

Agenda

Group Name: Trust Board – Open Session
Date of Meeting: 28 March 2019
Venue: Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH
Time: 9.00am
Apologies to: Sue Diduch, Corporate Affairs Administrator

- | | | | |
|-------|-----|---|------|
| 9.00 | 1. | Chair's Welcome, Apologies and Declarations of Interest | |
| | 2. | Minutes of Previous Meeting held on 28 February 2019 | |
| | 3. | Matters Arising/Summary of Agreed Actions | |
| | 4. | Quality, Performance and Finance | |
| 9.15 | 4.1 | Patient Story
(Derek Sandeman, Medical Director) | Oral |
| 9.30 | 4.2 | Briefing from Chair of Audit & Risk Committee for review
(Simon Porter, Chair, A&RC) | Oral |
| 9.35 | 4.3 | Briefing from Chair of Quality Committee for review
(Mike Sadler, Chair, QC) | Oral |
| 9.40 | 4.4 | Briefing from Chair of Strategy & Finance Committee for review
(Jane Bailey, Chair, S&FC) | Oral |
| 9.45 | 4.5 | Integrated Performance Report for Month 11 including Quarterly Patient Experience Report (QIF) for review | |
| 10.30 | 4.6 | Informatics Update for review
(Jane Hayward, Director of Transformation & Improvement/
Adrian Byrne, Director of Informatics) | |
| 10.40 | 4.7 | 2018 NHS National Staff Survey Results for review
(Paula Head, Chief Executive/Steve Harris, Director of Human Resources) | |
| 10.50 | 4.8 | Finance Report for Month 11 for review
(David French, Chief Financial Officer) | |
| | 5. | Chair's and Chief Executive's Reports | |
| 11.00 | 5.1 | Chief Executive's Report for review and Chair's Actions for ratification
(Paula Head, Chief Executive/Peter Hollins, Trust Chair) | |
| | 6. | Corporate Governance, Risk and Internal Control | |
| 11.05 | 6.1 | Feedback from Council of Governors' Meeting 12 March 2019 to note
(Peter Hollins, Trust Chair) | Oral |
| 11.15 | 7. | Any other business | |
| | 8. | To note the date of the next meeting: Tuesday, 30 April 2019 in the Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH | |

In Attendance: Adrian Byrne, Director of Informatics
Steve Harris, Director of Human Resources
Vicki Havercroft-Dixon, Head of Patient Relations (shadowing Gail Byrne)

EXCLUSION OF PRESS, PUBLIC AND OTHERS

The public and representatives of the press may attend all meetings of the Trust, but shall be required to withdraw upon the Board of Directors resolving as follows “that representatives of the press, and other members of the public, be excluded from the remainder of this meeting as publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted”

11.30-11.45 Follow-up discussion with governors

Items Circulated:

The following items have been circulated to the Board since the last meeting. Executive directors are happy to take questions from individual members, before the meeting, by e-mail or telephone, or to meet separately to discuss in more detail.

25 February 2019

Press Release: Hospital first to offer all patients chance to manage healthcare online

7 March 2019

Press Release: Eight-week breastfeeding supplement prevents weight loss in premature babies after discharge

12 March 2019

Press Release: Leading doctor warns use of blood test to diagnose heart attacks is “flawed”

15 March 2019

Press Release: Healthcare scientists “hamstrung” by lack of awareness and investment

Trust Board Minutes – Open Session

Minutes of the Open Trust Board meeting held on Thursday 28 February 2019, in the Conference Room, Heartbeat Education Centre, North Wing, University Hospital Southampton, commencing at 0900 and concluding at 1100.

Present:	Mr P Hollins, Trust Chair	PTH
	Mrs P Head, Chief Executive	PHe
	Mr D French, Chief Financial Officer & Deputy Chief Executive	DAF
	Mrs G Byrne, Director of Nursing & Organisational Development	GB
	Ms J Hayward, Director of Transformation & Improvement	JH
	Dr C Marshall, Chief Operating Officer	CM
	Dr D Sandeman, Medical Director	DS
	Mr S Porter, Senior Independent Director/Deputy Chair	SP
	Ms J Bailey, Non-Executive Director	JB
	Prof C Cooper, Non-Executive Director	CC
	Ms J Douglas-Todd, Non-Executive Director	JD-T
	Ms C Mason, Non-Executive Director	CMa
	Dr M Sadler, Non-Executive Director	MS
In Attendance:	Mr C Helps, Interim Associate Director Corporate Affairs	CH
	Mr N Pearce, Associate Medical Director for Patient Safety	NP
	Mr M Green, Head of Bereavement Care	MG
	Ms V Boland, Corporate Affairs Manager (minutes)	VB
	Ms S Herbert, DHN/P, Division A (shadowing Mrs G Byrne)	SH
	1 member of staff	
	2 governors	

- | | | |
|--------------|---|-----------|
| 19/19 | Apologies
Apologies were received from Jenni Douglas-Todd, Non-Executive Director. | |
| 20/19 | Chair’s Welcome, Opening Comments and Declarations of Interest
The Chair welcomed everyone to the meeting, specifically welcoming back VB. The chair congratulated CMa for her successful appointment as Chair at Solent NHS Trust.

There were no declarations of a conflict of interest with any items on the agenda. | Action By |
| 21/19 | Minutes of Previous Meeting (<i>Agenda item 2</i>)
The minutes of the meeting held on 31 January 2019 were AGREED as an accurate record subject to amendments to:
6/19c) the last sentence of the second paragraph was deemed inaccurate and should state that the key performance indicator (KPI) for emergency readmissions be reviewed for next year.
6/19g) date of the major incident that occurred on 30 th November 2018 to be provided in full. | |
| 22/19 | Matters Arising/Summary of Agreed Actions (<i>Agenda item 3</i>)
22/19 a) <u>Minute Ref 143/18a) Complexity of Employee Relations Cases</u> and <u>Minute Ref 159/18a) Integrated Performance Report (specifically relating to Diabetes)</u> – It was agreed that the Trust Board Study Session forward plan would be discussed during the closed Board session, to include these items. | |

22/19 b) Minute Ref 6/19) Staffing – GB confirmed that a more detailed update in relation to the appraisal target would be included in the next Human Resources Report.

22/19 c) The Board **noted** the latest position on the actions in summary of actions.

Quality, Performance and Finance

23/19 Patient Story *(agenda item 4.1)*

DS introduced the patient to the Board. The Board heard a first-hand account of their experience of the Trust's services. It was noted that the patient felt their experience fell short of their expectations and provided specific examples where the standard of care was disappointing. The patient reported a high standard of care from medical staff. The importance of listening to patients and responding appropriately, and ensuring patients basic needs as well as medical needs were met was emphasised.

The Board thanked the patient for attending and providing an overview of their experience noting the value of this. It was confirmed that this information would be used to improve the care provided by UHS.

24/19 Integrated Performance Report for Month 10 including Quarterly Infection Prevention & Control Report *(Agenda item 4.2)*

a) Safe

GB advised that there was nothing specific to highlight from the report. There were no further comments or questions.

24/19 b) Caring

GB provided an update noting the initiatives being introduced to improve the quality of response to patient complaints and concerns. A patient panel has now been introduced to assist in collecting and understanding patient feedback. It was confirmed that this would be discussed in more detail at the March Quality Committee.

The decrease in the percentage of patients with a nutrition care plan was noted. GB will be working with the matrons and ward leaders for areas that are not achieving the expected standard.

24/19 c) Effective

DS advised that there was nothing specific to highlight from the report.

MS sought additional detail in relation to the four national reports with areas of concern within section E1.2. DS gave a brief overview of these reports noting that diabetes will be scheduled for discussion at a future Trust Board Study Session.

24/19 d) Activity

CM highlighted the increase in Emergency Department (ED) attendances compared to the previous January, the significant reduction in non-elective length of stay and the reduction in the percentage of elective operations cancelled as a result of this. The increase in ED attendances was attributed to the opening of the Paediatric ED. An increase had been anticipated however data was being reviewed to confirm the cause as increased paediatric attendances. PHe emphasised the importance of ensuring that the increased attendances do not adversely affect the patient experience.

MS congratulated those involved in reducing non-elective length of stay.

24/19 e) Emergency Access

CM provided an overview noting that ED performance was the average of our local peer group despite the significant increase in attendances. The time to initial assessment metric is currently under development following the introduction of a new triage process within ED.

JB drew attention to the continued reduction in eye casualty performance noting the difficulties already within Ophthalmology. CM confirmed that this was being addressed and more detail could be provided if required.

PHe introduced the "Best March Ever" concept. CM provided an overview of the steps being taken to achieve this including working with community providers to reduce delayed transfers of care and patients referred to ED, for example, by GPs. PHe added that ED targets were being reviewed and new targets were expected.

24/19 f) Referral to Treatment Time (RTT)

CM summarised RTT performance noting improvements in the number of patients waiting over 18 weeks and the number of patients on an incomplete pathway. Patients waiting longer than 52 weeks had been reviewed; patient choice was the reason for delay and there were no clinical concerns due to delayed treatment.

24/19 g) Cancer

CM provided an overview of Cancer performance noting a number of measures had not been achieved. CM outlined a recent visit to the Imperial group of hospitals to learn about data analysis that enables better forward prediction and therefore providing more insightful information for the organisation/Board.

MS noted the 6-8% increase in cancer activity year on year and suggested that the executive team consider a more a transformational change to address this to ensure this does not have an adverse effect on patients. JH emphasised the increased pressure on services due to identification of cancer at an earlier stage and new initiatives such as lung cancer screening. This would provide better outcomes for patients however would increase the number of patients being treated; this therefore needs to be planned for as part of the Trust's strategy. PHe summarised the work that is ongoing with commissioners and the Cancer alliance to enable providers to achieve the cancer targets with the increased activity. It was agreed that further information be provided to the Board in relation to this.

Action: Update in relation to planning for cancer targets to be provided to the Board.

PHe

GB noted that a process for reviewing harm as a result of patients waiting longer than 104 days for cancer treatment was being agreed with commissioners.

CC queried whether there was any data providing a longer term perspective i.e. over the past five years. JH confirmed this could be made available if requested.

24/19 h) Infection Prevention Report

GB provided an update noting that there would be a hand hygiene campaign in March/April 2019 which should have a direct impact on infection control.

24/19 i) Staffing

GB summarised the challenges currently being experienced with nurse staffing particularly due to vacancy levels and the steps taken to address this on a daily basis.

24/19 j) **RESOLVED**
That the Board NOTE the Month 10 Integrated Performance Report including the Quarterly Infection Prevention & Control Report.

25/19 Learning from Deaths Quarter 3 Report (*Agenda item 4.3*)

- a) DS and NP introduced the report.
MS thanked NP for a clear report and the reassurance provided by the small number of avoidable cases. MS sought clarification of the personnel involved in reviewing cases and whether any audits were undertaken to ensure the process was working effectively. NP described the process in use. A new medical examiner service would commence in April.

PTH queried whether the process identified the consequences for patients who had experienced repeated delays in treatment. NP advised that previous admissions were reviewed however a more formal process would be instigated once the medical examiner service was in place.

CC asked whether there was potential for external validation and comparison of availability. NP has been working with other Trusts to ensure their processes mirror UHS' to allow a comparison between organisations.

JH informed the Board that the Hospital Standardised Mortality Ratio (HSMR) is expected to change from April once Countess Mountbatten Hospital becomes independent from the Trust.

25/19 b) **RESOLVED**
That the Board NOTE the Learning from Deaths Quarter 3 Report.

26/19 Freedom to Speak Up Report (*Agenda item 4.4*)

- a) GB presented the report summarising the work undertaken and cases received to date. CC confirmed that all cases appeared to have been dealt with appropriately and had not required his involvement.

CMA queried whether any trends had been identified so far. GB advised that some cases were protracted Human Resource cases where action had previously been slow. Learning points were being shared when possible, given the need for confidentiality, and this was encouraging others to speak out.

26/19 b) **RESOLVED**
That the Board NOTE the Freedom to Speak Up Report.

27/19 CRN: Wessex 2018/19 Quarter 3 Performance Report (*Agenda item 4.5*)

- a) DS provided an overview of the report noting the good performance of the network. MS asked when the last review by the National Institute for Health Research (NIHR) had taken place and the outcome of this. DS confirmed that this took place 6 to 8 weeks ago and positive feedback had been received. MS asked that this information be included in future reports.

Action: Future reports to include the outcome of NIHR reviews.

DS

27/19 b) **RESOLVED**
That the Board

28/19 Briefing from Chair of Strategy & Finance Committee *(Agenda item 4.6)*

- a) JB provided an overview of items discussed at the February meeting:
- Outcome of 2017/18 reference cost index submission.
 - Review of latest financial position.
 - Operational plan 2019/20 update.

28/19 b) **RESOLVED**
That the Board NOTE the update.

29/19 Finance Report for Month 10 *(Agenda item 4.7)*

- a) DAF presented the month 10 Finance report, noting for January:
- The Trust delivered a control total surplus excluding Provider Sustainability Fund (PSF) of £2.8m. Year to date the Trust is on plan.
 - In month once non-recurrent items were excluded was break-even, against a Plan target of £2.8m surplus.
 - Under the single oversight framework the Trust delivered a score for Finance and Use of Resource of a '1'.
 - Cost Improvement Plan (CIP) delivery in the month was £2.5m against a target of £2.8m.
 - Pay has increased by £1m since month 9 due to an increase in substantive, bank and agency costs month-on-month. A proportion related to December pay enhancements for bank holidays.

PTH highlighted elective income as £2.9m behind plan year to date. This was attributed to gaps in spinal and cardiac surgery; these tend to be high value cases. PHe noted that whilst the Trust performed well against the NHS Improvement temporary staff pay ceiling, the total head count had increased. DAF confirmed that the data will be reviewed to better present the overall position.

CMA asked whether the invest-to-save negative variance related to delays in the replacement of Princess Anne Hospital (PAH) windows. DAF advised that this related to delays in some estates projects such as PAH windows and theatre modernisation due to the requirement to close services to enable work to be undertaken.

29/19 b) **RESOLVED**
That the Board NOTE the month 10 Finance Report.

Chair's and Chief Executive's Reports

30/19 Chief Executive's Report *(Agenda item 5.1)*

- a) PHe provided an overview of the requirement for the Trust to formally report progress with the flu vaccination programme and approve the achievement of 7 day services standards self-assessment.

MS drew the Board's attention to the percentage of staff concerned about possible side effects from the flu vaccine despite the evidence available to support that they are limited and manageable. PHe highlighted the importance of influencing perceptions of the vaccine and the need for the Trust to target its messages. DS plans to target messages by staff group.

30/19 b) **RESOLVED**
That the Board NOTE the Staff Flu Vaccinations Update and APPROVE the Achievement of 7 day Services Standards Self-Assessment.

30/19 c) **Items for Ratification**
Actions taken by the Chair as set out in paragraphs 3.1 – 3.2 were **ratified**.

Strategy and Business Planning

31/19 Revised Equality, Diversity and Inclusion (EDI) Strategy *(agenda item 6.1)*

- a) GB presented the updated strategy which has been consulted upon and comments considered and included where appropriate. MS supported the amended strategy. CMA identified that the ‘white other’ group was classified differently within different sections of the strategy.

Action: Ethnic group classifications to be consistent within the Strategy.

The Board discussed the difference between reducing equality and reducing inequity and how this can be addressed alongside the wider health system.

GB

31/19 b) **RESOLVED**

That the Board APPROVE the Equality, Diversity and Inclusion Strategy subject to one minor amendment as outlined above.

32/19 Any Other Business

- 32/19 a) MS provided an update on the recent Diabetes screening event held at the Southampton FC v Cardiff FC football match. 103 people were tested and 2 cases of undiagnosed diabetes identified. The event raised awareness as well as highlighted the value of co-operation between the organisations involved. PHe thanked those involved for their hard work in organising this event.

33/19 Date and Time of Next Meeting

Thursday, 28 March 2019 commencing at 0900 in the Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH.

UHSFT – Directors’ Actions Summary for 28 March 2019 Trust Board – Open Session

Action & Minute Reference	By whom	Target Date	Current Status
<i>Trust Board 28 February 2019</i>			
Integrated Performance Report for Month 10 <i>(Minute Ref 24/19 g)</i> <u>Cancer</u> - Update in relation to planning for cancer targets to be provided to the Board.	PHe		
CRN: Wessex 2018/19 Quarter 3 Performance Report <i>(Minute Ref 27/19 a)</i> Future reports to include the outcome of NIHR reviews.	DS		
Revised Equality, Diversity and Inclusion (EDI) Strategy <i>(Minute Ref 31/19 a)</i> Ethnic group classifications to be consistent within the Strategy.	GB		

as at 18/3/19

Cover sheet for a report to the Trust Board of Directors dated Thursday, 28 March 2019			
Title: Integrated Performance Report Month 11			
Category	Quality, Performance, and Finance		
Agenda item	4.5		
Sponsor	Director of Transformation and Improvement		
Author	Trust Performance Manager		
Provenance	Report to the Board provided by the Trust Executive.		
Purpose	The paper is presented for the Board for Review The Board is requested to consider the performance metrics provided, identify any elements, trends or emerging themes it wishes to pursue further.		
Relevant to Board goals	✓ Goal 1 – Trusted on Quality	✓ Goal 2 – Delivering for Taxpayers	✓ Goal 3 – Excellence in Healthcare
Board Assurance Framework links	This report relates to all of the aims and objectives contained in the Board Assurance Framework.		
Equality Impact Assessment	The Trust aims to ensure that any change in performance does not affect one or more cohorts of people with specific protected characteristics. This equality monitoring is conducted operationally.		
Other standards affected	NHS Provider Licence and Constitutional standards.		






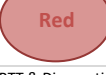
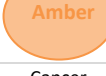

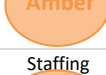



Integrated KPI Board Report

covering up to

Feb 2019

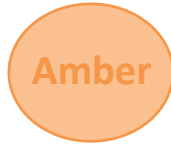
Executive Sponsor - Jane Hayward, Director of Transformation

Jane.Hayward@uhs.nhs.uk

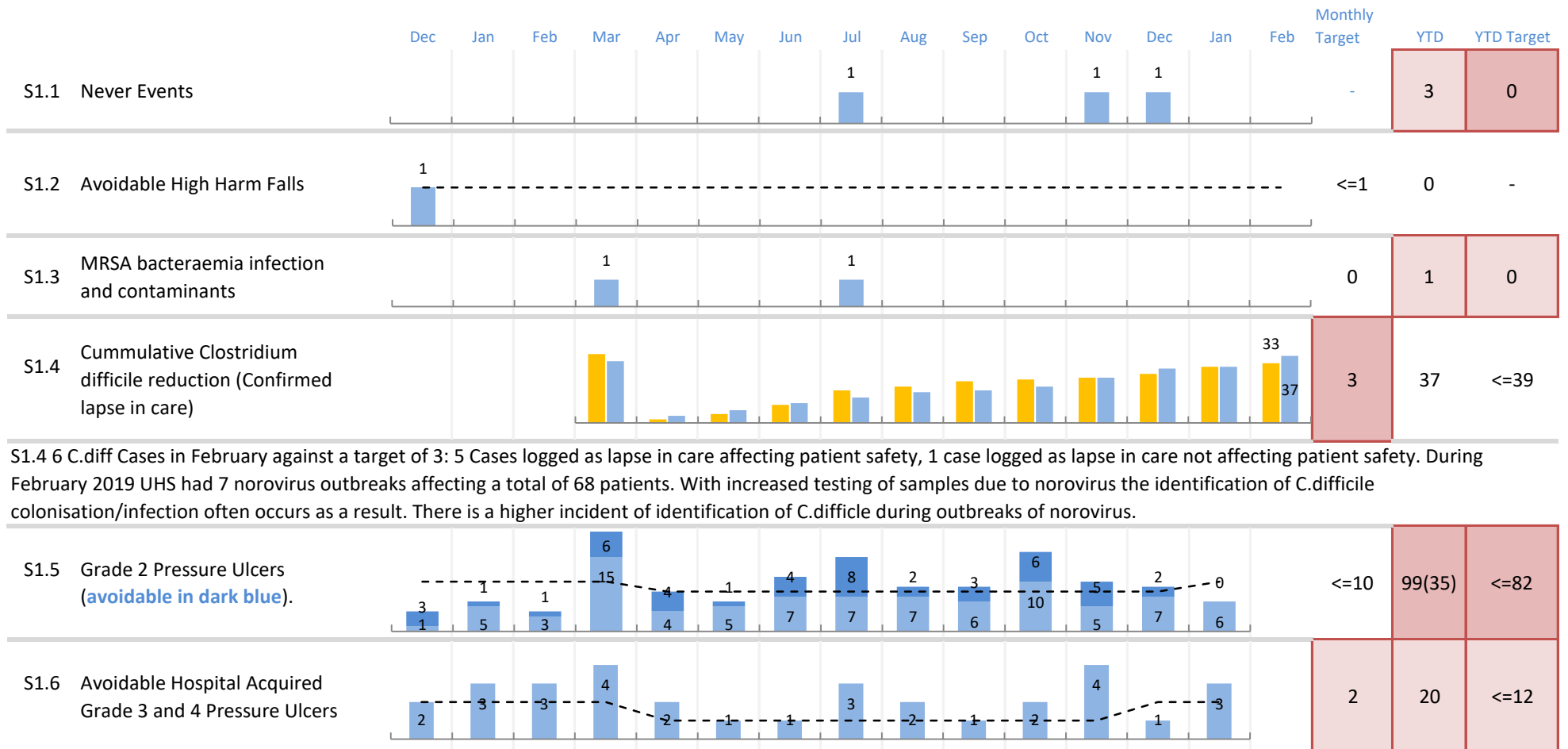
<p>Safe</p> 	<p>Safe remains amber this month as UHS has failed some KPI's yet we have seen continued good performance in other areas. There were no never events reported in February. There were no avoidable high harm falls or MRSA infections/contaminants in February. C.Diff performance remains better than year to date target. In 18/19 the Trust planned to reduce pressure ulcers by 20% compared to last year, this trajectory has not been met in 18/19, however to date the number of pressure ulcers is very similar year on year. The themes are being collated and the learning is being shared through Pressure Ulcer Panel. VTE risk assessments remain an area of focus for the Trust with the new IT solution being piloted in AMU, Surgery and T&O in January 2019. A decision will be made in March by the Thrombosis committee to roll out trust wide.</p>
<p>Caring</p> 	<p>Complaints were low during November, December and January and increased slightly to levels seen previously in February. The rate of complaints against activity level remains consistent and within target range. Negative ratings through the FFT are under the trust threshold with patients continuing to rate their experience positively. Same Sex Accommodation breaches have fallen to under the trust target.</p>
<p>Effective</p> 	<p>There were four national reports published and reviewed in February, of these reports one raised an area of concern (National prostate Cancer Audit Annual Report 2018). There are now 218 outcomes being reported to TEC from 46 specialities. Of these the majority are green (78%) and only 7% graded red. Emergency readmissions was at 10.8% in December which is just below the average of last 2 years (11%). HSMR remained stable in November well below the national benchmark and crude mortality dropped slightly to 3.7%</p>
<p>Activity</p> 	<p>New referrals received are following expected seasonal variation but continue to be higher than 18/19 in the month, quarter and year to date. New urgent cancer referrals in January did not decrease as seen last year instead are showing a 16% increase in the month. Main ED attendances remain exceptionally high in February compared to previous years. This is contrary to the normal seasonal trend which sees a reduction in the volume but not complexity of attendances, paediatric attendances have increased the most, but other streams also have increased compared to 17/18. There have been a number of changes year on year in services provided and how services are recorded that make year on year comparison difficult, this includes the Lymington surgical services and outpatients (up from August 17, impacts electives and outpatients), the change in</p>
<p>Flow</p> 	<p>The average number of Delayed Transfers of Care in the Trust in February remained at 94. The number of patients who have been in hospital for greater than or equal to 7 days / 21 days also increased yet remained lower than February 2018 by 2% and 4% respectively.</p>
<p>Emergency Access</p> 	<p>Main ED (Type 1) performance reduced in February to 71.4%, compared to UHS February 2018 77.2%, and were 4.8% below the average of our local peer group. This performance was impacted by ED attendances significantly exceeding volumes in previous years and the onset of winter pressures in the inpatient service.</p>
<p>RTT & Diagnostics</p> 	<p>Both RTT and diagnostic performance improved again in February. The trend of patients waiting greater than 52 weeks continues downwards and the patients waiting at the end of February have now been treated. Diagnostic performance also improved and achieved the target in February. Pleasing to see Average weeks waited for first outpatient appointment continues to reduce.</p>
<p>Cancer</p> 	<p>Cancer performance is currently rated red as we are not achieving a number of measures. Recovery of the Treatment started within 62 days of urgent GP referral wait, is likely to be slow and significant challenges are being experienced linked to significant growth in referrals and the number of additional cancers being treated (192 year to date). Improving trends in waiting times for initial appointment, waiting times for radiology and patients waiting for treatment are encouraging.</p>
<p>Research & Dev</p> 	<p>Research and Development has been rated Amber this month. October recruitment benefitted from activity on a high recruiting meningitis prevention study. Whilst recruitment to this study has ended recruitment projections to year end are satisfactory. Complexity (weighted) performance is also satisfactory with UHS ranked 2nd in the UK for a number of consecutive months.</p>
<p>Staffing</p> 	<p>Staffing remains amber overall because some key targets have been missed including those for turnover, non-medical appraisal completion, total nursing and registered nurse vacancy rates. However, UHS has seen improvements in the following: sickness absence (which has never been lower), turnover (the lowest rate since November 2017), decreases in total nursing and registered nurse vacancy rates and percentage of BME staff at Band 7+ (the highest rate it has been). CHPPD is within normal range this month as expected, after seasonal effects in January and it reflects high patient numbers.</p>
<p>Estates</p> 	<p>Estates has been rated green this month as we are meeting all targets in February. The target missed on a 3 month rolling average is for percentage of help desk requests completed on time.</p>
<p>Digital</p> 	<p>DigiRounds has demonstrated both time saving in reviewing the patient record during ward rounds, but also the quality of the review that is carried out, as clinicians are able to easily see all the significant elements of the record. It saves junior doctors time in preparing information for consultants (transcribing relevant results etc) prior to the ward round. Records accessed using DigiRounds increased to 98,573 in February. Also in February the number of alerts sent using Medxnote increased again to 4079.</p>

