomes; potential harm; reputational damage

Responsible committee	Quality and safety committee	**Date Risk Added:**	13 November 2025		
Principal Exec – Risk Owner	Chief medical officer / Chief nursing officer	**Date Risk last reviewed:**			
Risk Handler(s)	Deputy Chief nursing officer	**Date Risk last formally discussed:**	13 November 2025	**Group**	Board

Inherent Score	Current Score	Target Score
		
	Direction of travel since last review	**Target date** 31 March 2026 **Risk tolerance** Current risk score outside of risk appetite (higher) (minimal)

Controls (what are we doing about risk)	Assurances and RAG rating (how do we know if it's working)	Gaps in assurance (what additional assurance is needed)
Quality impact assessments - to assess risk to quality and safety from cost improvement and productivity programme initiatives	1st line: Review of all QIA (completed by directorate lead) by CNO and CMO demonstrates no significant quality and safety concerns to date from CIP programme, October 2025, Green 2nd line: Quality and safety sub-committee of Board and executive sub-committee for quality in place with oversight of quality and safety matters, November 2025, Green Incident reporting through Datix demonstrates no significant quality and safety issues as a result of cost improvement programme initiatives to date, October 2025, Green	Initial assessments only performed currently. Review process required to consider evolution and longer term effects. QIAs have not systematically been completed for productivity initiatives (theatre productivity QIA complete). The co-dependence of initiatives has not been assessed through a QIA process.

	Analysis of theatre productivity work stream presented to QSC did not show impact on quality and safety, April 2025, Green 3rd line: Friends and family test responses demonstrate that the recommendation rate was 95.12% for August 2025, Green	
Incidents - consistent reporting of incidents with learning including thematic review supported by clinical governance framework. Patient safety incident response framework (PSIRF) approach in place and central incident reporting through the Learning from Patient Safety Events (LfPSE) platform	1st line: Summary incident reports collated and actively managed through directorates and groups reporting into Quality Committee, Green Exec/ Board level time spent in clinical areas observing and listening to patients / team members, ongoing, Green 2nd line: Quality and safety sub-committee of Board and executive sub-committee for quality in place with oversight of quality and safety matters, November 2025, Green Monthly review of incident evaluation at ECQR demonstrates effectiveness of primary processes, Green IPC Surveillance to understand impact of environment on patient safety and outcomes, Green Demonstration of learning through morbidity & mortality meetings, governance meetings, IQPR and the Clinical Learning Forum, Green 3rd line: Quarterly quality review by the ICB raised no quality concerns, Q1 2025/26, Green Internal audit review of incident management during August 2025. Outcome awaited	Currently no PSIRF lead and limited staff with capability / capacity to manage PSIRF and ensure that learning is embedded in practice.
Complaints process - in line with national guidance and quality priority for 25/26. Process in place to hear patient voice and respond in a timely fashion	1st line: Summary complaint reports collated and actively managed through directorates and groups reporting into Quality Committee, Green 2nd line: Quality and safety sub-committee of Board and executive sub-committee for quality in place with oversight of quality and safety matters, November 2025, Green Responsiveness to patient complaints is embedded within assurance on 2025/26 quality priorities, Green Patients stories to Board, November 2025, Green Annual Complaints Report, July 2025, Green 3rd line: Reporting demonstrates that there have not been any complaints escalated to the PHSO during 2024/25 and 2025/26 to date, October 2025, Green	Assurance on achievement of timely response to complaints (reduced from 40 to 30 days). Dependency of process on a single individual.

Speaking up mechanisms - incl. Direct to line manager, Freedom to Speak Up Guardian, Tell Edmund, Ask Abigail, Whistleblowing ensure opportunities for an open and honest culture in which quality of care can thrive	1st line Continuous and consistent utilisation of speak up mechanisms with good real-time feedback on response received by people speaking up reported to Quality & Safety Committee, Green 2nd line: Reporting to the Audit and risk committee demonstrates that there are numerous channels available for staff to speak up and that progress is being made to drive opportunities for improvement including the introduction of the Cultural Transformation Steering Group (CTSG), June 2025, Amber (see action 1) 3rd line: Reports from FTSU guardian to Board demonstrates an increase in speak ups since independent guardian has been in post, however there remains challenges with staff feeling safe to speak up, September 2025, Amber (see action 1)	Staff survey results demonstrate a decline in the percentage of staff who feel safe to speak up and confidence that concerns will be addressed, June 2025. Action plan and monitoring required.
Clinical audit - plan to identify risks to quality, safety and effectiveness of care	1st line: Quality and Compliance Team regularly monitoring against audit and effectiveness standards. Green 2nd line: Quality and safety sub-committee of Board and executive sub-committee for quality in place with oversight of quality and safety matters, November 2025, Green Reporting on compliance with audit programme and NICE guidelines through ECQR demonstrates that where the Trust is not compliant, there are mitigations in place to manage the risks, September 2025, Green 3rd line: Audit embedded in 2025/26 quality priorities and therefore reporting into Quality Account, Amber (see action 5)	Engagement with directorates to address limited progress with audit completion. Constraints in IT resources limiting optimal data collection through digital systems need to be addressed.
Safe staffing procedures in place to ensure staffing fill rate does not fall below 98%.	1st line: Daily monitoring of staffing levels by HoNs demonstrates safe staffing levels. Staffing fill rate does not fall below 98%, October 2025, Green 2nd Line Quality and safety sub-committee of Board and executive sub-committee for quality in place with oversight of quality and safety matters, November 2025, Green Six monthly report to Board demonstrates procedures are in place and inpatient staffing levels are safe, however there is a need to review in line with cost improvement plans, May 2025, Amber (see action 6) 3rd line: NHSE Oversight of safer staffing processes and compliance, Green	Reconfiguration of nursing staff and review of the impact on quality once in place.
Archie EPR implementation included extensive clinical engagement	1st line: CNIO and CCIO in post with clinical safety capability supporting maintenance of hazard log and clinical safety case, Amber (see action 7)	Funding constraint in ongoing support for EPR programme including clinical safety

	2nd line: Third party vendor providing independent clinical safety assessment to ensure compliance with DCB1060 prior to go live, Amber (see action 7)	
Clinical Governance reporting framework established	1st line: Dedicated clinical governance staff time to ensure consistent recognition and evaluation of quality and safety metrics, Amber (see action 8) 2nd line: Quality and safety sub-committee of Board and executive sub-committee for quality in place with oversight of quality and safety matters, November 2025, Green Reporting through revised Quality, Safety and (clinical) Risk infrastructure to regularly evaluate achievement against metrics and learning from triangulated data, Green	Clinical governance structure undergone numerous changes so embedding of new processes needs to be established.
Staff Training – Designated leadership in clinical professional learning. Electronic and face to face training environments.	1st line: Line manager oversight of training compliance through ESR, Green 2nd line: MAST training compliance monitored and acted upon through Quality committee, Green 3rd line: Provider assurance framework includes oversight of training data, Green	Policies and procedures to align with training in practice.
Clinical Risk Management – drives understanding and action on identified risk to quality and safety.	1st line: Inphase risk management system in place to manage risk, Green 2nd line: Quality and safety sub-committee of Board and executive sub-committee for quality in place with oversight of quality and safety matters, November 2025, Green IQPR, ECQR and local clinical governance meetings where risk evaluation takes place, Green 3rd line: External auditing of risk management pending	Lack of robust process for risks to be escalated and approved to the risk register. Limited ability to triangulate risk with other clinical governance data due to recording in separate systems (eg. Inphase/Datix).

Actions	**Timescale**	**Lead**	**Status** (complete, on track, off track, not yet started)
1. Evidence of actions following staff survey address deficiencies in staff confidence to speak up needs to be addressed through behavioural framework initiatives	31 December 2025	CPO, CNO, CMO	In progress
2. a. QIAs to be performed for all productivity initiatives as well as CIPs b. Ongoing review process for QIAs required c. Monitoring for impact of co-dependent initiatives required	31 December 2025	CNO, COO, CIP Lead	In progress
3. Review PSIRF policy and ensure resources in place to enable delivery	31 November 2025	CNO, Head of Patient Safety	In progress
4. Monitoring of timely responsiveness to complaints target, consideration of dependency on individual for service	31 December 2025	CNO, Head of Patient Safety	In progress
5. Engagement with directorates to ensure completion of audit deliverables	31 March 2026	CMO, Head of Quality and Compliance	In progress

