

Agenda Trust Board – Open Session

Date	30/08/2019
Time	9:00 - 11:00
Location	Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH
Chair	Peter Hollins
Apologies:	Cyrus Cooper, Jane Hayward, David French (Ian Howard to deputise)

- 1**
9:00 **Chair's Welcome, Apologies and Declarations of Interest**
To note received apologies for absence, and to hear any declarations of interest relating to any item on the Agenda.
- 2** **Minutes of Previous Meeting held on 30 July 2019** *(to follow)*
- 3** **Matters Arising and Summary of Agreed Actions**
To discuss any matters arising from the Minutes, and to agree on the status of any actions assigned at the previous meeting.
- 4** **Quality, Performance and Finance**
Quality includes: clinical effectiveness, patient safety, and patient experience
 - 4.1**
9:15 **Patient Story**
To receive feedback from patients, carers, or other stakeholders about their experience of the Trust's services.
 - 4.2**
9:30 **Briefing from Chair of Quality Committee for review (Oral)**
Mike Sadler, Non-Executive Director
 - 4.3**
9:35 **Briefing from Chair of Strategy & Finance Committee for review (Oral)**
Jane Bailey, Non-Executive Director
 - 4.4**
9:40 **Integrated Performance Report for Month 4 for review**
To review the Trust's performance as reported in the Integrated Performance Report and the Quarterly Infection Prevention and Control Report.
Sponsor: Jane Hayward, Director of Transformation & Improvement
 - 4.5**
10:20 **Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) Annual Reports 2018-19 for review and Action Plans 2019/20 for approval**
Sponsor: Gail Byrne, Director of Nursing & Organisational Development
Attendee: Juliet Pearce, Deputy Director of Nursing for Quality and Christine Mbabazi, Equality & Inclusion Adviser/Freedom to Speak Up Guardian

- 4.6 Freedom to Speak Up 6-monthly Report for review**
10:30
Sponsor: Gail Byrne, Director of Nursing & Organisational Development
Attendees: Christine Mbabazi, Equality & Inclusion Adviser/Freedom to Speak Up Guardian and Adam Pitt, Senior HR Business Partner
- 4.7 Finance Report 2019-20 Month 4**
10:40
Sponsor: David French, Chief Financial Officer
- 5 Corporate Governance, Risk and Internal Control**
- 5.1 Register of Seals, and Chair's Actions for ratification**
10:50
In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Delegation.
Sponsor: Peter Hollins, Trust Chair
- 6 Any other Business**
10:55
To raise any relevant or urgent matters that are not on the agenda
- 7 To note the date of the next meeting: Thursday 26 September 2019, in the Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH**
- 8 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."
- 9 Items circulated to the Board for reading**
26 July 2019
Press Release: Hospital develops innovative dementia-friendly x-ray room
31 July 2019
Press Release: Spinal surgeon warns holidaymakers of water park and shallow diving dangers
1 August 2019
Press Release: Southampton researchers discover "hidden reservoir of bacteria" in nose linked to chronic sinus infections
6 August 2019
Press Release: Southampton cancer nurse transforming care for military personnel and veterans
14 August 2019
Press Release: Hospital trust announces new appointment to board of directors
16 August 2019
Press Release: Clinicians trial virtual reality training to improve care for patients with diabetes
19 August 2019
Press Release: Surgeons use laser pop-dusting technique to remove kidney stones

9.1 Medicines Management Annual Report 2018-19

Sponsor: Derek Sandeman, Medical Director

9.2 Health & Safety Annual Report 2018-19

Sponsor: Gail Byrne, Director of Nursing & Organisational Development

10 Follow-up discussion with governors

11:00

11 Clinical Visit - UHS administrative/support teams

11:15

12 Lunch

12:30

Minutes Trust Board – Open Session

Date	30 July 2019
Time	9:00 - 13:50
Location	Parent Education Seminar Room, F Level, Princess Anne Hospital
Chair	Peter Hollins
Present	Jane Bailey, Gail Byrne, Jenni Douglas-Todd, David French, Jane Hayward, Paula Head, Caroline Marshall, Simon Porter, Mike Sadler and Derek Sandeman
In Attendance	Jo Watts, GDE Programme Manager (shadowing Jane Hayward)
Apologies	Cyrus Cooper, Charlie Helps
Minutes	Vicky Boland

1 Chair's Welcome, Apologies and Declarations of Interest

To note apologies for absence, and to hear any declarations of interest relating to any item on the Agenda.

The Chairman welcomed those present, noted apologies and asked for any new declarations of interest in matters on the Agenda. No conflicts of interest with items on the Agenda were declared.

2 Minutes of Previous Meeting held on 27 June 2019

The minutes of the previous meeting were agreed as a true and fair representation of the business transacted subject to the amendment to item 4.5 as requested by DAF.

Action 60: DAF to amend paragraph 4.5.

3 Matters Arising and Summary of Agreed Actions

To discuss any matters arising from the Minutes, and to agree on the status of any actions assigned at the previous meeting.

Item 4.4) Maternity Service Self-Certification - NHS Resolution 10 Criteria for review - JD-T asked whether the timescales advised at the previous meeting had been met. GB advised that it was expected that the submission would be made as required.

Action 40) Delivering value-based healthcare - The metrics were being continually reviewed and discussed at the Strategy and Finance Committee.

Action 42) Change Champions - The communication would be sent to staff during September to avoid the busy summer holiday period.

Action 25) Cancer Performance - This would be discussed during the closed

session of the Trust Board.

Actions 0, 5 26 and 41 were confirmed as complete.

4 Quality, Performance and Finance

Quality includes: clinical effectiveness, patient safety, and patient experience

4.1 Patient Story

To receive feedback from patients, carers, or other stakeholders about their experience of the Trust's services.

DS introduced the patient's parent to the Board. The Board heard an account of the family experiences as well as a video which provided an insight into the effect of overdue estate maintenance issues on his daughter's care and treatment. Parental input into their children's care and noise at night were also highlighted as areas for improvement. Positive feedback about the Cystic Fibrosis team was received.

MS asked how the Trust could better apply parental and patient input into care. Staff appreciation of what patients and carers/parents did outside of the hospital was considered key.

JH queried how patient schooling worked whilst in hospital. Patients were encouraged to attend school where possible or taught by the bedside. Days were planned to ensure children benefited from a range of activities.

Action 61: GB and DS to meet the patient/representative to respond to the feedback received.

The Chairman thanked the patient's parent for sharing their experience at the Trust.

4.2 Briefing from Chair of Audit and Risk Committee for review (Oral)

Simon Porter, SID/Non-Executive Director

SP summarised the items considered at the July meeting of the Audit and Risk Committee:

- An update on data protection and information governance.
- Internal audit and external audit updates.
- Anti-fraud, bribery and corruption annual report.

4.3 Briefing from Chair of Quality Committee for review (Oral)

Mike Sadler, Non-Executive Director

MS summarised the items considered at the July meeting of the Quality Committee:

- Ophthalmology update - The Trust was working with commissioners to

- address the backlog for glaucoma patients.
- Q4 patient experience report.
- Presentation on the Trust's clinical strategy.
- A review of the quality impact of missing the constitutional standards focussing on the cancer 104-day target. It was evident that no patients had come to harm as a result of delays.
- Annual corporate clinical audit programme.
- Outcomes update.

PHe queried whether the Committee would be reviewing the quality impact of the remaining cancer pathways. DS provided an overview of the rationale for the focus on one area highlighting that the data for the entire cancer pathway had previously been provided.

4.4 Briefing from Chair of Strategy & Finance Committee for review (Oral)

Jane Bailey, Non-Executive Director

JB summarised the items considered at the July meeting of the Strategy and Finance Committee:

- A review of the latest financial position for month three. This included a review of the year-end forecast and the Committee concluded that the Trust had made a small improvement however the risk to delivery was the same as at the beginning of the year when the financial plans were agreed.
- A detailed review of Cost Improvement Programmes (CIPs) for 2019-20.
- Capital Forecast 2019/20 and Capital Prioritisation. The Committee recommended that the Board approved both items.
- Sustainability and Transformation Partnership (STP) update.

4.5 Integrated Performance Report for Month 3 for review

To review the Trust's performance as reported in the Integrated Performance Report and the Quarterly Patient Safety Report.

Sponsor: Jane Hayward, Director of Transformation & Improvement

Improving patient journeys

CM highlighted that of the four patients that had waited longer than 52 weeks, three had now received treatment and one had requested treatment during August. DAF stated that the Trust would not get paid for treating patients that had waited over 52 weeks and therefore would not usually agree to such requests.

PHe noted that the 18-week Referral to Treatment (RTT) performance was reasonable when compared to other Trusts.

CM advised the Board of the continued increased total number of patients on a waiting list. This was attributed to a recent data validation exercise which had resulted in a technical readjustment of the waiting list, reduced capacity linked to the national pensions/ tax issue, increased non-elective theatre capacity, and the knock-on effect of improvements in two-week wait performance. This

had not yet impacted upon 52-week wait performance however this was expected over the coming months. The Trust was in regular communication with NHS Improvement (NHSI) about this. CM also highlighted the disappointing 12-month length of stay and delayed transfers of care (DTOCs) performance outlining the actions being taken to address this. Positive improvements to the cancer two-week wait performance was also noted and the Trust expected to achieve the 62-day cancer wait target by December 2019.

MS requested an update on the actions being taken to improve the time to initial assessment performance. PHe added that a number of initiatives had been implemented to try to reduce time to initial assessment including a 'red flag' system at the Emergency Department (ED) reception. MS suggested that there were some symptoms that such staff would not easily be able to identify.

Action 64: The receptionists' 'red flag' list for patients attending ED to be reviewed (GB).

Delivering value-based health and care

There was nothing specific to highlight or discuss in this section.

Supporting healthy lives

DS provided an overview of the National Diabetes Foot Care Audit which had shown poor results and outlined the actions being taken alongside Solent NHS Trust to improve this. It was noted that issues did not relate to the care patients' received whilst in hospital.

GB highlighted the three Never Events during April and May providing an overview of the actions being taken to address the recommendations identified from the investigations completed.

Action 62: A paper outlining the actions being taken in response to the recent Never Events to be taken to the next Quality Committee (GB).

MS noted that a number of new maternity indicators had been included within the report that had not been reviewed elsewhere beforehand.

Action 65: Maternity indicators for inclusion in the IPR to be reviewed (GB/JH).

Building an expert and inclusive workforce

JB noted that staff turnover and appraisal targets were not being achieved and alongside increased sickness absence and Never Events, and continued pressure to achieve performance and financial targets, could be early indicators of issues with organisational culture and staff morale. The importance of Trust Board leadership in addressing this and communicating with staff was emphasised alongside the new Clinical Strategy, and the work undertaken by the Trust Change Champions on the Trust vision and mission.

Action 63: Actions in relation to staff morale and continued workforce issues to be presented to the next Trust Board Study Session (GB/Steve Harris).

Being agile in meeting people's needs

DAF summarised the work undertaken to determine the new key performance indicators (KPIs) now included in the report.

JD-T asked how ward-based maintenance issues were being managed and monitored. GB highlighted that staff being able to identify and tackle estates issues was important. Matron walkabouts identified issues that perhaps staff would not identify and persistent problems monitored by the Quality Governance Steering Group.

Leading-edge research, education and innovation

DS provided an overview of the new KPIs now included in the report.

Quarterly Patient Safety Report

There was nothing specific to highlight or discuss from the report.

4.6 Framework of Quality Assurance for Responsible Officers and Revalidation for approval

Sponsor: Derek Sandeman, Medical Director

Decision

The Board resolved to approve the Statement of Compliance (Appendix A) confirming the organisation, as a designated body, was in compliance with applicable regulations. The Annual Organisational Audit (AOA) was submitted to NHS England on 31st May 2019.

4.7 Safeguarding Annual Report 2018/19 for review

Sponsor: Gail Byrne, Director of Nursing & Organisational Development

Attendee: Tracey Whale, Named Nurse for Adult Safeguarding

TW summarised the annual report highlighting the progress made in embedding Deprivation of Liberty (DoLS) practice, implementing key national requirements and development of the learning disability and autism strategies. The Mental Capacity Amendment Act was due to be implemented in Spring 2020 which would introduce the Liberty Protection Safeguards (LPS). This would present a shift in practice with greater emphasis on the Trust to review and sign off deprivations. TW emphasised that no extra funding would be available to support implementation.

MS highlighted that an overview of safeguarding was to be provided at the September Trust Board Study Session and queried whether a more regular update should be provided going forward rather than on an annual basis.

GB thanked TW and Karen McGarthy, Named Nurse for Safeguarding Children, for their work to date.

Action 66: To consider the frequency and content of safeguarding reporting in the future (PTH).

4.8 Informatics Update for review

Sponsor: Jane Hayward, Director of Transformation & Improvement

Attendee: Adrian Byrne, Director of Informatics

AB provided an overview of the revised report summarising the work undertaken over the last quarter.

MS highlighted that three Chief Clinical Information Officers had been appointed and queried whether a nurse would also be appointed alongside these roles to support the strategy. It was confirmed that a nurse role would be advertised by the end of the year.

DB sought an update on the risks associated with the delivery of Healthcare Information and Management Systems Society (HIMSS) level 7. This was a significant element of the Global Digital Exemplar (GDE) programme with the final two payments, equal to £2.5m, subject to achievement of this. It had been previously reported that the Trust would not be able to achieve this with the current level of funding and was being discussed with NHS Digital.

4.9 Finance Report for Month 3

Sponsor: David French, Chief Financial Officer

DAF presented the month three Finance report, noting for June:

- The Trust delivered a deficit of £0.3m, £0.2m better than Plan.
- Income was £1.5m better than Plan due to productivity savings in month and additional Research and Development (R&D) and Educational and Training income which offset additional costs incurred. Pay was £0.4m worse than Plan in month, with overall pay spend not achieving the pay CIP target.
- Total CIP delivery was £2.1, £0.4m below Plan. Andrew Asquith had been appointed as Director of Financial and Productivity Improvement and was working to improve CIP performance including considering acquiring dedicated external support in specific areas. The CIP Plan for quarter one had been achieved. The forecast for the remainder of the year was discussed at the July Strategy and Finance Committee and would be presented to the Trust Board at the end of quarter two. The significant challenge during Quarters three and four was emphasised.
- Under the single oversight framework, the Trust had achieved a segmentation score for Finance and Use of Resources of '2'.

JB provided an overview of the review of the latest financial position and forecast update at the July Strategy and Finance Committee noting that the Committee was working to better understand the risks to achieving the Plan.

DAF updated the Board on the dedicated external support being considered and the benefits this would bring to the organisation. The Board emphasised the importance of ensuring the rationale for this was clearly communicated to staff.

5 Strategy and Business Planning

5.1 Trust Clinical Strategy 2019-2024 for approval

Sponsors: Derek Sandeman, Medical Director

DB welcomed any comments on the new Clinical Strategy for 2019-2024.

MS made a number of comments on the strategy and asked when the Board would be provided with more detailed plans. DS advised that more detailed individual strategies for specific consultant groups were being developed and these could be shared with Board members at a later date. The Board commented that communication and engagement of staff with the strategy was key to its success.

PHe thanked DS for his leadership in developing the strategy.

Decision

The Board resolved to approve the Clinical Strategy 2019-2024 subject to minor amendments agreed.

6 Corporate Governance, Risk and Internal Control

6.1 Board Assurance Framework (BAF) Report 2019-20 Quarter 1 Report for review

Sponsor: Paula Head, Chief Executive

PHe introduced the proposed revised format Board Assurance Framework (BAF) Report for 2019-20 highlighting that this was used by the Executive Team to track, monitor and assess principal risks to the Board's agreed Strategic Goals. It was recommended that the Board use this to consider trends and levels of risk to each of the Strategic Goals.

The Board suggested that a less detailed set of data would be preferable and requested that the Executive report using a simplified version in future.

Action 67: Format of the BAF Report to be reviewed (PHe/CH).

6.2 Feedback from Council of Governors' Meeting 9 July 2019 (Oral)

Peter Hollins, Trust Chair

PTH summarised the items considered at the July meeting of the Council of Governors:

- Chief Executive's report.
- Patient experience report.
- The Trust's annual report and quality account for 2018/19 was formally received.
- A summary report from the Trust's external auditors on the Financial Statements, Use of Resources and Quality Report.
- An oral update on the performance of the external auditor.

- Membership engagement and governor elections update.
- A brief update on Non-Executive Director appraisals.
- The nomination of David Bennett as Non-Executive Director was approved.
- A review of the new format of governor working groups.

6.3 Register of Seals, and Chair's Actions for ratification

In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Delegation.

PTH reported actions taken in the month on behalf of the Board.

Decision

The Board ratified the actions taken in month.

6.4 Information Governance and Data Protection Annual Report 2018/19 for review

SP confirmed that the report had been considered in detail at the Audit and Risk Committee.

JH highlighted the continued repeated incidents related to envelopes and advised the Board that this was being addressed. GB, as Caldicott Guardian, commented that all incidents were investigated and actions implemented but warned that if repeat incidences continued there was a risk of financial penalties from the Information Commissioner's Office.

7 Any other Business

Diabetes Screening

JD-T and MS informed the Board that following the successful event at St Mary's Stadium, there would be another Diabetes screening event on 9th August 2019 at the Ageas Bowl.

8 To note the date of the next meeting

Friday 30 August 2019, in the Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH

List of action items

Agenda item	Assigned to	Deadline	Status	
Trust Board – Open Session 30/04/2019 4.4 Integrated Performance Report for Month 12 including Quarterly Patient Safety Report (QIF) for review				
5.	Research and Development	● Hayward, Jane	30/05/2019	■ Completed
<i>Explanation action item</i> To return KPIs for R&D to the Strategy and Finance Committee.				
0.	IPR Annual Review	● Hayward, Jane	30/05/2019	■ Completed
<i>Explanation action item</i> Future reports to identify those indicators that were mandated nationally.				
Trust Board – Open Session 27/06/2019 5.1 Trust Vision, Mission and Staff Voice for approval				
42.	UHS Change Champions	● Head, Paula	30/09/2019	■ Pending
<i>Explanation action item</i> Communication to go out to all staff regarding the mission statement and actions to be taken going forward. UHS Change Champions to draft this and share with Paula Head.				
Trust Board – Open Session 30/07/2019 6.1 Board Assurance Framework (BAF) Report 2019-20 Quarter 1 Report for review				
67.	Board assurance framework	● Head, Paula ● Helps, Charlie	30/09/2019	■ Completed
<i>Explanation action item</i> Format of the board assurance framework to be reviewed.				
<i>Explanation Helps, Charlie</i> Completed and presented to Board in July.				

Trust Board – Open Session 30/07/2019 4.5 Integrated Performance Report for Month 3 for review				
63.	Integrated performance report - Workforce	<ul style="list-style-type: none"> ● Byrne, Gail ● Harris, Steve 	10/09/2019	■ Pending
<i>Explanation action item</i> Actions in relation to staff morale and continued workforce issues to be presented to the next Trust Board Study Session.				
Trust Board – Open Session 30/07/2019 4.7 Safeguarding Annual Report 2018/19 for review				
66.	Safeguarding annual report	<ul style="list-style-type: none"> ● Hollins, Peter 	10/09/2019	■ Pending
<i>Explanation action item</i> To consider the frequency and content of safeguarding reporting in the future.				
Trust Board – Open Session 30/07/2019 2 Minutes of Previous Meeting held on 27 June 2019				
60.	Minutes of the previous meeting	<ul style="list-style-type: none"> ● French, David 	30/08/2019	■ Pending
<i>Explanation action item</i> DAF to amend paragraph 4.5.				
Trust Board – Open Session 30/07/2019 4.1 Patient Story				
61.	Patient story	<ul style="list-style-type: none"> ● Byrne, Gail ● Sandeman, Derek 	30/08/2019	■ Pending
<i>Explanation action item</i> GB and DS to meet with the patient/representative in attendance and respond to the feedback provided.				
Trust Board – Open Session 30/07/2019 4.5 Integrated Performance Report for Month 3 for review				
64.	Integrated performance report - Emergency department	<ul style="list-style-type: none"> ● Byrne, Gail 	30/08/2019	■ Pending
<i>Explanation action item</i> The receptionists' "red flag" list for patients attending ED to be reviewed.				