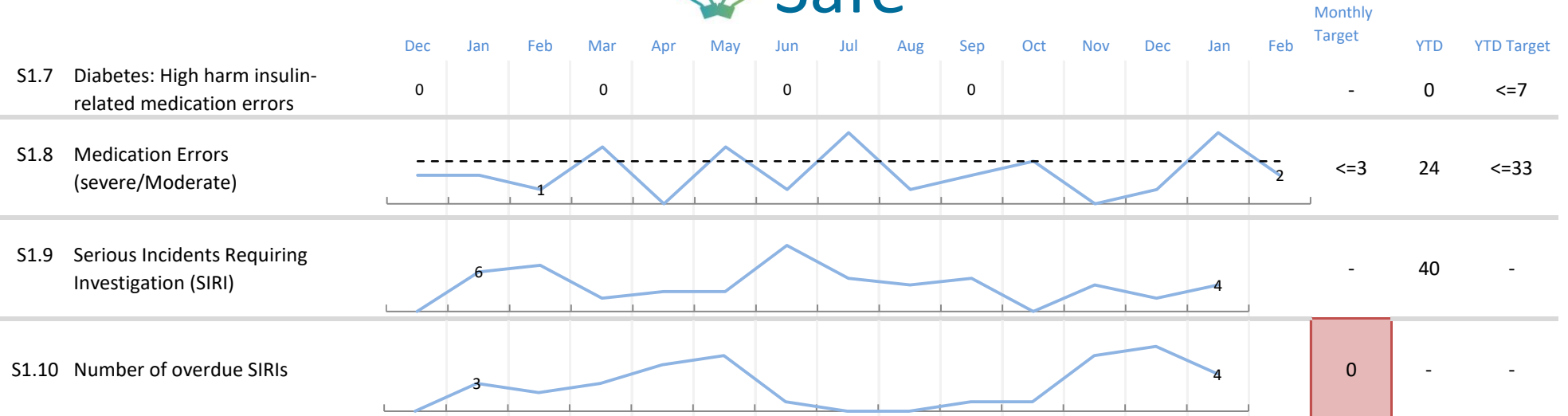
Report Guide

Chart Type	Example	Explanation
Cumulative Column	<p>Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>33 36 39 40 41 99 133 170 197 197</p>	A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year	<p>Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May</p> <p>5 7</p>	A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly.
Line Benchmarked	<p>Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>88% 72%</p> <p>3 6 4 4 5 5 3 4 1 3 3 4 5 6 5</p>	The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month).
Line Percentiles	<p>Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May</p> <p>95th: 6.12 95th: 6.24 50th: 3.55 50th: 3.52 25th: 2.10 25th: 2.00 5th: 0.54 5th: 0.43</p>	A line percentiles chart is used to represent the distribution of a variable. The 50th percentile shows the median value, we also show the 5th, 25th (lower quartile), 75th (upper quartile) and 95th centiles.
Control Chart	<p>Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May</p> <p>31.2% 28.0% 26.7% 23.3% 22.3%</p>	A control chart shows movement of a variable in relation to its control limits (the 3 lines = Upper control limit, Mean and Lower control limit). When the value shows special variation (not expected) then it is highlighted green (leading to a good outcome) or red (leading to a bad outcome). Values are considered to show special variation if they <ul style="list-style-type: none"> -Go outside control limits -Have 6 points in a row above or below the mean, -Trend for 6 points, -Have 2 out of 3 points past 2/3 of the control limit, -Show a significant movement (greater than the average moving range).
Variance from Target	<p>Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May</p> <p>5% 1.6% 5.0%</p>	Variance from target charts are used to show how far away a variable is from its target each month. Green bars represent the value the metric is achieving better than target and the red bars represent the distance a metric is away from achieving its target.

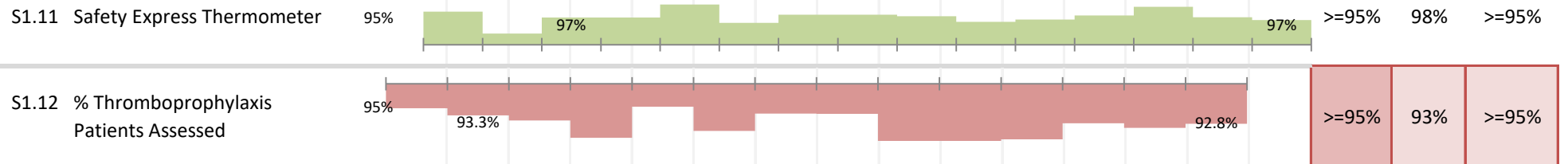


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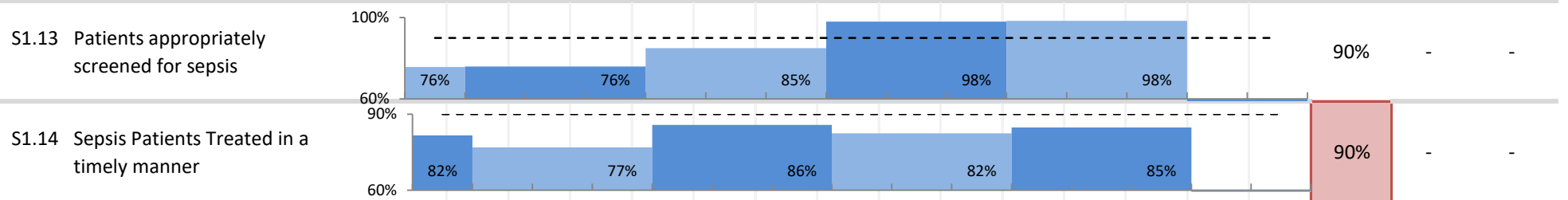




S1.10 4 overdue SIRI's including a case being investigated by HSIB (a national NHS body) which does not count against UHS as a breach, and 3 which were complex investigations and are on track to be closed by the end of March.



S1.12 - The IT solution within e prescribing was piloted from 24th January. This has demonstrated improvements in compliance particularly in AMU. This will be seen in April's report containing Feb data. There will be a discussion at thrombosis committee on 21st march about whether we can roll out the IT solution trust wide to increase compliance further.

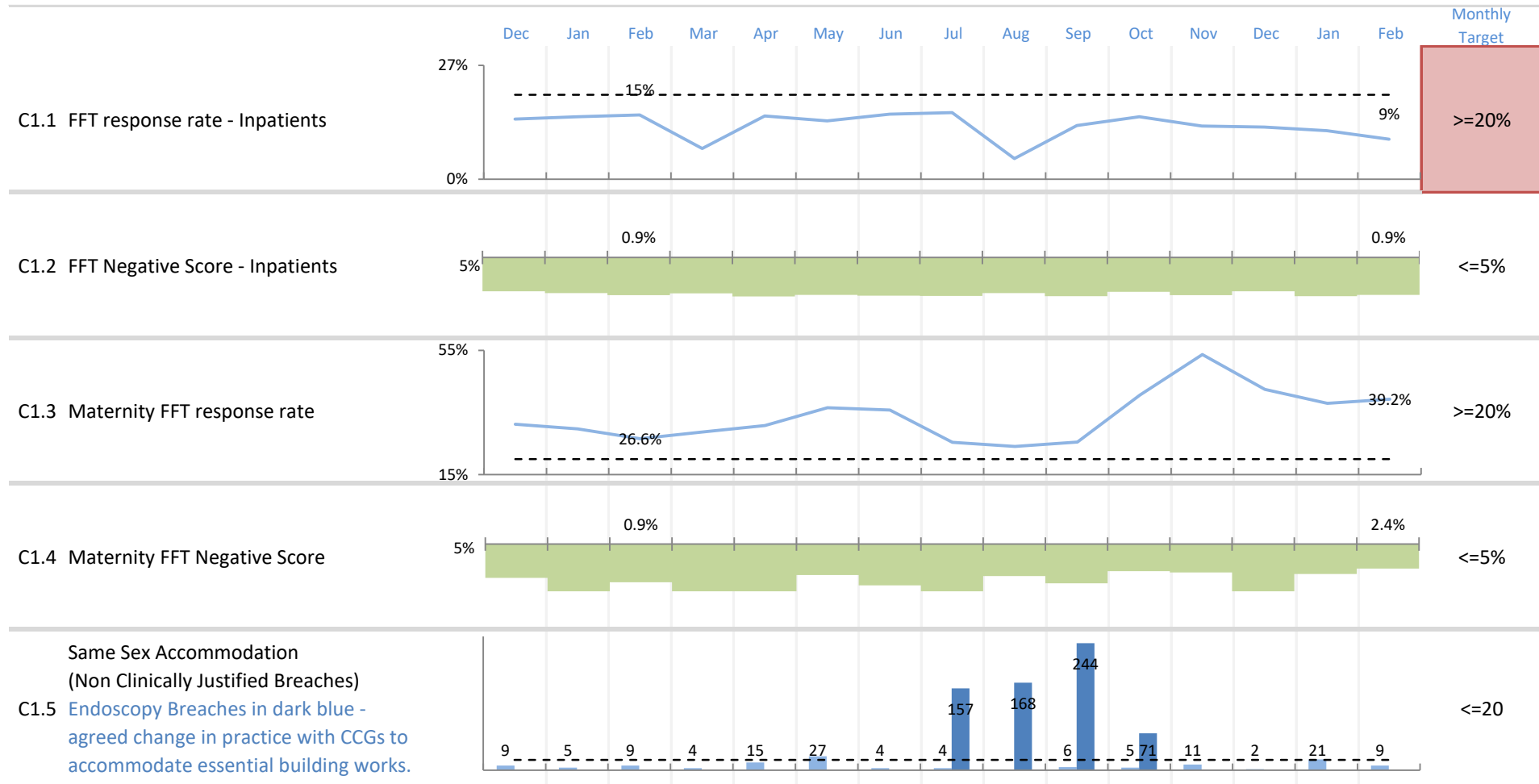


■ Current Data ■ Benchmark
■ Previous Year ■ Target

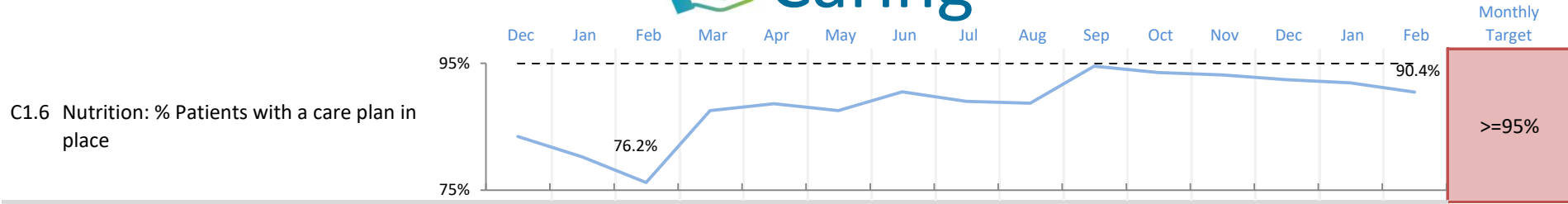


Green

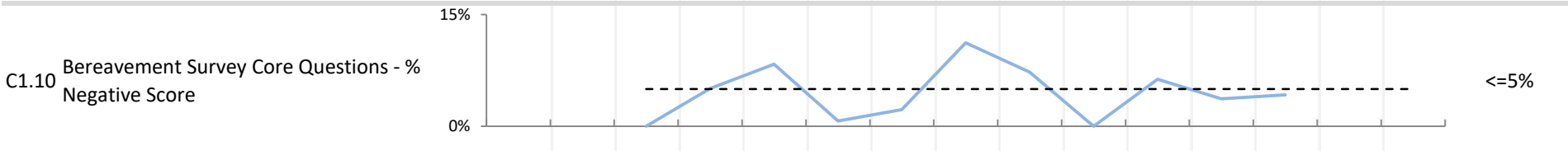
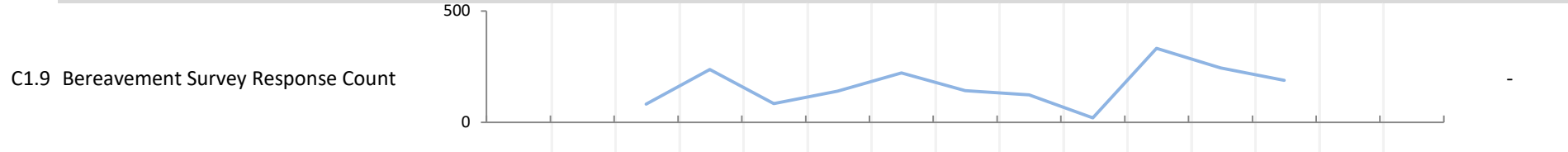
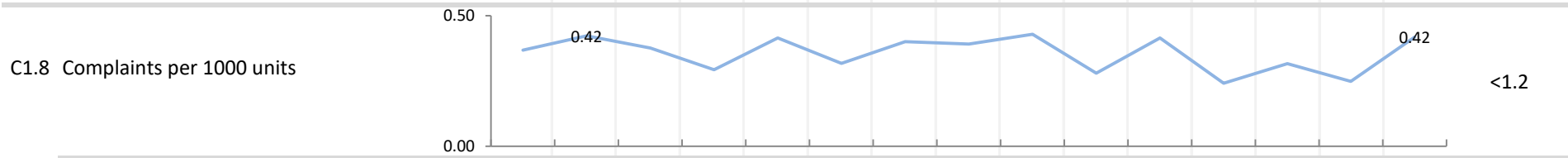
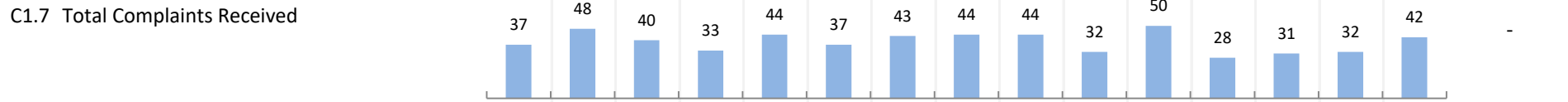
Complaints were low during November, December and January and increased slightly to levels seen previously in February. The rate of complaints against activity level remains consistent and within target range. Negative ratings through the FFT are under the trust threshold with patients continuing to rate their experience positively. Same Sex Accommodation breaches have fallen to under the trust target.



■ Current Data ■ Benchmark
■ Previous Year ■ Target



C1.6 Although we are maintaining above 90% we are still not reaching 95%. Therefore some focus work to drive this is being done with the ward areas that are consistently achieving below this requirement, as this is reflective of a small pocket of areas.



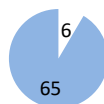
C1.9/C1.10 - Figures will be updated quarterly (next month)



There were four national reports published and reviewed in February, of these reports one raised an area of concern (National prostate Cancer Audit Annual Report 2018). There are now 218 outcomes being reported to TEC from 46 specialities. Of these the majority are green (78%) and only 7% graded red. Emergency readmissions was at 10.8% in December which is just below the average of last 2 years (11%). HSMR remained stable in November well below the national benchmark and crude mortality dropped slightly to 3.7%

Quality Accounts 18/19

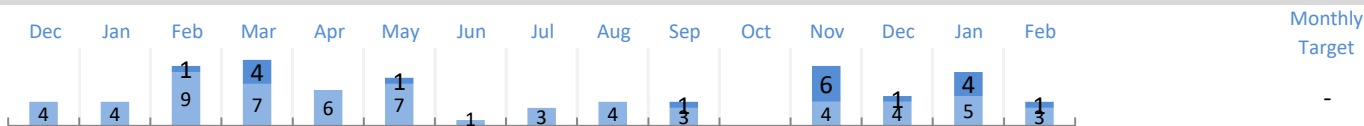
E1.1 Participation in eligible National Audits & NCEPOD* studies



UHS do not participate in the BAUS stress Urinary Incontinence audit as this service sits in Gynae rather than Urology. 3 audits listed on the QA are not undertaking data collection during 18/19 and these are National Clinical Audit of Specialist Rehabilitation for Patients with Complex Needs following Major Injury (NCASRI), National Diabetes Audit – in patient and National Mortality Case Record Review Programme. We are awaiting confirmation as to whether National audit of Intermediate Care (NAIC) is applicable to UHS as it was deemed N/A in 2014

National Reports

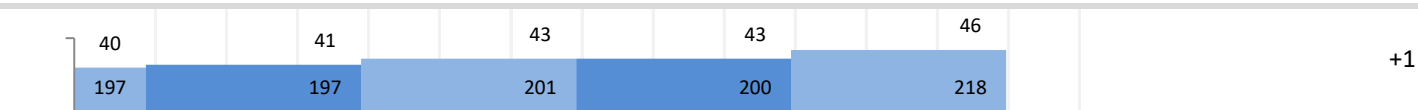
E1.2 Number of recently published National Audit reports (with areas of concern - dark blue)



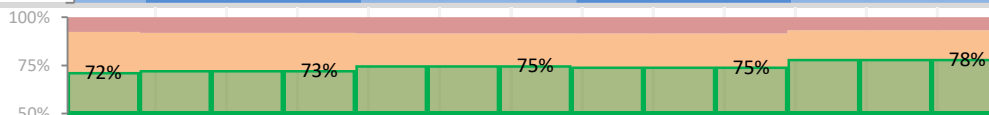
(1) Paediatric Intensive Care Audit Network (PICANet) 2018 Annual Report (2) Seven Day Services Self Assessment Dec 2018, (3) National prostate Cancer Audit Annual Report 2018 (data 01/04/16 - 31/03/17), (4) National Lung Cancer Audit (NCLA) (data surgical operations performed in 2016). Area of concern relates to (1) National prostate Cancer Audit Annual Report 2018 (data 01/04/16 - 31/03/17) concerning GI complication rates for both radical prostatectomy and radical radiotherapy. Lead contacted for verification and action plan.

Outcomes

E1.3 Cumulative Specialities with Outcome Measures Developed

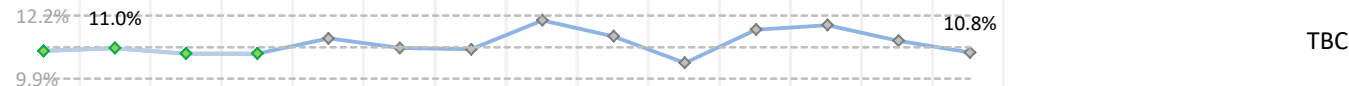


E1.4 Developed Outcomes RAG ratings



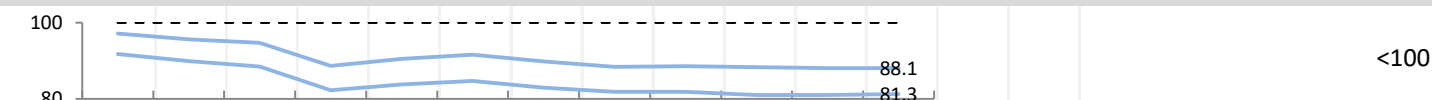
There are now 218 outcomes being reported to TEC from 46 specialities (out of a total of 96 specialities). Out of 218 graded outcomes 78% are green and 7% are graded red. Of those graded as red, these relate to: Emergency surgery - post op assessment by elderly care, Theatres - Compliance with stop points for safety in theatres, Diabetes mealtimes and choice and IV insulin (although the IV insulin was deemed appropriate therefore no risk), Rheumatology – Compliance with NICE Quality Standard relating to referral, Respiratory Medicine – COPD readmission rates and smoking cessation, Ophthalmology routine screening, Pathology - turnaround times for specimen reporting, Pharmacy – Discharge medicines turnaround times, Trauma and Orthopaedics – knee revision rates and major trauma PROMS / consultant on arrival. All areas which have a red outcome have actions in place. Further information can be found in the Q3 18-19 effectiveness report.

E1.5 Emergency Readmissions

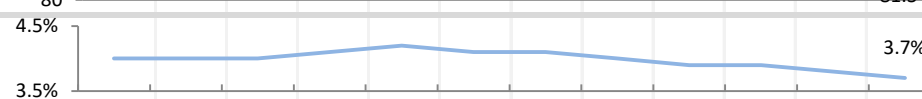


HSMR

E1.6 HSMR - UHS
HSMR - SGH



E1.7 HSMR - Crude Mortality



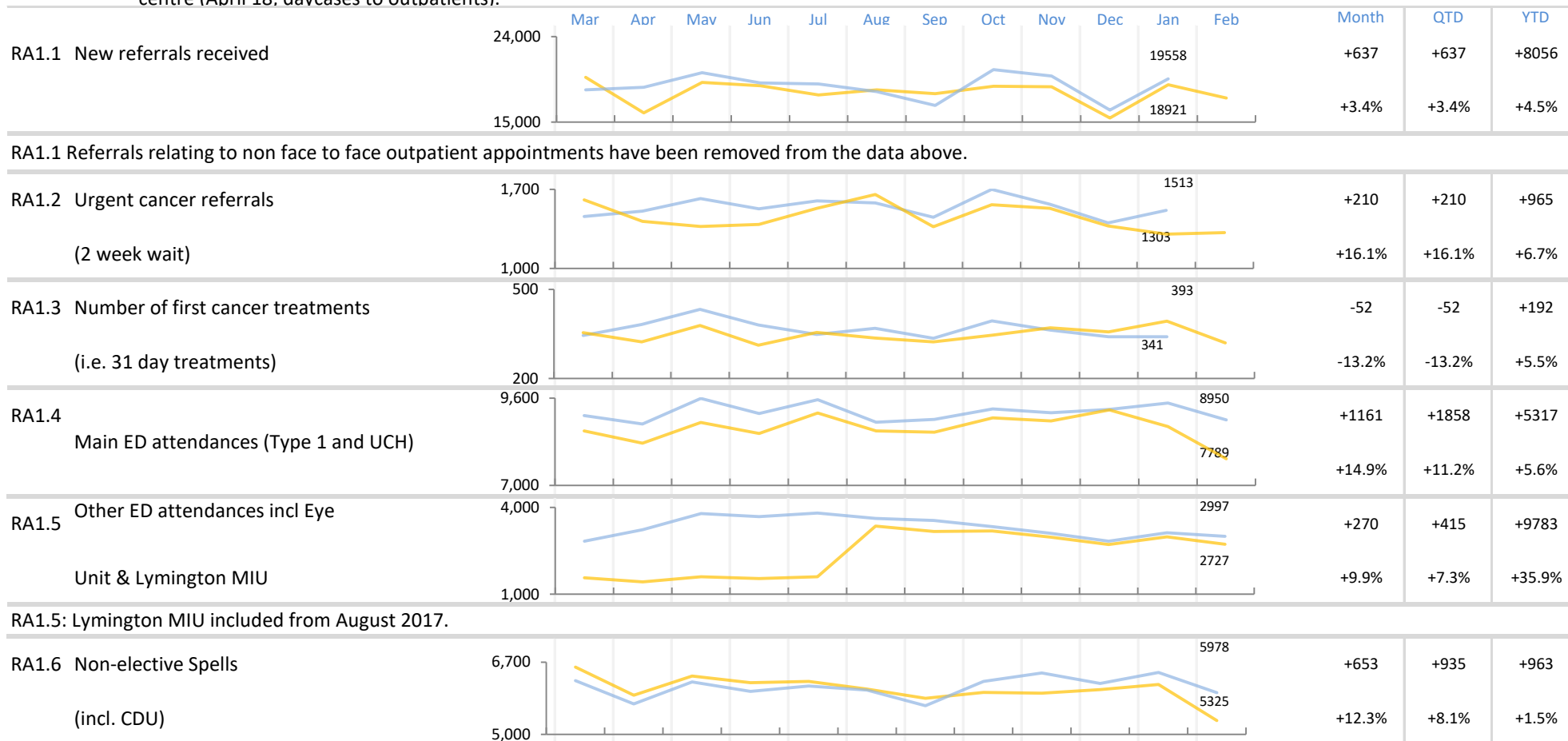
■ Current Data ■ Benchmark
■ Previous Year ■ Target

HSMR performance remains low due to continued low values from several specialties and an improvement in performance from previously higher specialties, e.g. Neurology and General Medicine.