6. Reconfiguration of nursing staff and review of the impact on quality once in place to include care of patients in outpatient environment	31 March 2026	CNO	In progress
7. Digital transformation programme to identify opportunities for ongoing clinical safety support and digital enablement of audit and outcomes collection following EPR go live	31 December 2025	CIO, CMO	In progress
8. Clinical governance structure undergone numerous changes so embedding of new processes needs to be established.	31 March 2026	CNO, CMO	In Progress
9. All policies and procedures up to date and reflect the training within the organisation.	31 March 2026	Executive owners	In Progress
10. Embedded risk management process and adherence to policy.	31 March 2026	Trust Secretary	In Progress
11. Exploration of quality management systems to enable triangulation of intelligence.	31 March 2026	CMO, Head of Quality and Compliance	In Progress
Links to Organisational Risk Register	16 (mental capacity act), 17 (staff may not speak up with concerns), 38 (environment on peanut ward), 117 (medical devices), 125 (mental health provision), 189 (sustainability of key services)		

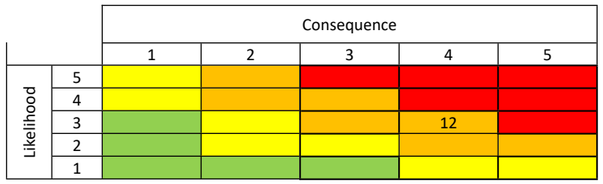
KSO1	KSO2	KSO3	KSO4	KSO5	Overall Assurance Rating (RAG)	Q3- 2025/26					
✓	✓	✓	✓	✓							

BAF	**Risk description** Risk: There is a risk that the Trust may not be able to meet its regulatory requirements Caused by: Scale; cost improvement plans; corporate savings; turnover at Board level; additional licence conditions; non-compliance; leadership capacity; national changes to requirements Resulting in: Damage to reputation; non-removal of additional licence conditions; regulatory intervention

Responsible committee	Audit and Risk committee	**Date Risk Added:**	13 November 2025		
Principal Exec – Risk Owner	Chief executive officer	**Date Risk last reviewed:**			
Risk Handler(s)	Company secretary	**Date Risk last formally discussed:**	13 November 2025	**Group**	Board

Inherent Score

Current Score



Target Score

Direction of travel since last review	
Target date	July 2026
Risk tolerance	Current risk score outside of risk appetite (higher) (minimal)

Controls (what are we doing about risk)	Assurances and RAG rating (how do we know if it's working)	Gaps in assurance (what additional assurance is needed)
Key Trust policies in place aligned to statutory and regulatory requirements	1st line: Reporting to the ECQR demonstrates that a revised 'policy for policies' is in place and has been disseminated to staff. The revised policy for policies seeks to ensure consistency for policy management across the Trust, however further assurance is required to demonstrate improvements with policy management, July 2025, Amber (see action 1) Reporting to the ECQR demonstrates that a robust process is in place to ensure that policy owners are made aware when policies are expiring incl the deadline and process for updating them, September 2025, Green 2nd line:	Assurance that the 'policy for policies' has been embedded and driving improvements in policy management Assurance that progress is being made in updating out of date policies or taking them out of circulation if they are deemed to be duplicative/ no longer required

	Reporting to the ECQR on out of date policies demonstrates that of 243 active policies, 54 are out of date which is an increase since 2024. No key corporate policies are out of date, September 2025, Red (see action 2) 3rd line: Reporting on progress of internal audit plan to Audit and risk committee demonstrates some actions are not being completed in a timely manner, September 2025, Amber Reporting to the Audit and risk committee on progress of internal audit plan demonstrates some slippage of the annual plan for 2025/26, September 2025, Green/ Amber	
Governing documents in place including Trust Constitution, Scheme of delegation and reservation of powers, Standing financial instructions aligned to statutory and regulatory requirements	1st line: Regular reporting to the Audit and Risk committee regarding compliance with policies including waiver report and PO compliance report. This demonstrates a reduced number of waivers supporting better value for money and the percentage of non-PO's being less than 1% of invoices, September 2025, Green 2nd line: Annual governance statement conclusion for 2024/25 demonstrates significant control issues being identified during 2024/25 related to compliance, procurement and contract management, July 2025, Red (see action 4) 3rd line: External audit report for 2024/25 demonstrates significant weaknesses in governance within the value for money assessment, September 2025, Red (see action 4) Reporting on progress of internal audit plan to Audit and risk committee demonstrates some actions are not being completed in a timely manner, September 2025, Amber Reporting to the Audit and risk committee on progress of internal audit plan demonstrates some slippage of the annual plan for 2025/26, September 2025, Green/ Amber Internal audit on compliance with governing documents and policies concluded reasonable assurance with considerable progress and strengthening of controls, September 2025, Green	Assurance that staff across the organisation understand their responsibilities Assurance that the compliance position has materially improved long term. Quarterly reviews demonstrate compliance to date. The next annual review is due to be completed and reported to the Audit and Risk committee at its meeting in March 2026
Annual Provider Capability Assessment demonstrating Board awareness of gaps against key lines of enquiry from the Insightful Provider Board guidance	1st line: Provider capability assessment undertaken by the Board demonstrates a confirmed rating for quality of care and people and culture and a partially confirmed rating for other areas. The submission demonstrated action being taken to address gaps, October 2025, Amber (see action 5) 3rd line: Review of Provider capability assessment to be undertaken by NHSE including feedback	Review of progress against actions to address gaps
Code of Governance for NHS Provider trusts	2nd line: Annual review of compliance against the Code of Governance for NHS provider trusts to Board demonstrates one area of non-compliance during 2024/24, related to NED pay. This is compared to multiple areas of compliance being reported in previous years. May 2025, Green	

Actions	**Timescale**	**Lead**	**Status** (complete, on track, off track, not yet started)
1. Review of effectiveness of 'policy for policies'	July 2026	CS, executive team	On track
2. Continued oversight of management of out of date policies incl. priority areas	March 2026	Policy owners	Off track
3. Develop Governance handbook to support staff across organisation	31 December 2025	CS	Ongoing
4. Assurance to Audit and risk committee about compliance with governing documents	March 2026	CS	On track
5. Review of progress against actions to address gaps within Provider capability assessment	March 2026	Board	On track
Links to Organisational Risk Register	11 (relationship between Board and CoG), 14 (non-compliance with governing documents)		

KSO1	KSO2	KSO3	KSO4	KSO5	Overall Assurance Rating (RAG)	Q3- 2025/26					
✓	✓	✓	✓	✓							

BAF

Risk description

Risk:

There is a risk that the Trust will not secure long term sustainability

Caused by:

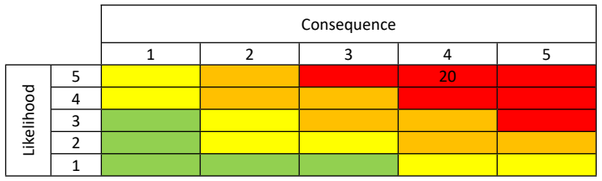
Inability to secure a strategic partnership; Challenges with progression of engagement with shortlisted partners; a potential breakdown in relationship between the Board and the Council of Governors; leadership capacity and resilience challenges; significant national changes; changes to the commissioning of services; changes to service specifications; staff morale; time constraints; differing views of key stakeholders on options

Resulting in:

Sustainability challenges for patient services/ site; non-delivery of QVH Strategy 2025-2030; regulatory intervention; reputational damage; non-delivery of recurrent annual financial, productivity and efficiency savings

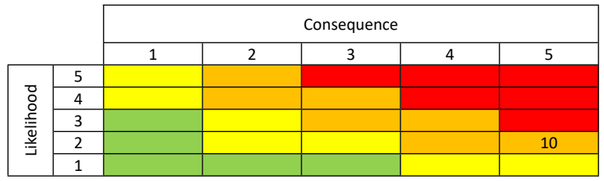
Responsible committee	Strategy and Culture Committee	**Date Risk Added:**	13 November 2025		
Principal Exec – Risk Owner	Chief Strategy Officer	**Date Risk last reviewed:**			
Risk Handler(s)	Deputy Chief Strategy Officer	**Date Risk last formally discussed:**	13 November 2025	**Group**	Board

Inherent Score



Current Score

Target Score



Direction of travel since last review		**Target date**	December 2026
		Risk tolerance	Current risk score outside of risk appetite (higher) (open)

Controls (what are we doing about risk)	Assurances and RAG rating (how do we know if it's working)	Gaps in assurance (what additional assurance is needed)
Option appraisal process for strategic partner - consideration of options for strategic partner based on criteria including quality of patient care/ meets the needs of population, strategic alignment, financial sustainability and leadership and culture	1st line: Reporting to the Strategy and Culture committee outlining the option appraisal process demonstrates a robust, methodical and objective process, August 2025, Green Reporting to the Strategy and Culture committee outlining the timeline demonstrates that the Trust is meeting milestones, however the timeline remains challenging with external factors being a risk, October 2025, Amber (see actions 1 and 2) 3rd line:	