65.	Integrated performance report - maternity indicators	● Byrne, Gail ● Hayward, Jane	30/08/2019	■ Pending
	<i>Explanation action item</i> Maternity indicators for inclusion in the IPR to be reviewed.			
Trust Board – Open Session 27/06/2019 4.3 Integrated Performance Report for Month 2 for review				
38.	Overnight Patient Moves	● Marshall, Caroline	29/08/2019	■ Pending
	<i>Explanation action item</i> Quality Committee to investigate the level of overnight moves of patients for non-clinical reasons.			
Trust Board – Open Session 30/07/2019 4.5 Integrated Performance Report for Month 3 for review				
62.	Integrated performance report - Never Events	● Byrne, Gail	27/08/2019	■ Pending
	<i>Explanation action item</i> A paper outlining the actions being taken in response to the recent Never Events to be taken to the next Quality Committee.			
Trust Board – Open Session 27/06/2019 4.3 Integrated Performance Report for Month 2 for review				
40.	Delivering value-based healthcare	● French, David	30/07/2019	■ Completed
	<i>Explanation action item</i> Metrics under this section to be reviewed to ensure they reflect that discussed at strategy and finance committee.			
41.	Delivering value-based healthcare	● French, David	30/07/2019	■ Completed
	<i>Explanation action item</i> Commentary to include an update on the impact of elective/non-elective activity on income.			

Trust Board – Open Session 30/05/2019 4.6 Integrated Performance Report for Month 1 including Quarterly Infection Prevention & Control Report for review				
26.	IPR BA4	● French, David	30/05/2019	■ Completed
	<i>Explanation action item</i> To consider the patient experience implications of this indicator: "Number of defect work orders and percentage completed on time."			
25.	Cancer Performance	● Hayward, Jane	30/05/2019	■ Completed
	<i>Explanation action item</i> Consider adding a trend line to the cancer performance recovery graph to compare with the target.			

Report to the Trust Board of Directors dated Friday, 30 August 2019			
Title Integrated Performance Report 2019/20 Month 4			
Category	Quality, Performance, and Finance		
Agenda item	4.4		
Sponsor	Director of Transformation and Improvement		
Author	Trust Performance Manager		
Provenance	The Integrated Performance Report is reviewed monthly by the Board of directors		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for REVIEW.		
Relevant strategic goals	✓ Goal 1: Improving patient journeys.	✓ Goal 2: Delivering value-based health and care.	✓ Goal 3: Supporting healthy lives.
	✓ Goal 4: Building an expert and inclusive workforce.	✓ Goal 5: Being agile in meeting people's needs.	✓ Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways • BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6 • BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme • BAF04 – Reduced access to resources compromises the quality of services • BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care • BAF06 – Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services • BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care • BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual • BAF09 – Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider • BAF10 – Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status 		
Impact assessments	n/a		
Other standards affected	n/a		

Integrated KPI Board Report Digest

Improving patient Journeys

In July, non-elective rolling 12 month length of stay remains stable at 6.5 days which is disappointing. Length of stay reduction has been supporting the closure of adult beds as part of cost improvement programme, a small number of beds have been closed during June and July. Adult Bed occupancy has remained stable since January around the target 90-95%. Delayed transfers of care remain stable not achieving target, currently at 5.9% in July. Longer LOS patients are exhibiting normal variation but not achieving the target (214 in July against a target of 198), this is the third month in a row not achieving trajectory.

A new national weekly review of longer LOS patients has been launched in July to create a new focus on this group linked to the SAFER programme. UHS is working with NHSI to re-launch this programme and a national visit from experts will take place on the 29th August.

Outliers, AMU 8am bed occupancy and non-clinical ward moves remain stable after a step change in January 2019. There were 13 cancelled operations not readmitted within 28 days recorded in July, this performance was impacted by reduced theatre capacity due to reduction in juniors in the anaesthetic roster in July and impacts from the national pensions tax issue.

Emergency access performance remains below trajectory in July after a step down in performance in January and February 2019. Type 1 performance in July was 80% and we ranked 6th of 8 Major Trauma Centre peers (8th being worst). Local delivery system performance was at 86.7% in July against a target of 90.5%. A new recovery plan has been developed based on the recommendations of Matthew Cooke, a national clinical advisor. This is being monitored fortnightly with the national team and a new system plan is under development.

Percentage of patients on an open RTT pathway (waiting list) who have waited less than 18 weeks in June is at 86.01% and exhibits normal variation consistently not achieving the target of 92%. There were four patients waiting longer than 52 weeks recorded in July. The total number of patients on a waiting list remains above trajectory in July (for the 4th month in a row), there has been a technical readjustment following a data validation exercise and reduced clinical capacity linked to the national pensions tax issue. There has also been an impact from increased emergency work, with the need to introduce a second emergency theatre each day. All areas at UHS have done a deep dive demand and capacity analysis looking at referral rates and the impact of the national pensions tax change. An external company is being sourced to support a full validation of our waiting list.

6 week diagnostic performance remains stable not achieving trajectory, currently at 2.1% waiting over 6 weeks in July.

62 day cancer waiting time performance increased to 81.5% in June against a local target of 76.7%. UHS ranked 3rd (10th being worst) out of a peer group of 10 similar size teaching hospitals. There is a plan to recover this performance by December 2019 at the latest. The performance excluding urology patients was 90.1%

31 day cancer waiting time performance remains not achieving target after a step down in performance in December 2018. Performance was at 91.6% in June against a local trajectory of 94.7%.

2 week GP referral cancer waiting time performance continues to trend upwards, achieving target for the fourth month in a row, currently at 97.0% in June against a target of 93%.

Delivering value based health and care

The Reference Cost Index (RCI) is a measure of relative efficiency within NHS providers. An RCI of 100 indicates costs are in line with the national average, below 100 indicates costs are below the national average. UHS had an RCI of 98 in 2016/17 and 96 in 2017/18 i.e. in 2017/18 UHS was 4% (£27m) more cost efficient than the average NHS Trust.

Cost per Weighted Activity Unit (WAU) is the headline productivity metric used within the Model Hospital. Costs are adjusted for local variations in the cost of providing healthcare using the Market Forces Factor (MFF). In 2017/18 UHS cost per WAU was £3,358 which is in quartile 1 (the lowest 25% in the nation), the national median for 2017/18 was £3,486.

Getting it right first time (GIRFT) is a national programme designed to improve the quality of care within the NHS by reducing unwarranted variations. Currently at UHS 21 out of 33 clinical specialties have been visited. With 19 of these now having a clinically lead quality improvement and specialty lead investigation programmes agreed with the GIRFT central team.

The latest national data (April 2019) showed a median CHPPD for similar size (clinical output) trusts as 5.4 for registered nurses and 8.8 overall, UHS was at 5.4 and 8.6 respectively that month.

For the last 7 months the trust has achieved the target for complaints closed within 35 days, in July we achieved 86% against a target of 70%.

Supporting healthy lives

C.diff cases achieved trajectory in July with 5 against a target of 5, of these 1 case was deemed a lapse in care affecting the patient due to the delay in detection. We are above the year to date trajectory due to performance in May (9 against the in-month target of 5). There were 6 severe/moderate medication errors in July and 4 SIRIs.

Of the 4 overdue SIRI's at the end of July one is still being investigated by HSIB (since August 18), 2 have now been closed and 1 will be going to SISG in September.

We have had one never event reported in June which relates to the miss-identification of a patient leading to the patient receiving an injection to the wrong joint. Both patients involved have now received the correct treatment and urgent actions have been taken in radiology to strengthen their Stop points for safety.

There were six moderate harm medication incidents in July. Each case is individual and there are no themes within these six. There were four administration errors and two prescribing errors.

The administration errors involved a wrong patient error where a patient received a drug intended for another patient, a self-administration error and two wrong dose errors. The prescribing errors involved patients being prescribed medicines that they did not require, and a lack of prescription and monitoring for an anticoagulant infusion. All the incidents are under investigation.

12 national reports were published and reviewed in July 2019 and 2 Areas of concern were identified:

- (1) The national diabetes audit care processes and treatment targets 2016-17 full report March 2019. Blood pressure (<140/80). Actions on TEC report.
- (2) National Audit of Dementia (NAD) 2018/19 Report published July 2019- Governance. We have asked the lead for actions.

Rolling 12 month staff sickness absence is at target in July (<=3.4%).

Patients screened for risky behaviours in July (alcohol consumption and smoking) remain stable well above target (currently 99% against a target >80%. Of those found to have moderate or high alcohol dependence 89% were given relevant advice or a referral to specialist services in July, this performance is stable not achieving the target 90% (last achieved December 2018). Of those found to smoke who were given advice or offered medication performance in July was 84% below the target 90%.

Building an expert and inclusive workforce

In UHS ward-based areas, total nursing staff vacancies have increased slightly by 0.08% since last month.

Registered nurse vacancies in ward-based areas have also increased this month (by 0.34%). These changes are due to promotion of RNs, relocation of staff and reduction in contracted hours mainly following return from maternity leave, however to offset this 19 Overseas nurses have acquired their NMC registration.

Targets have been missed for staff turnover and appraisals. Sickness absence rates have increased for the third month, however remain within target. CHPPD has decreased slightly from last month. UHS has seen improvements in rates of employment for BAME Band 7+.

Additionally, the position for the following is stable: statutory and mandatory training compliance (with 10 of 12 measures meeting target) and CHPPD for in-patient nursing staff.

The total CHPPD rate in the Trust has decreased from last month to RN 5.3 (previously 5.5) , HCA 3.3 (previously 3.2) overall 8.6 (previously 8.7). The CHPPD for ward based areas in the Trust has increased from last month to RN 4.0 (previously 3.9) HCA 3.9 (previously 3.4) overall 7.9 (previously 7.3)

Being agile in meeting people's needs

Estates helpdesk requests did not achieve target in July (5th month in a row), currently at 76.6%. Unresolved help desk requests remain stable well below target, in July we had 688 against a target <1000. Unresolved requests over 30 days old are stable around the target, in July we did not achieve target with 222 against a target <200. Percentage defect work orders completed on time is just below the target >85%, currently at 82.8% in July. Percentage statutory and mandatory jobs

completed on time remains stable well above the target 95%, in July we were at 97.7% The EFCD team have looked at the effect of not performing some maintenance tasks in a timely manner and considered how this impacts patients.

A simple comparator of the failure rate of toilets has been selected. In July the figure was 0.51%.

There has been a continued upward trend in Histopathology and virology requesting and results acknowledgment made via eQUEST linked to continued integration within Endoscopy. Total UHS requesting via eQUEST is at 90.3% and specimens acknowledgement is at 92.7%

There was a continued increase in UHS patient logins and registrations to My Medical Record in July following the surge in June linked to a new registration method. The plan is to increase to 100,000 by the end of this year.

Leading edge research, education and innovation

In Q1 2019/20 UHS was ranked 7th for non-weighted and 3rd for weighted CRN recruitment against a target of being in the top 10 and top 5 respectively. We did not achieve target in Q1 2019/20 for Contract commercial recruitment, coming 16th with a target of being in the top 10.

Comparative CRN recruitment performance by specialty was on target in Q1 2019/20 with 58% specialties ranking as predicted (in the top 5 or top 10 based on prior performance).

Proportion of studies closing in FY on time and to recruitment target (commercial) has trended downward through the year finishing below target at 71% in Q4.

The year to date NIHR CRF & BRC publications in 2019/2020 is currently 137 (10% less than same time last year).

Integrated KPI Board Report

covering up to

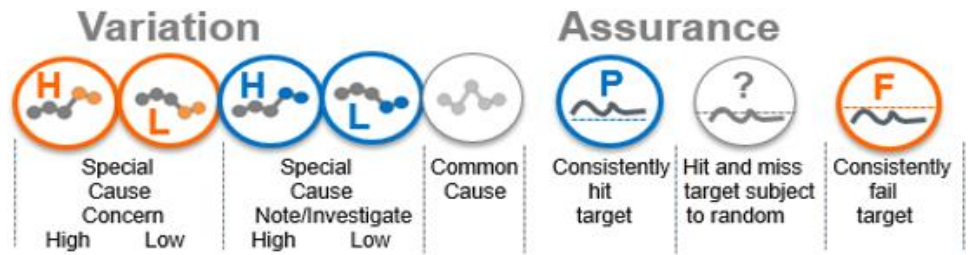
Jul 2019

Executive Sponsor - Jane Hayward, Director of Transformation















Jane.Hayward@uhs.nhs.uk
















Report Guide

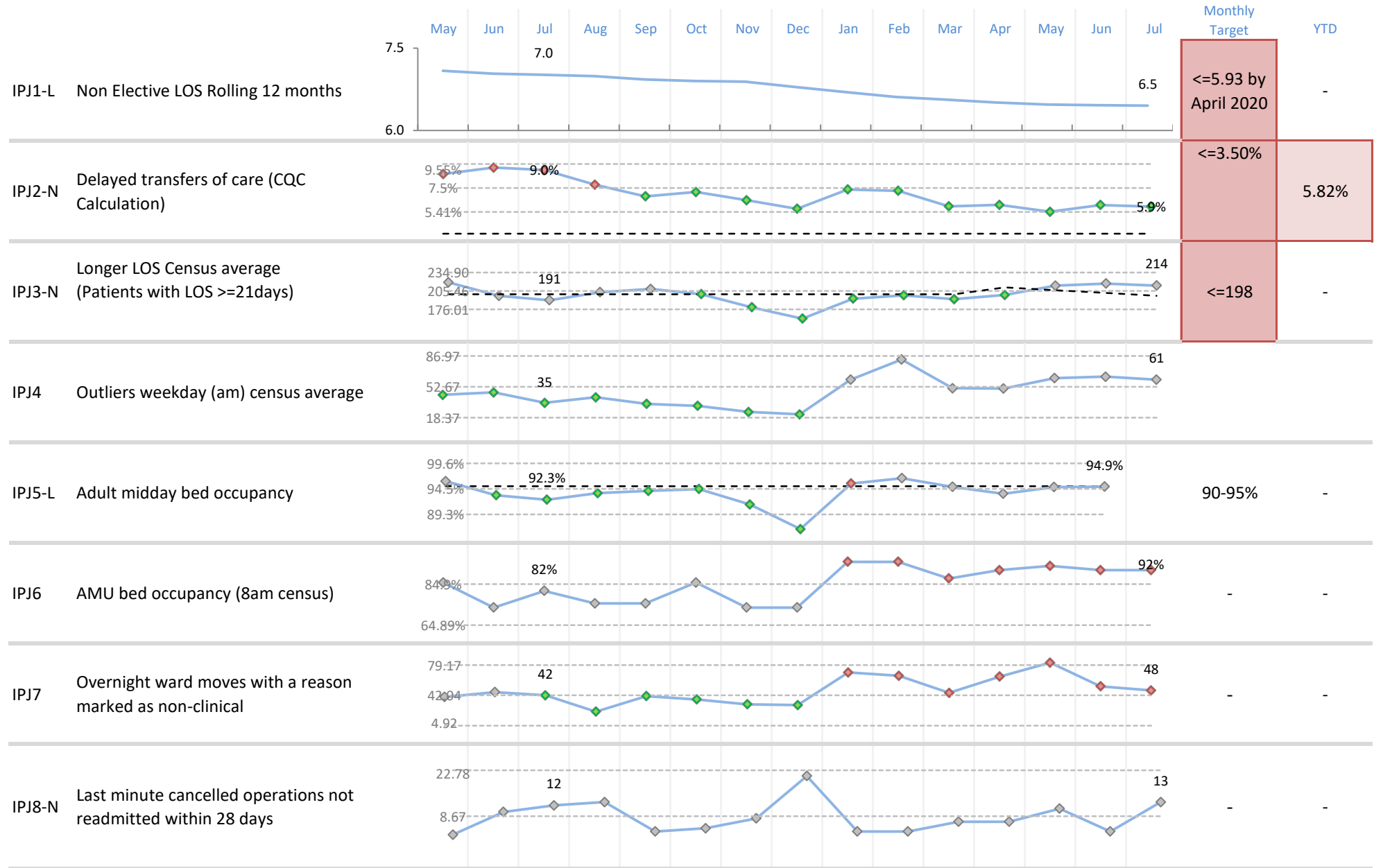
Chart Type	Example	Explanation
Cumulative Column		A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year		A cumulative year on year column chart is used to represent 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		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		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		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		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.