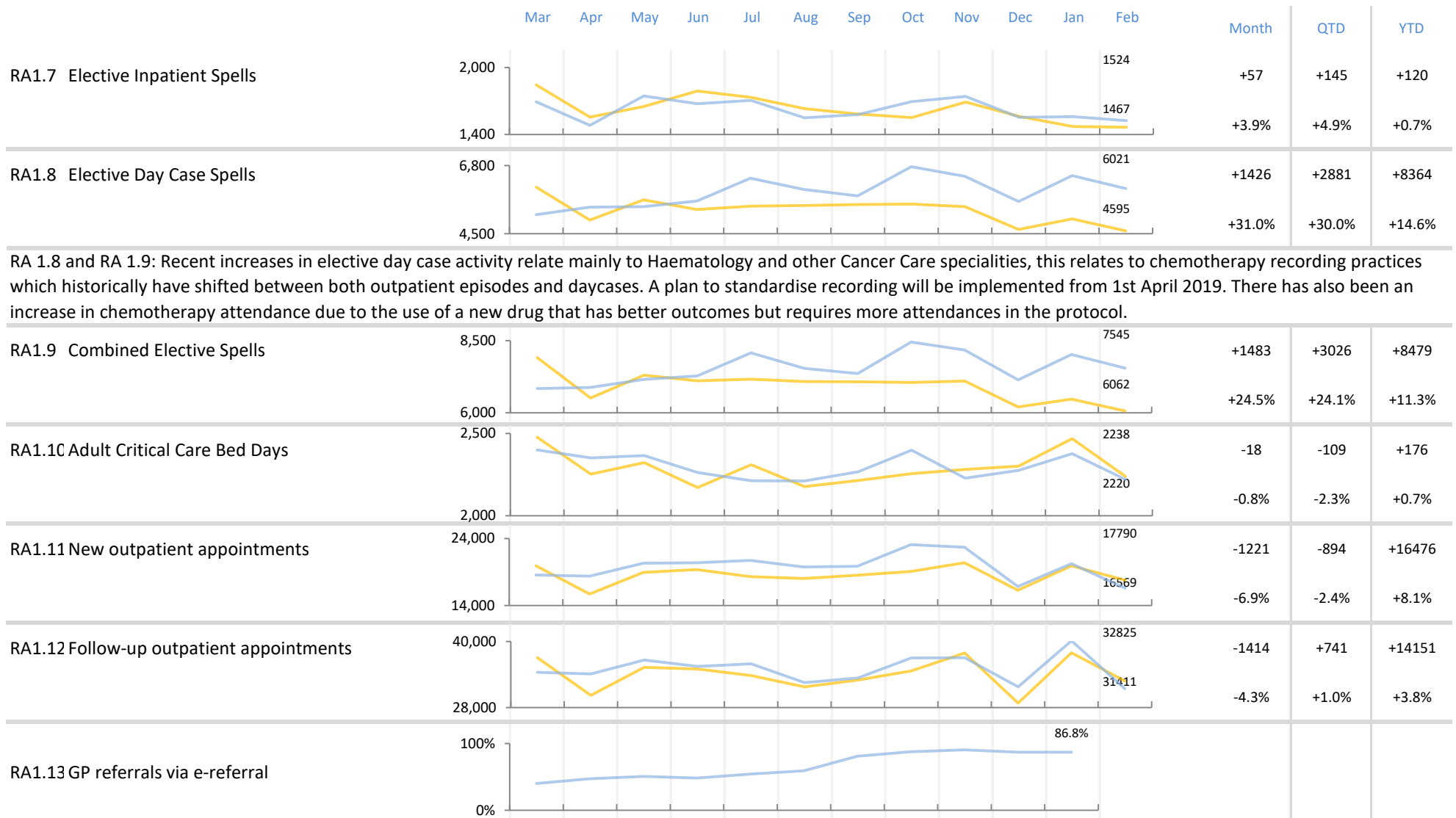
Red

New referrals received are following expected seasonal variation but continue to be higher than 18/19 in the month, quarter and year to date. New urgent cancer referrals in January did not decrease as seen last year instead are showing a 16% increase in the month. Main ED attendances remain exceptionally high in February compared to previous years. This is contrary to the normal seasonal trend which sees a reduction in the volume but not complexity of attendances, paediatric attendances have increased the most, but other streams also have increased compared to 17/18. There have been a number of changes year on year in services provided and how services are recorded that make year on year comparison difficult, this includes the Lymington surgical services and outpatients (up from August 17, impacts electives and outpatients), the change in recording CDU chairs (down from September 17, impacts on non electives), the recording of the respiratory centre (April 18, daycases to outpatients).



■ Current Data ■ Benchmark
■ Previous Year ■ Target





RA1.6: Operational practice change in counting and coding means that patients who move from ED to the CDU chair area only (not passing through CDU ward areas), are no longer being counted or billed as non-elective spells, resulting in a reduction in approx. 400 spells a month from August 17.



March 2019



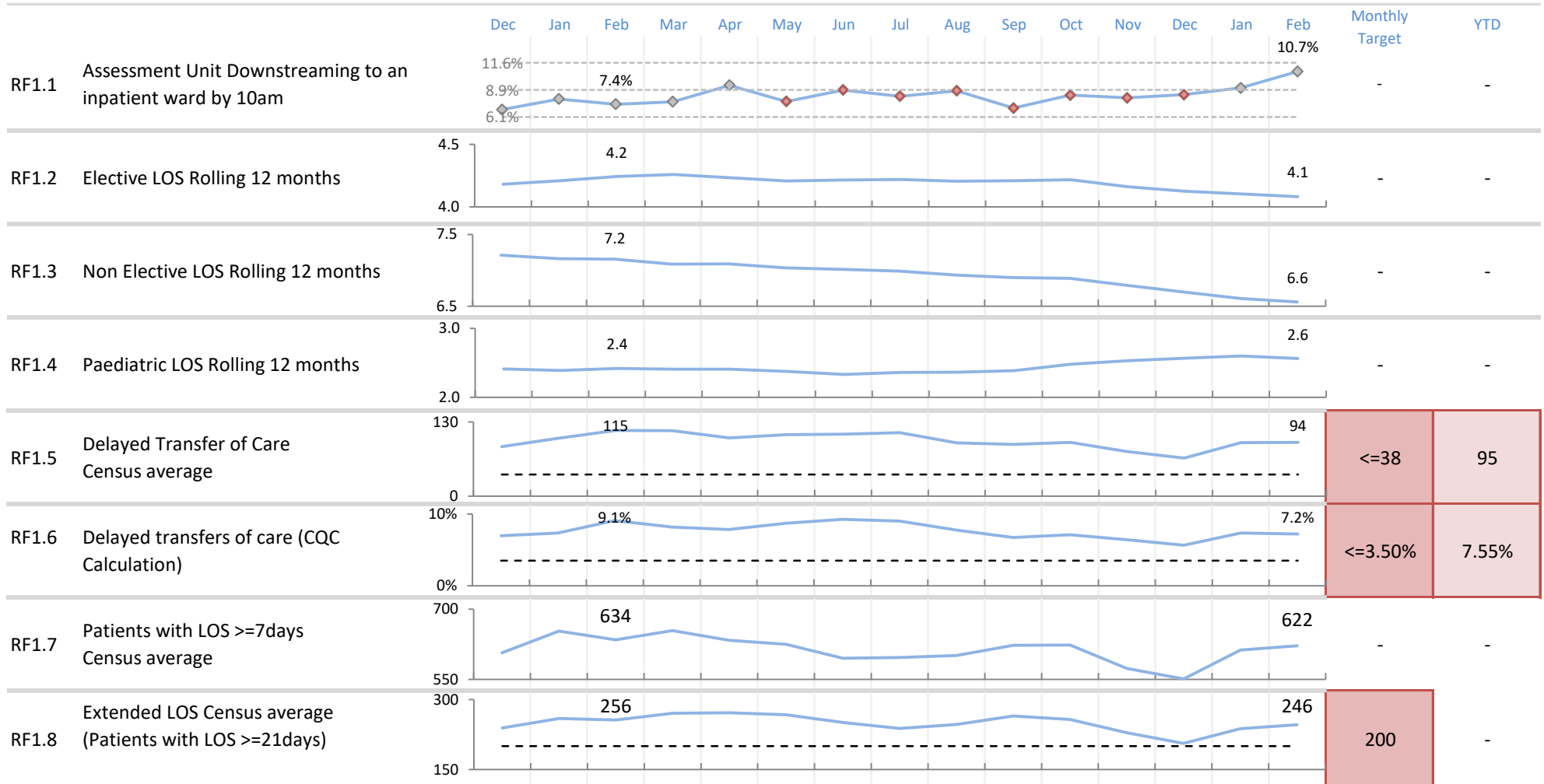
Activity

 Current Data  Benchmark
 Previous Year  Target



Amber

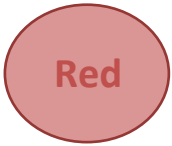
The average number of Delayed Transfers of Care in the Trust in February remained at 94. The number of patients who have been in hospital for greater than or equal to 7 days / 21 days also increased yet remained lower than February 2018 by 2% and 4% respectively.



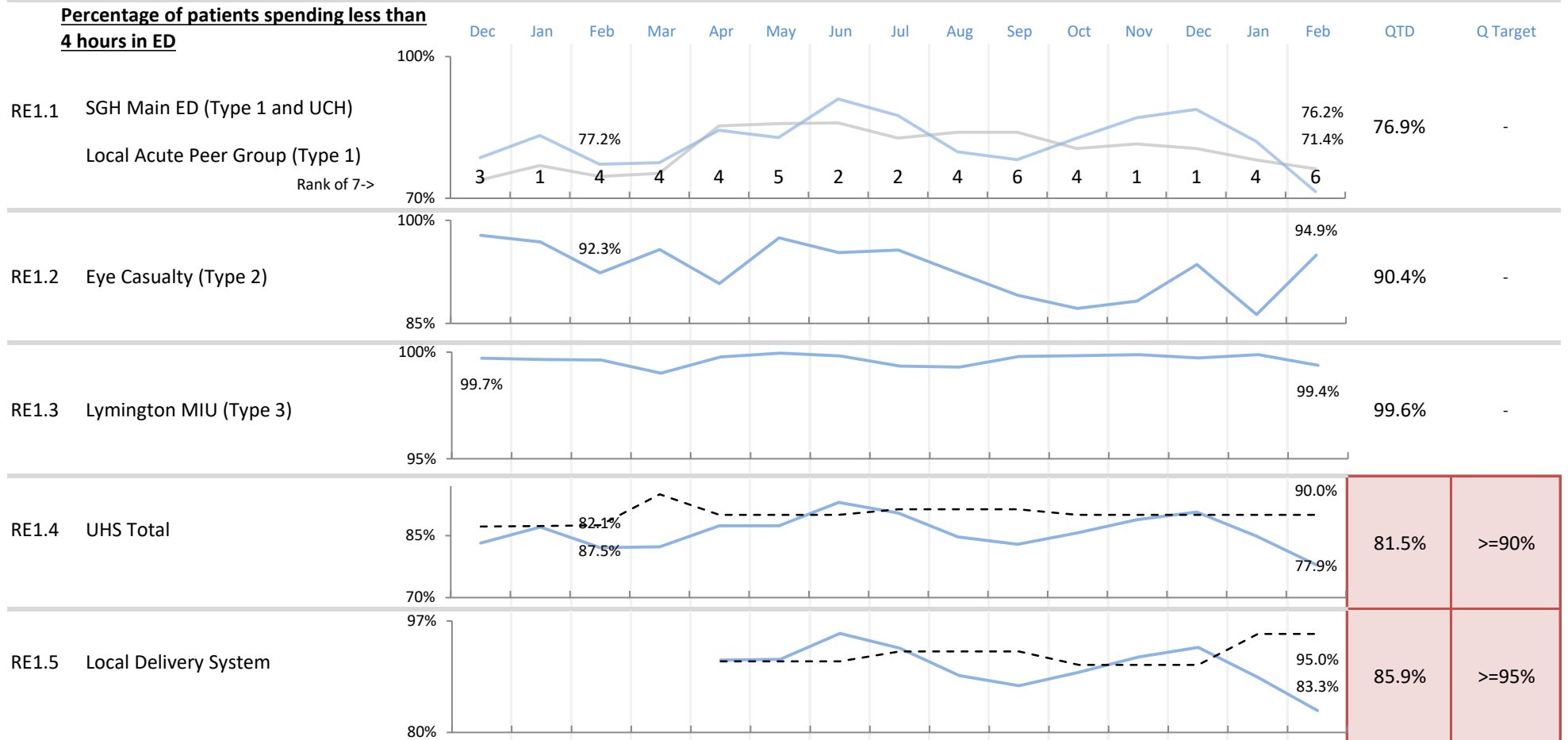
■ Current Data ■ Benchmark
■ Previous Year ■ Target



■ Current Data ■ Benchmark
■ Previous Year ■ Target



Main ED (Type 1) performance reduced in February to 71.4%, compared to UHS February 2018 77.2%, and were 4.8% below the average of our local peer group. This performance was impacted by ED attendances significantly exceeding volumes in previous years and the onset of winter pressures in the inpatient service.



UHS Total (RE1.4) includes SGH all types and lymington. Local Delivery System (RE1.5) is UHS Total and Southampton Treatment Centre (RSH MIU).

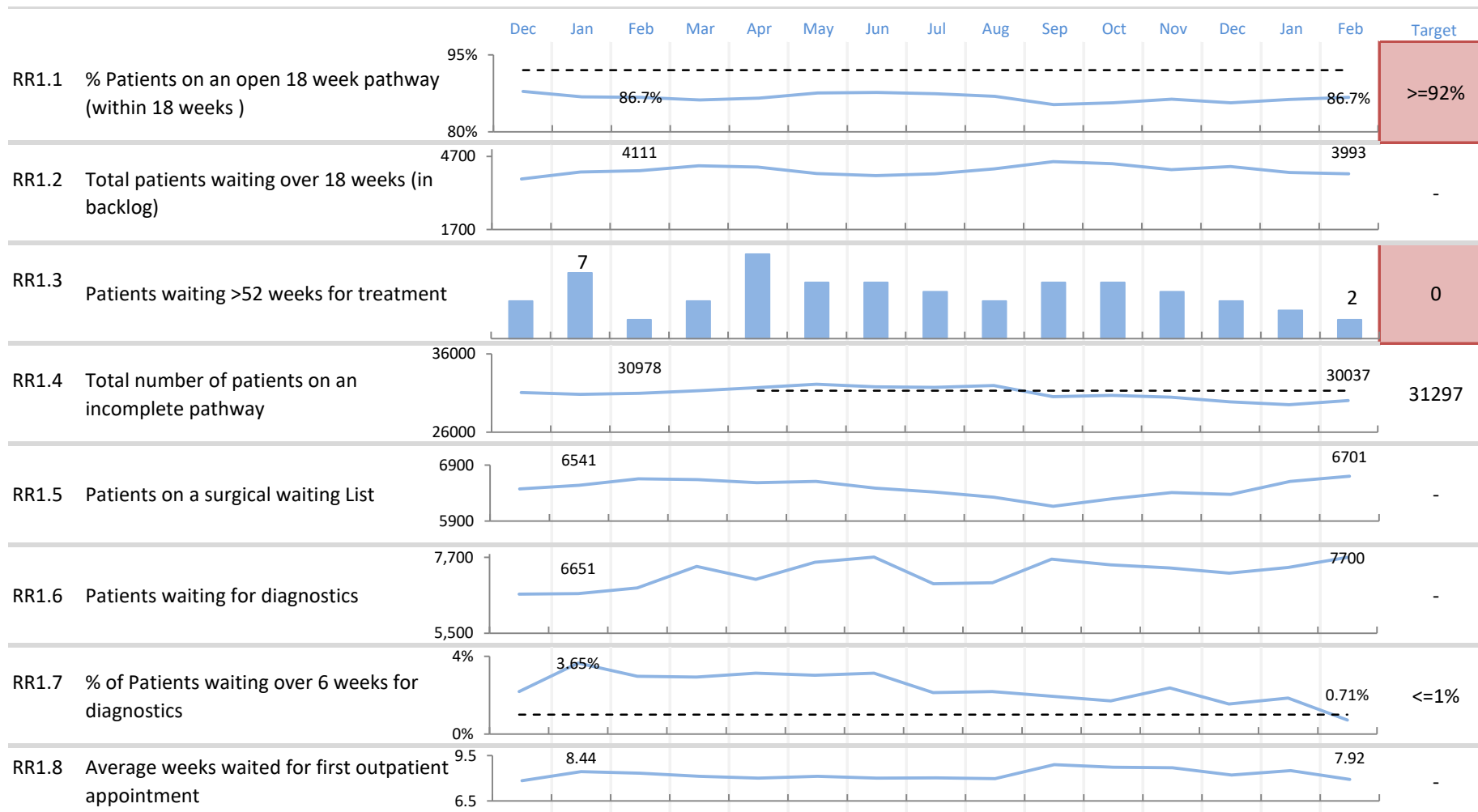




■ Current Data ■ Benchmark
■ Previous Year ■ Target

Amber

Both RTT and diagnostic performance improved again in February. The trend of patients waiting greater than 52 weeks continues downwards and the patients waiting at the end of February have now been treated. Diagnostic performance also improved and achieved the target in February. Pleading to see Average weeks waited for first outpatient appointment continues to reduce.

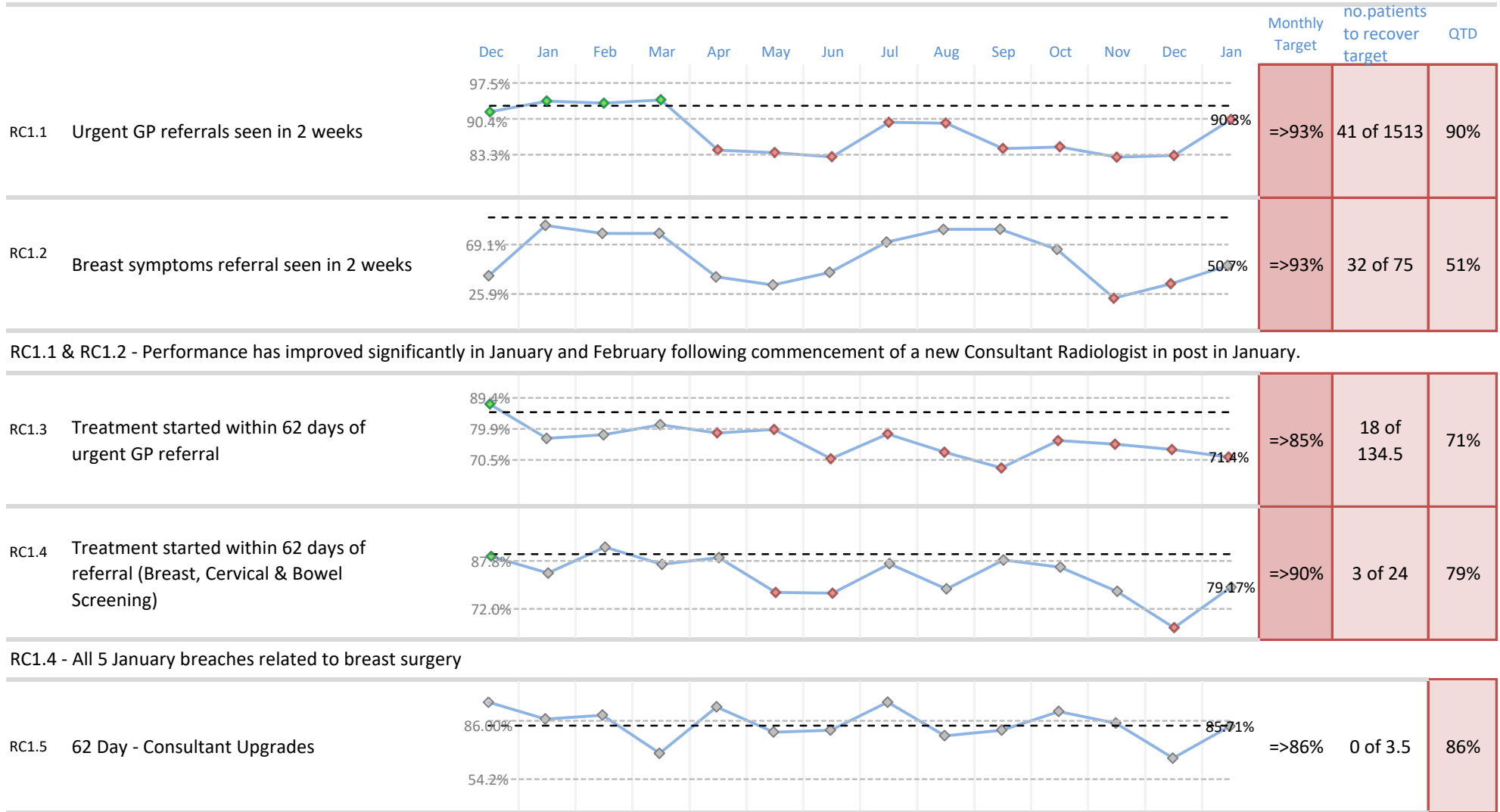


■ Current Data ■ Benchmark
■ Previous Year ■ Target

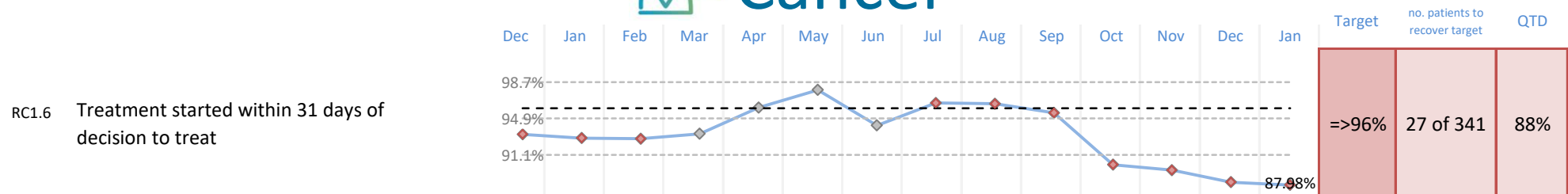


Red

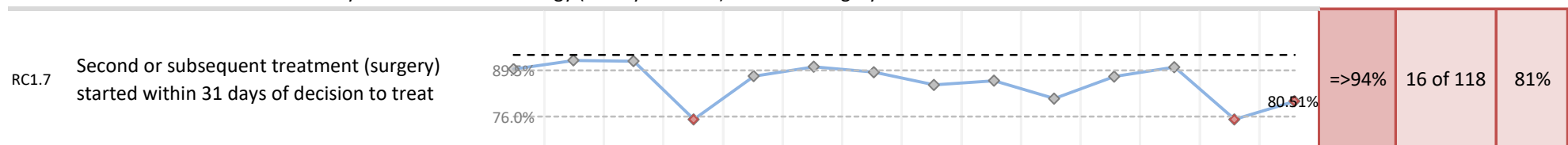
Cancer performance is currently rated red as we are not achieving a number of measures. Recovery of the Treatment started within 62 days of urgent GP referral wait, is likely to be slow and significant challenges are being experienced linked to significant growth in referrals and the number of additional cancers being treated (192 year to date). Improving trends in waiting times for initial appointment, waiting times for radiology and patients waiting for treatment are encouraging.



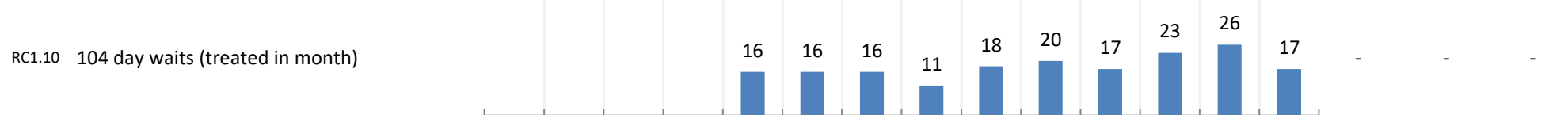
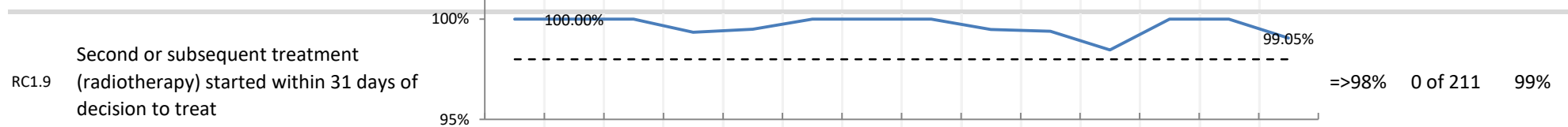
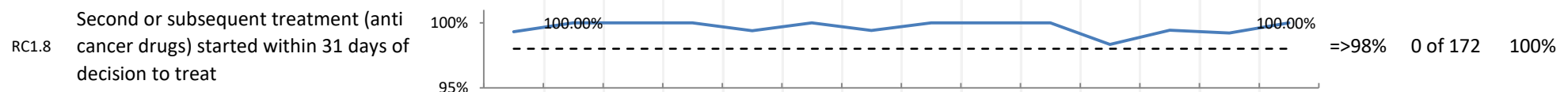
■ Current Data ■ Benchmark
■ Previous Year ■ Target



RC1.6 Half of the 41 breaches in January related to either Urology (mainly Prostate) or Breast Surgery



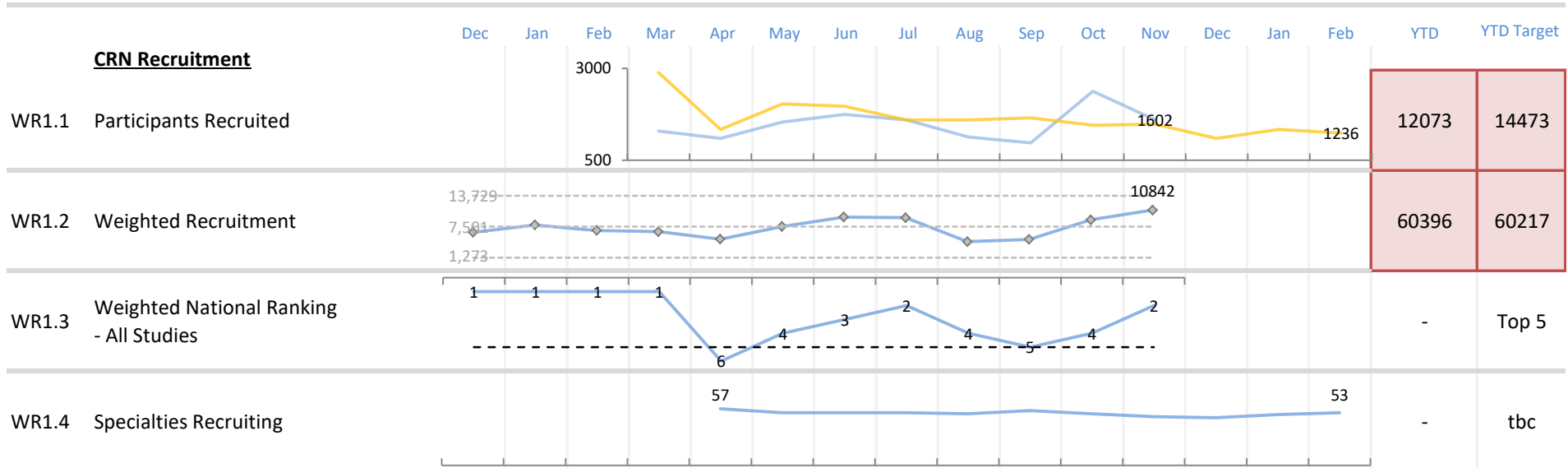
RC1.7 - Approximately 2/3 of the breached pathways in January were for skin surgery, and the remaining pathways were for prostate surgery



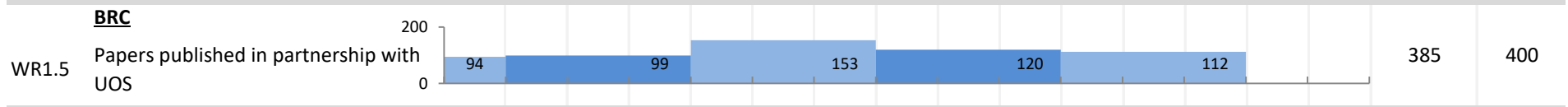
Principal reasons impacting RC1.10 are prostate surgery (same as RC1.3 & RC1.7), also late referrals of patients referred from other trusts and extended waits due to patient choice.