	Review of the option criteria by NHSE and ICB with confirmation of their support for the criteria, September 2025, Green	
Engagement with shortlisted partners- regarding potential partnership arrangements and option appraisal process incl. CEO and Chair engagement	3rd line: Proposals received from partners demonstrates commitment to the partnership with some risks to the timeline. October 2025, Amber (see action 2)	Board to Board meetings to be arranged to ensure alignment (arranged with partner one for October 2025)
Engagement with key stakeholder's incl. NHSE and ICB- regarding potential partnership arrangements and option appraisal process incl. staff, patients, members, Council of Governors, primary care partners	1st line: Reporting to the Strategy and Culture committee demonstrates wide ranging engagement undertaken internally and externally, September 2025, Green 3rd line: Outcome of independent review on engagement reported to the Strategy and Culture committee. The independent report demonstrates that over 900 pieces of feedback have been received and stakeholders feedback is incorporated in option assessment criteria, October 2025, Green	Development of FAQ document for staff and key stakeholders
Timeline - Agreed timeline in place to keep track of key milestones incl. Chair and CEO in place by March 2026 and key decision-making points	1st line: Reporting to the Strategy and Culture committee outlining the timeline demonstrates that the Trust is meeting milestones, however the timeline remains challenging with external factors being a risk, October 2025, Amber (see actions 1 and 2) 3rd line: Review of NHSE timeline demonstrates alignment with QVH timeline, October 2025, Green	Alignment of key governance meetings to ensure required approval of preferred partner – may require meetings to be moved
Governance and oversight - Oversight by the Strategy and culture committee (SCC) and Board including input from Council of Governors and Strategic assurance group. Strategic direction by NHSE and ICB	2nd line: Strategic Assurance Group made of up internal key stakeholders in place to ensure critical decision making is appropriate and transparent, September 2025, Green Alert, assure and advise reporting from the Strategy and culture committee to the Board demonstrates that good progress is being made with robust process, however the timeline is challenging with external factors being a risk, September 2025, Amber (see actions 1 and 2)	

Actions	**Timescale**	**Lead**	**Status** (complete, on track, off track, not yet started)
1. Continued engagement including internal and external stakeholders	March 2026	DCSO	On track
2. Governance arrangements in place to support December decision making – including Board to Board meetings	November 2025	AJ/ LM	On track – initial discussions underway
3. Development of FAQ document for staff and key stakeholders	December 2026	DCSO	On track
Links to Organisational Risk Register	132 (delivery of QVH Strategy 2025-2030), 189 (long term sustainability of key services), 190 (partnership criteria not meeting ICB and NHSE expectations), 191 (timeline not being delivered)		

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	13 November 2025		**Agenda reference:**	89-25	
Report title:	Culture Diagnostic Review				
Sponsor:	Helen Edmunds, Chief People Officer				
Author:	Helen Edmunds, Chief People Officer Annette Byers, Head of OD & Learning Cath Howells, People Promise Manager				
Appendices:	Appendix 1: Culture mapping tools and strategies used Appendix 2: Qualitative and Quantitative data used Appendix 3: Organisational Culture Assessment Instrument information Appendix 4: Wellbeing and Inclusion & Employee Relations data				
Executive summary					
Purpose of report:	Provide the Board with i) an analysis of QVH organisational culture mapped against our values and behaviour framework to inform understanding of our existing culture and sub-cultures and ii) recommend the gaps we need to address to support a future culture that will help deliver the QVH Strategy				
Summary of key issues	The analysis within this report is based upon data from 2024-2025. This includes qualitative and quantitative information as set out in Appendix 2. The review highlights the following: • QVH has a committed workforce that prioritises patient care and values teamwork, compassion, and professionalism. Staff express pride in their roles and dedication to delivering high-quality services, with many highlighting positive relationships in their teams. • QVH need to continue to build on strengthening visibility, role modelling and accessible communication channels to create a more psychologically safe, inclusive and resilient workplace. • A historical culture of familiarity and informality in some areas had contributed to some instances of poor governance and accountability. Governance has seen an improvement in Q4 2024/25, and this continues into 2025/26 as evidenced by a recent audit. • Various programmes of work are underway to support our staff in feeling psychologically safe to speak up.				
Recommendation:	The Board are asked to NOTE the report and proposed next steps.				
Action required	Approval	**Information**	Discussion	Assurance	**Review**
Link to key strategic objectives (KSOs):	KSO1: *To deliver outstanding care*	KSO2: *To innovate and improve*	**KSO3:** ***To be an excellent employer***	KSO4: *To deliver sustainable services*	**KSO5:** *To collaborate with others*
Implications					
Board assurance framework:	None				
Corporate risk register:	None				
Regulation:	None				
Legal:	None				
Resources:	Facilitation, coaching skills for managers, team development, management and leadership programmes				
Assurance route					
Previously considered by:	Strategy and Culture Committee				
	Date:	09/10/2025	Decision	Present to Trust Board	
Next steps:	Continue with cultural development work as detailed within the paper				

Report to:	Board of Directors
Agenda item:	89-25
Date of meeting:	13 November 2025
Report from:	Helen Edmunds, Chief People Officer
Report author:	Helen Edmunds, Chief People Officer Annette Byers, Head of OD & Learning Cath Howells, People Promise Manager
Date of report:	22 September 2025
Appendices:	Appendix 1: Culture mapping tools and strategies used Appendix 2: Qualitative and Quantitative data used Appendix 3: Organisational Culture Assessment Instrument information Appendix 4: Wellbeing and Inclusion & Employee Relations data Appendix 5: Additional documents / reports mentioned within the report

Culture Diagnostic Review

Executive summary

This culture diagnostic sought to answer three questions:

1. *What is the current culture at QVH, and how does this map to our Values and Behaviour Framework?*
2. *What is the culture we aspire to have at QVH (this is in the context of the NHS 10 Year Plan and QVH Strategy)?*
3. *What are the gaps we need to address to support the culture we aspire to have?*

The analysis within this report is based upon data from 2024-2025. This includes qualitative and quantitative information as set out in Appendix 2.

The review reflected a committed workforce that prioritise patient care and value teamwork, compassion, and professionalism. Staff expressed pride in their roles and dedication to delivering high-quality services, with many highlighting positive relationships in their teams.

This review also identified some challenges in the reporting period, such as directorate restructure uncertainty, instances of inconsistent communication and some disconnect between leadership and patient facing teams. There were concerns identified regarding workload, wellbeing and inclusion, particularly for disabled and black, minority and ethnic (BME) colleagues (although BME experiences are improving). There were also some reported frustrations about limited career development and training opportunities as well as outdated systems.

There is evidence (Edgar Schein – Appendix 5) that the environment has a direct impact on staff experience in the workplace and it is recognised that the layout (open/closed), age and condition of the estate and equipment at QVH contributed to staff experience. However, the data sources used within the report does not evidence or focus on the physical environmental impact, which is consistent with the subliminal nature of environment.

The review identified that a culture of familiarity and informality in some areas had contributed to some instances of poor governance and accountability. However, QVH have since developed and embedded mechanisms to strengthen formal governance and oversight.

There was a mixed view to how safe staff felt to speak up at QVH and while improvements can be seen, further work is ongoing. This was evidenced through 2024 Staff survey findings and the more recent Freedom to Speak Up (FTSU) report (see Appendix 5). The analysis undertaken highlighted in some areas a culture of a lack of accountability and inconsistent use of

mechanisms, for example project planning, risk assessments and staff performance management.

The findings suggested a need to strengthen leadership visibility, improve accessible communication channels that staff value, and enable feedback relevant to the way staff work. There is a need to continue embedding QVHs core values—caring and inclusive, supportive and challenging, listening to improve, and succeeding together—more evenly across the organisation.

Addressing these gaps will be essential to creating a more psychologically safe, inclusive and resilient workplace that is also high performing, aligned with both the QVH 5-year strategy and the NHS Long Term Plan (**Appendix 1**). For QVH to meet the culture described in its strategy, supported by the vision and values and behaviours described within it, a targeted action plan is recommended to:

- Embed positive behaviours
- Support staff wellbeing
- Manage performance
- Adhere to governance requirements
- Foster a culture of collaboration and continuous improvement.

Introduction

QVH is using the definition of culture from Professor Michael West 'Head of Thought Leadership', The King's Fund.

> *"Culture is the way we do things around here. It is the norms, rituals, expected behaviours and unwritten rules within a work organisation. Culture is vital because it shapes our behaviour and values at work"*

A culture diagnostic is a tool or process used by organisations to assess and understand their internal culture/s. It helps identify the values, beliefs, behaviours, and norms that shape how people work and interact. The goal is to gain insights into what drives employee engagement, collaboration, decision-making and performance.

A culture diagnostic will contain data from a variety of sources (**Appendix 2**), including surveys and questionnaires, interviews and focus groups, behavioural observations, document reviews and culture mapping to frameworks. This can be used to align culture with strategic goals, support change management or transformation efforts, improve employee engagement and retention, and identify cultural strengths and areas for improvement. The areas for consideration in the report will contribute to a culture that supports diversity, equity, and inclusion.