Improving Patient Journeys

IPJ ID	Description	Variation Icon	Assurance Icon
IPJ1-L	Non Elective LOS Rolling 12 months	-	-
IPJ2-N	Delayed transfers of care (CQC Calculation)		
IPJ3-N	Longer LOS Census average (Patients with LOS >=21days)		
IPJ4	Outliers weekday (am) census average		-
IPJ5-L	Adult midday bed occupancy		
IPJ6	AMU bed occupancy (8am census)		-
IPJ7	Overnight ward moves with a reason marked as non-clinical		-
IPJ8-N	Last minute cancelled operations not readmitted within 28 days		-
IPJ9	Percentage patients spending less than 4hrs in ED - UHS Type 1		-
IPJ10	Percentage patients spending less than 4hrs in ED - UHS Total (includes SGH all types and Lymington)		-
IPJ11-L	Percentage patients spending less than 4hrs in ED - Local Delivery System		
IPJ12	Same Day Emergency Care (SDEC)	-	-
IPJ13-N	Time to initial assessment - 95th Centile UHS Total	-	-
IPJ14-N	Time to treatment - Percentiles UHS Total	-	-
IPJ15-N	Total time spent in ED - Percentiles UHS Total	-	-

		Variation			Assurance		
		 	 				
		Special Cause Concern High Low	Special Cause Note/Investigate High Low	Common Cause	Consistently hit target	Hit and miss target subject to random	Consistently fail target
IPJ16-N	% Patients on an open 18 week pathway (within 18 weeks)						
IPJ17-N	Total number of patients on a waiting list			-			-
IPJ19-N	% of Patients waiting over 6 weeks for diagnostics						
IPJ20	Average weeks waited for first outpatient appointment						-
IPJ22-L	62 day cancer wait performance						
IPJ23-L	31 day cancer wait performance						
IPJ24-N	Urgent GP referrals seen in 2 weeks						
IPJ25	Snapshot of waits > 104 days			-			-
IPJ26	28 Day Faster Diagnosis			-			-



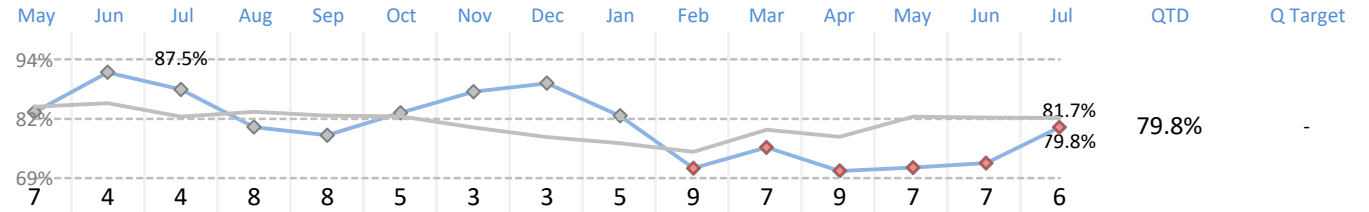
■ Current Data ■ Benchmark
■ Previous Year ■ Target

Percentage of patients spending less than 4 hours in ED

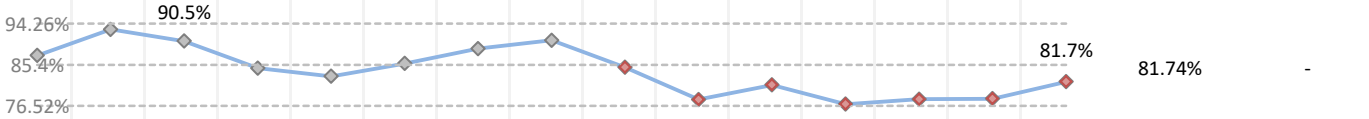
IPJ9 SGH Main ED (Type 1 and UCH)

Major Trauma Centres (Type 1)

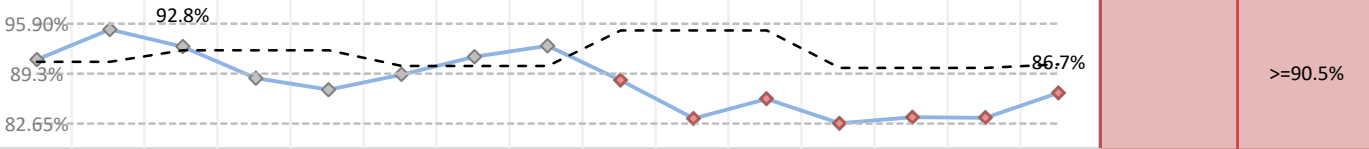
Rank of 11, (8 from May 19 onwards)->



IPJ10 UHS Total (includes SGH all types and Iymington)



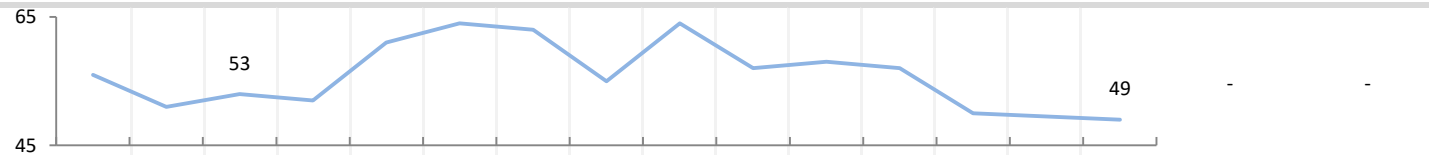
IPJ11-L Local Delivery System



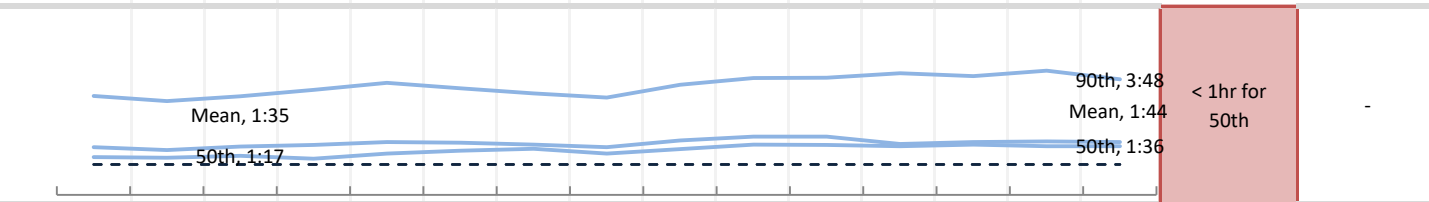
IPJ12 Same Day Emergency Care (SDEC)

Awaiting national data definition

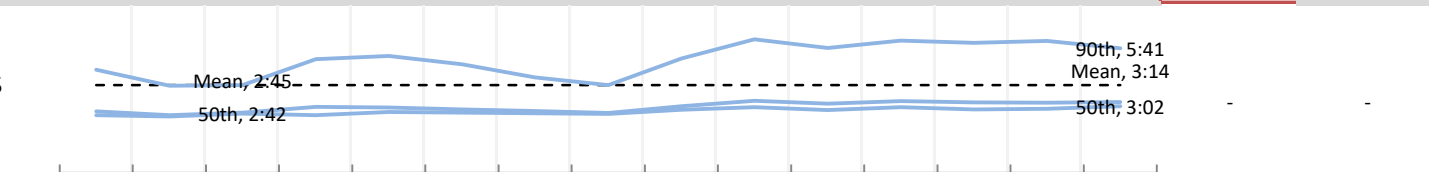
IPJ13-N Time to initial assessment - 95th Centile UHS Total



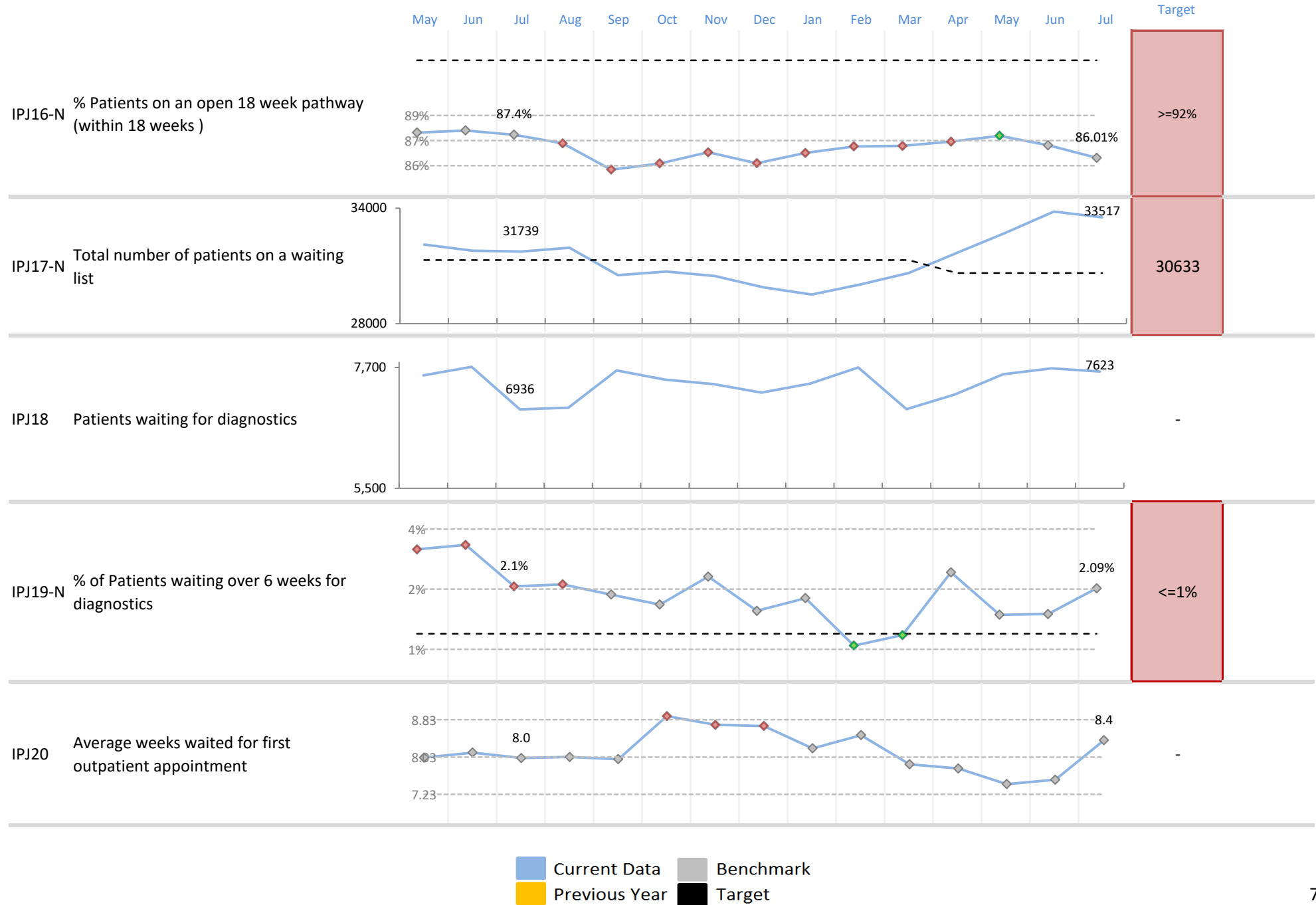
IPJ14-N Time to treatment - Percentiles UHS Total



IPJ15-N Total time spent in ED - Percentiles UHS Total



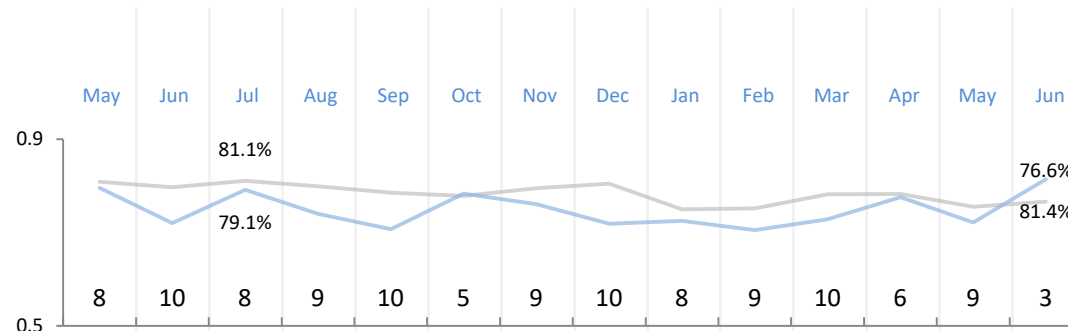
■ Current Data ■ Benchmark
■ Previous Year ■ Target



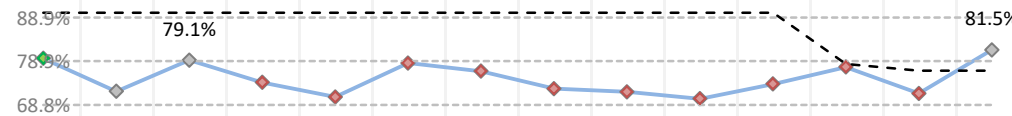
62 Day Performance Benchmark

IPJ21 Teaching Hospitals vs. UHS Total

Rank(of 10)->



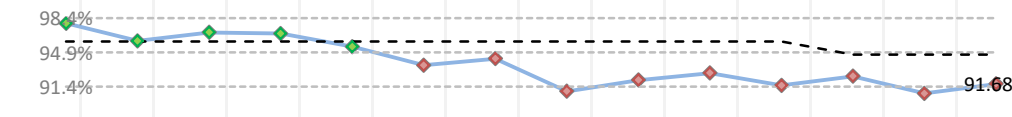
IPJ22-L 62 day cancer wait performance



=>77% 0 of 210.5 77%

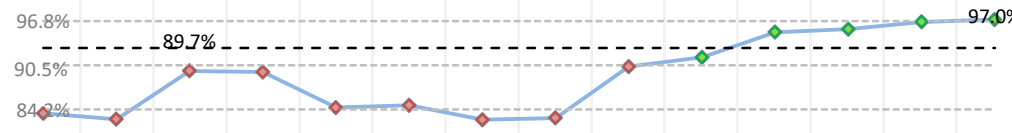
4 of 12 tumour sites achieved 62 day target in May.

IPJ23-L 31 day cancer wait performance



=>95% 25 of 829 92%

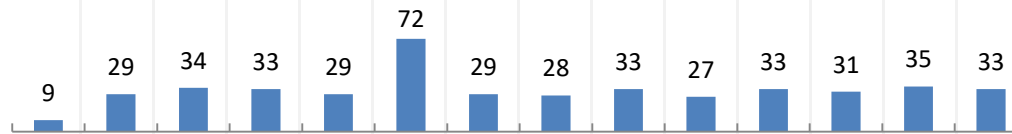
IPJ24-N Urgent GP referrals seen in 2 weeks



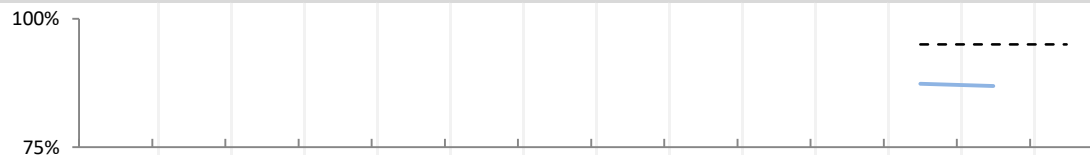
=>93% 0 of 1550 96%

10 of 13 tumour sites achieved 2 week target in May.

IPJ25 Snapshot of waits > 104 days



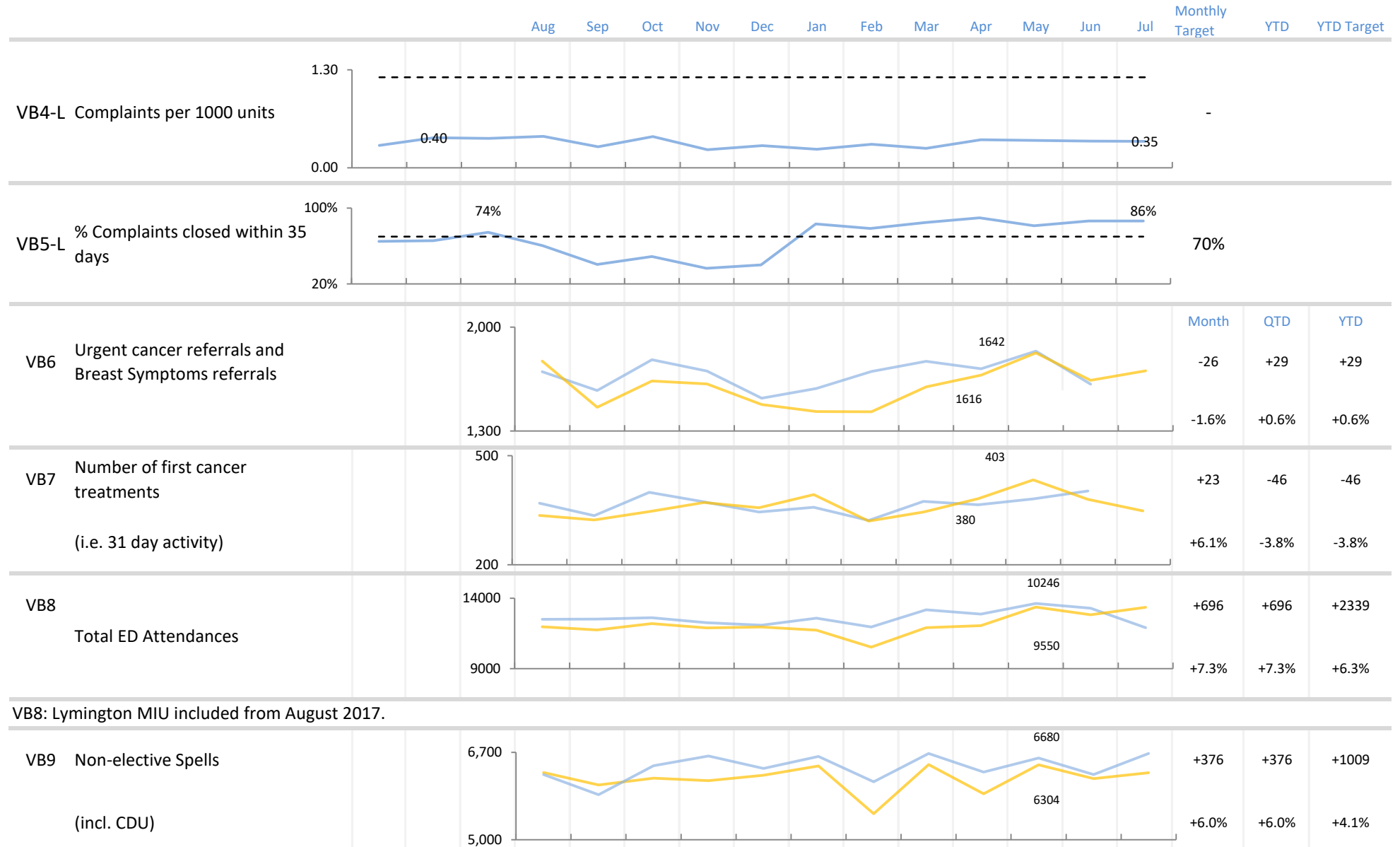
IPJ26 28 Day Faster Diagnosis



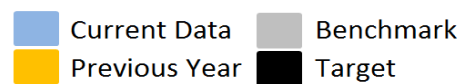
=>95% #N/A #N/A

IPJ26 - this KPI is being shadow monitored by UHS in preparation for national submissions beginning April 2020. There is currently no official target.

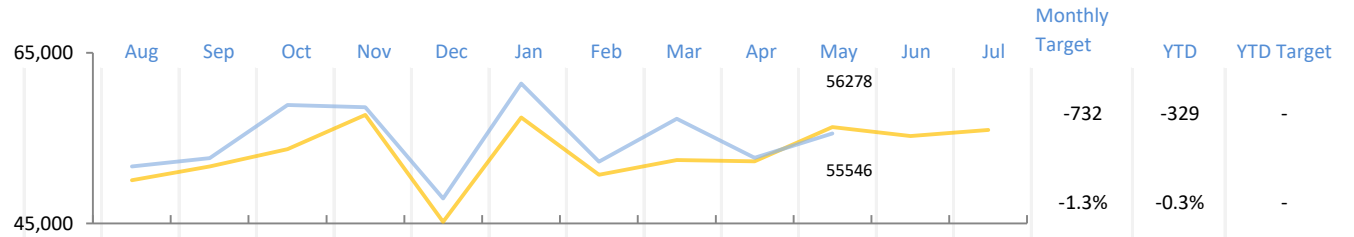




VB9: Operational practice change in counting and coding means that patients who move from ED to the CDU chair area only (not passing through CDU ward areas), are no longer being counted or billed as non-elective spells, resulting in a reduction in approx. 400 spells a month from August 17.