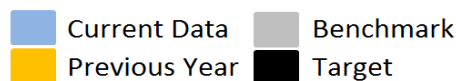
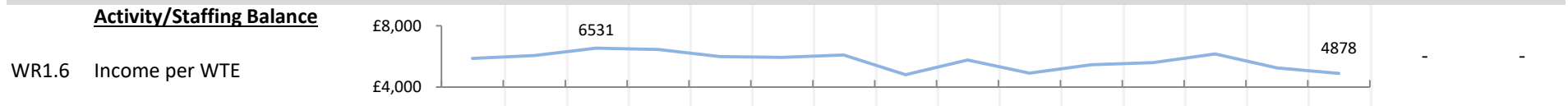
Research and Development has been rated Amber this month. October recruitment benefitted from activity on a high recruiting meningitis prevention study. Whilst recruitment to this study has ended recruitment projections to year end are satisfactory. Complexity (weighted) performance is also satisfactory with UHS ranked 2nd in the UK for a number of consecutive months.



The number of research active UHS specialties has been introduced as a new metric this year in response to implementing the new research strategy and the aim for all specialties to be research active. Having identified whether a specialty is research active or not, we are now trying to understand levels of activity in relation to size of department for this to be more meaningful.



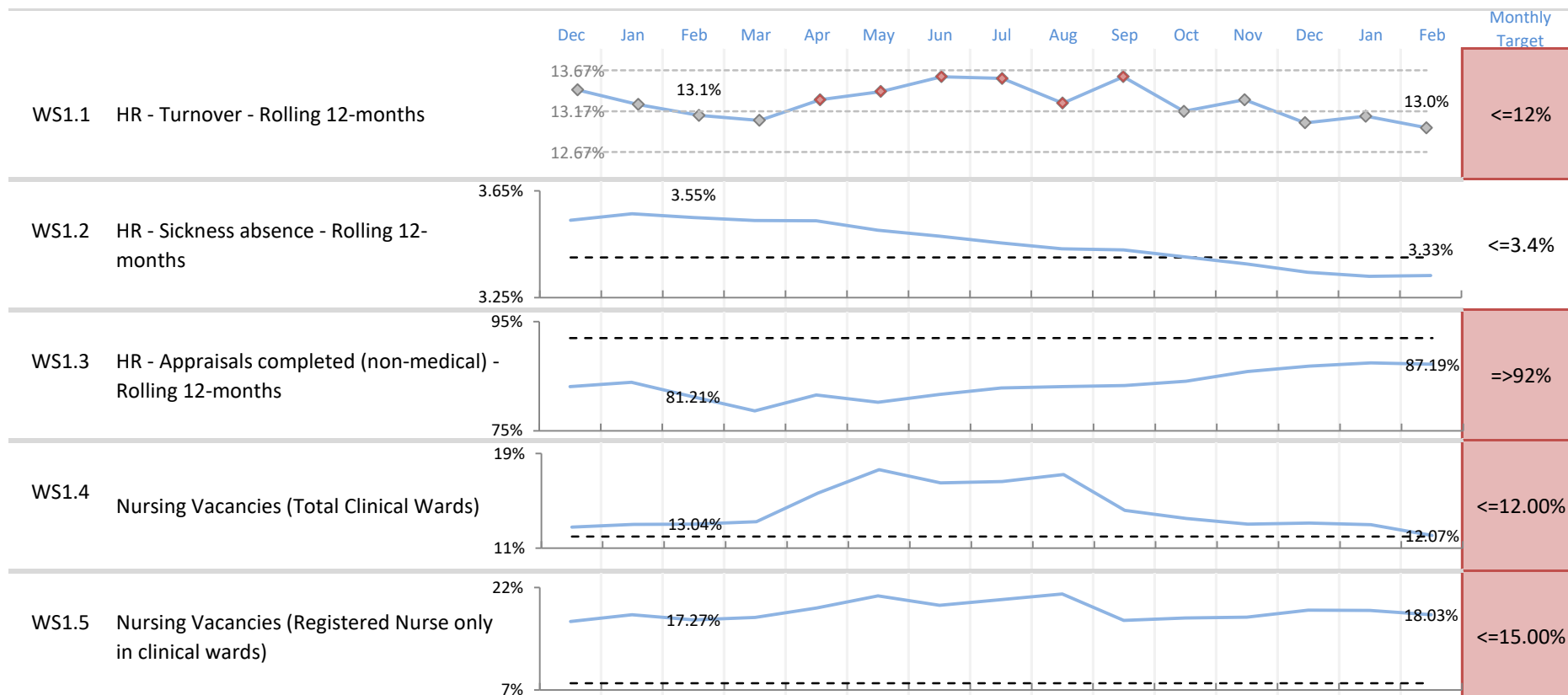
Number of BRC papers published are in line with expectations and more detailed analysis is informing the next BRC bid preparations.





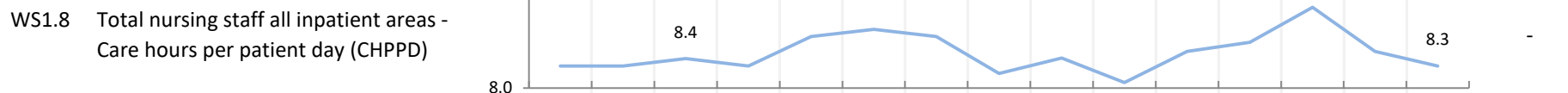
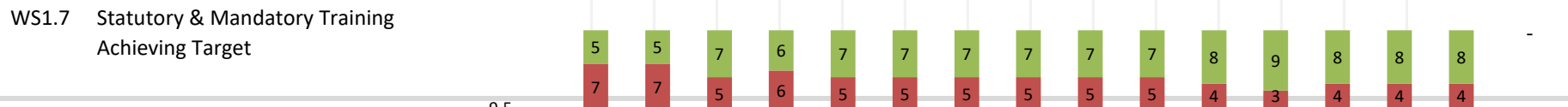
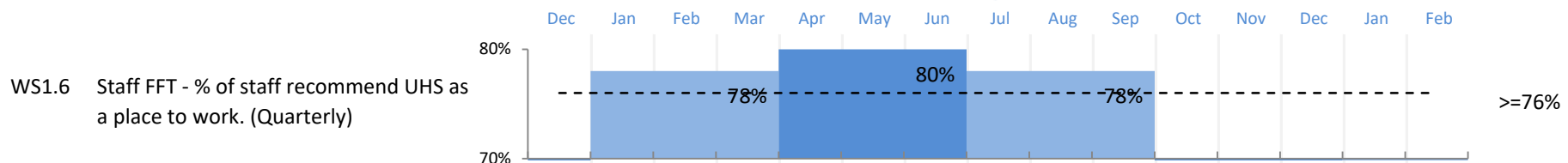
Amber

Staffing remains amber overall because some key targets have been missed including those for turnover, non-medical appraisal completion, total nursing and registered nurse vacancy rates. However, UHS has seen improvements in the following: sickness absence (which has never been lower), turnover (the lowest rate since November 2017), decreases in total nursing and registered nurse vacancy rates and percentage of BME staff at Band 7+ (the highest rate it has been). CHPPD is within normal range this month as expected, after seasonal effects in January and it reflects high patient numbers.

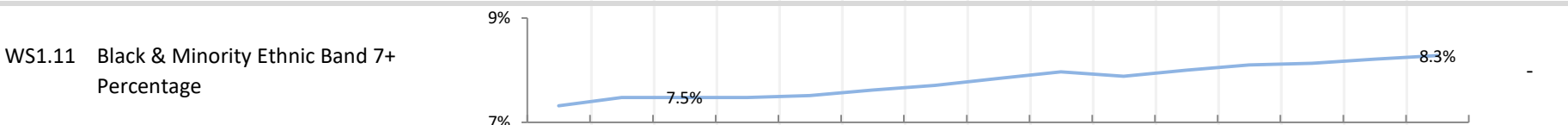
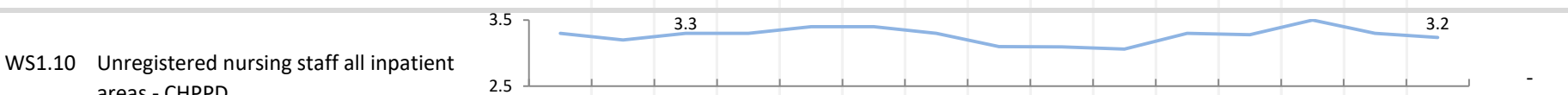
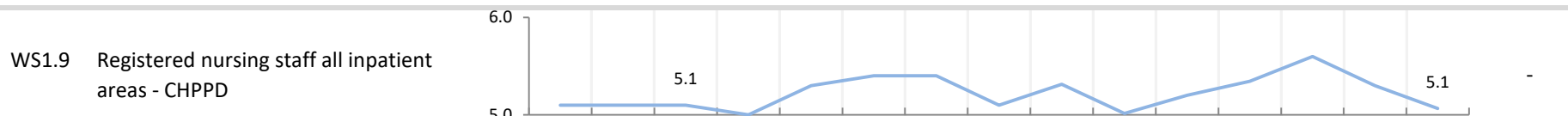


WS1.4/1.5 In UHS clinical areas, there has been a decrease in total nursing staff vacancies by 0.93% since last month and 0.97% since Feb 2018, due to over recruitment of unregistered staff (an extra 17 staff in post) and successful overseas recruitment (13 extra staff in post). Since last month, registered nurse vacancies have improved (decreased by 0.64%), however rates have increased by 0.76% since February 2018.

■ Current Data ■ Benchmark
■ Previous Year ■ Target



WS1.8 The CHPPD for ward based areas in the Trust has decreased from last month to RN 3.7 (previously 3.8) HCA 3.3 (previously 3.3) overall 7.0 (previously 7.2).



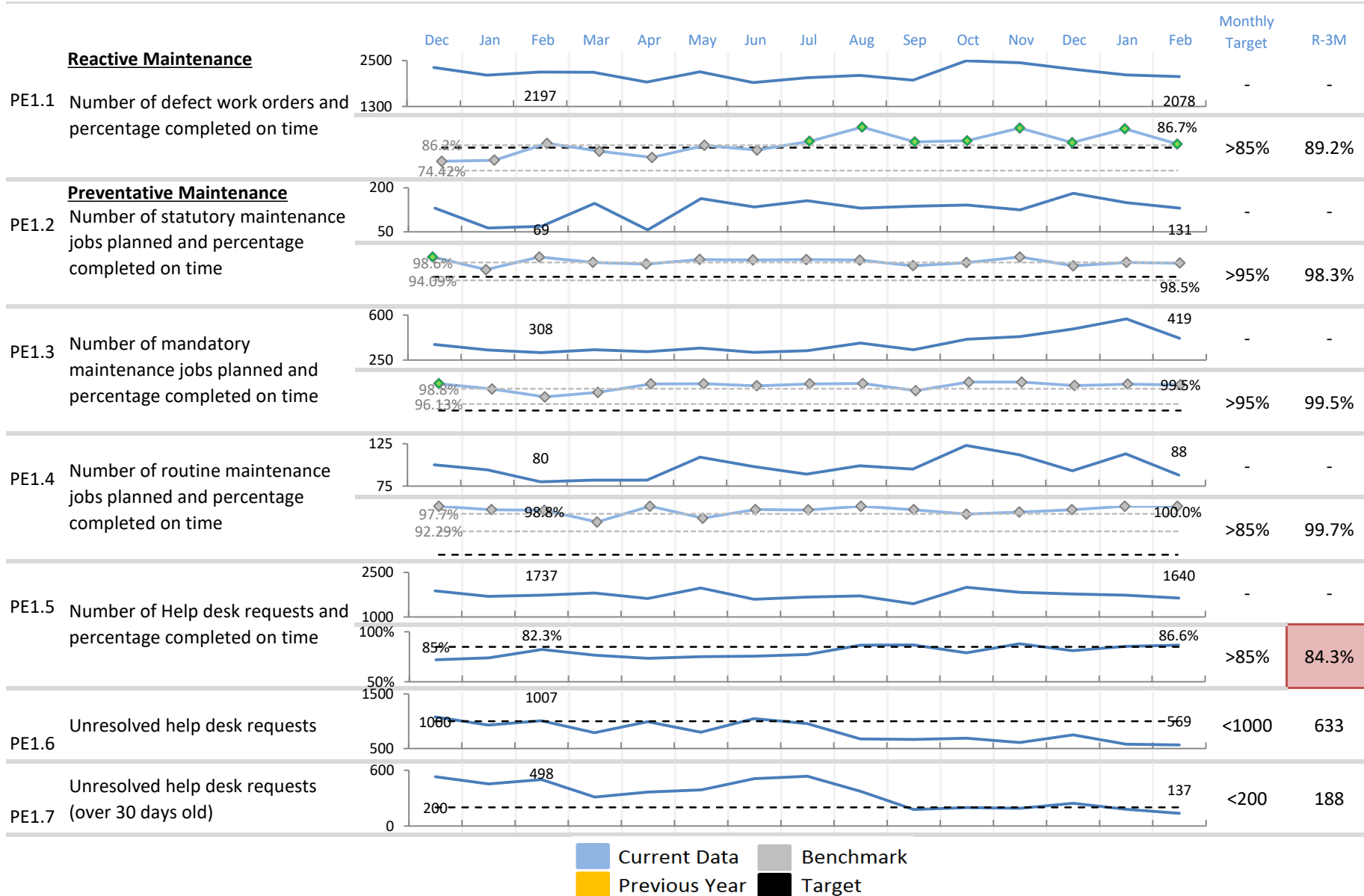
WS1.11 UHS has a target of 15% Band 7+ BME staff by 2023.



■ Current Data ■ Benchmark
■ Previous Year ■ Target

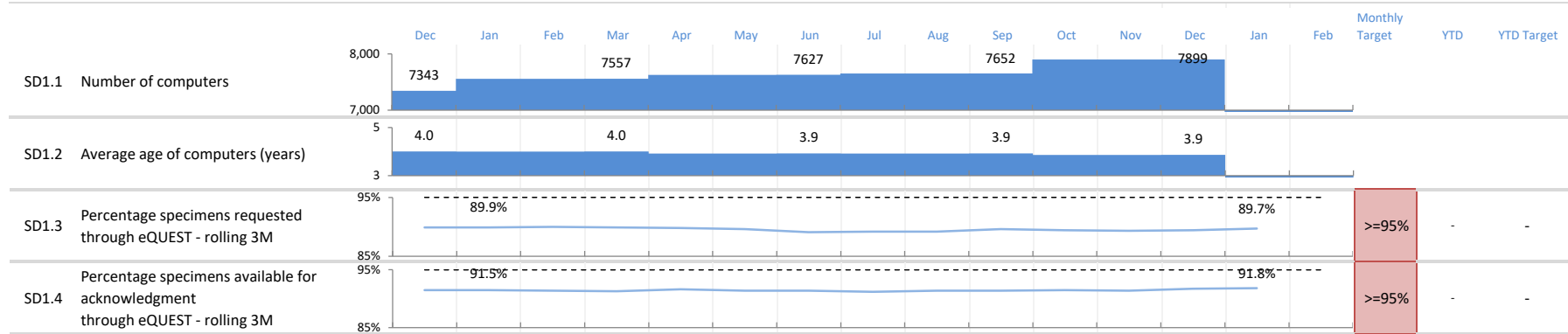


Estates has been rated green this month as we are meeting all targets in February. The target missed on a 3 month rolling average is for percentage of help desk requests completed on time.

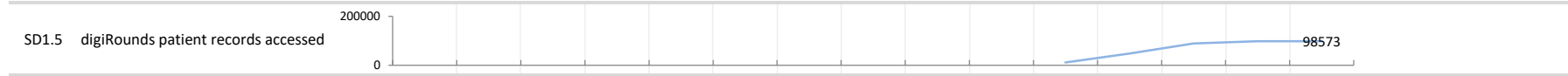




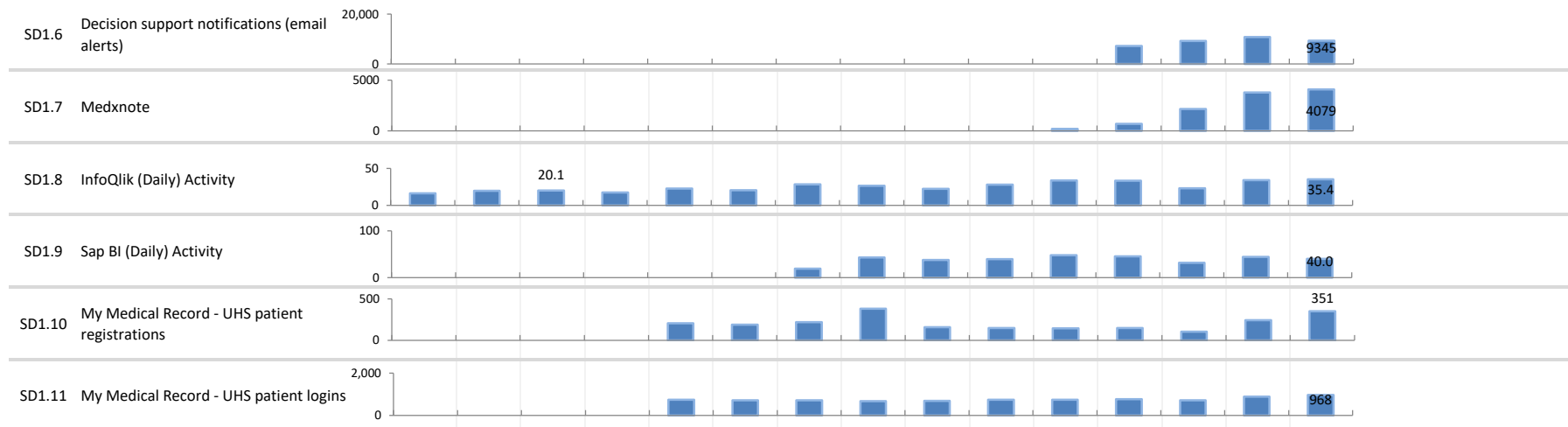
DigiRounds has demonstrated both time saving in reviewing the patient record during ward rounds, but also the quality of the review that is carried out, as clinicians are able to easily see all the significant elements of the record. It saves junior doctors time in preparing information for consultants (transcribing relevant results etc) prior to the ward round. Records accessed using DigiRounds increased to 98,573 in February. Also in February the number of alerts sent using Medxnote increased again to 4079.



Release 29 of CHARTS goes live on 23rd January 2019. This includes enhancements to histopathology requesting from the Endoscopy Unit and should result in an increase in both requesting and acknowledgment - this will first appear in the April 2019 data extracts.



eQuest Results Alerts Sent



■ Current Data ■ Benchmark
■ Previous Year ■ Target

- Improvements made to the processes for managing complaints have driven significantly better performance in the timeliness of responses. For January and February, the trust closed 82% of complaints within 35 working days, with an average response time of 30 working days. This is a significant improvement from Q3 where the trust closed just 42% of complaints in the timeframe, with an average response time of 38 working days.
- The complaints quality improvement work continues to deliver benefits for patients. The trust has slightly increased the % of complaints being managed informally to 44% of the overall number received (compared to 42% this time last year). There is a plan to return to clearly distinguishing between the PALS function and formal complaints process, and this will likely improve this further and offer patients and families greater access to support in getting early resolution to their concerns.
- Good progress is being made in improving how the trust supports patients and carers with disabilities through compliance with the Accessible Information Standard. A flag is now available in ECAMIS, which pulls through into other systems, to alert staff that a patient has information and / or communication support needs. There is also a Staffnet resource to guide staff in how to meet needs. The Experience of Care team are currently working on a number of projects to enable needs to be identified and recorded on the system, while project teams on E2 ward and Princess Anne Outpatients work on embedding and testing the processes and resources.
- Patient feedback remains generally high, although with more local variation in FFT feedback scores. Response rates have declined generally, with a significant factor being survey fatigue experienced by both patients and staff. While the FFT remains mandatory, it is often too generic to gain a sense of local ownership. With a new survey contract, the FFT will be augmented with more locally-relevant questions to better empower staff to use feedback to identify improvements, and this sense of ownership will drive better staff engagement and improve responses. Low recommend scores in ED are due to extremely low response rates.
- A review of the trust's provision of interpreting services is underway, with the aim of ensuring that patient needs are being met effectively and that the trust is receiving value for money. Part of this work is looking at the variability of interpreting provision across the trust, identifying areas for piloting efficiency improvement projects. There is a lack of data on how the impact of poor provision of interpreters (as well as other communication support) affects attendance rates, involvement in care, and overall experience- and this review will look at capturing some of this information.
- The number of people applying to volunteer increased in Q3 to 98 (from 57 in Q2). Overall for the year to date, the trust has had 242 applications with 115 of these starting and a number of applications still being processed. Retention of volunteers continues to be an issue, with too many new volunteers still leaving within the first 6 months. The team is reviewing its support and supervision processes, but with 824 active volunteers, it remains an ongoing challenge.
- The trust successfully bid for funding from the Pears Foundation to develop and grow a youth volunteering programme. The funding will be for two years and will pay for a project worker to lead on collaboration with local schools and colleges to provide short to medium term placements for young volunteers (16-18).
- The trust welcomed the first cohort of employee volunteers from the local NHS England team in March. NHSE staff are able to take up to five days each year in order to volunteer within their local community and the trust has agreed a pilot with NHSE to test out new volunteer roles with the group to assess feasibility and value. This includes getting qualitative feedback from patients and carers, a new role in AMU, and supporting the pharmacy team.

		Indicator	Target	Q1	Q2	Q3	Q4*	Jan	Feb
Complaints	Complaints received		n/a	124	120	109	74	32	42
	Complex concerns received		n/a	88	91	110	42	24	19
	Complaints closed within 35 days	= > 66%		64%	59%	42%	82%	81%	78%
	Average working day to close	< = 35		35	33	38	30	31	30
PALS	PALS contacts		n/a	432	532	668	599	324	275
Friends & Family Test	Inpatient positive score	= > 95%		97%	97%	96%	97%		
	Outpatient positive score	= > 95%		95%	96%	96%	93%		
	Maternity positive score	= > 95%		99%	97%	90%	NA		
	ED positive score	= > 95%		94%	96%	85%	71%		
Volunteers	Applications received		n/a	87	57	98	NA		
	New starters		n/a	57	28	30	NA		

* Data is provisional and for the quarter to date. NA denotes data not yet available.

Nursing and midwifery staffing hours - February 2019

Report notes

Our staffing levels are monitored daily and we will risk assess and fill any gaps to ensure that safe staffing levels are always maintained

The total hours planned is our planned staffing levels to deliver care across all of our areas but does not represent a baseline safe staffing level. We plan for an average of one registered nurse to every five or seven patients in most of our areas but this can change as we regularly review the care requirements of our patients and adjust our staffing accordingly.

Staffing on intensive care and high dependency units is always adjusted depending on the number of patients being cared for and the level of support they require. Therefore the numbers will fluctuate considerably across the month when compared against our planned numbers.