In 2024, QVH developed a new vision, values and behavioural framework. To align the current culture to the desired state, the diagnostic will map and identify the gaps compared to the behaviour framework and strategies in place.

Approach

Linking in with the Chief People Officer (CPO), the Organisational Development (OD) and Learning team, Wellbeing and Inclusion team and People Promise Manager, the data available has been collated and triangulated.

The data set included:

- NHS Staff Survey 2024
- People Pulse Q1 2025/2026

- Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES) 2024/25
- 2024 Listening event data
- FTSU 2024 annual report
- Wellbeing and Inclusion (WI) survey results 2025

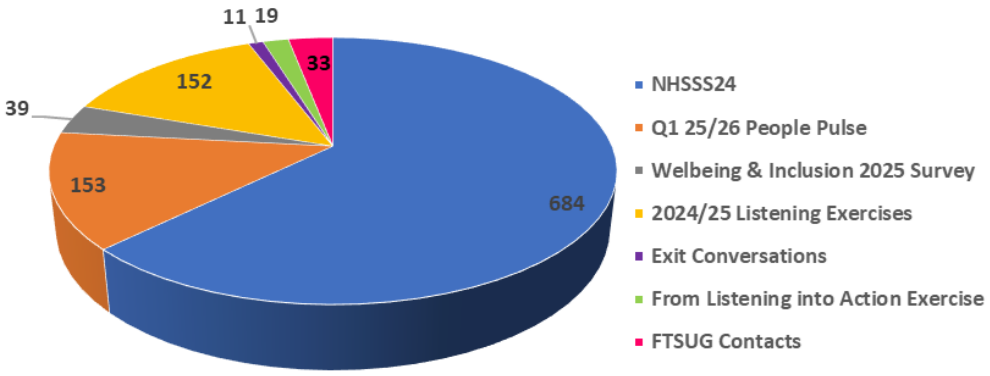
Data was inputted into a culture-mapping tool to identify the key components of the organisation. The McKinsey 7-S framework was chosen as it highlights both hard and soft elements of a culture. Co-pilot also enabled the analysis of the data quickly to help identify trends or themes within the quantitative and qualitative results. Although Artificial Intelligence (AI) was used to assist this process, outputs were sense checked by the working group before a collaborative critical review was undertaken of the findings.

Alongside the mapping tool, the Organisational Culture Assessment Instrument (OCAI) was completed to name QVHs current and desired cultures (**Appendix 3**). This included data from the Board, staff survey, wellbeing and inclusion and OD perspectives. These assessments have been compared and triangulated against the mapping tool and show similarities in the findings across all data sets. The report has been sense checked with those responsible for major projects at QVH (continuous improvement, electronic patient record and strategy).

To show our values in action, this report has been assessed for accessibility by our Wellbeing & Inclusion Manager to ensure it is easy to read and understand.

Responses and settings

The data set used in the exercise is shown within the chart below. This demonstrates the total inputs heard across all the qualitative data and quantitative data. In total, 1,091 inputs were used from the data collated across 2024/2025 (see **Appendix 2**).



The scope across which the culture has been considered is all of QVH. It is also worthy of note that a decision was taken to apply an inclusion and wellbeing lens to the data to align with QVHs value of we are caring and inclusive over all else.

These responses are all underpinned by QVHs values and behaviours framework, which are referenced through the qualitative findings. Due to the confidential nature and the limitations of the data sets available, we are unable to segment themes any lower than an overarching Trust level. Should strong themes emerge across groups (such as clinical and non-clinical), this will be highlighted.

Summary themes

Having cross-referenced the source data against the McKinsey 7-S model, themes identified in the analysis have been identified and summarised as follows:

McKinsey 7-S	Theme	QVH Behaviour Framework
1. Strategy	Change	We are caring and inclusive *over all else*
2. Structure	Hierarchy	We succeed together *over achieving alone*
3. Systems	Communication	We listen to improve *over always knowing best*
4. Shared values	Purpose	We succeed together over achieving alone We are caring and inclusive *over all else*
5. Style	Management/leadership	We are caring and inclusive *over all else*
6. Staff	Wellbeing and Inclusion	We are supportive and challenging *over staying comfortable*
7. Skills	Ways of working	We succeed together *over achieving alone*

Qualitative findings

Following the McKinsey 7-S framework, the findings in the data highlight the current culture below. *Please note: data captured and referenced within this report spanned 2024/2025 so some evidence may align to changes prior to current A/CEO and moving of responsibilities.*

1. **Change (Strategy)**
   - 1.1. **Overview**: Organisational changes throughout 2024/25 caused some uncertainty, anxiety, and disengagement amongst some staff. Some felt excluded from decision-making and reported that changes were often top-down and lacking clarity. There was a desire for a more inclusive, transparent, and action-oriented approach to change. Leaders were seen as very corporate. Staff fed back that they value empathy and compassionate leadership. This involves honesty and empathy from line managers and communicating with staff in a way that is meaningful to them. Attendance at strategy workshops was positive.
   - 1.2. **Additional**: Links to QVH value of We are caring and inclusive *over all else* – approachability and openness
   - 1.3. **Data**: 47.7% of 153 respondents feel well informed about important changes taking place (39.2% disagree), 62% received feedback on changes (*Q1 PP1*) but patient care remains a top priority (88.7% in 2024, 89.2% in 2023) (*NHSSS24*). Staff were given the opportunity to attend strategy workshops, with 26 workshops taking place and a total of 374 attendees.
   - 1.4. **Strengths**: Strong commitment to patient care and pride in QVHs mission. A desire to engage with staff around future direction was seen.
   - 1.5. **Challenges**: Staff want to continue to be heard and involved in shaping strategy.

2. **Hierarchy (Structure)**
   - 2.1. **Overview**: QVH has multiple localities and departments, but organisational changes created some confusion and uncertainty. Some reported that the new directorate structure was implemented before all components were in place, leading to unclear roles, responsibilities, and reporting lines.
   - 2.2. **Additional**: Links to QVH value of We succeed together *over achieving alone,* collaboration - encouraging cross-departmental collaboration and reducing “silo” working.
   - 2.3. **Data**: 8.3% (153 respondents) comments relate to making processes simpler. 15% relate to understaffing and resource needs (*PPQ1*). 27% of comments relate to high workload and competing demands (*NHSSS24*).
   - 2.4. **Strengths**: Defined localities and departments provided a framework for operational delivery. Staff expressed optimism following recent leadership changes and some teams reported strong internal cohesion and support.

2.5. **Challenges**: Locality-based disparities in scores (*NHSSS24*) suggest some structural silos and inconsistent leadership practices across business units.

3. Communication (Systems)

3.1. **Overview**: Communication systems at QVH were widely used but unevenly experienced. While tools like appraisals, incident reporting, and wellbeing support exist, staff said that feedback loops needed improving. Staff wanted more transparent, timely, and inclusive communication, especially during periods of change, and needed opportunities to discuss "what does this mean for me"

3.2. **Additional**: Links to QVH value of We listen to improve *over always knowing best,* reflection and feedback - strengthening two-way communication and acting on feedback.

3.3. **Data**: 85.4% had an appraisal in the past year. 90.5% of staff feel encouraged to report incidents, with 62.1% receiving feedback on changes made following them (*NHSSS24*).

3.4. **Strengths**: Use of appraisal and incident reporting systems. Staff felt able to suggest improvements and teams valued the recognition systems in their departments.

3.5. **Challenges**: Feedback loops on incidents could be improved. Communication around organisational change was inconsistent.

4. Purpose and behaviours (Shared Values)

4.1. **Overview**: QVH's shared values focussed on patient care, teamwork, and respect. Staff took pride in delivering high-quality care and collaboration. There were concerns about fairness in career progression, emotional exhaustion, and inconsistency in how QVH values were experienced across teams.

4.2. **Additional**: Links to QVH value of We succeed together *over achieving alone* – Celebrating teamwork and shared pride in patient care. We are caring and inclusive *over all else*, speaking up and embedding fairness, respect, and psychological safety.

4.3. **Data**: 92.8% of staff would be happy with the standard of care if a friend or relative needed treatment *(PPQ1).* 27% often feel emotionally exhausted. Overall 61.2% believe career progression was fair compared to BME staff (55.1%) or those with a long term condition (LTC) or illness (57.8%). We are compassionate and inclusive score (with LTC 7.4 vs without 7.8) (*NHSSS24*).

4.4. **Strengths**: Strong focus on patient care and teamwork. High levels of pride in service quality and team collaboration. Many staff described QVH as a welcoming and caring place to work.

4.5. **Challenges**: Emotional exhaustion and burnout undermined the lived experience. BME and disabled staff reported lower satisfaction with fairness and inclusion.

5. Management and Leadership (Style)

5.1. **Overview**: Leadership at QVH was experienced differently across the organisation. While many staff described their managers as supportive and caring, others reported a lack of visibility, responsiveness, and fairness from senior leaders. Concerns included some micromanagement and lack of empathy. Staff wanted more inclusive, transparent, and emotionally intelligent leadership that models the Trust's values and supports wellbeing and development.