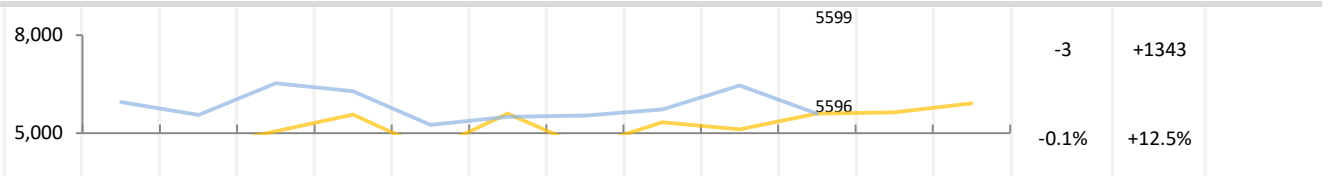


VB10 Face to Face OPA

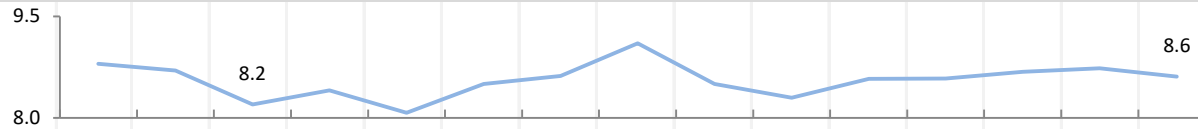


VB10/VB11: This currently excludes mymedical record contacts - in May non face to face outpatient activity was 9.2%

VB11 Non-Face to Face OPA

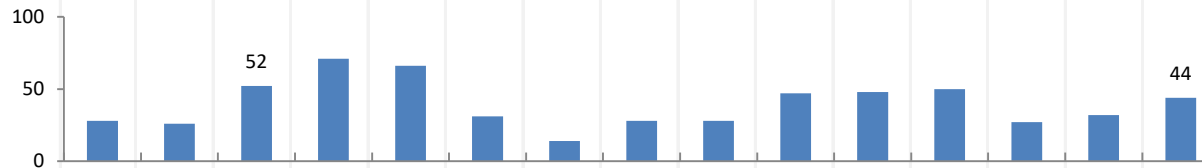


VB12 Total nursing staff all inpatient areas - Care hours per patient day (CHPPD)

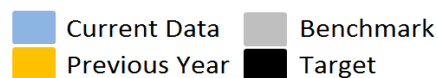
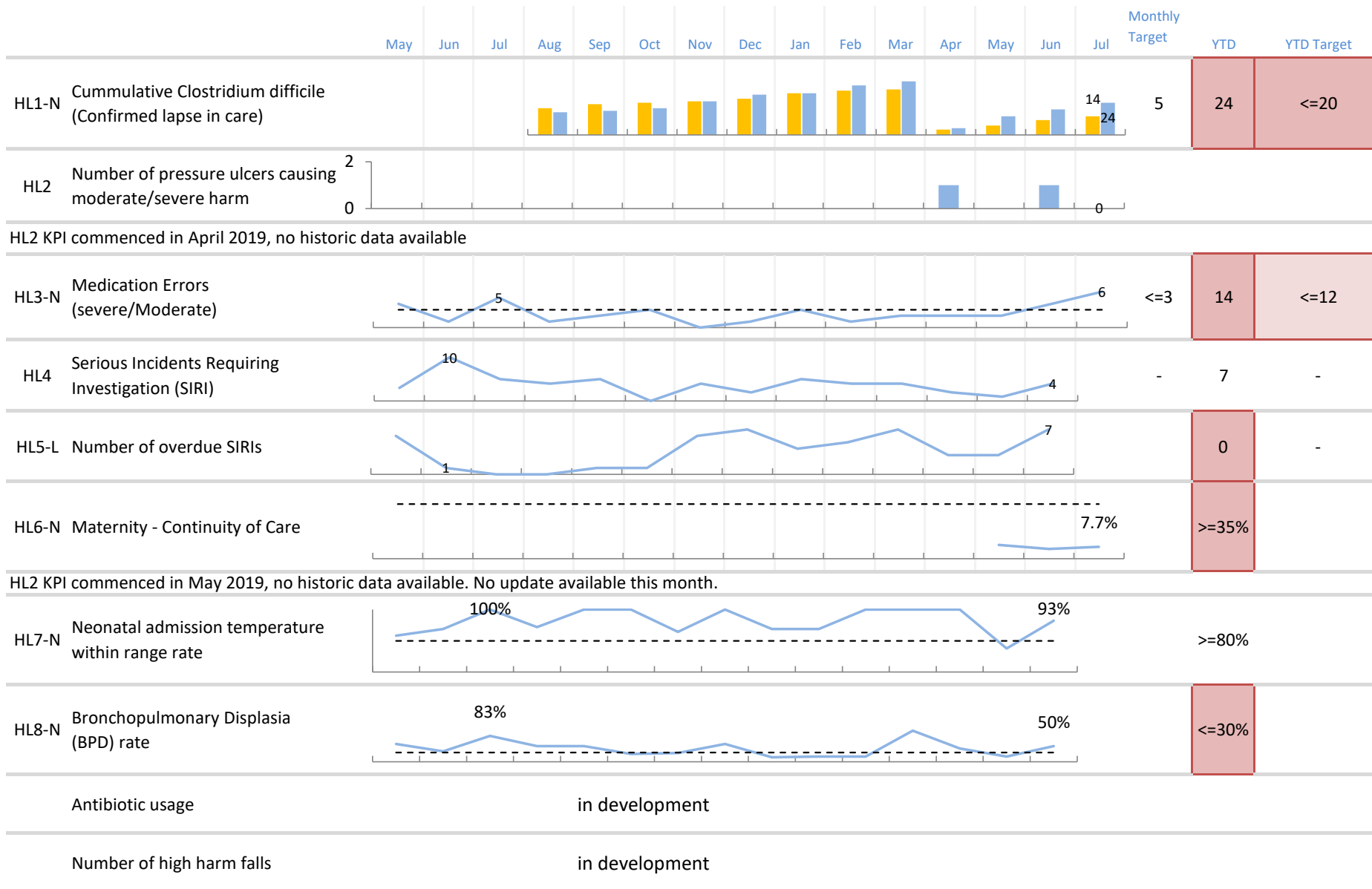


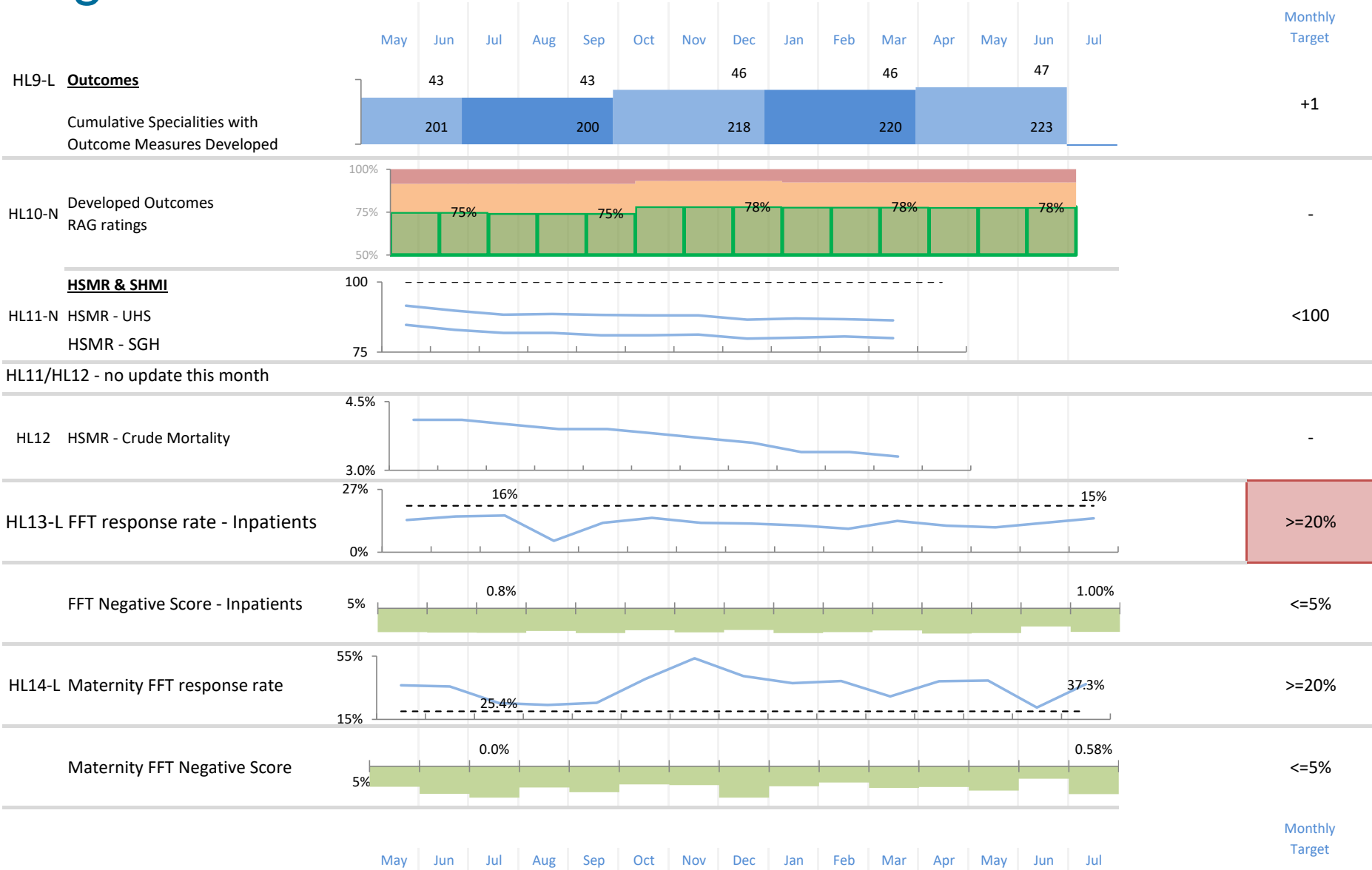
VB12 The total CHPPD rate in the Trust has increased from last month to RN 5.5 (previously 5.4) , HCA 3.2 (previously 3.2) overall 8.6 (previously 8.7). The CHPPD for ward based areas in the Trust has increased from last month to RN 3.9 (previously 3.9) HCA 3.4 (previously 3.4) overall 7.3 (previously 7.3)

VB13 Red Flag staffing incidents

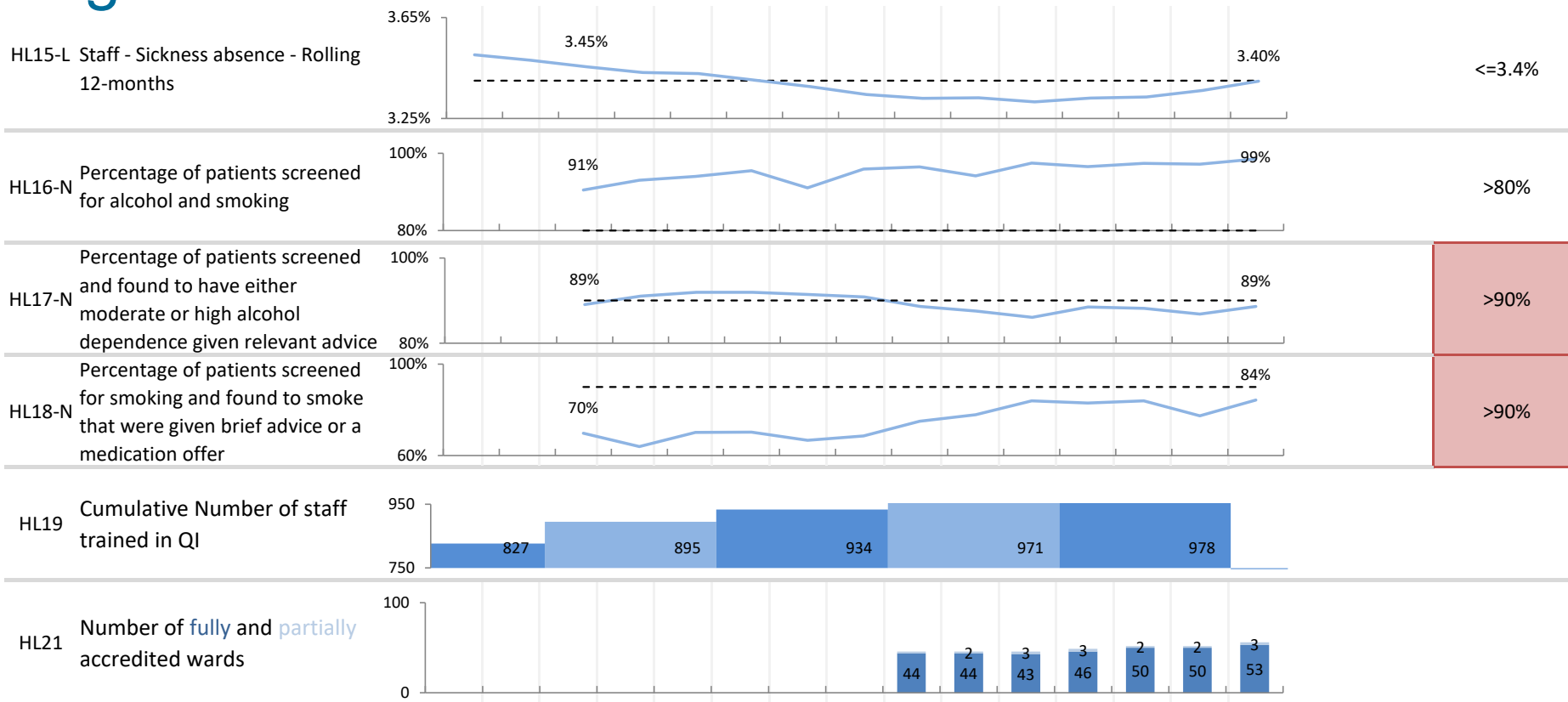


■ Current Data ■ Benchmark
■ Previous Year ■ Target

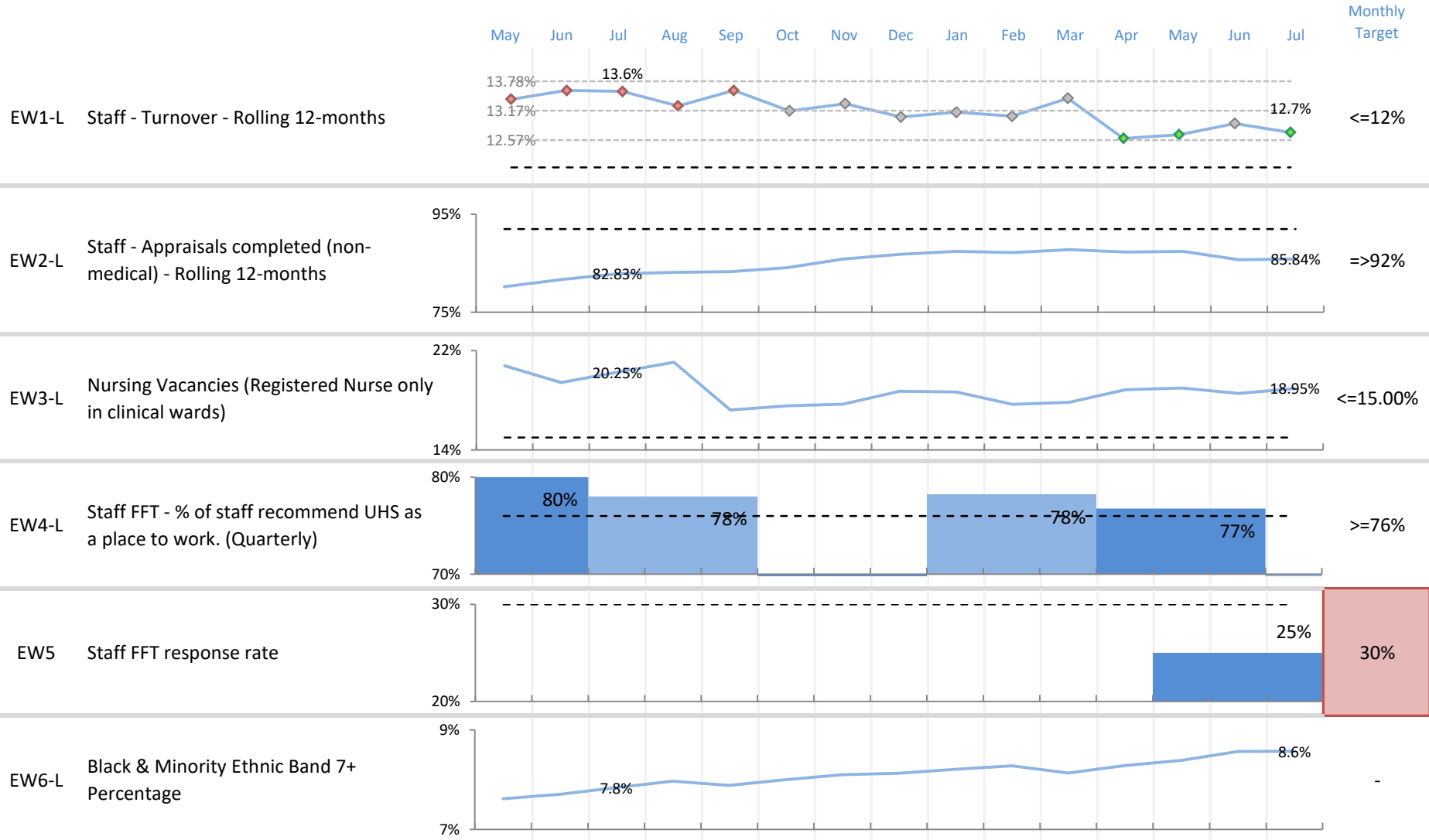




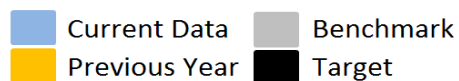
■ Current Data ■ Benchmark
■ Previous Year ■ Target

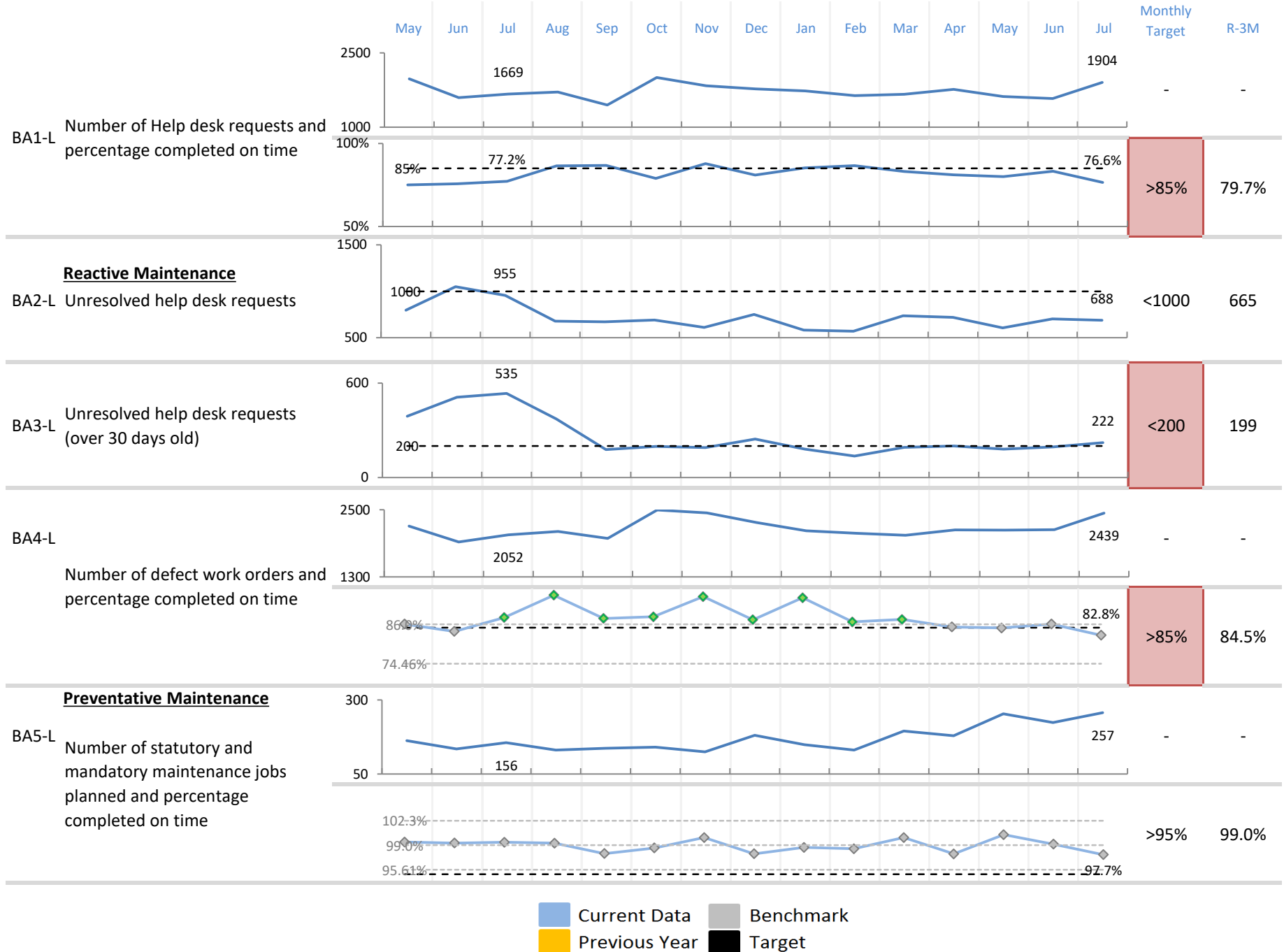


■ Current Data ■ Benchmark
■ Previous Year ■ Target

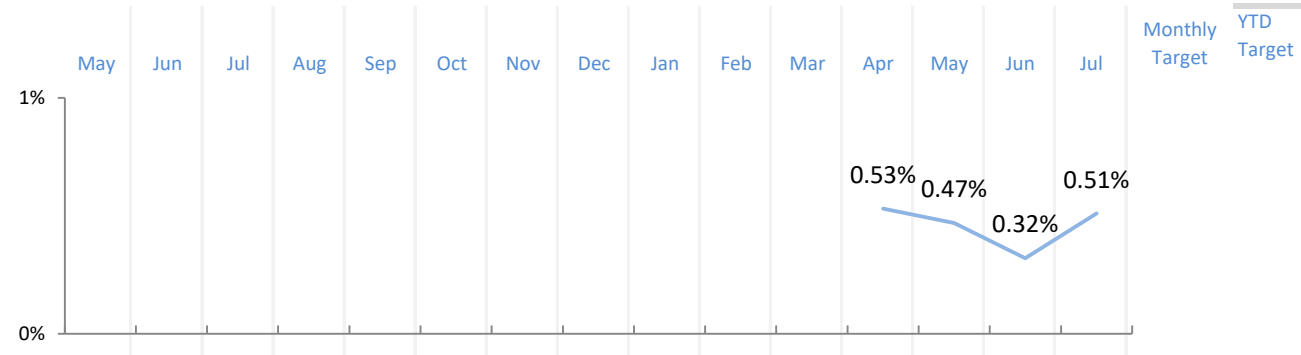


EW6 UHS has a target of 15% Band 7+ BME staff by 2023.