Enhanced Care (also known as Specialling)

Occurs when patients in an area require more focused care than we would normally expect. In these cases extra, unplanned staff are assigned to support a ward. If enhanced care is required the ward may show as being over filled.

If a ward has an unplanned increase or decrease in bed availability the ward may show as being under or over filled, even though it remains safely and appropriately staffed.

CHPPD

(Care Hours Per Patient Day) is a measure which shows on average how many hours of care time each patient receives on a ward /department during a 24 hour period - this will vary across wards and departments based on the specialty, interventions, acuity and dependency levels of the patients being cared for.

The maternity workforce consists of teams of midwives who work both within the hospital and in the community offering an integrated service and are able to respond to women wherever they choose to give birth. This means that our ward staffing and hospital birth environments have a core group of staff but the numbers of actual midwives caring for women increases responsively during a 24 hour period depending on the number of women requiring care.

WARD		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	Comments
C4 (Solent ward)	Day	1303.5	1230.8	915.0	1281.3	94.4%	140.0%	Safe staffing levels maintained; Support workers used to maintain staffing numbers.
C4 (Solent ward)	Night	975.5	910.8	644.0	829.0	93.4%	128.7%	Safe staffing levels maintained; Support workers used to maintain staffing numbers.
C6	Day	2572.1	2267.3	174.5	209.5	88.1%	120.1%	Support workers used to maintain staffing numbers.
C6	Night	1850.0	1740.5	0.0	99.5	94.1%	Shift N/A	Safe staffing levels maintained.
C6 (Teenage Cancer Trust unit)	Day	645.0	661.3	332.2	166.2	102.5%	50.0%	Safe staffing levels maintained; Staffing appropriate for number of patients.
C6 (Teenage Cancer Trust unit)	Night	610.8	513.0	0.0	79.0	84.0%	Shift N/A	Staffing appropriate for number of patients; Staff moved to support other wards.
D2	Day	1196.0	1184.8	1055.5	1136.4	99.1%	107.7%	Safe staffing levels maintained.
D2	Night	943.0	943.8	770.5	816.5	100.1%	106.0%	Safe staffing levels maintained.
D3	Day	1507.9	1325.9	731.5	799.0	87.9%	109.2%	Safe staffing levels maintained.
D3	Night	944.8	932.4	641.3	798.8	98.7%	124.6%	Safe staffing levels maintained.
Surgical high dependency unit	Day	1962.1	1865.4	312.4	374.7	95.1%	119.9%	Safe staffing levels maintained.
Surgical high dependency unit	Night	1843.2	1831.7	322.0	321.0	99.4%	99.7%	Safe staffing levels maintained.

Cardiac intensive care unit	Day	4911.3	4309.8	1123.8	607.8	87.8%	54.1%	Beds flexed to match staffing; Safe staffing levels maintained.
Cardiac intensive care unit	Night	4752.0	3986.0	794.3	472.5	83.9%	59.5%	Beds flexed to match staffing; Safe staffing levels maintained.
General intensive care unit A	Day	4116.4	3757.0	890.5	722.9	91.3%	81.2%	Beds flexed to match staffing; Safe staffing levels maintained.
General intensive care unit A	Night	3848.5	3793.5	644.0	453.5	98.6%	70.4%	Beds flexed to match staffing; Safe staffing levels maintained.
General intensive care unit B	Day	3657.1	3438.1	507.8	373.6	94.0%	73.6%	Beds flexed to match staffing; Safe staffing levels maintained.
General intensive care unit B	Night	3526.0	3140.0	322.0	274.5	89.1%	85.2%	Beds flexed to match staffing; Safe staffing levels maintained.
Neuro intensive care unit	Day	4334.7	4218.1	694.3	510.0	97.3%	73.5%	Beds flexed to match staffing; Safe staffing levels maintained.
Neuro intensive care unit	Night	3836.5	3649.5	587.0	545.0	95.1%	92.8%	Beds flexed to match staffing; Safe staffing levels maintained.
E5A	Day	1151.2	904.2	615.4	707.0	78.5%	114.9%	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
E5A	Night	645.0	587.0	322.0	472.5	91.0%	146.7%	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
E5B	Day	1274.0	1117.0	727.5	724.0	87.7%	99.5%	Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
E5B	Night	639.0	622.5	322.0	398.2	97.4%	123.7%	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
E8	Day	1961.3	1356.9	1496.0	1592.6	69.2%	106.5%	Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
E8	Night	961.0	978.3	860.0	1208.4	101.8%	140.5%	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
F11	Day	1914.6	1236.9	726.2	629.6	64.6%	86.7%	Staff moved to support other wards; Band 4 staff working to support registered nurse numbers.
F11	Night	966.0	814.0	322.0	587.5	84.3%	182.4%	Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers. Additional staff used for enhanced care - Support workers.
F6	Day	2016.5	1535.9	620.9	962.5	76.2%	155.0%	Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
F6	Night	966.5	887.0	644.0	736.5	91.8%	114.4%	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F5	Day	1821.0	1172.9	876.4	1415.2	64.4%	161.5%	Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
F5	Night	966.0	828.0	644.0	1068.0	85.7%	165.8%	Support workers used to maintain staffing numbers; Additional staff used for enhanced care - Support workers.
Acute medical unit	Day	3826.1	3750.9	3032.7	3772.3	98.0%	124.4%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
Acute medical unit	Night	3202.5	2871.3	1808.5	2468.3	89.7%	136.5%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
D5	Day	1621.6	1027.5	957.0	1250.1	63.4%	130.6%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
D5	Night	972.6	794.5	524.0	1077.0	81.7%	205.5%	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained. Additional staff used for enhanced care - Support workers.
D6	Day	1079.3	987.0	1451.7	1373.0	91.5%	94.6%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
D6	Night	667.3	668.8	690.5	777.0	100.2%	112.5%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
D7	Day	841.7	816.7	949.3	1030.3	97.0%	108.5%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
D7	Night	645.0	634.0	300.0	323.0	98.3%	107.7%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.

D8	Day	1433.4	1137.0	1109.8	1010.6	79.3%	91.1%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
D8	Night	966.0	781.6	659.5	811.5	80.9%	123.1%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
D9	Day	1385.6	1055.3	1139.0	1398.7	76.2%	122.8%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
D9	Night	967.0	751.5	624.8	1141.1	77.7%	182.6%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers.
E7	Day	1422.3	938.5	723.5	1286.8	66.0%	177.9%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
E7	Night	644.0	680.3	644.0	969.3	105.6%	150.5%	Safe staffing levels maintained.additional beds opened in month
Respiratory high dependency unit	Day	2159.1	1218.3	300.5	560.3	56.4%	186.4%	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards; Safe staffing levels maintained.
Respiratory high dependency unit	Night	1931.8	1044.8	322.0	448.0	54.1%	139.1%	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards; Safe staffing levels maintained.
C5	Day	969.5	828.1	675.4	583.4	85.4%	86.4%	Safe staffing levels maintained.
C5	Night	644.0	609.5	322.0	465.2	94.6%	144.5%	Support workers used to maintain staffing numbers; Additional staff used for enhanced care - Support workers; Safe staffing levels maintained.
D10	Day	1373.0	1027.5	947.8	1140.5	74.8%	120.3%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
D10	Night	644.0	1049.6	965.5	583.0	163.0%	60.4%	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
F7	Day	661.7	683.7	1202.8	1036.8	103.3%	86.2%	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
F7	Night	609.2	690.9	645.0	584.8	113.4%	90.7%	Staffing appropriate for number of patients.
G5	Day	966.5	962.5	1653.3	1490.3	99.6%	90.1%	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
G5	Night	644.0	633.0	638.0	902.5	98.3%	141.5%	Support workers used to maintain staffing numbers.
G6	Day	982.9	981.7	1675.9	1567.7	99.9%	93.5%	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G6	Night	645.0	634.5	966.0	954.5	98.4%	98.8%	Support workers used to maintain staffing numbers.
G7	Day	665.5	624.1	1336.2	1250.8	93.8%	93.6%	Patient requiring 24 hour 1:1 nursing in the month; Staffing plan set higher than national standards; Band 4 staff working to support registered nurse numbers.
G7	Night	644.0	643.5	966.0	977.5	99.9%	101.2%	Patient requiring 24 hour 1:1 nursing in the month; Staffing plan set higher than national standards.
G8	Day	981.6	955.6	1609.9	1438.7	97.4%	89.4%	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G8	Night	644.0	637.5	966.0	874.0	99.0%	90.5%	Support workers used to maintain staffing numbers.
G9	Day	989.1	962.6	1634.9	1445.5	97.3%	88.4%	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G9	Night	644.0	646.0	966.0	967.0	100.3%	100.1%	Support workers used to maintain staffing numbers.
Paediatric high dependency unit	Day	1436.3	1164.2	0.0	0.0	81.1%	Shift N/A	Non-ward based staff supporting areas; Safe staffing levels maintained.
Paediatric high dependency unit	Night	963.8	961.8	0.0	0.0	99.8%	Shift N/A	Safe staffing levels maintained.
Paediatric medical unit	Day	2153.3	1477.6	413.7	671.0	68.6%	162.2%	Non-ward based staff supporting areas; Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers; Patients required 1:1.
Paediatric medical unit	Night	1806.5	1195.0	341.0	766.3	66.1%	224.7%	Band 4 staff working to support registered nurse numbers; ; Safe staffing levels maintained; Patients required 1:1.

Paediatric assessment unit	Day	1195.5	1088.5	470.0	297.5	91.0%	63.3%	Safe staffing levels maintained; ; HCA's not always required.
Paediatric assessment unit	Night	973.5	976.0	193.0	83.5	100.3%	43.3%	Safe staffing levels maintained; ; HCA's not always required.
Paediatric intensive care unit	Day	5573.0	4725.3	609.0	436.8	84.8%	71.7%	Beds flexed to match staffing; Safe staffing levels maintained.
Paediatric intensive care unit	Night	5152.0	4762.6	471.5	310.5	92.4%	65.9%	Beds flexed to match staffing; Safe staffing levels maintained.
Piam Brown ward	Day	2786.2	2356.2	163.5	134.0	84.6%	82.0%	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; ; Safe staffing.
Piam Brown ward	Night	943.0	986.8	0.0	0.0	104.6%	Shift N/A	Safe staffing levels maintained.
E1	Day	1965.2	1567.2	600.0	375.5	79.7%	62.6%	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing.
E1	Night	1322.5	1184.8	333.5	369.0	89.6%	110.6%	Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
G2	Day	689.5	679.5	0.0	0.0	98.5%	Shift N/A	Safe staffing levels maintained.
G2	Night	636.5	635.5	0.0	0.0	99.8%	Shift N/A	Safe staffing levels maintained.
G3	Day	2170.0	1714.4	1106.5	784.0	79.0%	70.9%	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing.
G3	Night	1551.5	1454.3	616.0	408.0	93.7%	66.2%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Beds flexed to match staffing.
G4	Day	2133.0	1974.0	1098.5	716.0	92.5%	65.2%	Safe staffing levels maintained; ; Care group supported with HCA's.
G4	Night	1529.0	1411.0	627.0	363.0	92.3%	57.9%	Safe staffing levels maintained; ; Care group supported with HCA's.
Bramshaw women's unit	Day	1327.0	1021.7	1143.0	918.0	77.0%	80.3%	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained.
Bramshaw women's unit	Night	639.0	650.8	644.0	644.0	101.9%	100.0%	Safe staffing levels maintained.
Neonatal unit	Day	5130.9	3930.0	1471.5	1212.0	76.6%	82.4%	Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing.
Neonatal unit	Night	3861.0	4254.3	924.0	721.0	110.2%	78.0%	Band 4 staff working to support registered nurse numbers; Number of cots adjusted to support safe staffing.
Maternity service	Day	7404.7	6876.7	3025.5	2146.3	92.9%	70.9%	Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Maternity service	Night	4723.5	4307.0	1826.0	1779.5	91.2%	97.5%	Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Cardiac high dependency unit	Day	4567.2	3697.1	1344.0	779.0	80.9%	58.0%	Staff moved to support other wards.
Cardiac high dependency unit	Night	3472.0	3203.7	616.0	579.3	92.3%	94.0%	Safe staffing levels maintained.
Coronary care unit	Day	1794.2	1411.5	652.5	880.3	78.7%	134.9%	Band 4 staff working to support registered nurse numbers.
Coronary care unit	Night	1233.3	1222.2	308.0	458.5	99.1%	148.9%	Safe staffing levels maintained. Additional staff used for enhanced care - Support workers. Increased night staffing to support raised acuity
D4	Day	1711.5	1018.0	808.3	951.0	59.5%	117.7%	Band 4 staff working to support registered nurse numbers.
D4	Night	717.0	602.8	616.0	638.4	84.1%	103.6%	Safe staffing levels maintained.
E2	Day	1411.3	1083.4	681.0	758.8	76.8%	111.4%	Band 4 staff working to support registered nurse numbers.
E2	Night	649.0	586.0	308.0	730.0	90.3%	237.0%	Safe staffing levels maintained. Additional staff used for enhanced care - Support workers. Patient requiring 24 hour 1:1 nursing in the month.

E3	Day	2590.2	1553.9	1126.8	1661.7	60.0%	147.5%	Band 4 staff working to support registered nurse numbers.
E3	Night	1232.3	988.3	1232.2	1188.2	80.2%	96.4%	Band 4 staff working to support registered nurse numbers.
E4	Day	1940.7	1626.5	699.7	806.0	83.8%	115.2%	Band 4 staff working to support registered nurse numbers.
E4	Night	924.0	943.3	616.0	1206.4	102.1%	195.8%	Safe staffing levels maintained. Additional staff used for enhanced care - Support workers. Increased staffing to support raised acuity
F4	Day	1578.3	756.8	759.0	711.5	47.9%	93.7%	Safe staffing levels maintained.
F4	Night	924.0	680.0	616.0	921.0	73.6%	149.5%	Band 4 staff working to support registered nurse numbers.
Acute stroke unit	Day	1381.9	1353.9	2071.4	2342.4	98.0%	113.1%	Band 4 staff working to support registered nurse numbers.
Acute stroke unit	Night	919.0	895.5	1238.0	1276.0	97.4%	103.1%	Band 4 staff working to support registered nurse numbers.
Regional transfer unit	Day	1773.0	1094.5	355.0	817.5	61.7%	230.3%	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
Regional transfer unit	Night	616.0	605.0	616.0	572.3	98.2%	92.9%	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
E Neuro	Day	1784.0	1319.2	951.8	1578.8	73.9%	165.9%	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
E Neuro	Night	1248.0	990.0	924.0	1430.5	79.3%	154.8%	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
Hyper acute stroke unit	Day	1059.9	874.2	429.0	727.5	82.5%	169.6%	Band 4 staff working to support registered nurse numbers.
Hyper acute stroke unit	Night	616.0	716.0	616.0	674.0	116.2%	109.4%	Band 4 staff working to support registered nurse numbers.
D neuro	Day	1760.5	1600.9	1390.0	1603.5	90.9%	115.4%	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
D neuro	Night	1226.0	1144.0	1232.0	1565.0	93.3%	127.0%	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
F4 Neuro	Day	1391.2	1358.5	671.9	1087.4	97.7%	161.8%	Band 4 staff working to support registered nurse numbers. Increased in staffing to support raised acuity
F4 Neuro	Night	931.5	849.5	924.0	984.0	91.2%	106.5%	Band 4 staff working to support registered nurse numbers.
Brooke ward (trauma and orthopaedic)	Day	1047.0	868.5	548.0	643.0	83.0%	117.3%	Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
Brooke ward (trauma and orthopaedic)	Night	966.0	663.0	322.0	633.5	68.6%	196.7%	Skill mix swaps undertaken to support safe staffing across the Unit; Support workers used to maintain staffing numbers.
Trauma Assessment Unit	Day	520.0	430.5	360.8	390.5	82.8%	108.2%	Safe staffing levels maintained; Non-ward based staff supporting areas.
Trauma Assessment Unit	Night	308.0	310.0	308.0	387.5	100.6%	125.8%	Safe staffing levels maintained.
F1	Day	2263.4	1606.5	1354.4	2212.6	71.0%	163.4%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
F1	Night	1610.0	1431.5	966.0	1832.5	88.9%	189.7%	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Patient requiring 24 hour 1:1 nursing in the month.
F2	Day	1515.8	993.8	1183.0	1898.7	65.6%	160.5%	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F2	Night	924.0	809.0	924.0	1662.1	87.6%	179.9%	Skill mix swaps undertaken to support safe staffing across the Unit; Support workers used to maintain staffing numbers. Additional staff used for enhanced care - Support workers
F3	Day	1489.8	1105.3	2118.3	1721.8	74.2%	81.3%	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
F3	Night	924.0	733.0	1829.8	1416.8	79.3%	77.4%	Staff moved to support other wards; Safe staffing levels maintained.

Cover sheet for a report to the Trust Board of Directors dated Thursday, 28 March 2019			
Title: Informatics Update			
Category	Strategy and Business Planning		
Agenda item	4.6		
Sponsor	Director of Transformation and Improvement		
Author	Adrian Byrne, Director of Informatics		
Provenance	Trust Executive Committee Strategy and Finance Committee		
Purpose	The paper is presented for the Board for Review		
Relevant to Board goals	✓ Goal 1 – Trusted on Quality	✓ Goal 2 – Delivering for Taxpayers	✓ Goal 3 – Excellence in Healthcare
Board Assurance Framework links	Priority 3: Maintain momentum on IT; deliver the global digital excellence strategy.		
Equality Impact Assessment	N/A		
Other standards affected	CQC Well-led Framework		

Informatics Update

1. Introduction or Background

1. Purpose

- 1.1. The trust has a strategy to become a **paperless** organization in line with overall national objectives (see [PHC 2020](#)) and the Global Digital Exemplar (GDE) programme. This will improve productivity and communication between teams within the Hospital and across the patient pathway. The digital maturity of the organization will be measured over the next 2-3 years with the aim of becoming the equivalent of [HIMSS Level 7](#). An initial HIMSS assessment has taken place and a report is available. There are a number of detailed and technical challenges to achieving this, but the move to electronic noting is the single largest gap between current practice and the fully mature model. UHS will do this in stages, initially scanning in much of the form data, but moving to increased direct digital data entry, becoming more structured and coded over time. The implementation of the Electronic Document Management System from Hyland OnBase this year is therefore a major step in this process.
- 1.2. Note that the GDE programme does place constraints on trust latitude for prioritization, as a programme of work has been agreed to achieve the HIMSS 7 objective.
- 1.3. The GDE programme sees the trust receive an additional £10m in capital over a 3.5 year period.

2. Key Messages

- 2.1. The first meeting of the new Digital Board has taken place and was well attended, and it is important to maintain a good agenda and sense of forward motion. This Board is chaired by Paula Head.
- 2.2. The digital strategy development work continues:
 - A specialist has been appointed to complete this work and carry out most of the interviews
 - It is intended to start presenting and circulating a draft document around the end of March. The strategy will be substantially content delivered via a web browser with a printed summary available as a digest.
- 2.3. Since UHS signed the funding agreement for GDE, the criteria for HIMSS have changed from primarily capability to a larger emphasis on adoption. UHS is therefore at Level 2 currently. Whilst this is not a problem per se, as UHS would always plan to scale up the programme, the full adoption within the allotted timeframe is:
 - a) Not fully funded (this is being looked at)
 - b) Conflicts with areas that the trust would prioritize at a higher levelUHS is therefore in discussions that will see the investment addressing the right areas, such as patient flow, continuity, triggering, whilst continuing to work on digital maturity within the HIMSS model.
- 2.4. The initial assessment document for the HIMSS staging showed that the Trust is currently quite low due to the percentage of paper in the make-up of the overall record. There is a lot of duplicated effort in forms completion and some partial completion. Fragmentation means the whole record might not always be visible to the whole clinical team. Although many important clinical documents and orders are now electronic, the volume of paper prevents UHS being placed higher up this scale regardless of other developments. We will not move beyond level 2 [noting new criteria] unless this can be addressed. We must increase direct data entry by nurses and AHPs to reduce duplication of effort, ensure standardisation and improve communication. New groups have been established to tackle this.
- 2.5. At the last Board meeting the digital team reported a potential patient safety risk as Electronic Document Management files were not being scanned in a timely manner. system Shortly we will be sustaining the 48 Hr target aimed for at the outset.

- 2.6. The free to public NHS WiFi that launched in the trust is proving very popular with over 1,000 users per day being logged in and using the service (14,000 new registrations in January).
- 2.7. UHS must continue to monitor the Microsoft licence situation as the NHS must upgrade to the latest version of Microsoft office to ensure the products are supported and safe. This is a significant cost pressure. There is no news as yet from the national team on whether a national deal will be struck.

Recent Developments

- 2.8. HHFT have gone live in using the My Medical Record platform for their PROMS
- 2.9. @MyMedRec and @TheOpenPHR continue to put out one or two messages per week, receiving good media coverage

University Hospital Southampton introduces instant alert app for flu



Respiratory Virus PCR	Report date/time
Influenza A PCR	RNA DETECTED (A)
Influenza B PCR	RNA NOT detected
RSV PCR	RNA NOT detected
Adenovirus PCR	DNA NOT detected
Metapneumovirus PCR	RNA NOT detected
Parainfluenza type 1 PCR	RNA NOT detected
Parainfluenza type 2 PCR	RNA NOT detected
Parainfluenza type 3 PCR	RNA NOT detected
Rhinovirus PCR	RNA NOT detected



- 2.10 The Trust needs to change its digital relationship with its patients to communicate effectively with patients about their appointments and their care records, and to place patients on care pathways that move patients to patient triggered follow up. My Medical Record is now offered to all trust patients. This will work with the new Netcall contract to switch off paper and make savings for the trust whilst providing a better service.
- 2.11 The trust switchboard has been upgraded, which includes the work with the call attendant software Netcall. This also brings new opportunities to the trust in terms of automated response and re-direct etc which should prove helpful to departments.

3. Next Steps / Way Forward

- 3.1. What is coming up in the next period:
 - Work on the My Medical Record project for Maternity (My Maternity Record) has started and will be available for pilot work during the summer across the Acute Alliance
 - The senior management team will continue to work with the junior doctors to ensure they have the right tools to support them in their day to day work.
 - The business intelligence strategy has been completed and is being assessed in terms of ambition and investment (TIG) before being brought forward for further discussion.
 - Subject to final confirmation the Trust will upgrade the e-prescribing system on April 2nd.

4. Recommendation

This paper is presented to the Board for review.

Cover sheet for a report to the Trust Board of Directors dated Thursday, 28 March 2019			
Title: 2018 NHS National Staff Survey Results			
Category	Quality, Performance, and Finance		
Agenda item	4.7		
Sponsor	Chief Executive		
Author	Steve Harris – Director of Human Resources		
Provenance	The results have been discussed at Trust Executive Committee. They will be presented to staff side colleagues at both the LCNC and SPF.		
Purpose	<p>The paper is presented for the Board for Review</p> <p>This report presents the Trusts 2018 national staff survey report. The board are asked to:</p> <ul style="list-style-type: none"> • Note the results including areas of success and areas of challenge. • Note the proposed plans for 2019. 		
Relevant to Board goals	<input checked="" type="checkbox"/> Goal 1 – Trusted on Quality	<input type="checkbox"/> Goal 2 – Delivering for Taxpayers	<input checked="" type="checkbox"/> Goal 3 – Excellence in Healthcare
Board Assurance Framework links	BAF Priority 11 “Make UHS an employer of choice for each skill set”.		
Equality Impact Assessment	Results show a less favourable experience for those from BAME backgrounds, and those with disabilities. This matches national trends.		
Other standards affected	CQC Well lead framework uses staff survey results as an indicator of culture and leadership.		

2018 NHS National Staff Survey Results

1. Introduction or Background:

- 1.1 Each year, UHS is required to participate in the National NHS Staff Attitude Survey. This survey is based on a series of nationally prescribed questions on aspects of staff experience for employees. The survey was conducted between the 8th of October and 7th of December 2018. Results were made available for national publication on the 26th of February 2019.
- 1.2 UHS faced a challenging year in 2018, with significantly increased financial pressure, service demands, and challenges in achieving our key constitutional targets (ED, RTT and Cancer). Overall, UHS staff survey results have remained static against the national picture of a challenging NHS environment. The UHS staff engagement score has remained the same, which is still high for the NHS acute sector.
- 1.3 It should be noted that the style of national reporting has changed significantly for this year, moving away from 32 key finding areas, to 10 themes each ranked from 1 to 10.

2. Summary of performance in 2018 results:

2.1. Participation Rates:

4,658 out of 10,724 eligible employees at UHS responded to the survey, representing 43% of the workforce (down from 45.2% in 2017). The acute average response rate was 45.4% (an increase from 44.8% in 2017).

2.2. Things to celebrate:

- UHS results are above the Acute Trust average in all 10 themes (Figure 1).
- Staff engagement at UHS has remained consistently high (7.4) compared to the NHS average (7).
- UHS is ranked 7th in Acute Trusts, and the 3rd best University Teaching Hospital for staff engagement overall.
- UHS has seen statistically significant improvements in the 'Quality of Appraisal' theme. This has increased from 5.5 to 5.8 - driven by the survey question relating to whether the Trust's values are definitely discussed during appraisals, which has increased from 28.4% to 40.2%.