5.2. **Additional**: Links to QVH value of We are caring and inclusive *over all else* – empathy and kindness and role modelling and consistency.

5.3. **Data**: 76.7% feel encouraged by their manager; 76% feel valued *(NHSSS24).* 51.4% say managers seek to understand their work challenges and 43.5% say they seek to address them. Staff report low visibility and responsiveness from senior leaders *(PPQ1).* BME staff are significantly more likely to report discrimination from a manager or colleague *(WRES).*

5.4. **Strengths**: Supportive and approachable line managers were recognised and appreciated. Some leaders have inclusive and adaptive styles, asking staff how they like to be managed. Positive feedback on leadership in specific teams showed potential for wider cultural role modelling.
5.5. **Challenges**: Inconsistent leadership behaviours across departments. Limited staff involvement in decision-making in some areas. Some staff reported micromanagement, and lack of empathy. Leadership development and accountability systems were not consistent and some staff reported not being released to attend training.

6. Wellbeing and Inclusion (Staff)

6.1. **Overview**: QVH has made visible efforts to prioritise staff wellbeing and inclusion, and provide support services. Access to and awareness of these services was inconsistent. Some staff reported high stress, burnout, and emotional exhaustion, with some groups (particularly disabled and BME staff) facing inequities in treatment, recognition, and psychological safety. There was a gap between QVHs values and staff experience, and a lack of confidence among managers to support diverse needs.
6.2. **Additional**: Links to QVH value of We are caring and inclusive *over staying all else* – inclusivity and embracing diversity; and speaking up.
6.3. **Data**: 33% report access to some/all wellbeing support; 5% report no awareness (*WI survey*). 62.1% believe the Trust takes positive action on health and wellbeing. 67.5 % feel safe to speak up, and 57.2% believe concerns would be addressed (*NHSSS24*). Staff with a disability were less likely to report harassment, bullying and abuse at work than others (44.4% v 52.8%). 83.5% of disabled staff fed back that the Trust has made reasonable adjustments for them, this is above the national average (75.1%). Disabled staff report that they are more likely to feel pressure to come to work than their non-disabled colleagues.
6.4. **Strengths**: An enhanced, third-party freedom to speak up (FTSU) service supports psychological safety for the diverse workforce. Strategic commitment to wellbeing and inclusion seen in policies and roles. Some managers and teams were described as supportive, and staff felt proud of their work. Reasonable adjustments were being made in many cases.
6.5. Challenges: Some disabled and neuro-diverse staff felt unsupported. Psychological safety and inclusion were not evenly experienced across the Trust. Managers lacked training and confidence to support diverse needs. Flexible working was described as inconsistent.

7. Ways of working (Skills)

7.1. **Overview**: QVH staff showed strong clinical and interpersonal skills, particularly in patient care and teamwork. There was a clear commitment to QVH and a culture of continuous improvement was described as emerging. Silo working in some teams was identified. There was also feedback regarding limited career progression for some and inconsistent access to development. Staff reported they would like to see more structured, inclusive development pathways and recognition for their contributions, especially for non-clinical and lower-banded staff.
7.2. **Additional**: Links to QVH value of We succeed together over achieving alone – Strengthening cross-team collaboration and shared learning.
7.3. **Data**: 14% of the 48% positive comments relate to training and development opportunities and 10% of 52% negative comments referenced lack of training and career development *(PPQ1).*
7.4. **Strengths**: Strong clinical and team-based skills across the workforce. Staff felt encouraged to take initiative and support one another. Equal access to continuous professional development for BME staff was described. Some staff reported excellent support in new roles and development.

7.5. **Challenges**: Concerns about deskilling and lack of recognition for acquired skills. Inconsistent access to management/leadership development and structured training. Emotional resilience, inclusive communication, and cultural competence were described as underdeveloped in some areas.

Summary conclusion

In the reporting period, there are multiple layers and micro cultures described within departments and teams. The Organisational Culture Assessment Instrument (OCAI) model refers to four types of culture (further explained in **Appendix 1**):

- Clan Culture – Focuses on collaboration, teamwork, and a family-like environment.
- Adhocracy Culture – Emphasizes innovation, creativity, and risk-taking.
- Market Culture – Driven by competition, results, and achievement.
- Hierarchy Culture – Values structure, control, and efficiency.

The results from QVH show that for the reporting period, a culture type as largely Clan and with Hierarchical overlay (**Appendix 3**).

- **Primary culture:** In the reporting period, QVH was characterised by strong teamwork, shared values, and a caring ethos.
- **Secondary culture:** Structural changes, formal processes, and top-down decision-making had increasingly shaped the experience.

Culture tension
In the reporting period QVH was experiencing a cultural tension between its historically warm, collaborative ethos and the more hierarchical driven directorate structures introduced as part of the organisational change at the time. This shifted the sense of community and shared purpose that has long defined the Trusts' identity. To navigate this transition effectively a model of inclusive, values-led leadership that honours its legacy while guiding its future is needed. This means continuing to engage staff meaningfully in shaping strategic direction, ensuring that change is co-produced where possible, and fostering a culture where transparency, trust, and shared ownership are central to decision-making.

Key insights
- Staff value teamwork, inclusion, and patient care
- Leadership was supportive at team level but more distant at senior level
- Staff want more inclusive, transparent, and empathetic leadership
- Emotional wellbeing and career development need stronger support

Cultural alignment will be vitally important as we consider the future plans for QVH including the proposed partnership. Poor alignment may lead to poor engagement, operational inefficiencies, and reputational risk. A successful partnership requires mutual understanding of each organisations' dominant culture and a plan to bridge differences.

To deliver a workforce fit for the future as outlined in Section 7 of the NHS 10-Year Plan, QVH needs a culture that blends its values with new ways of working. This culture will empower people to innovate, collaborate across boundaries, and sustain wellbeing while accelerating digital and community-based care. The QVH desired culture therefore needs to consider the following:

- **Culture aligned to the NHS 10-year health plan for England**

The NHS 10-year plan demands three radical shifts in how care is delivered. QVHs future culture needs to embrace these shifts by empowering teams to work across organisational boundaries, adopt new technologies confidently, and embed health-promoting practices into every patient interaction.

- **Culture aligned to QVH strategy 2025-2030**

QVHs five-year strategy positions the trust as a “Centre of Excellence that rebuilds lives and supports communities for a healthier future”.

- **Living the QVH Values & Behaviour Framework**

QVHs four values set out how colleagues should work together to achieve the vision.

- **Core cultural attributes for the future**
  - **Collaborative Integration:** Work across systems to co-produce neighbourhood health solutions.
  - **Digital confidence:** Build digital skills, champion NHS app empowerment, and use predictive data for personalised care pathways.
  - **Preventative mind-set:** Proactively embed screening, health coaching and community outreach in everyday practice, in line with NHS prevention aims.
  - **Continuous learning and innovation:** Embed research partnerships, innovation and advanced practice roles so that every staff member is empowered to test and scale new ideas.
  - **Equity and inclusion:** Act as an anchor institution, address social facets of health, reduce disparities, and ensure equitable access across Kent, Surrey and Sussex.

Areas for consideration

Organisational culture change involves transparency, constant listening, involving staff, and showing care and compassion. It needs to be genuine, fast and responsive to address staff concerns and equip managers to lead. The emergent themes from this report show that QVH needs to:

1. **Reinforce collaboration while addressing structures**
   - Celebrate and protect the collaborative, caring ethos that defines QVH
   - Acknowledge the shift toward hierarchy and actively balance it with inclusive practices
   - Model behaviours that reflect QVH values: listening, inclusion, and excellence

2. **Improve strategic communication and co-production**
   - Continue to co-create change programmes with staff from the outset, with clear feedback loops sharing decisions made or not made across the Trust
   - Use plain language and consistent messaging across departments
   - Share updates visibly and regularly, especially during organisational change

3. **Strengthen leadership visibility and responsiveness**
   - Increase senior leadership presence in clinical and non-clinical areas
   - Continue to provide listening forums, with feedback loops from engagement activities such as Team Talk
   - Provide managers and leaders with the skills to lead effective team engagement
   - Continue to ensure decisions are made with, not just for, staff through regular, timely consultation and communication

4. **Address structural and role clarity issues**
   - Clarify reporting lines and escalation routes

- Review layers of management across QVH to ensure consistency and removal of duplication
- Identify gaps following organisational restructuring and any plans to address these, with clear communication

5. Embed inclusive and equitable practices

- Explore creative opportunities for promotion and development pathways
- Review promotion and development pathways for fairness within protected groups
- Ensure wellbeing support is accessible and visible to all staff
- Actively address disparities reported by disabled and BME staff