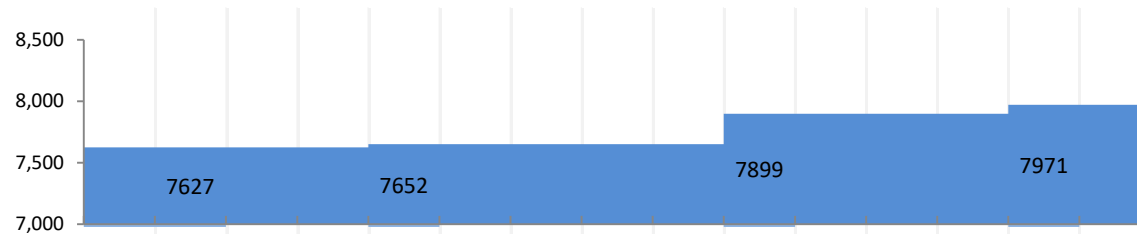


BA6 Monthly average unavailable toilets (%)

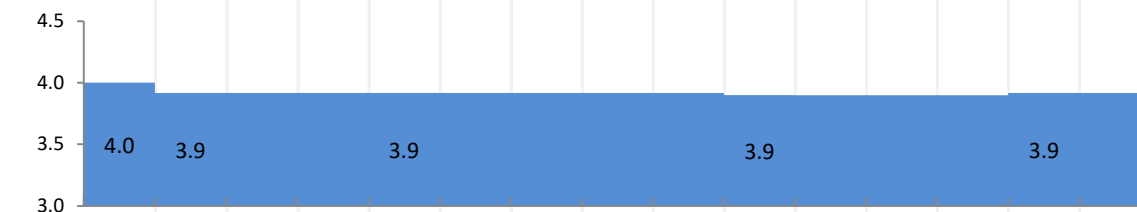


BA6 - This KPI is intended to be a proxy of the impact of maintenance work that is not completed on patients and staff.

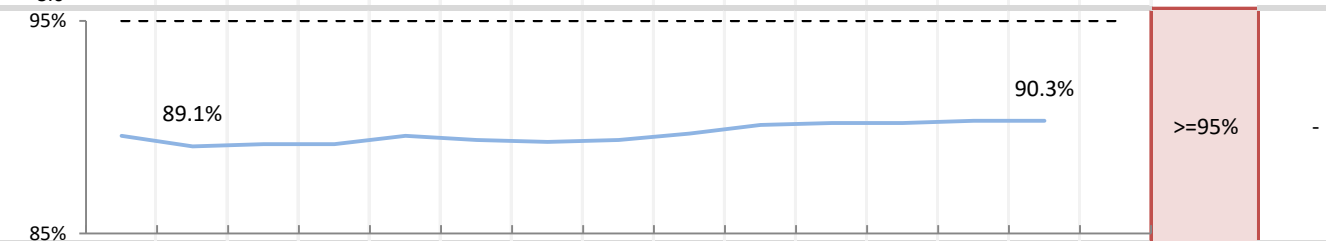
BA7 Number of computers



BA8 Average age of computers (years)

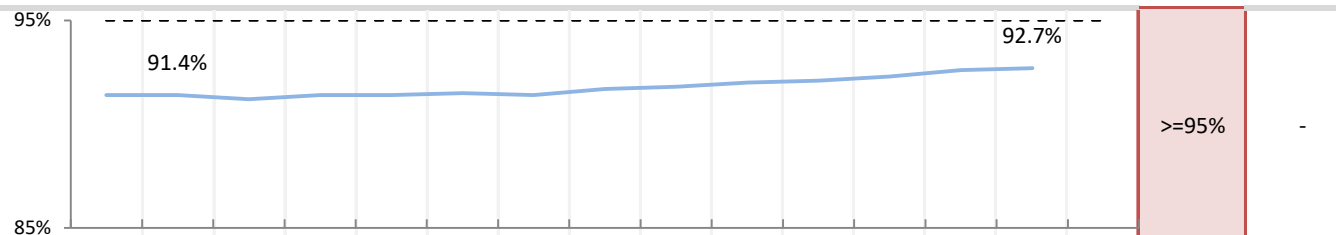


BA9-L Percentage specimens requested through eQUEST - rolling 3M

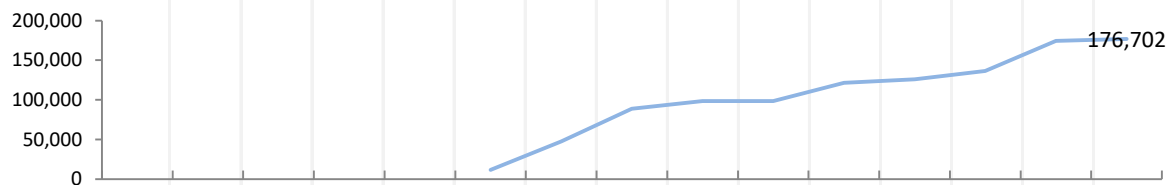


■ Current Data ■ Benchmark
■ Previous Year ■ Target

BA10- Percentage specimens available for acknowledgment through eQUEST - rolling 3M
L

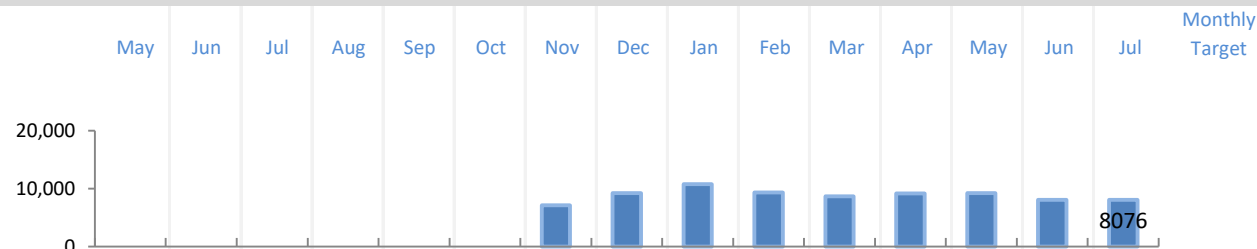


BA11 digiRounds patient records accessed

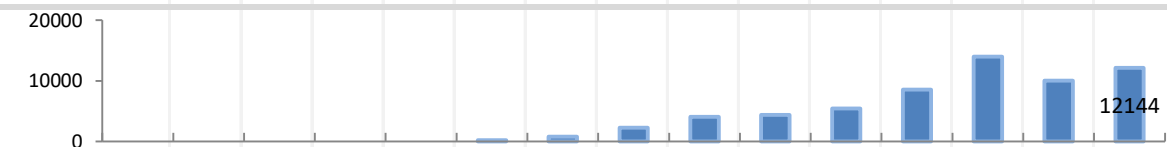


eQuest Results Alerts Sent

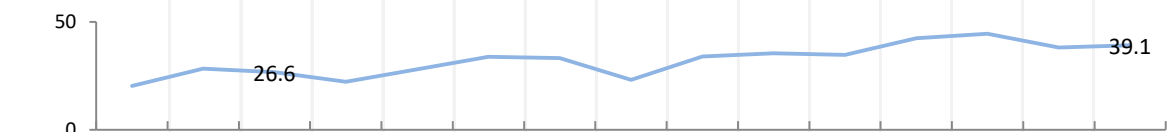
BA12 Decision support notifications (email alerts)



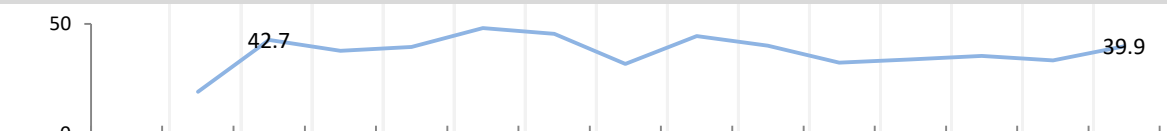
BA13 Medxnote



BA14 InfoQlik (Daily) Activity

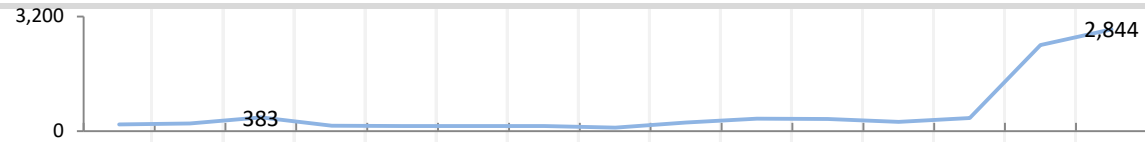


BA15 Sap BI (Daily) Activity

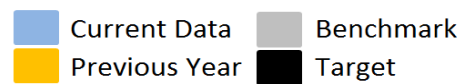
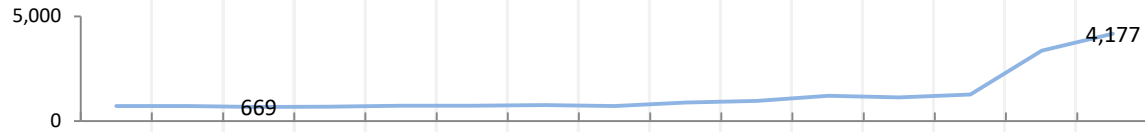


■ Current Data ■ Benchmark
■ Previous Year ■ Target

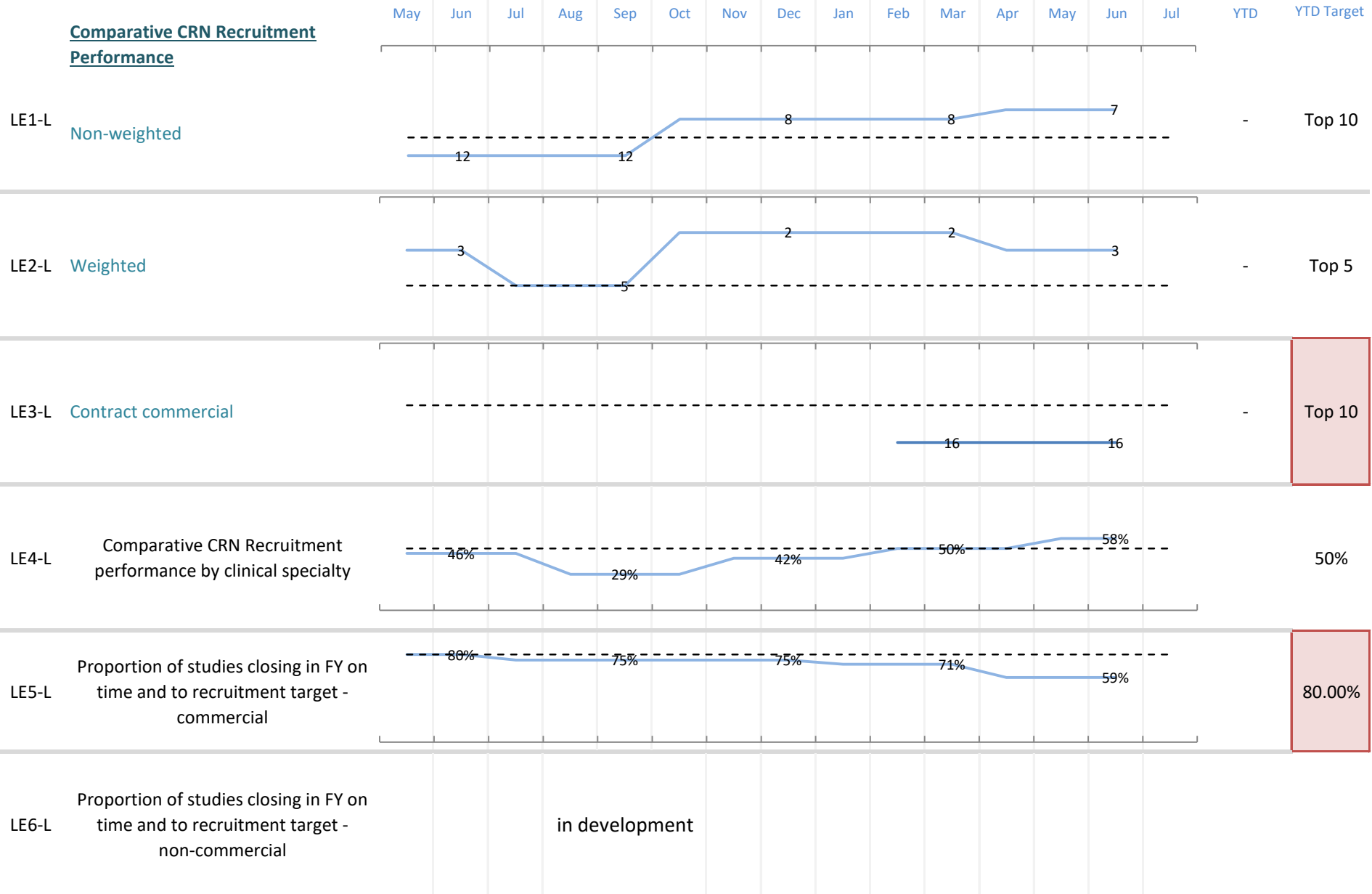
BA16 My Medical Record - UHS patient registrations

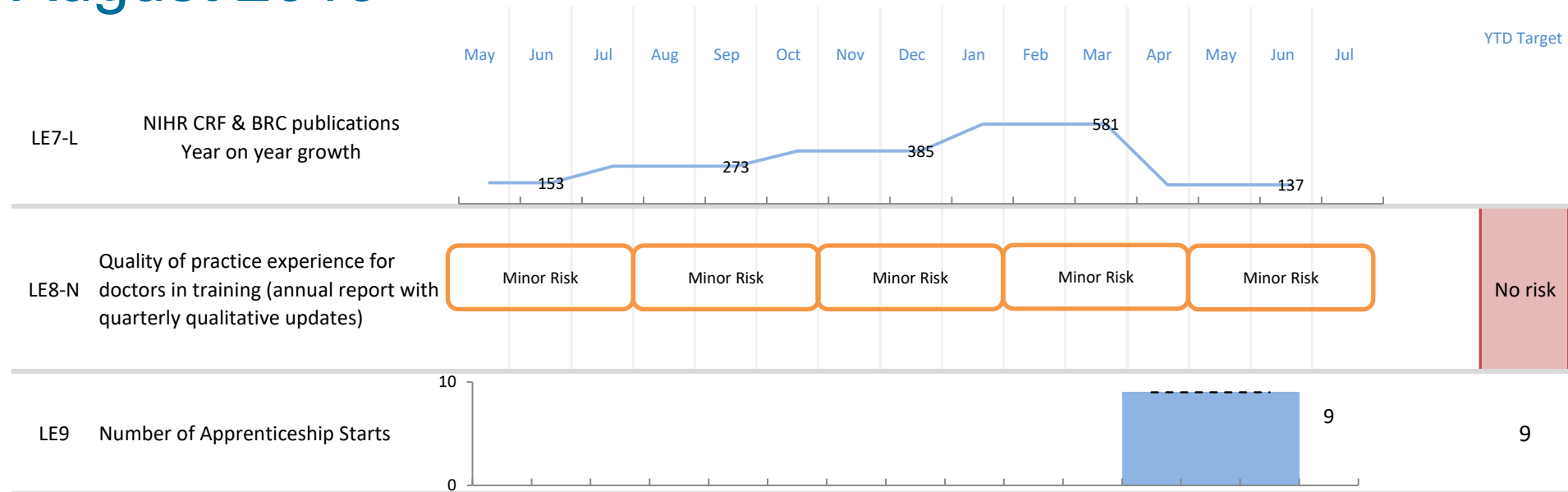


BA17 My Medical Record - UHS patient logins



Comparative CRN Recruitment Performance





Quarter 1 Infection Prevention Summary Report

Category		Q1 RAG	YTD RAG	Action /Comment
Targets:	MRSA bacteraemia reduction	R	R	1 MRSA BSI attributable to UHS in Q1 against a zero target. Prior to this, the last MRSA bacteraemia was over 400 days ago.
	Clostridium difficile infection reduction	R	R	19 attributable Cdl cases in Q1 2019-20 against Q1 limit of 15 cases and limit of 64 cases for the year. The increase in cases in May was due to identification of colonised patients undertaken as part of full screening of specimens as part of the norovirus outbreaks
	Prudent antibiotic prescribing	G	G	Total antibiotic usage targets now within the standard contract. Q1 performance is a reduction of 1.8% vs from 2018 baseline against a target of 1% reduction from baseline
Provide assurance of basic infection prevention practice:	CQC assurance framework	G	G	Overall compliance with CQC outcome 8. The Trust continues to implement actions to improve performance relating to cleanliness and isolation.
	Hand hygiene and Saving Lives high impact interventions	A	A	Covert hand hygiene audit Q4 shows 60% compliance with WHO key moments. Ward accreditation suspended to focus on a hand hygiene performance improvement framework.

Nursing and midwifery staffing hours - July 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 Specialising)

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)

This 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 from registered nurses and support staff - 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.