2.3. Areas of challenge:

- UHS has seen a statistically significant decrease in the 'Health and Wellbeing' theme. This has decreased from 6.4 to 6.3 - driven by the survey question relating to whether the Trust definitely takes positive action on health and wellbeing, which has reduced from 41.3% to 32.5% (-8.8%). The Acute Trust average has also decreased from 31.9% to 27.8%.
- WRES scores for BAME staff have not shown any significant improvement, and have deteriorated in perception of equal opportunities for career progression.
- Experience of staff who have stated that they have a disability still reported consistently lower across most metrics.
- Administration and Clerical staff engagement showed a marginal improvement, but is still an area of concern.
- Satisfaction with communication between senior management and staff decreased from 52.4% to 48.1%.

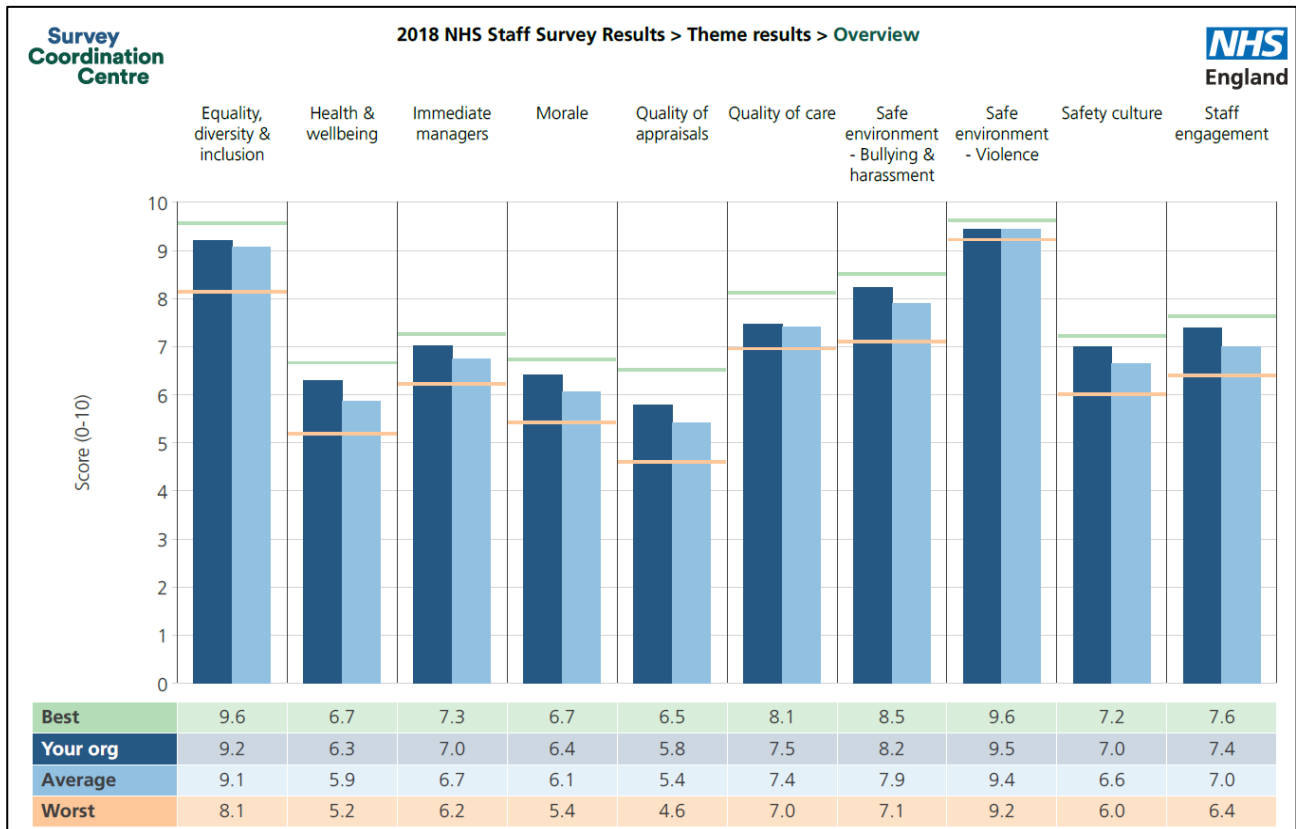


Figure 1: 2018 UHS Staff Survey Results (themes)

	Staff Engagement 2014	Staff Engagement 2015	Staff Engagement 2016	Staff Engagement 2017	Staff Engagement 2018
Admin & Clerical	7.0	6.9	7.1	7.0	7.1
Central Functions/Corporate Services	7.5	7.5	7.8	7.7	7.7
General Management	8.0	7.7	8.0	8.0	7.8
Maintenance/Ancillary	6.0	6.7	7.1	7.4	6.9
Medical/Dental - Consultant	7.3	7.4	7.6	7.7	7.6
Medical/Dental - In Training	6.9	7.2	6.9	7.3	7.4
Medical/Dental - Other	7.0	7.4	7.5	7.4	7.3
Healthcare Assistants	7.0	7.3	7.3	7.4	7.4
Occupational Therapy	7.2	7.2	7.7	7.5	7.6
Other qualified AHPs	6.9	7.1	7.5	7.3	7.2
Other qualified Healthcare Scientists	7.0	7.0	7.1	7.2	7.2
Pharmacy	6.9	7.2	7.4	7.2	7.2
Physiotherapy	7.5	7.3	7.5	7.7	7.7
Radiography	6.7	6.7	7.3	7.4	7.4
Registered Nurses & Midwives: Adult/General	7.3	7.6	7.6	7.6	7.6
Registered Nurses & Midwives: Children	7.2	7.5	7.4	7.3	7.4
Registered Nurses & Midwives: Other Registered	7.2	7.1	7.5	7.4	7.4
Registered Nurses & Midwives: Midwives	7.3	7.3	7.4	7.6	7.6
Support to AHPs	7.1	7.2	7.0	7.4	7.4
Support to Healthcare Scientists	6.5	7.0	6.9	7.0	7.0
Other Occupational Group	7.0	6.8	7.4	7.4	7.4
2018 UHS Average	7.1	7.2	7.4	7.4	7.4
2018 Acute Average	6.8	7.0	7.0	7.0	7.0

RED Score lower than the national average for Acute Trusts
AMBER Score between national Acute average and the UHS average
GREEN Score higher than the UHS average

Figure 2: Staff Engagement by Occupational Group (2014 - 2018)

3. Risk to staff experience in 2019:

- 3.1. 2019/20 presents a significant challenge to UHS. There will be material challenges, which may place the Trust's ability to drive substantial improvements in engagement scores at risk.
- 3.2. Financially, the Trust is facing its largest ever CIP target, coupled with increased demand and capacity challenges, and a continuing shortage of key national professions, such as nursing.
- 3.3. The Trust will also be conducting a revalidation of car parking in spring 2019. This will result in the displacement of some staff, who currently hold on-site permits. Whilst all efforts will be made to minimise disruption, an issue as contentious as parking could cause deteriorations in experience for some staff.

4. Next Steps - plan for 2019/20:

- 4.1. Whilst the ambitions set out in the 2018 - 2023 staff strategy remain the same (for UHS to consistently be one of the top NHS Trusts for engagement and people practice) for 2019, our level of ambition should be cautious in light of the considerable challenge ahead for this year.
- 4.2. The creation of a new strategy for UHS in response to the long term plan will be an opportunity for the CEO to engage staff across the Trust, about issues important to them, and to seek support in shaping the future of UHS.
- 4.3. To ensure the best use of HR, L&D and management resources and to deliver maximum impact, a more discrete and targeted approach to staff experience planning is recommended for 2019/20. Interventions will include targeted local workshops for staff run by HRBP's and L&D to focus on issues and actions to resolve.
- 4.4. It is proposed that a discrete set of corporate areas of focus are set out, and Divisions and THQ areas target the highest local areas of challenge.

4.5. Corporate Actions:

Area of focus	Key actions	Measure of improvement
Response rates	<ul style="list-style-type: none">• To review the methods of obtaining survey responses, and review the incentives for completion.	To improve return rates to at least in line with acute average (45%).
Improving communications with staff	<ul style="list-style-type: none">• Review how communication with staff can be improved, including how best to engage with different demographics role types and professions, and dispersed staff (not on-site).• Increase mechanisms for quality two way communications in the organisation.• Engaging staff on the long term vision for UHS in the context of the long term plan. This is to be led by the CEO.	Increase in staff reporting effective communication from senior managers to 50%.

Administration and Clerical	<ul style="list-style-type: none"> • Focus on increased use of apprenticeships to offer education and training opportunities to staff, and increase new career routes into the Trust. • Introduce a new training package for A&C team leaders, to support development in a range of leadership skills. • Target specific areas of very low experience and engagement with local listening sessions with the staff. 	Improvements in A&C staff engagement from 7.1 to 7.4.
Health, Wellbeing and Safety	<ul style="list-style-type: none"> • To review the range of support offered by Live Well and Inspire (Health and Wellbeing programme), and ensure this is well publicised. • To continue existing work on staff safety through the Trust violence and aggression group. • To target specific areas of concern in low health and wellbeing using the assessment process set out in the Trust Mental Health Policy. 	An improvement in staff reporting the organisation 'takes a positive interest in health and wellbeing'.
Equality and Diversity	<ul style="list-style-type: none"> • To deliver the first year of the new Equality and Diversity Strategy, including implementing the key actions set out for BAME and disabled staff. • To monitor progress through the equality and diversity steering committee and report progress 6 monthly to TEC. 	<p>Improvement in WRES scores in 2019 staff survey.</p> <p>Improvements in results in disabled staff in 2019 survey results.</p>

4.6. Local areas of focus:

- A focus on areas of low staff experience within theatres, including conducting discrete cultural reviews as appropriate.
- To continue the implementation of actions from the Pathology cultural review.
- Identifying actions with the staff in the context of the challenges of activity and demands in the Emergency Medicine Care Group.
- To continue with plans to improve experience in Child Health with a particular focus on ward areas.
- To improve experience in areas of concern within the Estates and Facilities directorate. This will particularly focus on the Portering team, in partnership with trade union representatives.

5. **Recommendation:**

This report presents the Trusts 2018 national staff survey report. The board are asked to:

- Note the results including areas of success and areas of challenge.
- Note the proposed plans for 2019.

2018 NHS National Staff Survey Results

Appendix A: Care Group / Directorate Results:

	Equality, Diversity and Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Appraisals	Quality of Care	Safe Environment - Bullying and Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement
Division A - 1009	9.0	5.9	6.8	6.2	5.6	7.6	7.9	9.2	6.9	7.3
Cancer Care - 281	9.3	5.9	6.8	6.3	5.7	7.5	8.4	9.7	6.9	7.4
Critical Care - 210	8.9	5.9	6.9	6.1	5.7	7.6	7.4	8.3	7.1	7.4
Theatre and Anaesthetics - 299	8.9	6.0	6.7	6.2	5.5	7.8	7.6	9.2	6.8	7.2
Surgery - 219	9.1	5.9	6.8	6.3	5.6	7.3	8.0	9.3	6.9	7.3
Division B - 796	8.7	6.1	6.9	6.3	5.7	7.3	7.6	8.9	6.9	7.3
Emergency Care - 213	8.7	5.6	6.7	6.0	5.6	6.9	6.6	8.0	6.8	7.2
Medicine - 184	8.1	6.0	7.2	6.6	6.4	7.4	7.4	8.1	7.1	7.5
Ophthalmology - 84	9.1	5.8	6.8	6.1	5.4	7.7	7.4	9.8	6.8	7.2
Pathology - 130	8.7	6.4	6.7	6.1	5.5	7.3	8.8	10.0	6.8	7.1
Specialist Medicine - 185	9.2	6.5	7.2	6.7	5.3	7.4	8.0	9.6	6.8	7.3
Division C - 1230	9.4	6.2	6.9	6.4	5.6	7.3	8.4	9.7	7.1	7.4
Child Health - 361	9.4	6.4	6.7	6.4	5.5	7.2	8.1	9.5	7.0	7.4
Clinical Support - 506	9.4	6.3	7.0	6.3	5.7	7.3	8.8	9.8	7.0	7.3
Women and Newborn - 363	9.5	6.1	7.0	6.6	5.5	7.5	8.0	9.8	7.3	7.6
Division D - 856	9.2	6.3	7.1	6.6	6.0	7.7	8.1	9.3	7.2	7.4
CV&T - 250	9.1	6.0	7.3	6.4	6.1	7.5	8.0	9.3	7.2	7.5
Neuro - 207	8.9	6.2	6.9	6.6	5.5	7.5	7.9	9.1	7.0	7.4
Radiology - 230	9.5	6.5	7.1	6.6	6.1	7.9	8.2	9.7	7.4	7.4
T&O - 169	9.2	6.6	7.1	6.7	6.4	7.8	8.3	9.1	7.2	7.5
THQ - 971	9.4	6.8	7.3	6.5	6.1	7.4	8.9	9.9	6.9	7.4
Chief Finance Officer - 90	9.4	6.6	7.2	6.3	5.7	6.9	9.0	10.0	6.6	7.3
Clinical Development - 135	9.6	7.4	7.7	7.0	6.9	7.3	9.0	10.0	7.2	8.0
Estates - 157	9.1	6.3	6.2	6.1	5.4	7.0	8.7	9.8	6.4	6.8
HR - 106	9.8	7.4	7.9	6.6	7.0	8.1	9.2	9.8	7.7	7.8
Informatics - 136	9.6	6.8	7.1	6.5	6.2	7.2	9.2	9.8	7.0	7.4
R&D - 165	9.4	6.8	7.8	6.6	6.1	7.9	9.0	10.0	7.0	7.6
THQ Other Services - 225	9.0	6.5	7.2	6.5	5.6	7.5	8.8	9.9	6.9	7.4
2018 UHS Average	9.2	6.3	7.0	6.4	5.8	7.5	8.2	9.5	7.0	7.4
2018 Acute Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0

RED Score lower than the national average for Acute Trusts
AMBER Score between national Acute average and the UHS average
GREEN Score higher than the UHS average

Appendix B: Themes by Occupation:

	Equality, Diversity and Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Appraisals	Quality of Care	Safe Environment - Bullying and Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement
Admin & Clerical - 526	9.3	6.4	7.0	6.3	5.5	7.3	8.5	9.9	6.7	7.1
Central Functions/Corporate Services 217	9.6	7.1	7.6	6.7	6.3	7.4	9.4	9.9	7.0	7.7
General Management - 127	9.3	6.8	7.4	6.5	6.0	7.1	8.9	9.9	7.2	7.8
Maintenance/Ancillary - 95	9.2	6.3	6.8	6.3	5.9	7.2	8.6	9.8	6.6	6.9
Medical/Dental - Consultant - 265	9.2	6.3	6.4	6.9	4.5	7.2	7.7	9.6	6.9	7.6
Medical/Dental - In Training - 115	9.3	6.1	7.0	6.7	5.6	7.4	8.2	9.4	7.0	7.4
Medical/Dental - Other - 45	8.9	6.5	6.9	6.5	4.9	7.8	8.1	9.5	6.9	7.3
Healthcare Assistants - 347	8.8	6.0	7.1	6.3	6.2	8.2	7.8	8.6	7.1	7.4
Occupational Therapy - 24	9.0	5.3	7.0	6.1	6.0	7.2	8.8	9.3	6.6	7.6
Other qualified AHPs - 135	9.4	5.9	7.0	6.2	5.3	7.1	8.7	9.9	6.6	7.2
Other qualified Healthcare Scientists - 160	9.0	6.6	6.7	6.2	5.5	7.3	8.9	9.8	6.9	7.2
Pharmacy - 182	9.4	6.0	6.8	6.2	5.4	7.1	8.6	9.9	7.2	7.2
Physiotherapy - 79	9.7	6.8	7.0	6.6	6.4	7.6	8.8	9.6	7.1	7.7
Radiography - 158	9.5	6.2	7.0	6.4	6.1	7.9	8.3	9.6	7.5	7.4
Registered Nurses & Midwives: Adult/General - 942	9.0	6.1	7.3	6.5	6.2	7.5	7.6	8.8	7.2	7.6
Registered Nurses & Midwives: Children - 218	9.4	6.2	6.7	6.1	5.5	7.1	8.0	9.4	7.1	7.4
Registered Nurses & Midwives: Other Registered Nurses - 65	8.7	5.9	6.7	6.3	6.1	7.7	6.9	9.1	7.1	7.4
Registered Nurses & Midwives: Midwives - 116	9.6	5.9	6.8	6.8	5.6	7.0	8.1	9.7	7.2	7.6
Support to AHPs - 72	9.1	6.3	7.5	6.4	6.5	7.9	8.4	9.2	6.9	7.4
Support to Healthcare Scientists - 54	8.5	6.2	6.3	6.1	6.0	7.6	7.8	9.5	6.8	7.0
Other Occupational Group - 136	9.2	6.8	7.2	6.6	6.1	7.6	8.9	9.8	7.1	7.4
2018 UHS Average	9.2	6.3	7.0	6.4	5.8	7.5	8.2	9.5	7.0	7.4
2018 Acute Average	9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0

RED	Score lower than the national average for Acute Trusts
AMBER	Score between national Acute average and the UHS average
GREEN	Score higher than the UHS average

Appendix C: Diversity Results:

WRES Scores from 2015 - 2018

Workforce Race Equality Standard	Demographic	UHS 2015	UHS 2016	UHS 2017	UHS 2018	Average (median) Acute Trusts 2018
% staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months	White	26%	23%	25%	24%	28%
	BME	25%	27%	24%	25%	30%
% staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	22%	23%	21%	22%	26%
	BME	25%	27%	26%	28%	29%
% staff believing that UHS provides equal opportunities for career progression or promotion	White	90%	89%	90%	91%	87%
	BME	73%	78%	78%	75%	72%
% staff having personally experienced discrimination at work from manager/team leader or other colleague	White	6%	6%	7%	6%	7%
	BME	16%	17%	15%	13%	15%

Appendix D: Theme Results by Demographic Group:

		Equality, Diversity and Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Appraisals	Quality of Care	Safe Environment - Bullying and Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement
Age	Age 16 - 20 (29)	9.0	6.2	6.8	5.8	5.8	7.4	7.9	9.7	7.1	6.7
	Age 21 - 30 (904)	9.1	5.8	7.1	6.2	6.0	7.5	8.2	9.2	7.1	7.3
	Age 31 - 40 (1102)	9.2	6.3	7.0	6.4	6.0	7.4	8.3	9.4	7.1	7.5
	Age 41 - 50 (1090)	9.1	6.4	7.1	6.5	5.8	7.5	8.2	9.4	7.1	7.5
	Age 51 - 65 (1102)	9.3	6.4	6.9	6.5	5.5	7.4	8.2	9.6	6.8	7.3
	Age 66+ (54)	9.6	7.2	7.4	6.9	5.9	8.0	8.6	9.5	6.9	7.6
Disability	Disabled (727)	8.2	5.3	6.7	6.1	5.5	7.3	7.5	9.3	6.8	7.1
	Non-Disabled (3598)	9.3	6.5	7.1	6.5	5.8	7.5	8.4	9.5	7.0	7.5
Ethnic Background	BME Staff (589)	8.3	6.4	7.0	6.4	6.6	8.0	8.0	9.3	7.2	7.6
	White Staff (3771)	9.3	6.3	7.0	6.4	5.7	7.4	8.3	9.5	7.0	7.4
Gender	Female (3337)	9.2	6.2	7.1	6.5	5.8	7.5	8.2	9.4	7.1	7.4
	Male (925)	9.1	6.6	6.9	6.4	5.8	7.4	8.4	9.6	6.9	7.4
	Prefer not to say (89)	8.3	5.2	5.7	5.1	4.4	6.8	7.6	9.5	6.0	6.2
Religion	Buddhist (19)	8.3	6.0	7.2	6.4	6.8	7.9	6.7	9.1	6.6	7.2
	Christian (2069)	9.2	6.4	7.1	6.5	6.0	7.6	8.1	9.4	7.1	7.5
	Hindu (57)	8.5	6.4	7.2	6.6	6.1	7.9	8.2	9.6	7.1	7.9
	Muslim (56)	8.9	6.6	7.4	6.5	7.1	8.2	8.9	9.8	7.3	7.7
	Sikh (21)	8.5	5.7	7.4	6.1	6.4	7.5	8.4	9.2	6.6	7.2
	No Religion (1813)	9.4	6.2	7.0	6.4	5.6	7.4	8.4	9.5	7.0	7.3
	Any Other Religion (63)	8.9	6.1	7.2	6.5	6.5	7.4	8.0	9.3	6.9	7.4
	Prefer not to say (220)	8.5	5.4	6.1	5.6	4.5	7.0	7.6	9.5	6.3	6.7
Sexuality	Bisexual (58)	9.1	5.2	7.1	6.1	5.7	8.0	7.4	8.9	7.2	7.5
	Gay Man (45)	8.6	6.1	7.0	5.9	5.5	7.4	8.3	9.0	6.7	6.9
	Gay Woman (30)	9.4	5.9	7.4	6.8	6.3	7.8	7.8	9.3	7.8	7.7
	Heterosexual (3940)	9.2	6.3	7.1	6.5	5.8	7.5	8.3	9.5	7.0	7.4
	Other (12)	8.5	5.8	6.6	*	6.1	7.4	7.8	9.7	6.8	7.0
	Prefer not to say (265)	8.6	5.6	6.3	5.8	4.9	7.0	7.8	9.4	6.4	6.9
2018 UHS Average		9.2	6.3	7.0	6.4	5.8	7.5	8.2	9.5	7.0	7.4
2018 Acute Average		9.1	5.9	6.7	6.1	5.4	7.4	7.9	9.4	6.6	7.0

RED Score lower than the national average for Acute Trusts
AMBER Score between national Acute average and the UHS average
GREEN Score higher than the UHS average

2018/19 Finance Report - Month 11

Report to:	Trust Board
	March 2019
Title:	Finance Report for Period ending 28/02/2019
Author:	Gavin Hawkins, Assistant Director of Finance
Sponsoring Director:	David French, Chief Financial Officer
Purpose:	Standing Item
	The Committee is asked to note the report

Executive Summary:**In Month and Year to date Highlights:**

1. In February 2019 the Trust delivered a control total deficit excluding PSF of £1.5m, which was £0.1m better than Plan. Year to date the Trust remains on Plan. Under the single oversight framework, the Trust has delivered a score for Finance and Use of Resources of '1'.
2. The underlying position of the Trust in February excluding non-recurrent items was a £3.1m deficit against a planned deficit of £1.6m ie £1.5m worse than Plan. Whilst the Financial Recovery Action Plan delivered in Q3, the increased target commencing in Q4 has not been delivered.
3. In January, the Board committed to delivery of the plan surplus for the year. Achievement is worth at least £6.1m of PSF. There is also a possibility of national distribution of unallocated PSF as a "bonus". This cash would support the Trust's investment in Capital projects in 2019/20 and 2020/21. The Trust needs to deliver March performance in line with Plan position to achieve this.
4. The main themes seen in M11 were:
 - Income excluding pass-through items was £1.1m better than Plan, entirely related to Non-Elective income. However, above Plan income only partially offset above Plan operating expenditure.
 - Although pay decreased by £0.2m compared to January 2019 by £0.2m, once bank holiday enhancements are removed the underlying pay bill increased by £0.2m. Pay spend was £1m above Plan (adjusting for pay award), primarily driven by undelivered pay CIP.
5. CIP delivery in the month was £2m against a target of £2.9m.
6. The cash position is £1.8m below plan, which is a significant improvement from January. The improvement in working capital can be attributed mainly to delays in supplier invoice processing as staff become accustomed to the new finance system implemented on 4 February. Negotiations to reduce the lag in receiving income for contract over-performance have been successful, with improvements anticipated in March.



Finance: I&E Summary

Total clinical income excl QIPP & PSF but including pass through items was £0.2m better than Plan in the month.

Inpatient activity was estimated to be £1.2m better than Plan related to Non-Elective activity (when including adjs such as MRET etc). Outpatient activity was estimated to be £0.1m above Plan and other POD activity (mainly critical care and A&E) to be £0.2m better than Plan.

Exclusions have been estimated to be under Plan by £1.2m, with IPPDDs driving this performance, although this is matched within OPEX.

OPEX was £2.9m over Plan excluding QIPP, of which £1.2m is offset by the favourable variance in Other Income. This includes income to offset expenditure items such as; 1) pay award funding from DH (£0.6m), 2) GP lead employer income (£0.3m), 3) R&D income covering non-pay expenditure (£0.5m).

Other income also includes a non-recurrent adjustment to R&D income of £1.5m.

Underlying issues in OPEX continue to be weak CIP performance.