6. Invest in skills and development

- Align leadership and management development to the skills required for the future
- Provide leaders with the skills to help them manage the change and live QVHs values
- Create structured career pathways, especially for lower-banded and non-clinical staff
- Promote cross-team learning to reduce silo working

7. Monitor and sustain culture progress

- Use the Organisational Culture Assessment Instrument **(**OCAI) framework alongside the existing QVH metrics to track improvement
- Align continuous improvement initiatives with cultural goals
- Celebrate progress and share stories of positive change
- Identify areas of strength and use internal champions to role model and coach/mentor others

Next steps:

- Agree timing and metrics of future reporting to offer oversight of culture improvement, as this report is based on evidence from 2024/25, with ongoing programmes of work continuing into 2025/26 to continue improving the culture
- Integrate culture metrics into the live workforce dashboard for ongoing visibility
- Build on the role of our Cultural Transformation Steering Group, with the focus on enhancing our staff voice and integrating inclusion across how we work

Appendix 1: Culture mapping tools and strategies used

McKinsey 7-S Model

The McKinsey 7-S Model is a framework used to analyse and improve organisational effectiveness. It looks at seven key elements that need to be aligned for an organisation to perform well. These elements are divided into "hard" and "soft" components:

Hard Elements (easier to define and manage)

1. Strategy – The plan to achieve competitive advantage and success.
2. Structure – How the organisation is arranged (e.g., hierarchy, departments).
3. Systems – The processes and procedures used in daily operations.

Soft Elements (more influenced by culture and people)

4. Shared Values – Core beliefs and culture that guide employee behaviour.
5. Skills – The capabilities and competencies of the staff.
6. Style – Leadership approach and management style.
7. Staff – The people in the organization and their general characteristics.

The idea is that all seven elements must be aligned and mutually supportive. If one changes (like strategy), others may need to change too (like structure or systems) to maintain effectiveness.

The Organisational Culture Assessment Instrument (OCAI)

The OCAI tool is a widely used framework developed by Kim Cameron and Robert Quinn to assess and understand organisational culture. It is based on the Competing Values Framework, which identifies four types of organisational culture:

- Clan Culture – Focuses on collaboration, teamwork, and a family-like environment.
- Adhocracy Culture – Emphasizes innovation, creativity, and risk-taking.
- Market Culture – Driven by competition, results, and achievement.
- Hierarchy Culture – Values structure, control, and efficiency.

Participants (employees or leaders) rate their organisation across six key areas:

1. Dominant characteristics
2. Organisational leadership
3. Management of employees
4. Organisational glue
5. Strategic emphases
6. Criteria of success

They assess both current and preferred culture, helping identify gaps and areas for development. Some of the benefits of using OCAI include:

- Clarity: Provides a clear snapshot of the current and desired culture.
- Alignment: Helps align organisational culture with strategic goals.
- Engagement: Encourages employee involvement in shaping the culture.
- Change Management: Supports cultural change initiatives with data-driven insights.
- Decision-Making: Informs leadership decisions about structure, strategy, and people management.

QVH Strategy 2025/2030 (incl. QVH vision, values and behaviour framework)

The strategy focuses on delivering excellence in specialist care while ensuring the hospital remains a trusted, sustainable, and innovative provider for both local and specialist services. These are underpinned by the core values and behaviour framework which focuses on being

Caring and Inclusive, Supportive and Challenging, Listening to Improve, Succeeding Together. The Key Strategic Objectives (KSOs) are to:

1. Deliver Excellent Care
    - Maintain and improve high standards in specialist services (e.g. burns, maxillofacial, reconstructive surgery).
    - Ensure patient safety, experience, and outcomes are central.

2. Be a Great Place to Work
    - Support staff wellbeing and development.
    - Foster a culture of inclusion, learning, and collaboration.

3. Sustain and Grow Services
    - Strengthen partnerships across Kent, Surrey, and Sussex.
    - Secure QVH's role in regional and national specialist networks.

4. Innovate and Improve
    - Embrace digital transformation and research.
    - Use data and feedback to drive continuous improvement.

5. Engage and Involve
    - Work closely with patients, carers, and communities.
    - Ensure transparency and co-production in service design.

NHS 10-year health plan for England
There are three major shifts in NHS delivery listed highlighting the enablers of improvement:

1. From hospital to community
    - More care delivered closer to home.
    - Strengthening primary and community care services.
2. From analogue to digital
    - Embracing digital technology to reduce admin burden.
    - Empowering patients to manage their care online.
3. From sickness to prevention
    - Focus on early intervention and prevention.
    - Making healthy choices easier and more accessible.

Enablers of Improvement:

- Workforce: Recruitment, retention, and staff wellbeing.
- Primary Care Networks: Integrated, multidisciplinary teams.
- Digital Innovation: AI, apps, and electronic records.
- Research & Innovation: Evidence-based improvements.
- Engagement: Listening to patients and staff

Appendix 2: Quantitative and qualitative data used

Area	Narrative and data content	Comments
Staff Survey 2023/2024	Staff Engagement Scores, all People Promise elements and themes (focusing on wellbeing and inclusion due to emergent themes)	Anonymous and confidential
People Pulse Q1 2025/2026	Staff Engagement Score, Sentiment/Mood, Workforce & Inclusion questions	Anonymous and confidential
WRES/WDES 2024/25	Findings from the Workforce Race Equality Standard (WRES) / Workforce Disability Equality Standard (WDES) results	Anonymous
Workforce & Inclusion Survey 2025	Quantitative and qualitative data	Anonymous and confidential
Current Employee Relations casework	Number and types of cases (flexible working requests, investigations, disciplinary cases, performance management cases, etc.)	Confidential
Listening exercises 2025	Listening interviews, department listening, culture review, leavers interviews	Confidential
Freedom to speak up 2024 annual report	See Appendix 5	Confidential

Please note: Due to staff numbers, confidentiality, anonymity and response rates, granular data is not available in all data sets. Therefore, overall report is based on an overall thematic analysis.

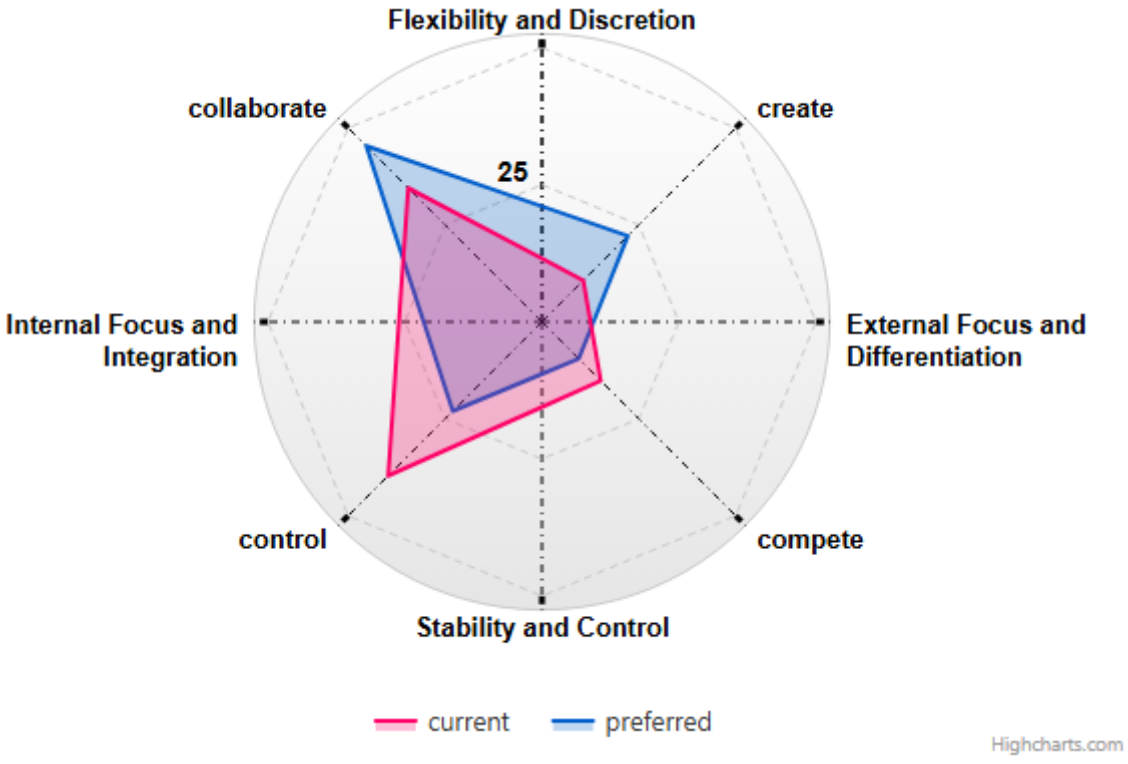
Appendix 3: Organisational Culture Assessment Instrument (OCAI) information

OCAI information: [OCAI online to assess Organizational Culture](#)
[ocai_leaflet.pdf](#)

Mapping QVH current and desired culture to OCAI

Metrics used in the OCAI mapping exercise included data from various sources to inform the current and desired culture at QVH. Data used:

- Staff Survey 2023 and 2024 findings
- Wellbeing and inclusion results (including listening to action results)
- OD/Culture perspective from consultations and interventions



Av. QVH Scores based on Staff Survey, HWB and OD&L findings

	Current	Preferred
Collaborate	34.50	45.33
Create	10.67	22.17
Compete	15.17	9.50
Control	39.67	23.00

Appendix 4: Wellbeing and Inclusion and Employee Relations data

To better understand the demography of our workforce and how this influences our culture, we have reviewed the characteristics that appear most frequently across protected characteristics where this data is held. This is shown in *Figure 1*.