Over the summer months some ward beds have temporarily changed specialty to support seasonal changes in demand - these bed changes are often swift in nature and for short periods of time so are not always reflected accurately in the data. For July there have been additional beds supported for Cardiovascular patients on E7 which are not reflected in the numbers.

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	Registered nurses CHPPD	Unregistered Staff CHPPD	CHPPD Overall	Comments
C4 (Solent ward)	Day	1421	1186	989	1232	83.5%	124.6%	3.2	3.2	6.4	Support workers used to maintain staffing numbers
C4 (Solent ward)	Night	1055	957	696	897	90.7%	128.8%				Support workers used to maintain staffing numbers
C6	Day	2839	2601	148	124	91.6%	83.8%	7.2	0.3	7.5	Safe staffing levels maintained; Support workers used to maintain staffing numbers.
C6	Night	2046	1936	0	77	94.6%	Shift N/A				Safe staffing levels maintained; Support workers used to maintain staffing numbers.
C6 (Teenage Cancer Trust unit)	Day	692	682	354	123	98.5%	34.6%	7.4	0.9	8.3	Safe staffing levels maintained; Support workers used to maintain staffing numbers.
C6 (Teenage Cancer Trust unit)	Night	683	630	0	38	92.2%	Shift N/A				Safe staffing levels maintained; Support workers used to maintain staffing numbers.
D2	Day	1338	1480	1364	1098	110.6%	80.5%	4.1	3.2	7.4	Safe staffing levels maintained; Support workers used to maintain staffing numbers.
D2	Night	713	1047	1070	874	146.9%	81.7%				Safe staffing levels maintained; Support workers used to maintain staffing numbers.
D3	Day	1638	1553	829	927	94.8%	111.8%	3.9	2.5	6.4	Safe staffing levels maintained; Support workers used to maintain staffing numbers.
D3	Night	1046	1024	698	753	97.8%	107.9%				Safe staffing levels maintained; Support workers used to maintain staffing numbers.
Surgical high dependency unit	Day	2205	1782	414	366	80.8%	88.5%	16.7	3.4	20.1	Safe staffing levels maintained; Beds flexed to match staffing.
Surgical high dependency unit	Night	2139	1720	345	345	80.4%	99.9%				Safe staffing levels maintained; Beds flexed to match staffing.
Cardiac intensive care unit	Day	5224	4824	1224	738	92.4%	60.3%	24.3	3.1	27.4	Safe staffing levels maintained; Beds flexed to match staffing.
Cardiac intensive care unit	Night	5283	4609	834	449	87.2%	53.8%				Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit A	Day	4628	4152	982	696	89.7%	70.9%	24.7	3.4	28.0	Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit A	Night	4274	3790	712	391	88.7%	54.8%				Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit B	Day	4033	3382	376	328	83.8%	87.2%	26.1	2.4	28.5	Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit B	Night	3927	3420	356	302	87.1%	84.8%				Safe staffing levels maintained; Beds flexed to match staffing.
Neuro intensive care unit	Day	4841	4858	816	549	100.3%	67.3%	27.3	2.9	30.3	Safe staffing levels maintained; Beds flexed to match staffing.
Neuro intensive care unit	Night	4251	4136	648	412	97.3%	63.6%				Safe staffing levels maintained; Beds flexed to match staffing.

E5A	Day	1270	1116	667	891	87.9%	133.6%	3.4	2.6	6.1	Safe staffing levels maintained; Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
E5A	Night	702	682	357	472	97.2%	132.3%				Safe staffing levels maintained; Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
E5B	Day	1422	1255	838	830	88.2%	99.2%	3.7	2.4	6.1	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Band 4 staff working to support registered nurse numbers.
E5B	Night	697	680	357	460	97.6%	128.9%				Safe staffing levels maintained; Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
E8	Day	2120	1440	1682	1777	67.9%	105.6%	3.0	3.5	6.5	Safe staffing levels maintained; Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
E8	Night	1070	1021	1037	1075	95.4%	103.7%				Safe staffing levels maintained; Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
F11	Day	1895	1245	778	956	65.7%	122.8%	3.8	3.2	6.9	Safe staffing levels maintained; Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
F11	Night	713	713	713	701	100.0%	98.3%				Safe staffing levels maintained; Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
F6	Day	2227	1752	618	1409	78.7%	228.2%	3.2	3.0	6.2	Safe staffing levels maintained; Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
F6	Night	1069	960	713	1118	89.8%	156.8%				Safe staffing levels maintained; Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
F5	Day	1928	1496	1010	1204	77.6%	119.1%	3.3	2.7	6.0	Safe staffing levels maintained; Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
F5	Night	1070	1012	713	782	94.6%	109.7%				Safe staffing levels maintained; Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
Acute medical unit	Day	4299	4692	3820	4543	109.1%	118.9%	5.6	5.0	10.6	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
Acute medical unit	Night	3578	3470	2004	2832	97.0%	141.4%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
D5	Day	1338	1419	1618	1628	106.1%	100.6%	2.7	3.5	6.2	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
D5	Night	1059	848	934	1292	80.1%	138.4%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
D6	Day	1131	1092	1508	1416	96.5%	93.9%	2.6	3.2	5.8	Safe staffing levels maintained by sharing staff resource; Band 4 staff working to support registered nurse numbers.
D6	Night	702	748	942	907	106.6%	96.3%				Safe staffing levels maintained by sharing staff resource; Band 4 staff working to support registered nurse numbers.
D7	Day	719	761	1142	1109	106.0%	97.1%	3.0	3.0	6.0	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers.
D7	Night	721	714	357	380	99.1%	106.5%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D8	Day	1116	1191	1482	1404	106.7%	94.8%	2.7	3.1	5.9	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers.
D8	Night	713	786	947	874	110.2%	92.3%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers.
D9	Day	1235	1397	1665	1657	113.1%	99.5%	2.8	3.3	6.1	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers.
D9	Night	1070	959	947	1137	89.7%	120.0%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers.
E7	Day	702	539	785	644	76.8%	82.1%	2.7	2.8	5.5	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Staffing appropriate for number of patients.
E7	Night	437	415	437	365	94.9%	83.5%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Staffing appropriate for number of patients.
Respiratory high dependency unit	Day	1594	1123	303	591	70.5%	195.2%	11.8	5.9	17.7	Band 4 staff working to support registered nurse numbers; Staffing appropriate for number of patients; Safe staffing levels maintained.
Respiratory high dependency unit	Night	1425	1065	357	508	74.7%	142.4%				Band 4 staff working to support registered nurse numbers; Staffing appropriate for number of patients; Safe staffing levels maintained.
C5	Day	1065	893	773	759	83.9%	98.2%	4.1	2.8	7.0	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; Support workers used to maintain staffing numbers; This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty.
C5	Night	713	748	357	357	104.9%	100.0%				Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource; This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty.
D10	Day	1155	915	1394	1314	79.3%	94.3%	3.0	3.8	6.8	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
D10	Night	713	702	713	713	98.4%	100.0%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
F7	Day	725	756	1321	1279	104.3%	96.8%	2.4	3.2	5.6	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
F7	Night	690	713	713	697	103.3%	97.7%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G5	Day	1054	1071	1786	1815	101.6%	101.6%	2.1	3.4	5.5	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G5	Night	713	713	1070	1103	100.0%	103.1%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.

G6	Day	1068	1102	1869	1786	103.2%	95.6%	2.3	3.5	5.8	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G6	Night	713	725	1069	1040	101.6%	97.3%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G7	Day	755	583	1508	1183	77.2%	78.4%	3.4	6.1	9.5	Staff moved to support other wards; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
G7	Night	713	586	1070	936	82.1%	87.5%				Staff moved to support other wards; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
G8	Day	1098	1126	1807	1786	102.5%	98.8%	2.1	3.3	5.4	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G8	Night	713	713	1070	1070	100.0%	100.0%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G9	Day	1089	1169	1850	1752	107.3%	94.7%	2.4	3.6	5.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G9	Night	713	701	1060	1079	98.2%	101.8%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
Paediatric high dependency unit	Day	1614	1139	0	0	70.5%	Shift N/A	11.9	0.0	11.9	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
Paediatric high dependency unit	Night	1070	1082	0	0	101.2%	Shift N/A				Safe staffing levels maintained.
Paediatric medical unit	Day	1958	1529	357	569	78.1%	159.5%	5.4	2.8	8.3	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in month.
Paediatric medical unit	Night	1694	1157	341	843	68.3%	247.1%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
Paediatric assessment unit	Day	1307	1102	437	354	84.3%	81.1%	6.7	1.5	8.2	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Limited number of support workers required.
Paediatric assessment unit	Night	1068	971	120	104	90.9%	86.6%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Limited number of support workers required.
Paediatric intensive care unit	Day	6222	5012	687	468	80.5%	68.0%	23.0	2.1	25.1	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
Paediatric intensive care unit	Night	5701	4953	518	449	86.9%	86.7%				Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
Piam Brown ward	Day	3067	3286	123	156	107.2%	126.8%	15.0	0.5	15.5	Safe staffing levels maintained; 12 beds open.
Piam Brown ward	Night	1054	1365	0	0	129.5%	Shift N/A				Safe staffing levels maintained; 12 beds open.
E1	Day	2148	1576	691	484	73.4%	70.0%	5.7	1.8	7.5	No requirement for Support workers; Non-ward based staff supporting areas; Safe staffing levels maintained.
E1	Night	1403	1259	335	421	89.8%	125.4%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
G2	Day	769	748	0	0	97.2%	Shift N/A	7.7	0.0	7.7	Safe staffing levels maintained.
G2	Night	738	692	0	0	93.7%	Shift N/A				Safe staffing levels maintained.
G3	Day	2388	1668	1250	816	69.9%	65.3%	4.6	2.1	6.7	Beds flexed to match staffing; Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; 4 beds flexed down summer closure scheme.
G3	Night	1705	1200	682	484	70.4%	71.0%				Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; 4 beds flexed down summer closure scheme.
G4	Day	2521	1893	1248	904	75.1%	72.4%	4.7	2.1	6.8	Beds flexed to match staffing; Non-ward based staff supporting areas; 6 beds flexed down -summer closure scheme.
G4	Night	1705	1309	682	543	76.8%	79.6%				Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; 6 beds flexed down -summer closure scheme.
Bramshaw women's unit	Day	1474	1063	1279	833	72.1%	65.1%	6.1	4.4	10.5	Beds flexed to match staffing; Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; beds flexed down.
Bramshaw women's unit	Night	713	713	713	460	100.0%	64.5%				Beds flexed to match staffing; Safe staffing levels maintained; beds flexed down.
Neonatal unit	Day	6782	4672	1662	1371	68.9%	82.5%	9.2	2.6	11.8	Safe staffing levels maintained; Cots adjusted to match staffing.
Neonatal unit	Night	5192	3956	1364	1078	76.2%	79.0%				Safe staffing levels maintained; Cots adjusted to match staffing.
Maternity service	Day	8524	8088	3655	2282	94.9%	62.4%	5.6	1.7	7.4	Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Maternity service	Night	5418	5182	2385	1781	95.6%	74.7%				Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Cardiac high dependency unit	Day	4984	4208	1442	1431	84.4%	99.3%	13.3	3.7	16.9	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
Cardiac high dependency unit	Night	3838	3812	671	796	99.3%	118.6%				Staff moved to support other wards; Band 4 staff working to support registered nurse numbers.
Coronary care unit	Day	1664	1729	824	925	103.9%	112.3%	6.1	3.6	9.8	Skill mix swaps undertaken to support safe staffing across the Unit; Band 4 staff working to support registered nurse numbers.
Coronary care unit	Night	1210	1267	495	847	104.8%	171.1%				Safe staffing levels maintained; Increased night staffing to support raised acuity.
D4	Day	1881	1369	834	1235	72.8%	148.1%	3.2	3.6	6.8	Support workers used to maintain staffing numbers; Band 4 staff working to support registered nurse numbers.
D4	Night	772	787	682	1178	101.9%	172.7%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.

E2	Day	1661	1272	788	1259	76.6%	159.9%	4.3	3.6	7.9	Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
E2	Night	726	976	341	638	134.4%	187.1%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
E3 Green	Day	1998	1435	827	1469	71.8%	177.7%	2.9	3.6	6.4	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
E3 Green	Night	682	673	1100	1158	98.7%	105.3%				Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
E3 Blue	Day	1657	1129	781	927	68.1%	118.7%	3.3	3.0	6.3	Band 4 staff working to support registered nurse numbers; Band 4 staff working to support registered nurse numbers.
E3 Blue	Night	693	729	693	721	105.2%	104.0%				Safe staffing levels maintained; Safe staffing levels maintained.
E4	Day	2027	1889	745	1309	93.2%	175.7%	5.0	3.9	8.9	Band 4 staff working to support registered nurse numbers; Band 4 staff working to support registered nurse numbers.
E4	Night	920	1178	539	1099	128.1%	203.8%				Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
Acute stroke unit	Day	1523	1520	2655	2740	99.8%	103.2%	2.8	5.3	8.0	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
Acute stroke unit	Night	1023	881	1705	1793	86.1%	105.1%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
Regional transfer unit	Day	1233	917	379	591	74.4%	155.7%	6.7	5.6	12.3	Band 4 staff working to support registered nurse numbers.
Regional transfer unit	Night	682	627	586	696	91.9%	118.7%				Band 4 staff working to support registered nurse numbers.
E Neuro	Day	2040	1664	1166	1332	81.6%	114.2%	3.5	3.4	6.9	Band 4 staff working to support registered nurse numbers.
E Neuro	Night	1408	1078	1023	1353	76.6%	132.3%				Band 4 staff working to support registered nurse numbers.
Hyper acute stroke unit	Day	1604	1170	373	703	72.9%	188.8%	7.2	5.5	12.7	Band 4 staff working to support registered nurse numbers.
Hyper acute stroke unit	Night	1359	836	348	837	61.5%	240.5%				Band 4 staff working to support registered nurse numbers.
D neuro	Day	1914	1776	1844	1995	92.8%	108.2%	3.9	5.0	8.9	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
D neuro	Night	1375	1353	1717	1943	98.4%	113.2%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
SPI F4 Neuro	Day	1684	1589	760	1238	94.4%	162.8%	3.7	3.5	7.2	Band 4 staff working to support registered nurse numbers.
SPI F4 Neuro	Night	1023	802	1012	1043	78.4%	103.1%				Band 4 staff working to support registered nurse numbers.
Brooke ward (trauma and orthopaedics)	Day	1136	1060	580	571	93.3%	98.4%	3.3	2.4	5.7	Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
Brooke ward (trauma and orthopaedics)	Night	1070	736	356	701	68.8%	196.8%				Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit.
Trauma Assessment Unit	Day	570	328	394	556	57.6%	141.1%	3.1	5.3	8.4	Patient requiring 24 hour 1:1 nursing in the month; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
Trauma Assessment Unit	Night	341	253	341	430	74.2%	126.0%				Increased night staffing to support raised acuity; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
F1	Day	2485	2148	1519	2250	86.5%	148.1%	3.9	4.3	8.3	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
F1	Night	1783	1656	1070	1948	92.9%	182.1%				Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource.
F2	Day	1682	1435	1874	2266	85.3%	120.9%	2.8	5.3	8.2	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
F2	Night	1023	837	1280	1997	81.8%	156.0%				Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource.
F3	Day	1613	1450	2380	1999	89.9%	84.0%	3.1	5.3	8.3	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
F3	Night	1023	825	2020	1902	80.6%	94.2%				Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource.
F4	Day	1459	1184	1233	992	81.1%	80.4%	3.5	3.3	6.8	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
F4	Night	1024	716	681	783	69.9%	114.9%				Patient requiring 24 hour 1:1 nursing in the month; Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource.

Report to the Trust Board of Directors dated Friday, 30 August 2019			
Title: Workforce Race Equality Standard Annual Report 2018-19 and Action Plan 2019/20			
Category	Quality, Performance, and Finance		
Agenda item	4.5 i)		
Sponsor	Director of Nursing and Organisational Development		
Author	Christine Mbabazi		
Provenance	The Trust has submitted WRES data since 2015 and has a quarterly programme of reviewing progress against the nine indicators contained within the WRES dashboard. This report shows the latest dataset from 2019 and explores whether there have been any significant improvements or deterioration compared with the results from 2018		
Classification	This Report is unclassified.		
Purpose and recommendation	The Annual Report 2018/19 is presented for REVIEW. Trust Board is asked to APPROVE the Action Plan 2019/20.		
Relevant strategic goals	<input type="checkbox"/> Goal 1: Improving patient journeys.	<input type="checkbox"/> Goal 2: Delivering value-based health and care.	<input type="checkbox"/> Goal 3: Supporting healthy lives.
	<input checked="" type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care • BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care • BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual 		
Impact assessments	<p>This report is focused on BME staff to inform on what the organisation is doing to have “due regard” to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment, victimisation • Advance equality of opportunity between those covered by the Equality Act and those not covered, e.g BME and non-BME • Foster good relations between these groups <p>This report does not affect any persons from any protected characteristic negatively</p>		
Other standards affected	The Workforce Disability Equality Standard Equality Act guidance CQC regulation		

1 Executive Summary

Research and evidence strongly suggest that less favourable treatment of Black, Asian, and Ethnic Minority (BAME) staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients. The NHS Workforce Race Equality Standard (WRES), introduced in 2015, seeks to prompt inquiry to better understand why it is that BAME staff receive poorer treatment than White staff in the workplace and to facilitate the closing of these gaps.

The Trust has submitted WRES data since 2015 and has a quarterly programme of reviewing progress against the nine indicators contained within the WRES dashboard. This report shows the latest dataset from 2019 and explores whether there have been any significant improvements or deterioration compared with the results from 2018.

The key findings for the 2019 results show:

1. BAME staff represent 17.7% of the workforce, which is a 1.27% increase from 2018 to 2019. There has been an overall improvement in proportionate representation in most of the bands since 2018.
2. White shortlisted applicants are slightly more likely than BAME applicants to be appointed to post. This figure has improved from 1.78 times more likely in 2018 to 1.09 times more likely in 2019.
3. BAME staff are less likely than White staff to be entered into a formal disciplinary process.
4. BAME staff are more likely than White staff to access non-mandatory training and continued professional development opportunities.
5. White and BAME staff report a similar level of experiencing harassment, bullying or abuse from patients, relatives or the public (24% and 25% in 2019 respectively).
6. BAME staff report a higher level of experiencing harassment, bullying or abuse from other staff compared with white staff (28% and 22% in 2019 respectively).
7. The perception around the equal opportunities for career progression or promotion within the Trust is lower amongst BAME staff than White staff.
8. BAME staff are more likely than White staff to report personally experiencing discrimination at work by Manager/Teal leader or other colleagues.
9. The representation of BAME staff on the Trust Board is on par with the overall BAME workforce (15%).

It is pleasing to see notable improvements in some indicators, namely:

- Increasing the percentage of BAME staff in the overall workforce
- Improving shortlisting to appointments rates for BAME staff
- Reducing the relative likelihood of BAME staff entering the formal disciplinary process
- Increasing the relative likelihood of BAME staff accessing non-mandatory training and CPD
- Increasing Board representation to that of the total BAME workforce

Next steps

Based on 2019 data the following indicators have been identified as areas that the Trust must really focus on:

- Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public
- Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff
- Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion
- Indicator 8: Percentage of staff experiencing discrimination at work by manager/team leader or other colleagues

These indicators are inextricably linked and so it makes sense that they should be tackled alongside each other. In addition to these priorities the Trust has set itself the ambitious target of achieving 15% of Band 7 and above roles as being occupied by BAME staff. Therefore in order to support achieving this target Indicators, 1 and 2 will also be considered as priorities for the year ahead.