Overall: Amber

Metric	2018/19		
	YTD Actual	YTD Metric	YTD Plan
Capital service cover rating	2.55	1	1
Liquidity rating	15.22	1	1
I&E Margin Rating	2.96%	1	1
I&E Margin Variance Rating	-0.36%	2	1
Agency Variance from ceiling	17.71%	1	1
Use of Resources Average Metric		1.20	1.00
Use of Resources Final Metric		1	1

	Current Month			Year to Date			Full Yr	Prior Year to Date		Ave Done	
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m		Plan £m	Actual £m		Var £m
NHS Income: Clinical	56.8	57.0	0.2	652.4	649.5	-2.9	A	713.1	619.2	5%	59.0
QIPP Reduction	-1.1	-	1.1	-12.4	-	12.4	G	-13.5	-		
Other income Other Income excl. PSF	7.8	10.5	2.7	85.5	112.7	27.1	G	93.3	89.5	26%	10.2
Core PSF Income	2.9	2.0	-0.9	22.1	20.4	-1.8	R	25.0	15.7	29%	1.9
Total income	66.4	69.5	3.1	747.7	782.6	34.9	G	817.9	724.4	8%	71.1
Costs Pay	38.9	40.8	1.9	425.9	439.3	13.5	A	464.8	413.4	6%	39.9
Drugs	9.3	8.8	-0.5	98.6	99.5	0.9	A	108.4	86.2	15%	9.0
Clinical supplies	6.6	6.8	0.3	83.5	82.0	-1.5	G	90.2	78.4	5%	7.5
Other non pay	8.8	10.0	1.2	98.9	113.3	14.4	R	107.7	96.4	18%	10.3
QIPP Reduction	-1.1	-	1.1	-12.4	-	12.4	R	-13.5	-		
Total expenditure	62.4	66.4	4.0	694.4	734.2	39.7	R	757.4	674.4	9%	66.7
EBITDA	4.0	3.1	-0.8	53.2	48.4	-4.9	A	60.5	50.1	-3%	4.4
Depreciation	1.8	1.9	0.2	20.2	20.5	0.4	A	22.1	19.4	6%	1.9
Non Operating Income/Expenditure	0.8	0.7	-0.2	8.2	4.6	-3.5	G	9.0	8.9	-48%	0.4
Control Total Surplus / (Deficit)	1.3	0.5	-0.8	24.9	23.2	-1.6	A	29.4	21.7	7%	2.1
Less Provider Sustainability Funding (PSF)	-2.9	-2.0	0.9	-22.1	-20.4	1.8	R	-25.0	-15.7	29%	-1.9
Control Total Surplus / (Deficit) excluding PSF	-1.6	-1.5	0.1	2.7	2.9	0.1	G	4.4	6.0	-52%	

Underlying Run Rate Position

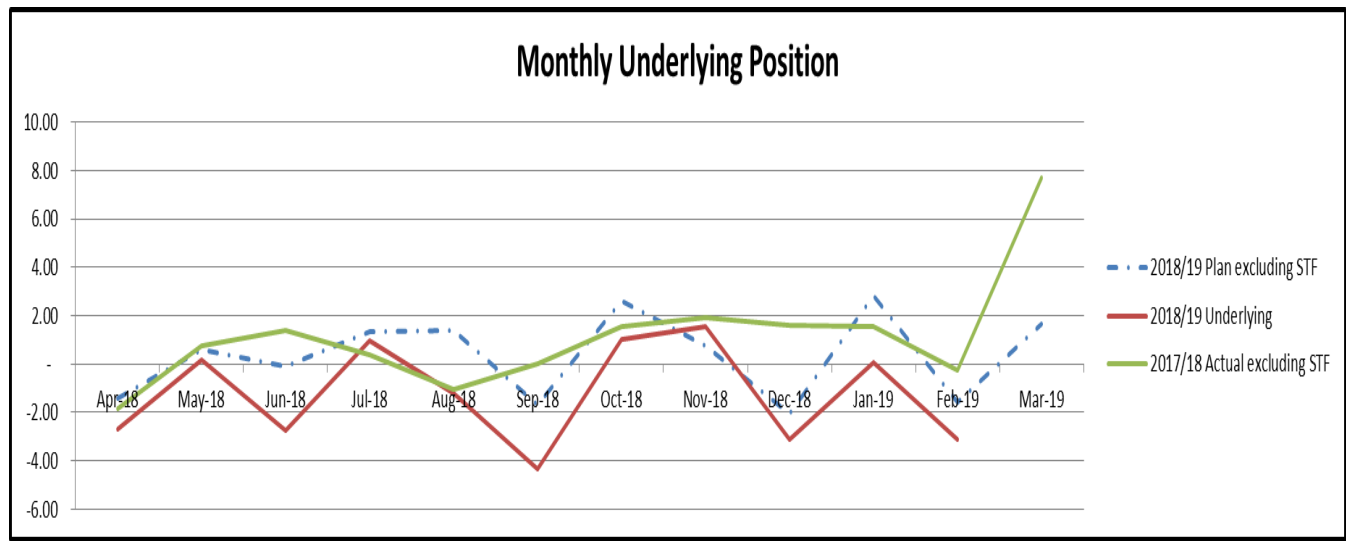
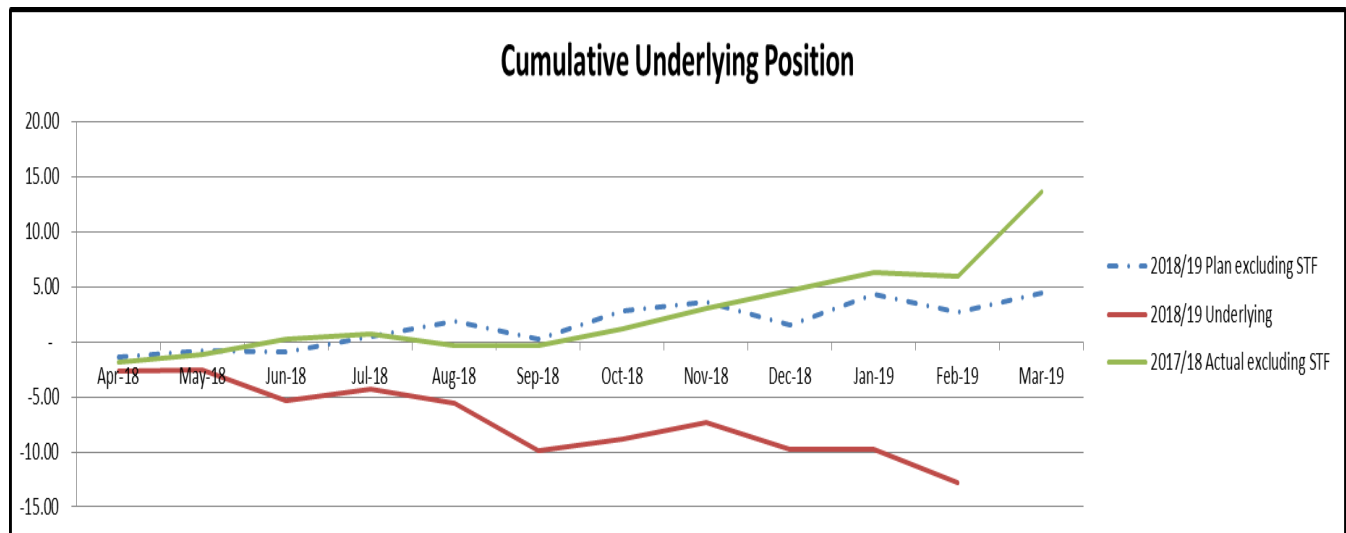
This graph highlights the income and expenditure financial trend adjusted for one-off items.

The gap between the adjusted position and 2018/19 Plan widened substantially in August, September and again in January.

The current YTD adjusted position is a £12.9m deficit, £15.8m behind plan – an average of £1.4m per month (Q1 £1.5m, Q2 £1.9m, Q3 £0.6m).

The graph shows the Trust adjusted in month position of £1.5m worse than Plan (£3.1m deficit vs Plan deficit of £1.6m). In January 2019 the underlying position was £2.8m off Plan.

Whilst achievement of our planned surplus of £29.4m is still likely, the exit run-rate is a significant risk for 2019/20.

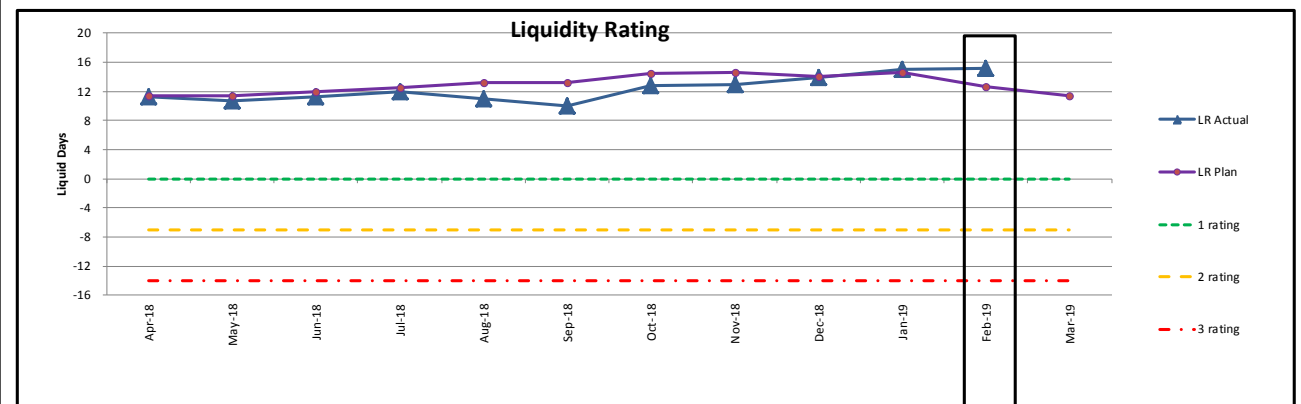
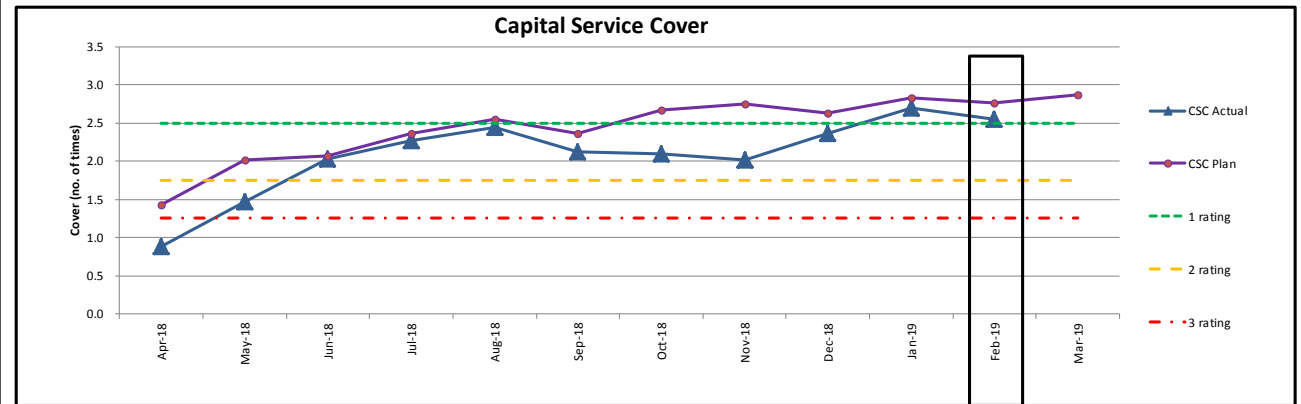
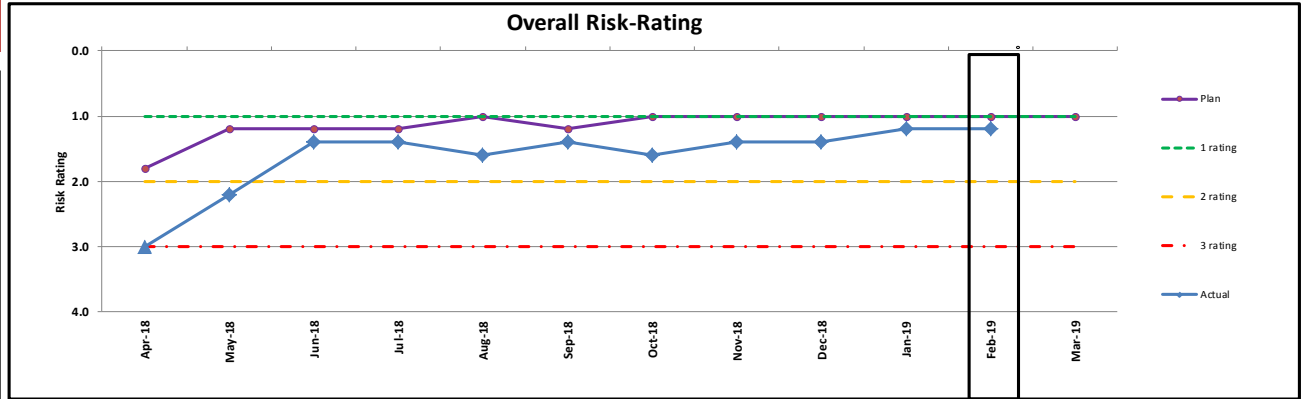


Use of Resource Metric

Overall the Trust's Use of Resources score is '1' against a Plan for February 2019 of a '1'.

Capital Service Cover was a '1' compared to a Plan of '1'. EBITDA would need to be £1.2m lower to deteriorate to a '2' or reduce by £15.5m to deteriorate to a '3'.

Liquidity Rating was a '1' and hence on Plan. Liquidity would need to reduce by £33.9m to reduce to a '2'.

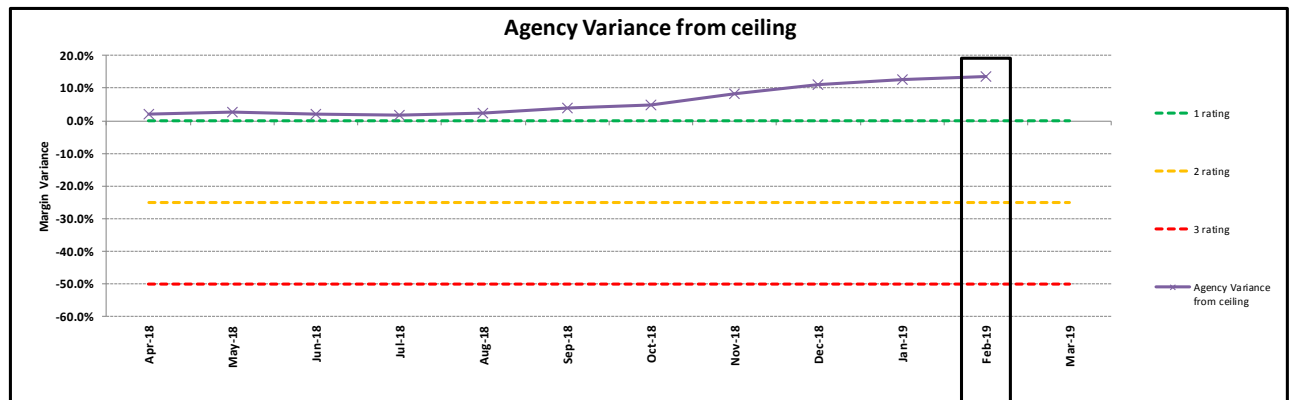
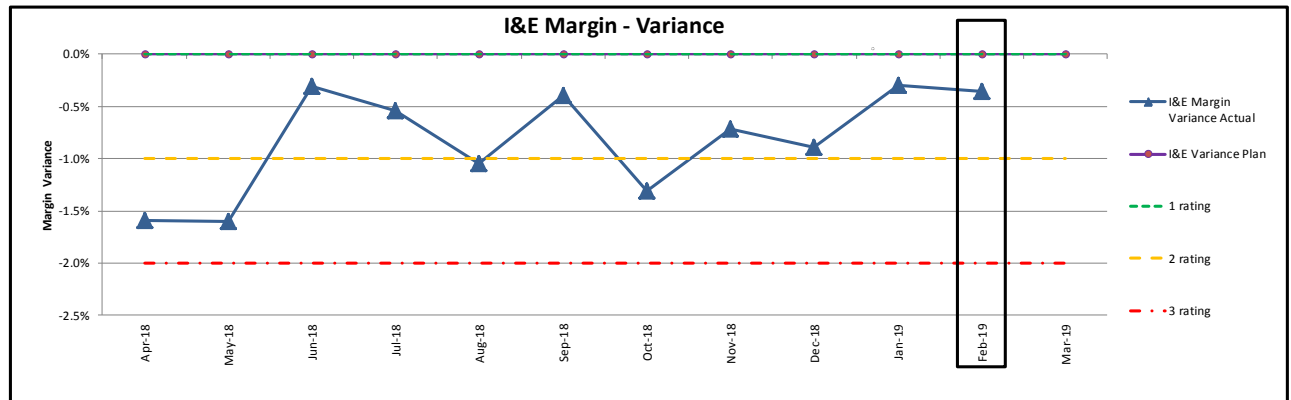
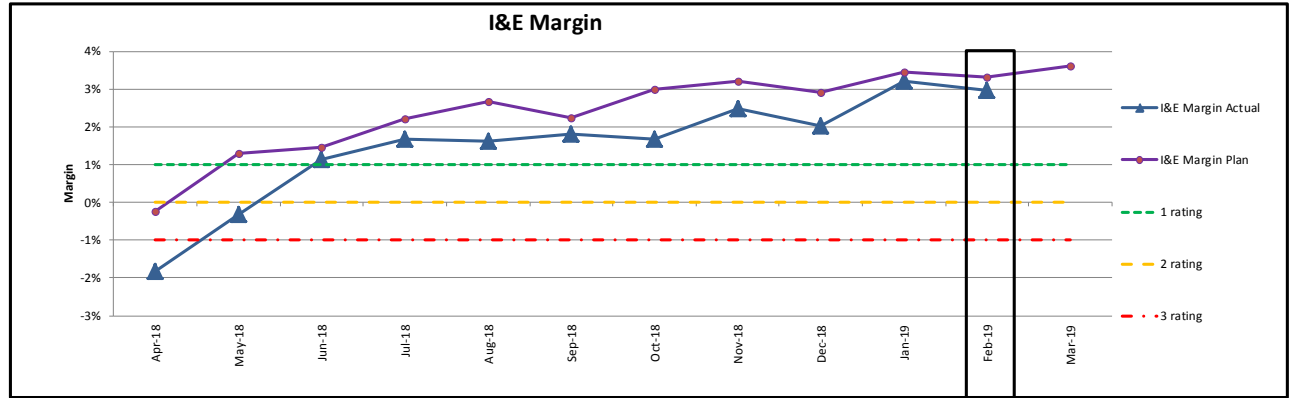


Use of Resource Metric

I&E Margin was a '1' and therefore on Plan. YTD surplus would need to deteriorate by £11.5m to reduce to a '2'

I&E Margin Variance was a '2'. YTD surplus would have needed to improve by £4.2m to achieve the planned rating of '1'. If the YTD surplus reduced by £3.6m the rating would have deteriorated to '3'.

Agency ceiling was a '1'. Agency spending could increase by £1.8m before falling to a '2'.



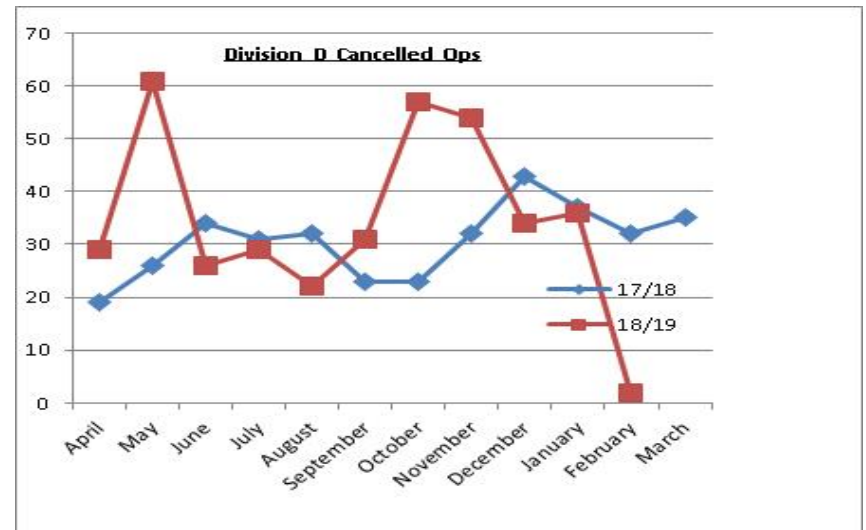
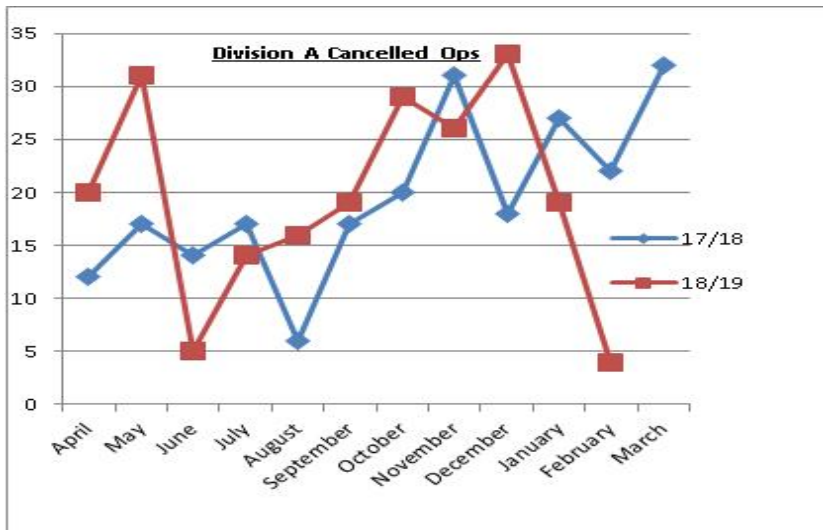
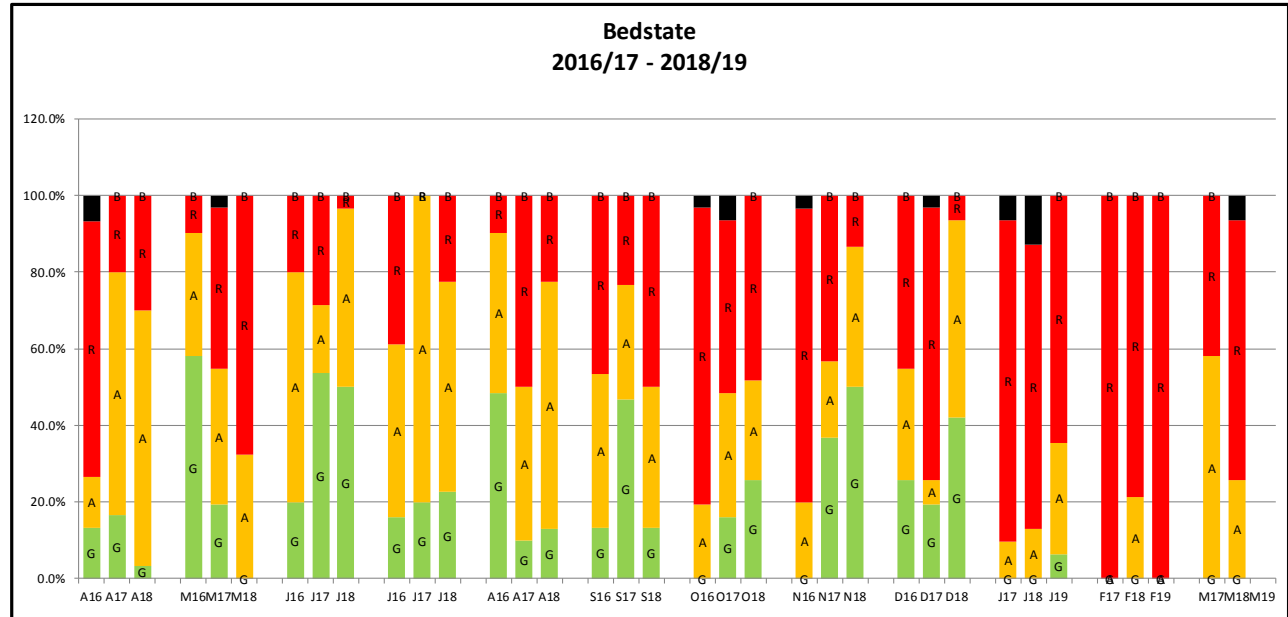
Bedstate – 3yr Comparison

The bed state in February 2019 was consistently Red, comparable to February 2017 but worse than February 2018.

This challenging bed state was felt across the Trust and impacted the ED 4 hours performance of the Trust.

Information below relates to cancelled operations, showing on the day cancellations for Divisions A & D due to non-clinical reasons.

February information is shown, but this is not yet finalised and is being validated with the COO team.



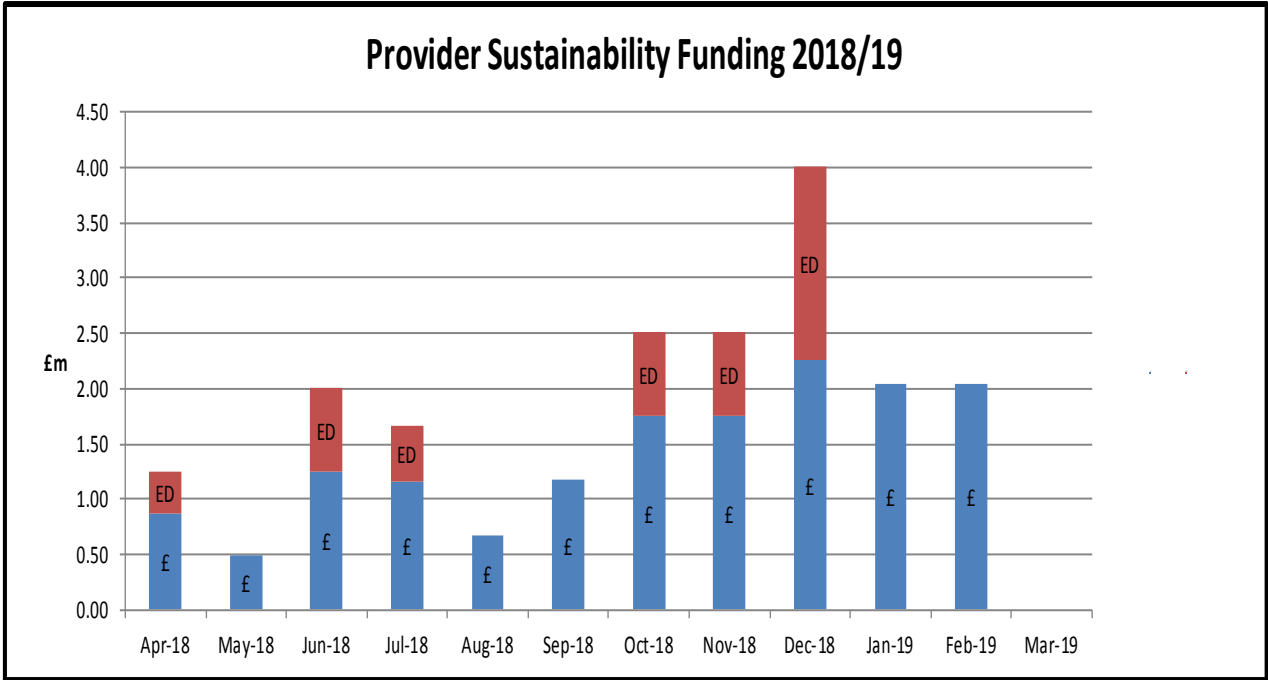
Provider Sustainability
Funding

The total PSF planned in 2018/19 is £25m. The amount of PSF available each quarter is 15% Q1, 20% in Q2, 30% Q3 and 35% in Q4.