This information helps us to establish the traits most commonly represented in staff voice, and where further efforts are required to understand the experience of our diverse workforce.

It is important to note however that there are limitations in this data; for example, QVH's personnel system does not allow gender identities beyond the binary sexes to be recorded. This therefore limits our understanding of the experience of trans, non-binary and intersex colleagues.

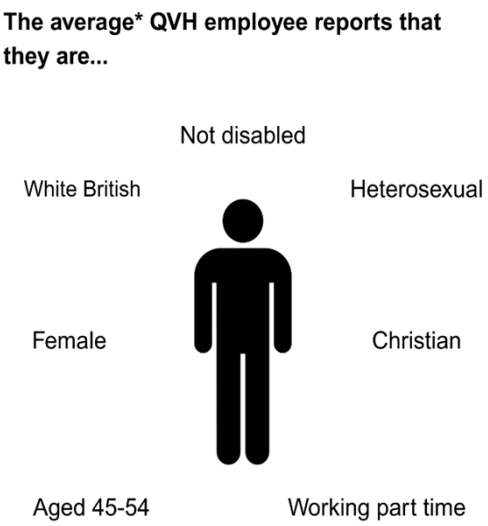


Figure 1

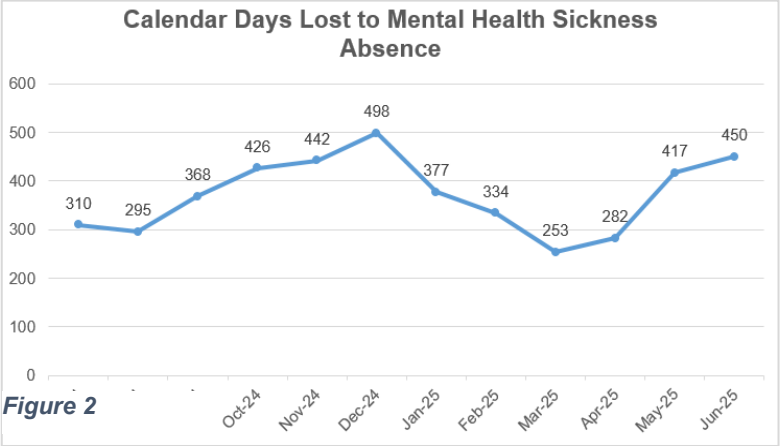


Figure 2

When reviewing wellbeing and inclusion data, we noted 33.3% of staff reported poor mental health.

This is supported by the number of days lost to mental health related absence over the reporting period (*Figure 2*).

A review of Employee Relations casework reveals a number of processes at formal stages, which may contribute to the higher incidence of mental health related absence in previous months (*Figure 3*).

	Informal*	Formal
Performance management	3	5
Disciplinary	15	10
Grievance	0	7
Bullying and harassment	0	2
Appeal	0**	3

Figure 3

* This data does not include pre-policy case management, such as local 1:1 conversations, as these are not captured on the Trust's case management system.
** Appeals cannot be raised informally.

This is supported by our Workforce Race Equality Standard (WRES) / Workforce Disability Equality Standard (WDES) data, which reveal that our ethnically diverse staff and those with a disability or long term health condition are more likely to enter formal processes compared to White colleagues and those without a disability respectively. Additionally, our WRES and WDES data for 2024 reveal that both groups are more likely to experience bullying, harassment and/or abuse from QVH colleagues or managers than their comparator groups.

References:

- QVH Values and Behaviour Framework
- QVH 5 Year Strategy
- FTSU – Guardians Office
- Sexual Safety Report
- OCAI
- McKinsey 7-S framework
- NHS Listening Well guidance
- NHS EDI Improvement Plan
- NHS 10 Year Plan
- Edgar Schein

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	13 November 2025	**Agenda reference:**	**90-25**		
Report title:	Quality & safety committee assurance report				
Sponsor:	Shaun O'Leary, committee chair				
Author:	Shaun O'Leary, committee chair Katie Ally, Governance Officer				
Appendices:	None				
Executive summary					
Purpose of report:	To alert, assure and advise the Board regarding matters considered at the last committee meeting.				
Summary of key issues	- A fire evacuation exercise took place on Ross Tilley ward on Canadian Wing during October 2025. The exercise provided positive assurance that alarms are working, staff are familiar with evacuation routes and staff are able to effectively move patients to evacuation points within three minutes. There is a need for a full evacuation plan with prioritisation of clinical areas and the committee were reassured that this is work in progress. To address further patient safety considerations a bigger fire evacuation exercise including vulnerable patients is being planned. The committee will be kept up to date on the progress of the plan - Unlikely to remove >65 week waits by December target date due to breast reconstruction constraints, ICB aware and Trust has highlighted need for strategic review. Outsourcing options being considered to address issue. The committee were reassured that there are no quality concerns arising from long waits, however there have been complaints about wait times - There has been a small increase in the number of complaints received and the complaints process has changed from 40 working days to 30 working days for response to claimants, with effect from 1 August 2025 - A Clinical Policies risk review has recently been completed and all out of date clinical policies are identified as low or medium risk				
Recommendation:	The Board is asked to **note** the contents of the report				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:** *To deliver outstanding care*	**KSO2:** *To innovate and improve*	**KSO3:** *To be an excellent employer*	**KSO4:** *To deliver sustainable services*	**KSO5:** *To collaborate with others*
Implications					
Board assurance framework:	None				
Organisational risk register:	Deep dive on risk 38 (paediatrics)				
Regulation:	None				
Legal:	None				
Resources:	None				
Assurance route					
Previously considered by:					
	Date:		Decision:		

Next steps:	

Report to:	Board Directors
Agenda item:	90-25
Date of meeting:	13 November 2025
Report from:	Shaun O'Leary, committee Chair
Report author:	Shaun O'Leary, committee Chair Katie Ally, Governance Officer
Date of report:	5 November 2025
Appendices:	None

Sub-committee assurance report
Finance & performance committee – 4 November 2025

Key agenda items

- **Mental capacity act**
- **ECQR**
- **Guardian of safe working hours report**
- **IPQR**
- **Quality Priorities Quarter 2 2025/26**
- **Estate update**
- **Update on Continuous Improvement (CI)**
- **Risk deep dive - Paediatirc risk**
- **Complaints and claims update**
- **Annual National Inpatient Survey Report**
- **Cancer Patient Survey Report**

Alert

- A fire evacuation exercise took place on Ross Tilley ward on Canadian Wing during October 2025. The exercise provided positive assurance that alarms are working, staff are familiar with evacuation routes and staff are able to effectively move patients to evacuation points within three minutes. There is a need for a full evacuation plan with prioritisation of clinical areas and the committee were reassured that this is work in progress. To address further patient safety considerations a bigger fire evacuation exercise including vulnerable patients is being planned. The committee will be kept up to date on the progress of the plan.
- Unlikely to remove >65 week waits by December target date due to breast reconstruction constraints, ICB aware and Trust has highlighted need for strategic review. Outsourcing options being considered to address issue. The committee were reassured that there are no quality concerns arising from long waits, however there have been complaints about wait times.
- There has been a small increase in the number of complaints received and the complaints process has changed from 40 working days to 30 working days for response to claimants, with effect from 1 August 2025.
- A Clinical Policies risk review has recently been completed and all out of date clinical policies are identified as low or medium risk.