The action plan in appendix 1 sets out in detail the actions the Trust will take to achieve improvements against these indicators. In summary, they will focus on:

- 1) **Equal Opportunities and Recruitment:** The implementation and embedding of new recruitment practices.
- 2) **Employee Relations:** Identify mechanisms and root causes of the disproportionality of BAME staff experiencing discrimination, harassment, bullying and abuse.
- 3) **Staff Experience:** Improve the day-to-day experience of working at the Trust for BAME staff.

Workforce Race Equality Standard - Annual Report 2019



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Executive Summary

The Trust has submitted WRES data since 2015 and has a quarterly programme of reviewing progress against the nine indicators contained within the WRES dashboard. This report shows the latest dataset from 2019 and explores whether there have been any significant improvements or deterioration compared with the results from 2018.

An updated WRES action plan is also contained in Appendix 1, which shows the areas of focus for the Trust in the coming year.

The key findings from the 2019 submission show:

1. BAME staff represent 17.7% of the workforce, which is a 1.27% increase from 2018 to 2019. There has been an overall improvement in proportionate representation in most of the bands since 2018.
2. White shortlisted applicants are slightly more likely than BAME applicants to be appointed to post. This figure has improved from 1.78 times more likely in 2018 to 1.09 times more likely in 2019.
3. BAME staff are less likely than White staff to be entered into a formal disciplinary process.
4. BAME staff are more likely than White staff to access non-mandatory training and continued professional development opportunities.
5. White and BAME staff report a similar level of experiencing harassment, bullying or abuse from patients, relatives or the public (24% and 25% in 2019 respectively).
6. BAME staff report a higher level of experiencing harassment, bullying or abuse from other staff compared with white staff (28% and 22% in 2019 respectively).
7. The perception around the equal opportunities for career progression or promotion within the Trust is lower amongst BAME staff than White staff.
8. BAME staff are more likely than White staff to report personally experiencing discrimination at work by Manager/Teal leader or other colleagues.
9. The representation of BAME staff on the Trust Board is on par with the overall BAME workforce (15%).

It is pleasing to see notable improvements in some indicators, namely:

- Increasing the percentage of BAME staff in the overall workforce
- Improving shortlisting to appointments rates for BAME staff
- Reducing the relative likelihood of BAME staff entering the formal disciplinary process
- Increasing the relative likelihood of BAME staff accessing non-mandatory training and CPD
- Increasing Board representation to that of the total BAME workforce

The action plan in appendix 1 sets out in detail the actions the Trust will take to achieve improvements against these indicators. In summary, they will focus on:

- 1) **Equal Opportunities and Recruitment:** The implementation and embedding of new recruitment practices.
- 2) **Employee Relations:** Identify mechanisms and root causes of the disproportionality of BAME staff experiencing discrimination, harassment, bullying and abuse.
- 3) **Staff Experience:** Improve the day-to-day experience of working at the Trust for BAME staff.

Introduction

Research and evidence strongly suggest that less favourable treatment of Black, Asian, and Ethnic Minority (BAME) staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients. The NHS Workforce Race Equality Standard (WRES), introduced in 2015, seeks to prompt inquiry to better understand why it is that BAME staff receive poorer treatment than White staff in the workplace and to facilitate the closing of these gaps.

This is the 2019 annual WRES Data report. Data has been directly compared to 2018 data providing a clear picture on the indicators that the trust is performing well and those that require our focus in the year ahead.

It is pleasing to see notable improvements in some indicators, namely:

- Increasing the percentage of BAME staff in the overall workforce
- Improving shortlisting to appointments rates for BAME staff
- Achieving an equilibrium between relative likelihood of BAME and White staff entering the formal disciplinary process; and of accessing non-mandatory training and CPD
- Increasing Board representation to that of the total BAME workforce

Despite these achievements, the data highlights that the experiences and opportunities for BAME staff are not the same as for White staff, and more action and focus is needed to close the gap in experience between these two staff groups.

The focus of this report is to present the Trust's performance against the WRES indicators for the past 12 months and provide recommendations and an action plan by which to better our performance and ultimately improve the experience and opportunities for our BAME staff in the coming years.

WRES Progress in 2018/19

Actions taken in relation to the WRES indicators throughout 2018/19 include:

Recruitment

Following last year's WRES report, the organization used an external occupational psychology consultancy to review and update our recruitment training provision for managers with specific reference to diversity and unconscious bias.

This included production of a UHS specific interview question library to ensure interviews are consistent and relevant. This was piloted in November 2018 as indicated in the 2018 action plan and rolled out in January 2019. Masterclasses on application and interview techniques, targeted at but not exclusively so, for BAME staff were provided from November 2018.

Each month UHS reviews diversity data and has been identified that proportions of protected characteristics remain consistent through shortlisting stage but the likelihood of success from interviews onwards reduces for non-white groups especially non-medical staff.

Systems to ensure that access to staff development and support is fair and transparent have been put in place. For example the revised recruitment policy ensures that acting up, secondments, and developmental projects are formally advertised to give all people a fair opportunity to develop.

In conjunction with the release of the new recruitment policy a working group has been reviewing concerns raised around fairness or recruitment processes. The working group has identified 3 key steps that need to be taken in order to improve the fairness of our recruitment.

- 1) Independent assessors on interview panels (These are a pool of Freedom to Speak Up champions and Change champions with diverse backgrounds and characteristics)
- 2) Ensuring quality constructive feedback for candidates who attend interviews. This is to give opportunities for development to candidates who are not successful and are more likely to come from diverse groups.
- 3) For the purposes of the above, the availability of interview assessment evidence is essential to validate decisions.

Speaking Up

Creating a culture of speaking up with the Freedom to Speak Up Guardian and the newly appointed Freedom to Speak Up Champions from different departments and diverse backgrounds and characteristics.

Improved transparency in formal disciplinary processes with the support of the Freedom to Speak Up Guardian.

The Trust established itself as a Third Party Reporting Centre for Hate Crime to support staff where incidents occur outside of the Trust grounds and working hours.

Staff Networks

The Trust continues to promote staff networks that have a key role in developing and overseeing the implementation of the action plans. The BAME Network has also been known as the WRES action group continues to oversee the implementation of the WRES action plan and to improve the experiences of BAME. The organization has the BAME network, LGBT Staff network and the Longterm Illness and Disability group. All staff are encouraged to join any of the groups they wish.

Training and Development

An Inclusive Leadership Talent Management Programme was delivered to a cohort of 48 delegates (75% of whom were BAME). The aim of this programme was to provide insights, tools and techniques to those who attend to take charge of their careers and develop confidence in steering their career paths. Several internal promotions were achieved and delegates accredited it in part to their participation in the programme.

Therefore it is anticipated that the impact of many of the activities will be acutely noticeable in the 2020 data submission.

WRES Submission 2019

The WRES submission is comprised of 9 indicators which compare the experience of White and BAME staff in an employment context. The submission for 2019 is broken below and compared with data from the 2018 submission, with a summary of whether there has been an improvement or deterioration in the data. Each indicator is rated according to: Red – Target not achieved; Amber – Moving toward target; Green – Target achieved.

Indicator 1: Percentage of staff in each AfC Bands 1-9 and VSM compared to overall workforce

Non Clinical	2018					2019					BME Staff Compared with Overall Non-Clinical Workforce 2019	Change from 2018/19 in BME
	White		BME		Total	White		BME		Total		
	#	%	#	%		#	%	#	%			
Band 1	41	83.67%	8	16.33%	49	51	83.61%	10	16.39%	61	6.48%	0.07%
Band 2	487	89.69%	56	10.31%	543	481	87.45%	69	12.55%	550	2.63%	2.23%
Band 3	561	90.19%	61	9.81%	622	535	90.22%	58	9.78%	593	-0.13%	-0.03%
Band 4	348	91.34%	33	8.66%	381	359	92.76%	28	7.24%	387	-2.68%	-1.43%
Band 5	176	89.34%	21	10.66%	197	183	87.98%	25	12.02%	208	2.10%	1.36%
Band 6	134	91.16%	13	8.84%	147	142	88.75%	18	11.25%	160	1.34%	2.41%
Band 7	130	92.20%	11	7.80%	141	152	92.68%	12	7.32%	164	-2.60%	-0.48%
Band 8A	78	93.98%	5	6.02%	83	76	93.83%	5	6.17%	81	-3.74%	0.15%
Band 8B	53	96.36%	2	3.64%	55	52	94.55%	3	5.45%	55	-4.46%	1.82%
Band 8C	31	96.88%	1	3.13%	32	40	97.56%	1	2.44%	41	-7.48%	-0.69%
Band 8D	21	100.00%	0	0.00%	21	18	100.00%	0	0.00%	18	-9.91%	0.00%
Band 9	9	90.00%	1	10.00%	10	10	83.33%	2	16.67%	12	6.75%	6.67%
VSM	9	90.00%	1	10.00%	10	9	90.00%	1	10.00%	10	0.09%	0.00%
Total	2078	90.70%	213	9.30%	2291	2108	90.09%	232	9.91%	2340		0.62%

Clinical Workforce	2018					2019					BME Staff Compared with Overall Clinical Workforce 2019	Change from 2018/19 in BME
	White		BME		Total	White		BME		Total		
	#	%	#	%		#	%	#	%			
Band 1	133	86.93%	20	13.07%	153	133	87.50%	19	12.50%	152	-7.27%	-0.57%
Band 2	959	80.52%	232	19.48%	1191	1035	80.54%	250	19.46%	1285	-0.32%	-0.02%
Band 3	346	85.22%	60	14.78%	406	405	89.21%	49	10.79%	454	-8.98%	-3.99%
Band 4	318	78.71%	86	21.29%	404	356	70.92%	146	29.08%	502	9.31%	7.80%
Band 5	1686	78.90%	451	21.10%	2137	1550	75.32%	508	24.68%	2058	4.91%	3.58%
Band 6	1351	87.39%	195	12.61%	1546	1442	86.19%	231	13.81%	1673	-5.96%	1.19%
Band 7	771	90.71%	79	9.29%	850	813	89.74%	93	10.26%	906	-9.51%	0.97%
Band 8A	194	95.57%	9	4.43%	203	202	93.95%	13	6.05%	215	-13.72%	1.61%
Band 8B	63	94.03%	4	5.97%	67	70	94.59%	4	5.41%	74	-14.37%	-0.56%
Band 8C	20	95.24%	1	4.76%	21	20	95.24%	1	4.76%	21	-15.01%	0.00%
Band 8D	10	100.00%	0	0.00%	10	11	100.00%	0	0.00%	11	-19.77%	0.00%
Band 9	2	100.00%	0	0.00%	2	1	100.00%	0	0.00%	1	-19.77%	0.00%
VSM	3	100.00%	0	0.00%	3	3	100.00%	0	0.00%	3	-19.77%	0.00%
Consultants	494	77.31%	145	22.69%	639	528	78.34%	146	21.66%	674	1.89%	-1.03%
Non-Consultant Career Grade	36	65.45%	19	34.55%	55	136	61.82%	84	38.18%	220	18.41%	3.64%
Trainee Grades	530	61.63%	330	38.37%	860	445	67.12%	218	32.88%	663	13.11%	-5.49%
Total	6916	80.92%	1631	19.08%	8547	7150	80.23%	1762	19.77%	8912		0.69%

Rating: Amber

The 2019 data indicates that BAME staff represent 17.7% of the workforce that have declared their ethnicity, which is a 1.27% increase from 2018 to 2019. There remains a disparity between the organisational average for BAME clinical (19.77%) and non-clinical (9.91%) at various grades. The local population is approximately 14% BAME.

The most notable increases for the non-clinical workforce were at Band 6 (increase of 2.4%) and Band 9 (increase of 6.67%). In the clinical workforce, there were increases in seven grades (ranging from 0.97% in Band 7 and 7.8% in Band 4).

Whilst it is good news that the BAME workforce continues to grow, the Trust recognises that there is still significant work to be done to achieve race equality within the workforce. In acknowledgement of this the Trust has set a target that by 2023 that 15% of positions at Band 7 and above are occupied by BAME staff.

Indicator 2: Relative likelihood of BAME staff being appointed from shortlisting

Relative likelihood of staff being appointed from shortlisting across all posts	2018		2019	
	White	BME	White	BME
	#	#	#	#
Number of shortlisted applicants	5288	1234	5638	1333
Number appointed from shortlisting	1898	412	2092	453
Relative likelihood of White staff being appointed from shortlisting compared to BME staff	1.08		1.09	

2018: White staff are 1.78 times more likely to be appointed from shortlisting

2019: White staff are 1.09 times more likely to be appointed from shortlisting¹

Rating: **Amber**

White staff are marginally (.09) more likely to be appointed from shortlisting compared with BAME staff. While this is a welcome improvement on the 2018 figures, the Trust continues to make improvement to the recruitment process to ensure that it is as fair and objective as possible. This includes the recent launch of an updated Recruitment and Selection policy, training programme, and recruitment software that produces competency-based interview questions.

The Trust will require at least one member of an interview panel to have attended the updated recruitment and selection training from 2020/21 (depending on attendance numbers).

Indicator 3: Relative likelihood of staff entering a formal disciplinary process

Relative likelihood of staff entering the formal disciplinary process, as measured by entry into a formal process	2018		2019	
	White	BME	White	BME
	#	#	#	#
Number of staff entering the formal disciplinary process	42	10	71	13
Relative likelihood of staff entering the formal disciplinary process compared to White staff	1.17		0.85	

2018: BAME staff are 1.17 times more likely to enter a formal disciplinary process.

2019: BAME staff are 0.85 times more likely to enter a formal disciplinary process².

Rating: **Green**

BAME staff are less likely to enter into a formal disciplinary process compared with white staff. This likelihood score has improved since 2018.

¹ A figure below "1" would indicate that white candidates are less likely than BAME candidates to be appointed from shortlisting.

² A figure below "1" would indicate that BAME staff members are less likely than white staff to enter the formal disciplinary process

Indicator 4: Relative likelihood of staff accessing non-mandatory training and CPD

Relative likelihood of staff accessing non-mandatory training and CPD	2018		2019	
	White	BME	White	BME
	#	#	#	#
Number of staff accessing non-mandatory training and CPD	7284	1485	7187	1653
Relative likelihood of White staff accessing non-mandatory training and CPD compared to BME staff	1.00		0.94	

2018: White staff are 1.00 times more likely to access non- mandatory training and CPD.

2019: White staff are 0.94 times more likely to access non-mandatory training and CPD.³

Rating: Green

The Trust also sustained its position that both BAME and White staff have equal chance of accessing non-mandatory training and CPD.

Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public

2018: White - 25.52%; BAME - 23.62%

2019: White - 24%; BAME – 25%

Rating: Amber

White and BAME staff reported a similar level of experiencing harassment, bullying or abuse from patients, relatives or the public.

Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff

2018: White - 20.77%; BAME - 26.01%

2019: White - 22%; BAME - 28%

Rating: Red

The data indicates that BAME staff experience more harassment, bullying or abuse by staff than BAME staff (6% more than white staff in the 2019 survey). As a result this indicator must be a priority for 2019/20 and actions on how to address this can be found in the action plan.

Indicator 7: Percentage of staff believing that trust provides equal opportunities for career progression or promotion

2018: White - 89.68%; BAME - 78.05%

2019: White - 91%; BAME - 74%

Rating: Red

The Trust report a slight movement for White staff and a 4% decrease for BAME staff. This indicates that BAME are worse off than their white counterparts. This indicator must be a priority for 2019/20.

Indicator 8: Percentage of staff personally experiencing discrimination at work by Manager/team leader or other colleagues

2018: White - 7.13%; BAME - 14.59%

2019: White - 6%; BAME - 13%

Rating: Red

³ A figure below “1” would indicate that white staff members are less likely to access non-mandatory training and CPD than BAME staff.

The data shows BAME staff have double the chance to experience discrimination at work by a manager/team leader than their white counterparts. It further shows that despite a decrease for BAME staff the Trust failed to narrow the gap between BAME and White staff experiences. This indicator too must remain a priority for 2019/20 and will also begin with a deep dive into the data to establish root causes.

Indicator 9: % difference between the organisations' Board voting membership and its overall workforce

2018: White - 84.6%; BAME - 15.4%

2019: White - 84.6%; BAME - 15.4%

Rating: Green

The Trust successfully achieved this target and will continue to employ similar actions when recruiting for future Board positions in order to at least maintain if not improve BAME representation at Board level.

Conclusion and Next Steps

Based on 2019 data the following indicators have been identified as areas that the Trust must really focus on:

- Indicator 5: Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public
- Indicator 6: Percentage of staff experiencing harassment, bullying or abuse from staff
- Indicator 7: Percentage of staff believing that the Trust provides equal opportunities for career progression or promotion
- Indicator 8: Percentage of staff experiencing discrimination at work by manager/team leader or other colleagues

These indicators are inextricably linked and so it makes sense that they should be tackled alongside each other. In addition to these priorities the Trust has set itself the ambitious target of achieving 15% of Band 7 and above roles as being occupied by BAME staff. Therefore in order to support achieving this target, indicators, 1 and 2 will also be considered as priorities for the year ahead.

The action plan in appendix 1 sets out in detail the actions the Trust will take to achieve improvements against these indicators. In summary, they will focus on:

- 4) **Equal Opportunities and Recruitment:** The implementation and embedding of new recruitment practices.
- 5) **Employee Relations:** Identify mechanisms and root causes of the disproportionality of BAME staff experiencing discrimination, harassment, bullying and abuse.
- 6) **Staff Experience:** Improve the day-to-day experience of working at the Trust for BAME staff.

Appendix 1: Workforce Race Equality Standard (WRES) Action Plan 2019/20

The Action plan below builds on the foundation of the previous year's action plan and progress against the individual indicators. It includes a small number of actions (highlighted) that remain incomplete/ outstanding from the 2018/2019 action plan and have been rolled over. All other actions in the previous action plan have been completed.