PSF available in Q4 is as follows:
Q4 £ - £6.1m
Q4 A&E - £2.6m
Total Q4 available: £8.8m

Q4 A&E PSF requires delivery of 95% 4 hours performance in March 2019.

In February 2019 we have booked PSF totalling £2m vs a Plan of £2.9m with the £0.9m shortfall due to the unlikely prospect of achieving 95% for the 4 hours performance in March.



Clinical Income

The chart shows estimated clinical income in February 2019.

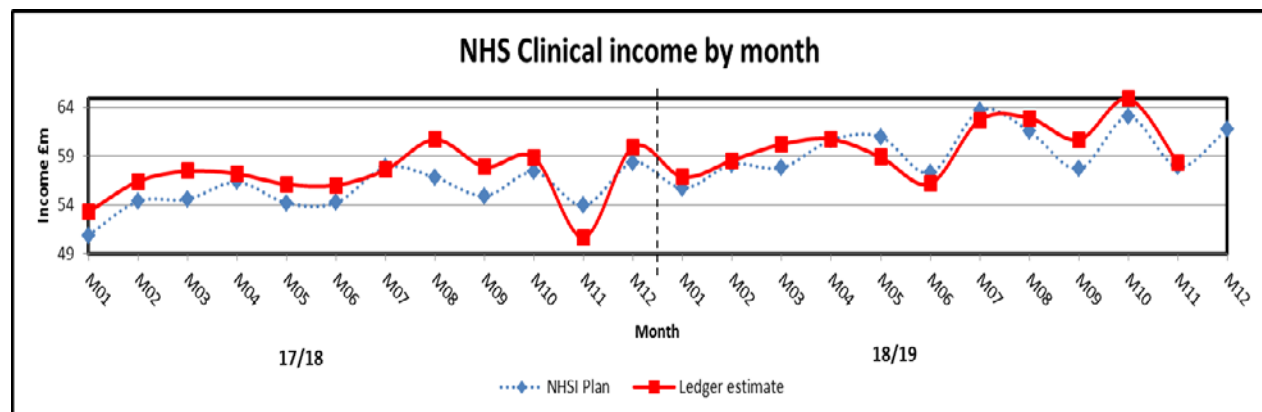
Non-elective inpatient activity was above planned levels. Elective inpatient income was below planned levels in the month, driven primarily by Cardiac Surgery, Neurosurgery and T&O.

Outpatient activity was at planned levels in the month.

Pass-through drug and device income, within exclusions, was lower than planned levels although this is offset by reduced expenditure.

The Trust continues to provide for commissioner challenges and CQUIN failure which will be resolved as data and reports become available.

POD GROUP	2017/18	2018/19				2018/19			Monthly Run Rate	
	YTD Actuals £000s	Annual Plan £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	Done	To Do
NHS Clinical Income										
Elective Inpatients	£118,159	£139,279	£127,698	£124,275	(£3,423)	£11,035	£10,784	(£251)	£11,298	£15,004
Non-Elective Inpatients	£170,321	£186,781	£170,870	£178,196	£7,326	£14,395	£15,881	£1,486	£16,200	£8,585
Outpatients	£73,023	£79,327	£72,738	£73,192	£454	£6,276	£6,361	£85	£6,654	£6,134
Other Activity	£91,108	£102,973	£94,054	£92,222	(£1,833)	£7,969	£8,171	£202	£8,384	£10,751
Financial Adjustments	£18,017	£31,010	£28,577	£20,914	(£7,663)	£2,629	£2,493	(£136)	£1,901	£10,096
Other Exclusions	£42,142	£47,394	£43,460	£41,616	(£1,844)	£3,747	£3,513	(£234)	£3,783	£5,778
Subtotal NHS Clinical Income	£512,770	£586,763	£537,397	£530,415	(£6,982)	£46,051	£47,204	£1,152	£48,220	£56,348
Pass-through Exclusions	£99,782	£118,202	£107,568	£110,763	£3,195	£10,060	£9,086	(£974)	£10,069	£7,439
QI/PP	£0	(£13,536)	(£12,408)	(£366)	£12,042	(£1,128)	(£33)	£1,095	(£33)	(£13,170)
Total NHS Clinical Income	£612,552	£691,429	£632,557	£640,812	£8,255	£54,984	£56,257	£1,273	£58,256	£50,617
Non NHS Clinical Income										
Private Patients		£4,993	£4,576	£5,013	£437	£416	£506	£90	£456	(£20)
CRU		£2,499	£2,292	£2,652	£360	£211	£208	(£3)	£241	(£153)
Overseas Chargeable Patients		£656	£601	£1,042	£441	£52	£1	(£51)	£95	(£386)
Total Non NHS Clinical Income		£8,148	£7,469	£8,707	£1,238	£679	£715	£36	£792	(£559)
Grand Total	£612,552	£699,577	£640,026	£649,519	£9,493	£55,663	£56,972	£1,309	£59,047	£50,058

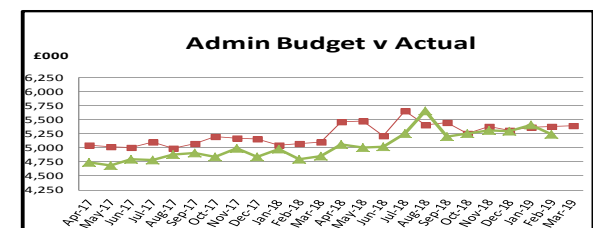
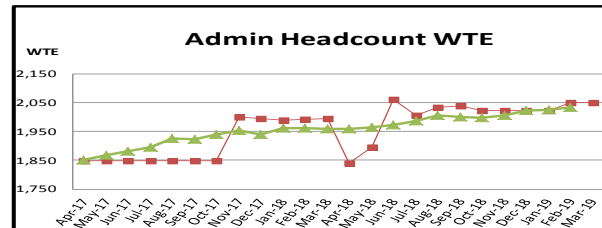
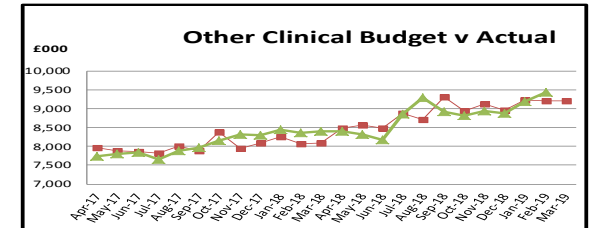
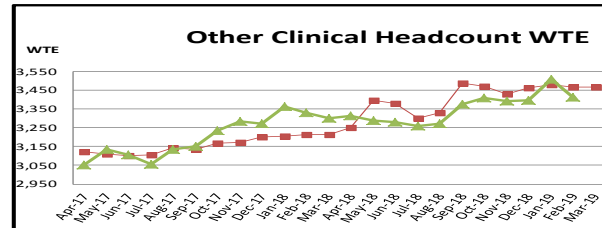
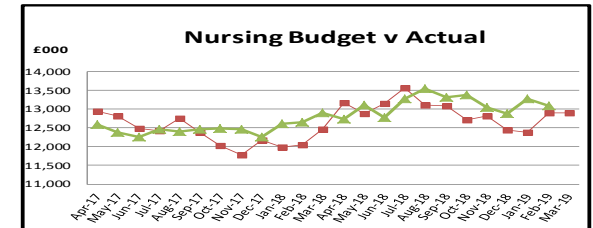
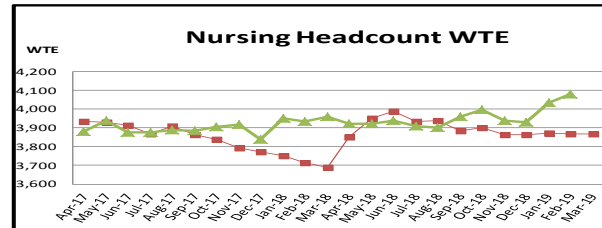
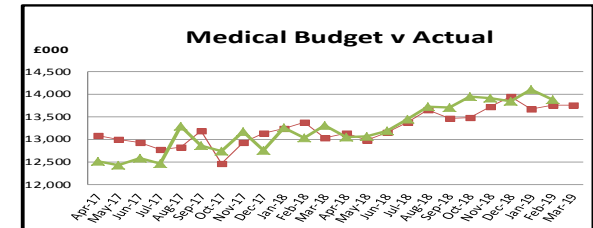
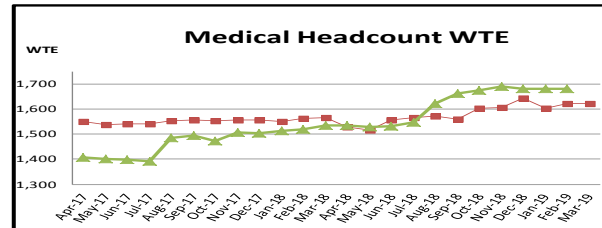
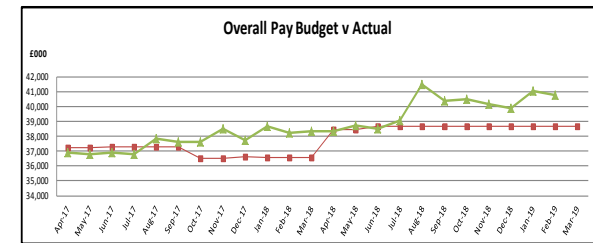
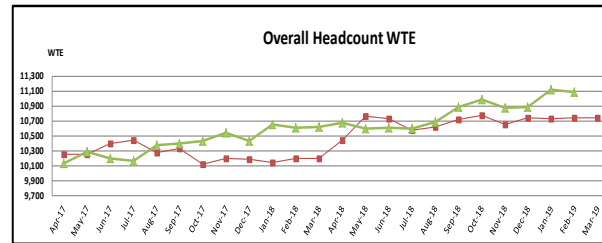


Overall WTEs (paid) and Staff Costs
Substantive, Bank & Agency

Overall paid wtes in the Trust decreased by 32wtes to 11,145 in February 2019.

Net of staff recharges, the monthly pay-bill was £40.8m, which includes £0.6m related to the in month A4C pay award, £0.3m to host the GP lead employer programme and £0.2m for medics pay award.

The pay bill spend in February 2019 was £0.2m lower compared to January 2019 (£0.2m higher excluding bank holiday enhancements), but £0.9m higher compared to M1-M10 average and £0.4m higher when compared to the average of M8-M10.



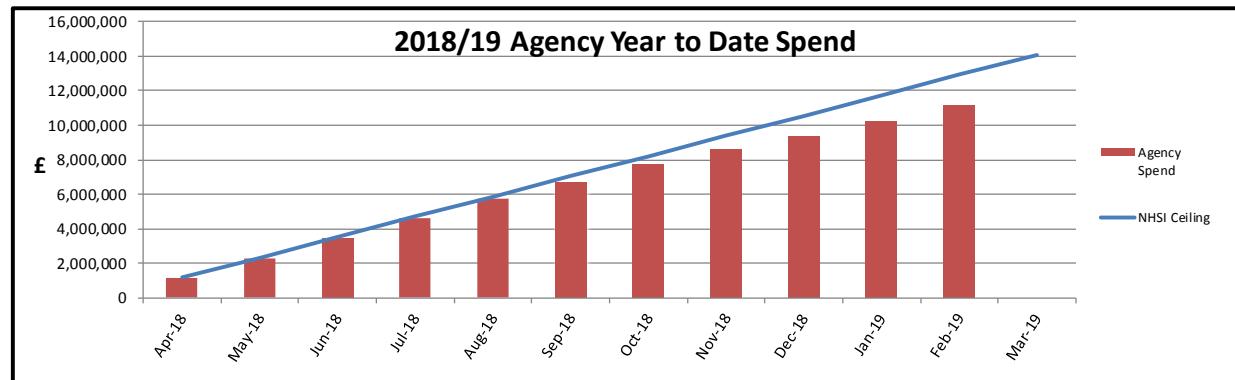
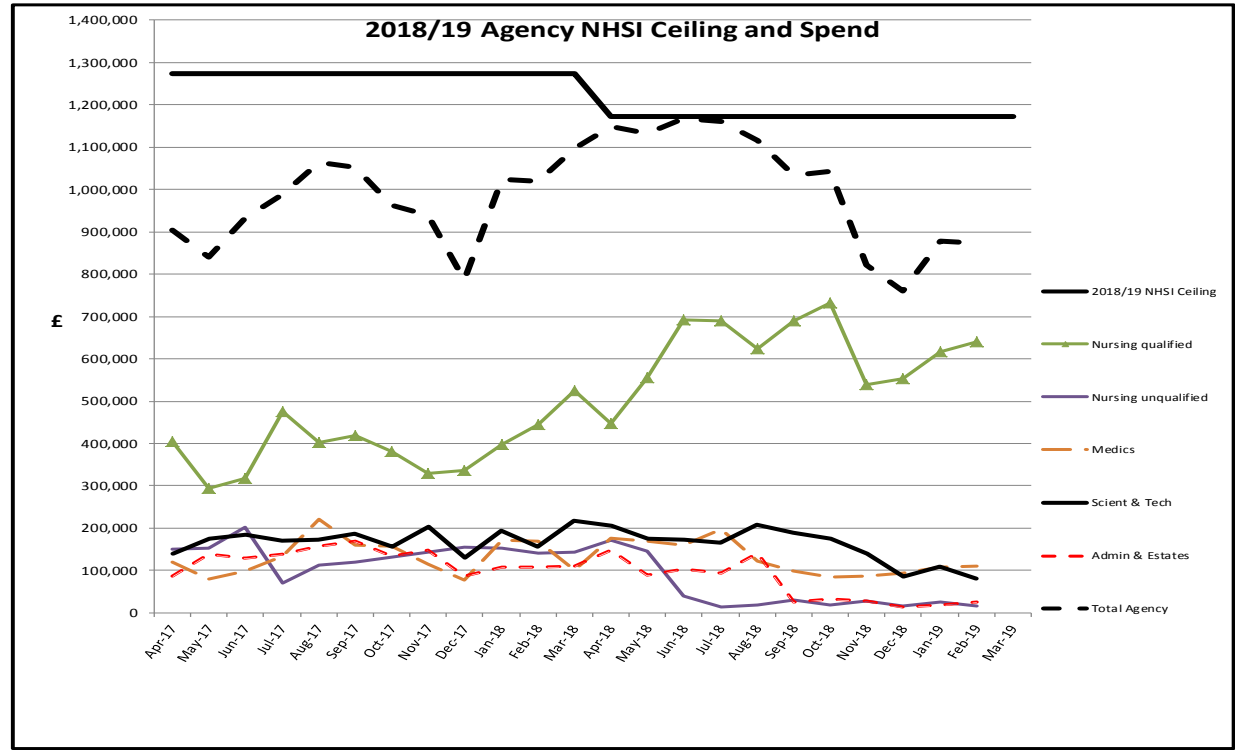
■ Budget
■ Actual

Temporary Staff Costs

Overall in February 2019 agency spend remained at January 2019 levels.

UHS continues to perform below the NHSI agency ceiling and the focus is on sustaining the current agency position throughout the winter period; filling substantive positions and incentivising bank staff to fill vacant shifts.

The focus on the eradication of the high cost nursing agency Thornbury continues to aid the control of overall agency spend, although spend in February 2019 was £0.9m, £0.1m higher than January 2019.



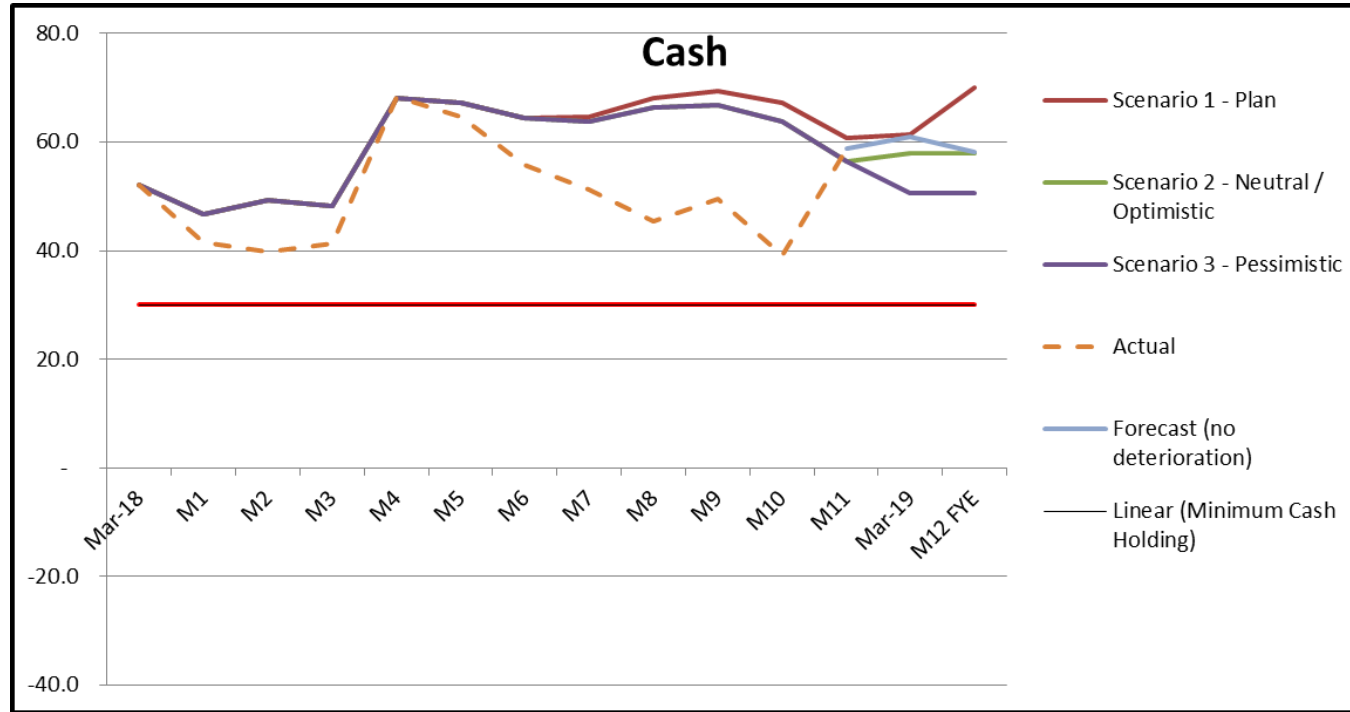
Cash

The cash balance is currently £2m below Plan, an improvement of £26m from M10. £19m of the movement relates to payables linked to timing of payments from the new finance system. Capital expenditure under-spends have also improved the cash position.

The graph has been updated to show an anticipated full-year effect once timing issues have been resolved. This shows the Trust on track to deliver broadly to scenario 2. This is based on a number of assumptions:

- Accounts Payable position resolves over time, starting in M12
- Accounts Receivable position resolves over time, starting in M12
- Q4 PSF received of £6.1m + bonus estimated at £5m – paid in 19/20
- Under spends on capital carried forward into 19/20

The future cash forecast and scenarios will be updated as part of the 2019/20 Operating Plan.



Capital Expenditure

Capital expenditure for the month was £4.2m below Plan and is £13.1m below Plan year to date.

The major in-month spend was across a number of different IT projects .

The capital expenditure forecast has reduced significantly due to delays in receipt of central funding and pauses in schemes whilst a capital prioritisation process was undertaken.

Scheme	Month			Year to Date			NHSI Plan £000's
	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's	
Childrens Hospital	0	35	35	3,734	3,189	(545)	3,734
IT Schemes	810	335	(475)	7,425	6,321	(1,104)	8,955
Strategic Maintenance	609	320	(289)	3,668	4,738	1,070	4,500
Medical Equipment Panel	284	14	(270)	1,712	1,506	(206)	2,099
Radiotherapy Equipment Replacement	341	3	(338)	2,055	428	(1,627)	2,520
GICU Expansion inc Front Vertical Extension	1,009	163	(846)	6,077	1,058	(5,019)	7,451
Theatre Modernisation	674	271	(403)	3,455	665	(2,790)	4,300
ED Adult Resus	169	0	(169)	1,019	119	(900)	1,249
Neonatal Expansion	342	4	(338)	2,057	160	(1,897)	2,522
Oceanic Park and Ride	198	1	(197)	1,193	936	(257)	1,463
Invest to Save	457	8	(449)	2,784	90	(2,694)	3,000
Urology Day Unit	175	1	(174)	1,054	100	(954)	1,292
Steam Project	154	51	(103)	926	156	(770)	1,135
Other Schemes	1,055	636	(419)	8,818	10,117	1,299	6,613
Profiling adjustment- difference between individual plan phasing and original high level plan	(220)	0	220	(3,220)	0	3,220	0
Total Excluding Finance Leases	6,057	1,842	(4,215)	42,757	29,583	(13,174)	50,833
Leased additions- IISS	(32,200)	(24,721)	7,479	4,500	3,020	(1,480)	5,815
Leased additions- Other	(2,761)	293	3,054	1,739	3,313	1,574	2,000
Total	(28,904)	(22,586)	6,318	48,996	35,916	(13,080)	58,648
Less:							
Losses on disposals	-	(5)	(5)	-	(5)	(5)	-
Donated asset additions	(2,893)	(2,888)	5	(2,893)	(2,893)	-	(3,156)
Performance against Capital Departmental Expenditure Limit (CDEL)	(31,797)	(25,479)	6,318	46,103	33,018	(13,085)	55,492

Cover sheet for a report to the Trust Board of Directors dated Thursday, 28 March 2019			
Title: Chief Executive's Report			
Category	Chairman's and Chief Executive's Reports		
Agenda item	5.1		
Sponsor	Chief Executive		
Author	Paula Head		
Provenance	This is a regular report to the Board covering issues of note from the Chief Executive and any actions of ratification proposed by the Chair.		
Purpose	<p>The paper is presented for the Board for Review and ratification of Chair's actions.</p> <ol style="list-style-type: none"> 1. Gender pay gap reporting 2. Chair's actions for ratification 		
Relevant to Board goals	✓ Goal 1 – Trusted on Quality	✓ Goal 2 – Delivering for Taxpayers	✓ Goal 3 – Excellence in Healthcare
Board Assurance Framework links	Priority 11: Make UHS an employer of choice for each skill set.		
Equality Impact Assessment	Not yet assessed.		
Other standards affected	Gender pay gap reporting regulations.		

Chief Executive's Report

1. Gender Pay Gap Reporting

Employers with 250 or more employees are legally required to publish, on an annual basis, certain information relating to their gender pay gap. The gender pay gap is the difference between the average pay of men and women, expressed as a percentage. The gender pay gap is different from equal pay. Equal pay is concerned with pay differences between men and women who carry out the same jobs, similar jobs or work of equal value.

The UHS mean gender pay gap in 2017 was 28.07%. In the 2018 report, the mean has moved to 28.13%. This change is negligible across the organisation, and is not reflective of any significant changes in the workforce or pay strategy. The position at UHS is not an outlier on gender pay compared to similar acute NHS organisations. Gender pay gap remains predominately equal across staff paid on Agenda for Change pay scales. For those employed as medics there is a differential in gender pay, underpinned by longest serving consultants generally being male based on historical trends of entry to medicine. The trend of individuals entering medicine has significantly changed with many more females now entering training and junior doctor positions.

UHS will be publishing its gender pay position through the government reporting portal and also publishing its gender pay report on its website in line with the legal deadline of the 30 March 2019.

2. Chair's Actions

The Board has agreed that the Chair may undertake some actions on its behalf. The following actions have been undertaken by the Chair. All awards of contract are subject to a full tender process.

- 2.1 **Single Tender Action for an Interim Orthotics Service Contract Extension** from Peacocks for the period from 1 December 2018 until 31 March 2020, at a cost of £1,308,159 excluding vat. A procurement process is underway for a complete orthotics overhaul potentially incorporating Clinical Commissioning Group provided services with an expected new contract live from 1 April 2020. Approved by the Chair on 13 March 2019.
- 2.2 **Single Tender Action for the Provision of Anaesthetic Services to Lymington New Forest Hospital on behalf of UHSFT** from Group Anaesthetic Services (GAS). Continuation of contractual relationship for 12 months to March 2020 under existing rates at a cost of £694,000 excluding vat. Approved by the Chair on 15 March 2019.