Assure

- The Trust scored first in the league table for National Inpatient Survey results from 2024.
- The Cancer Patient Experience Survey (CPES) 2024 results demonstrated statistically significantly higher performance than the national expected range in several crucial areas. Main findings include: QVH performs strongly against national benchmarks, with patients reporting very positive experiences of cancer care, Staff attitudes, professionalism and clear communication are particularly valued, helping patients feel safe and reassured, Concerns are around treatment timelines, continuity of care and practical barriers such as travel, transport and parking.
- The committee received assurance on the implementation of the Mental Capacity Act compliance and progress so far and integration with Archie EPR processes. The task and finish group will continue until follow up audit shows an improvement allowing for a downgrade of risk.
- The committee reviewed progress on the Trust's Quality Priorities (quarter 2 2025/26). Overall success against ambition of the priorities is exceeding expectations. Whilst challenges remain next steps have been clearly set out to address these. Regular reporting and discussion of audit delivery is established within directorate governance reporting. The newly amalgamated Executive Sub Committee for Quality has monthly oversight of audits. The Clinical Learning Forum has increased attendance and clinicians are using the forum to delivery their learning to a wider audience.
- The committee received assurance that the issues with sterile services provisions resulted in no direct patient harm to patients.
- The committee were assured the '15 step challenge' NHSE toolkit visits held in August and September 2025 provided positive feedback; clean, calm and well managed services, responsive to patients needs and dignity.
- The Guardian of Safe Working Hours report provided assurance that there were no immediate safety concerns and all published rotas are compliant with the resident doctors' contracts. During the reporting period there was a maxillofacial dental core trainee rota problem which was successfully resolved following a work schedule review.
- The committee reviewed the Integrated Quality & Performance report (IQPR) for month five. The Trust achieved the planned performance metrics for 18 week Referral To Treatment (RTT) performance, time to first appointment, cancer and urgent care.

Advise

- Annual EPRR self-assessment submitted showing substantial (89-99%) compliance with core standards, final rating to be shared in November 2025.
- The government has published a 10 point plan to improve resident doctors working lives and this is being led by CMO. Assurance will be provided by a separate report addressing points such as out of hours food, rest facilities, on call accommodation and through regular discussions at the resident doctors forums.
- The committee were advised of additional funding being secured and earmarked for the required theatre roof work.
- The continuous improvement initiatives are being embedded across the Trust as business as usual. The committee discussed the sustainability challenge and was keen to see future benefits realisation relating to staff experiences i.e. how they feel about the organisation and team work.
- Healthwatch have recommended capturing wider data about complainants, such as gender, ethnicity and disability, to analyse who complains and who

doesn’t. Currently the trust is considering this for all patients at the health inequalities steering group.

Risks discussed and new risks identified

- The committee has undertaken a deep dive review on risk 38 – (paediatric) and was assured on the action being taken to mitigate the risk.
- Discussion was had on the current temporary location of the paediatric unit and its return move to location 16. The committee was assured the ward manager was a key stakeholder in the redesign discussions and that the capital has been committed for this work.

Recommendation

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

Report cover-page					
References					
Meeting title:	Board of Directors				
Meeting date:	13/11/2025	**Agenda reference:**	**91-25**		
Report title:	Finance & performance assurance report				
Sponsor:	Peter O'Donnell, committee chair				
Author:	Peter O'Donnell, committee chair Katie Ally, Governance Officer				
Appendices:	None				
Executive summary					
Purpose of report:	To alert, assure and advise the Board regarding matters considered at the last committee meeting.				
Summary of key issues	– Good progress on the delivery of the full year Cost Improvement Programme (£7.5m) although it remains a significant challenge and risk for the Trust and more is being delivered non-recurrently than the Trust would like. iThe committee has requested further detail on the cost savings – The cost saving requirement for the Trust in 2026/27 is likely to be c.£6-9m and there will need to be a significant cost improvement programme, productivity gains and benefits from the partnership in order to meet the requirement – The Trust is experiencing challenges with addressing 52 week waits. There has been a significant increase in skin cancer referrals. The Trust is in contact with the ICB and NHSE about this issue and there is a view that there is a strategic discussion about delayed breast reconstruction across the South East taking place. Addressing long waits may have an impact on the Trust's financial position – The committee noted that the Trust is off plan for referral to treatment (RTT) and that the team are focussing on reductions to get back to plan for December 2025 – The Trust is behind plan for capital spend at month 5 and the committee was reassured that the plan will be met by year end. The committee has requested a monthly trajectory for capital spend to provide additional assurance – East Grinstead community diagnostic centre (CDC) activity was under plan due to equipment and space constraints in ophthalmology which have now been resolved, however activity will not catch up in year – Several risks related to the Bognor CDC remain, however there has been progress with the contract for the design. This project has therefore been rated as Amber from Red/Amber				
Recommendation:	The Board is asked to **note** the contents of the report				
Action required	Approval	Information	Discussion	**Assurance**	Review
Link to key strategic objectives (KSOs):	**KSO1:** *To deliver outstanding care*	**KSO2:** *To innovate and improve*	**KSO3:** *To be an excellent employer*	**KSO4:** *To deliver sustainable services*	**KSO5:** *To collaborate with others*
Implications					
Board assurance framework:	None				
Organisational risk register:	None				

Regulation:	None			
Legal:	None			
Resources:	None			
Assurance route				
Previously considered by:				
	Date:		Decision:	
Next steps:				

Report to: Board Directors
Agenda item: 91-25
Date of meeting: 13 November 2025
Report from: Peter O'Donnell, committee Chair
Report author: Peter O'Donnell, committee Chair
Katie Ally, Governance Officer
Date of report: 4 November 2025
Appendices: None

Sub-committee assurance report
Finance & performance committee – 3 November 2025

Key agenda items

- **Update on Data Security Protection Toolkit (DSPT)**
- **Integrated Quality and Performance Report (month five)**
- **Finance Update (month six) and forecast**
- **Cost improvement programme update**
- **Electronic Patient Record (EPR) Go live & Clinical Safety update**
- **Major projects updates**
- **Business Planning 2026/2027 update**
- **Premises Assurance Model (PAM) Action Plan**
- **Update on estates infrastructure delivery**
- **Organisational risk register**
- **Committee Terms of Reference**

Alert

- The delivery of the full year Cost Improvement Programme remains a significant challenge and risk for the Trust and more is being delivered non-recurrently than the Trust would like. The majority of of full year (£7.5m) cost savings have been identified and the committee has requested further detail on the cost savings
- Looking forward, the cost saving requirement for the Trust in 2026/27 and each year moving forward is likely to be c.£6-9m and there will need to be a significant cost improvement programme, productivity gains and significant benefits from the partnership in order to meet the requirement
- The Trust is experiencing challenges with addressing 52 week waits. There has been a significant increase in skin cancer referrals. The Trust is in contact with the ICB and NHSE about this issue and there is a view that there is a strategic discussion about delayed breast reconstruction across the South

East taking place. Addressing long waits may have an impact on the Trust's financial position

- Addressing long waits may have an impact on the Trust's financial position
- The committee noted that the Trust is off plan for one of three referral to treatment (RTT) targets and that the team are focussing on reductions to get back to plan for December 2025
- The Trust is behind plan for capital spend at month 5 and the committee was reassured that the plan will be met by year end. The committee has requested a monthly trajectory for capital spend to provide additional assurance
- The East Grinstead community diagnostic centre (CDC) activity was under plan due to equipment and space constraints in ophthalmology which have now been resolved, however activity will not catch up in year
- Several risks related to the Bognor CDC remain and the project remains behind plan with the build anticipated to start in mid-2026, however there has been good progress with the contract for the design. This project has therefore been rated as Amber from Red/Amber. There is currently no financial risk to the Trust

Assure

- The committee received an update on electronic patient records (EPR) go live plans. The committee noted that plans were in place for go live on 4 November 2025, subject to central sign off. The Trust has provided assurance to NHSE. There is a funding gap for the implementation of an upgraded patient administration system (PAS) after December 2025 which could compromise the optimisation of the EPR. The committee agreed to have continued oversight of this risk
- The committee will keep under review progress against the Local Security Management Specialist work plan to assure itself on site security measures
- The committee received assurance that good progress is being made in addressing the Data Protection Security Toolkit action plan to reduce the risk in this area and that plans are on track. The committee will continue to focus on this area
- The Trust's income and expenditure year to date position is in line with the planned deficit of £0.7m with a strong cash balance of £7.6m.
- East Grinstead CDC build has commenced, further drainage testing has been completed and the final planning sign off is anticipated shortly. The committee has requested sight of a high level overview of the build plan
- The Premises Assurance Model (PAM) action updates will be reported to the F&P committee. There have been improvements of the past 12 months, however issues with recruitment and retention impact on the capacity with potential to affect the action plans delivery dates. This will be closely monitored.
- The Trust has been successful in securing significant additional funding for its estate which will support the mitigating actions for some estates infrastructure risks

Advise

- The committee received an update on business planning for 2026/27. The process has started and pre-guidance has been released but the full guidance is awaited. The Board will be required to approve the plan in mid-December which will include a detailed three year projection. There will be a resubmission in February 2026 with a five year narrative.

- The committee reviewed its terms of reference to ensure no duplication with the Strategy and culture committee. The committee were satisfied that work plan items related to the Strategy and culture committee's remit have moved to the Strategy and culture committee. No changes are recommended to the Finance and performance committee's terms of reference

Risks discussed and new risks identified
The committee received the organisational risk register, noting that a programme of deep dives has started. The committee requested that a deep dive is completed on the risk related to water ingress on the theatre roof and reported at the next meeting.

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