WRES Area	Action	Impact / Measure	Timescale
Equal Opportunities and Recruitment 1,2,7,8	<p>Implementation and embedding of the new recruitment practices:</p> <ul style="list-style-type: none"> Independent assessors on interview panels (These are a pool of FTSU champions and Change champions with diverse backgrounds and characteristics) Ensuring quality constructive feedback for candidates who attend interviews. This is to give opportunities for development to candidates who are not successful and are more likely to come from diverse groups. For the purposes of the above, the availability of interview assessment evidence is essential to validate decisions 	<ul style="list-style-type: none"> Improve WRES scores with reduced disparity between groups Increase the equal opportunities of BAME staff and other diverse groups in terms of career progression Increase the number of BAME staff in higher bands contributing to the Trust's target of 15% positions at band 7 and above for BAME staff Employer of choice for people from diverse backgrounds 	August 2020 & Ongoing
Employee Relations 5,6,7,8	<p>Identify mechanisms and root causes of the disproportionality of BAME staff experiencing discrimination, harassment, bullying and abuse:</p> <ul style="list-style-type: none"> Quarterly data analysis of themes and demographic data of staff entering the disciplinary process Roll out intercultural training and cultural reviews using a targeted approach for those areas that are highest priority based on existing data Encourage employees and managers to engage in early and informal resolution of concerns 	<ul style="list-style-type: none"> Employer of choice for people from diverse backgrounds due to a fair and transparent platform of disciplinary Improve WRES scores with reduced disparity between groups 	August 2020

<p>Staff Experience</p> <p>5,6,8</p>	<ul style="list-style-type: none"> • Undertake engagement with staff to gather better quality information on types and sources of discrimination experienced by staff. • This will be by encouraging the BAME staff group in partnership with FTSU Guardian and champions to develop a safe space. • Empower and continue to promote staff networks that have a key role in overseeing and implementation of action plans to improve the experiences of BAME staff. 	<ul style="list-style-type: none"> • BAME staff will have a safe environment to speak up, and have a hand in resolving issues that matter to them with management. • A safe working environment for all persons from diverse backgrounds • Root causes of discrimination, bullying and harassment will be identified and thereby able to find solutions 	<p>August 2020</p>
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Report to the Trust Board of Directors dated Friday, 30 August 2019			
Title: Workforce Disability Equality Standard Annual Report 2018-19 and Action Plan 2019/20			
Category	Quality, Performance, and Finance		
Agenda item	4.5 ii)		
Sponsor	Director of Nursing and Organisational Development		
Author	Christine Mbabazi		
Provenance	The NHS Workforce Disability Standard (WDES), introduced in 2019, seeks to prompt inquiry to better understand why Disabled staff receive poorer treatment than Non-Disabled staff in the workplace and to facilitate the closing of these gaps. This is the Trust's first WDES annual report. The WDES is a set of ten indicators that help NHS organisations to compare the experiences of Disabled and Non-Disabled staff.		
Classification	This Report is unclassified.		
Purpose and recommendation	The Annual Report 2018/19 is presented for REVIEW. Trust Board is asked to APPROVE the Action Plan 2019/20.		
Relevant strategic goals	<input type="checkbox"/> Goal 1: Improving patient journeys	<input type="checkbox"/> Goal 2: Delivering value-based health and care	<input type="checkbox"/> Goal 3: Supporting healthy lives.
	<input checked="" type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care • BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care • BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual 		
Impact assessments	<p>This report is focused on Disabled staff to inform on what the organisation is doing to have “due regard” to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment, victimisation • Advance equality of opportunity between those covered by the Equality Act and those not covered, e.g Disabled and non-disabled • Foster good relations between these groups <p>This report does not affect any persons from any protected characteristic negatively</p>		
Other standards affected	The Workforce Race Equality Standard Equality Act guidance CQC regulation		

Workforce Disability Equality Standard Annual Report 2018-19 and Action Plan 2019/20

1 Executive Summary

The NHS Workforce Disability Standard (WDES), introduced in 2019, seeks to prompt inquiry to better understand why it is that Disabled staff receive poorer treatment than Non-Disabled staff in the workplace and to facilitate the closing of these gaps.

This is the Trust's first WDES annual report. The WDES is a set of ten indicators that help NHS organisations to compare the experiences of Disabled and Non-Disabled staff. The WDES has been commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract and is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation.

Based on the Trust's payroll data, the overall percentage of Disabled staff working at the Trust is 3%. The staff survey results, however, show that this percentage should be closer to 15%. In real terms, it is estimated that there are a total of 1690 disabled staff in the Trust, 1335 of which have not declared a long term health condition or disability. The low level of declaration by staff presents a key challenge for the Trust in drawing improvement strategies from the WDES dataset.

The key findings from the 2019 submission show:

1. Disabled staff represent around 3% of the overall workforce.
2. Disabled staff have a higher likelihood of being appointed to a post after shortlisting, compared with non-disabled staff.
3. Disabled staff are more likely to enter into a formal capability process than non-disabled staff. It is important to take into account that the Trust has very low number of staff being managed under the formal capability (performance management) process.
4. Disabled staff report a higher level of experiencing harassment, bullying or abuse from patients, managers, and colleagues compared with non-disabled staff.
5. The perception around the equal opportunities for career progression or promotion within the Trust is lower amongst Disabled staff than Non-Disabled staff.
6. Disabled staff report feeling more under pressure to come into work when they are not well from their managers, compared with Non-Disabled staff.
7. Disabled staff report feeling less satisfied with the extent to which the organisation valued their work, compared with Non-Disabled staff.
8. A high number (81.5%) of Disabled staff report that the Trust has made adequate adjustments to enable them to carry out their work.
9. Disabled staff have a lower staff engagement score (7.1) compared with Non-Disabled staff (7.4).

Next steps

The WDES reporting process has highlighted a number of areas where action is needed to improve the working lives of disabled staff. A key limitation of the dataset is the number of staff who are declaring themselves as disabled on joining the Trust or updating their details on the self-service ESR platform. The indicators have, however, helped the Trust us to identify 3 key areas of improvement that will be taken forward in the next year:

1. **Staff Declaration:** Conduct further analysis of workforce data to identify gaps at local levels and to build a true organisational picture across different work areas with a focus on reducing the large percentage of staff who record unknown or null in their disability/ability status.
2. **Equal Opportunities and Recruitment:** The implementation and embedding of new recruitment practices.
3. **Staff Experience:** Improve the day-to-day experience of working at the Trust for disabled staff.

Workforce Disability Equality Standard

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Annual Report 2019



Author: Mohamed Karur - Head of Equality, Diversity and Inclusion

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Executive Summary

The NHS Workforce Disability Standard (WDES), introduced in 2019, seeks to prompt inquiry to better understand why it is that Disabled staff receive poorer treatment than Non-Disabled staff in the workplace and to facilitate the closing of these gaps.

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The key findings from the 2019 submission show:

1. Disabled staff represent around 3% of the overall workforce.
2. Disabled staff have a higher likelihood of being appointed to a post after shortlisting, compared with non-disabled staff.
3. Disabled staff are more likely to enter into a formal capability process than non-disabled staff. It is important to take into account that the Trust has very low number of staff being managed under the formal capability (performance management) process.
4. Disabled staff report a higher level of experiencing harassment, bullying or abuse from patients, managers, and colleagues compared with non-disabled staff.
5. The perception around the equal opportunities for career progression or promotion within the Trust is lower amongst Disabled staff than Non-Disabled staff.
6. Disabled staff report feeling more under pressure to come into work when they are not well from their managers, compared with Non-Disabled staff.
7. Disabled staff report feeling less satisfied with the extent to which the organisation valued their work, compared with Non-Disabled staff.
8. A high number (81.5%) of Disabled staff report that the Trust has made adequate adjustments to enable them to carry out their work.
9. Disabled staff have a lower staff engagement score (7.1) compared with Non-Disabled staff (7.4).

The action plan in appendix 1 sets out in detail the actions the Trust will take to achieve improvements against these indicators. In summary, they will focus on:

1. **Staff Declaration:** Conduct further analysis of workforce data to identify gaps at local levels and to build a true organisational picture across different work areas with a focus on reducing the large percentage of staff who record unknown or null in their disability/ability status.
2. **Equal Opportunities and Recruitment:** The implementation and embedding of new recruitment practices.
3. **Staff Experience:** Improve the day-to-day experience of working at the Trust for disabled staff.

Introduction

Research and evidence strongly suggest that less favourable treatment of Disabled staff in the NHS, through poorer experience or opportunities, has significant impact on the efficient and effective running of the NHS and adversely impacts the quality of care received by all patients. The NHS Workforce Disability Standard (WDES), introduced in 2019, seeks to prompt inquiry to better understand why it is that Disabled staff receive poorer treatment than Non-Disabled staff in the workplace and to facilitate the closing of these gaps.

This is the Trust's first WDES annual report. The WDES is a set of ten indicators that help NHS organisations to compare the experiences of Disabled and Non-Disabled staff. The WDES has been commissioned by the Equality and Diversity Council (EDC) and developed through a pilot and extensive engagement with Trusts and key stakeholders. It is mandated through the NHS Standard Contract and is restricted to NHS Trusts and Foundation Trusts for the first two years of implementation. Essentially, the WDES will help NHS to:

- Improve understanding of inequalities experienced by Disabled staff
- Create fairer, more anti-discriminatory environments and culture which foster the engagement, involvement, inclusivity of Disabled staff
- Provide better workplaces and services to patients and service users
- Enable NHS Trusts to meet the Equality Act's 'Public Sector Equality Duty'; and
- Help the NHS to deliver the Government's pledge to increase the levels of Disabled people in employment.

There are 10 WDES indicators with a technical guidance to support their calculations. The indicators are based on:

- Workforce data (3 indicators)
- Questions from the NHS Staff Survey (5 indicators)
- Engagement and voices of Disabled staff (1 indicator)
- Disability representation on Boards (1 indicator)

There is also a requirement to publish our data internally and externally. It should be noted that the indicators and action plan can be ratified by the next available Board meeting after 1st August, provided these are published no later than 30th September 2019.

WDES Progress in 2018/19

This is our first reporting of the WDES and the indicators provide a baseline from which we can develop our work in reducing disparities between Disabled and Non-Disabled staff. Our first action plan focuses on establishing a strong foundation by getting the basics right. Actions taken in relation to the WDES indicators throughout 2018/19 include:

Accessibility

UHS has registered with AccessAble, who produce accessibility guides for disabled candidates looking for a role at an affiliated organisation. The guides provide detailed and useful information on accessibility of the site which can be accessed online and via a mobile app. UHS will be ready to launch this service as of January 2020.

Declaration

It is important to note that the latest anonymised NHS staff survey showed 372 more staff declaring their disability compared to those that have declared at recruitment in ESR data. This discrepancy clearly paints that the data we have on disabled staff is not valid. For this reason, the organisation is

on a campaign to raise awareness on the benefits of staff declaring their disability so that we are able to measure what we have to manage.

Disability Access Group: This group works closely with Estates and the LIDG to improve access to site for disabled staff and patients. This group amongst many other projects spearhead the requests made/identified from the LIDG group. For example they have successfully supported the Trust to create a policy regarding the use of assistance dogs.

Assessment Officer: The Trust's Occupational Health team has initiated a project that has resulted in a new role (assessment officer) in Occupational Health to assist managers and staff to implement workplace reasonable adjustments for disabled employees.

Recruitment

Following last year's Workforce Race Equality Standard (WRES) report, the Trust enlisted the help of an external occupational psychology consultancy to review and update our recruitment training provision for managers, with specific reference to diversity and unconscious bias. This included the production of a UHS competency based interview question library to ensure interviews are consistent and relevant. This was piloted in November 2018 and, as indicated in the 2018 action plan, rolled out in January 2019.

The Trust has also updated the recruitment and selection policy to ensure that acting up, secondments, and development opportunities are advertised formally to ensure all staff are given an equal opportunity to develop.

In conjunction with the release of the new recruitment policy a working group has been reviewing concerns raised around fairness or recruitment processes. The working group has identified 3 key steps that need to be taken in order to improve the fairness of our recruitment.

1. Independent assessors on interview panels (These are a pool of Freedom to Speak Up champions and Change champions with diverse backgrounds and characteristics)
2. Ensuring quality constructive feedback for candidates who attend interviews. This is to give opportunities for development to candidates who are not successful and are more likely to come from diverse groups.
3. For the purposes of the above, the availability of interview assessment evidence is essential to validate decisions.

Speaking Up

Creating a culture of speaking up with the Freedom to Speak Up Guardian and the newly appointed Freedom to Speak Up Champions from different departments and diverse backgrounds and characteristics. Improved transparency in formal disciplinary processes with the support of the Freedom to Speak Up Guardian. The Trust also established itself as a Third Party Reporting Centre for Hate Crime to support staff where incidents occur outside of the Trust grounds and working hours.

Staff Networks

The Trust continues to promote staff networks that have a key role in developing and overseeing the implementation of the action plans. The Trust's Disability network is called the **Long - Term Illness and Disability Staff Network Group (LIDG)**. This group has a membership of around 25 staff and hoping to increase this number in the coming years so that more disabled staff's voices are heard. The LIDG are engaging in national consultation currently. The group meets every 2 months during work time.

Training and Development

The Trust has successfully secured funding to deliver a Leadership Academy Programme for aspiring leaders with disabilities. This is a partnership arrangement with Disabilities UK who deliver the course, which is a career development programme for people in employment living with a disability or health condition and is accredited with the Institute of Leadership and Management (ILM). We ran the course across 4 non-consecutive days between February and July 2019. There were 16 places available regionally with 4 reserved for UHS staff with disabilities, determined through an application process. The Trust is aiming to take on several participants year on year to have a cohort of staff working towards their leadership and management development.

WDES Submission 2019

The WSES submission is comprised of 10 indicators which compare the experience of Disabled and Non-Disabled staff in an employment context. The submission for 2019 is broken below with a summary of key actions going forward. Each indicator is rated according to: Red – Target not achieved; Amber – Moving toward target; Green – Target achieved.

Indicator 1: Percentage of staff in AfC paybands or medical and dental subgroups and very senior managers (including Executive Board members) compared with the percentage of staff in the overall workforce.

The Trust's overall Disabled and Non-Disabled workforce profile as of 31 March 2019 is highlighted below:

Non Clinical	2019						
	Disabled		Not Disabled		Unknown		Total
	#	%	#	%	#	%	#
Band 1	0	0.00%	44	67.69%	21	32.31%	65
Band 2	19	3.43%	398	71.84%	137	24.73%	554
Band 3	22	3.65%	429	71.14%	152	25.21%	603
Band 4	14	3.61%	285	73.45%	89	22.94%	388
Band 5	7	3.32%	160	75.83%	44	20.85%	211
Band 6	9	5.59%	125	77.64%	27	16.77%	161
Band 7	5	3.03%	125	75.76%	35	21.21%	165
Band 8A	3	3.66%	58	70.73%	21	25.61%	82
Band 8B	2	3.51%	35	61.40%	20	35.09%	57
Band 8C	0	0.00%	31	77.50%	9	22.50%	40
Band 8D	0	0.00%	8	44.44%	10	55.56%	18
Band 9	0	0.00%	6	60.00%	4	40.00%	10
VSM	0	0.00%	0	0.00%	13	100.00%	13
Other	0	0.00%	2	100.00%	0	0.00%	2
Total	81	3.42%	1706	72.01%	582	24.57%	2369

Clinical Workforce	2019						
	Disabled		Not Disabled		Unknown		Total
	#	%	#	%	#	%	#
Band 1	5	3.23%	114	73.55%	36	23.23%	155
Band 2	43	3.30%	1041	79.83%	220	16.87%	1304
Band 3	22	4.80%	325	70.96%	111	24.24%	458
Band 4	15	2.95%	393	77.21%	101	19.84%	509
Band 5	78	3.74%	1650	79.14%	357	17.12%	2085
Band 6	58	3.43%	1236	73.05%	398	23.52%	1692
Band 7	29	3.17%	544	59.39%	343	37.45%	916
Band 8A	8	3.67%	128	58.72%	82	37.61%	218
Band 8B	2	2.67%	34	45.33%	39	52.00%	75
Band 8C	0	0.00%	12	54.55%	10	45.45%	22
Band 8D	0	0.00%	7	63.64%	4	36.36%	11
Band 9	0	0.00%	1	100.00%	0	0.00%	1
VSM	0	0.00%	0	0.00%	13	100.00%	13
Consultants	1	0.15%	449	66.82%	222	33.04%	672
Non-Consultant Career Grade	3	1.01%	263	88.55%	31	10.44%	297
Trainee Grades	10	1.54%	602	92.62%	38	5.85%	650
Total	274	3.02%	6799	74.90%	2005	22.09%	9078

- The overall percentage of Disabled staff working in the Trust is 3%. Based on our staff survey results, it is estimated that there are a total of 1690 disabled staff in the Trust, 1335 of which have not declared their disability when joining the organisation. The low level of declaration by staff presents a key challenge for the Trust in drawing improvement strategies from the WDES dataset.
- This disparity in declarations in ESR and in the staff survey is not unique to our Trust. At a national level in the NHS, overall declarations on ESR is **3%** compared to 18% declarations of all Trusts participating in the NHS Staff Survey – this is a **15%** difference.
- Because of these disparities it is hard to obtain a truer picture of Disabled staff representation by pay clusters, so we need to encourage staff to declare disability through ESR.

Indicator 2: Relative likelihood of Disabled staff compared to Non-Disabled staff being appointed from shortlisting across all posts. This refers to both external and internal posts.

Relative likelihood of staff being appointed from shortlisting across all posts	2019	
	Disabled	Not Disabled
	#	#
Number of shortlisted applicants	293	5809
Number appointed from shortlisting	130	2450
Relative likelihood of Disabled staff being appointed from shortlisting compared to Non-Disabled staff	0.95	

- The table above shows that there is a higher likelihood of Disabled staff being appointed to a post after shortlisting, than Non-Disabled staff. This is a positive outcome to build upon as we continue to promote ourselves as a 'Disability Confident Employer in our recruitment initiatives.
- NOTE: A figure below 1:00 indicates that Disabled candidates are more likely to be appointed from shortlisting.

Indicator 3: Relative likelihood of Disabled staff compared to Non-Disabled staff entering the formal capability process, as measured by entry into the formal capability procedure.

Relative likelihood of staff entering the formal capability process, as measured by entry into a formal process	2019	
	Disabled	Not Disabled
	#	#
Number of staff in workforce	355	8513
Number of staff entering the formal capability process	1.5	8
Relative likelihood of Disabled staff entering the formal capability process compared to Non-Disabled staff	4.50	

- The WDES technical guidance requires this indicator to be based on data from a two-year rolling average of the current and previous year (2017/18 & 2018/19 financial years).
- NHS England recognises that there are potential challenges in reporting on this indicator and have therefore made this indicator voluntary in year one.

National NHS Staff Survey Indicators

In order to report on the NHS Staff Survey related indicators, it is important to take into account the total number of Disabled and Non-Disabled staff respondents in the 2018 staff survey. This gives a background and context analysing the data for each indicators. See table below for response rates:

Staff Survey Respondents by Disability (2018 Staff Survey)	
Overall total response to staff survey	4658
Total Non-Disabled Respondents	3884
Total Disabled respondents	727
Total Disability 'Not Declared'	47

Indicator 4A: Percentage of Disabled staff compared to Non-Disabled staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public, managers and other colleagues; and Indicator 4B: Percentage of Disabled staff compared to Non-Disabled staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it.

Indicator 4A

% of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public in the last 12 months.	Respondents	Disabled	Non-Disabled
	4296	724	3572
% of 'Yes' responses against total number of Disabled and Non-Disabled respondents respectively.		32.3%	23.3%

% of staff experiencing harassment, bullying or abuse from managers in the last 12 months.	Respondents	Disabled	Non-Disabled
	4252	721	3543
% of 'Yes' responses against total number of Disabled and Non-Disabled respondents respectively.		15.3%	9.1%

% of staff experiencing harassment, bullying or abuse from other colleagues in the last 12 months.	Respondents	Disabled	Non-Disabled
	4252	720	3542
% of 'Yes' responses against total number of Disabled and Non-Disabled respondents respectively.		26.3%	16.6%

- The above tables show that more Disabled staff are likely to experience harassment, bullying and abuse than Non-Disabled staff.
- In particular, there is an 11% difference between Non-Disabled and Disabled staff experiencing harassment bullying or abuse from other colleagues in the last 12 months.

Indicator 4B

- In comparison the number of both Disabled and Non-Disabled staff stating that they have experienced harassment, bullying and abuse, the table below shows that there were far fewer numbers willing to report it.

% of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it in the last 12 months	Respondents	Disabled	Non-Disabled
	1360	307	1053
% of 'Yes' responses against total number of Disabled and Non-Disabled respondents respectively.		50.8%	45%

- The outcomes of this indicator highlights the need to sustain and strengthen our efforts to address unhealthy and unwanted behaviours across the organisation for all staff groups.
- A key priority emerging from the latest staff surveys is to address staff health and wellbeing. As part of this commitment we need to sustain our efforts to communicate and promote the work of 'Freedom to Speak Up' Champion to encourage reporting of bullying, harassment or abuse at work.
- It is important that as we focus on our efforts, we engage with our Disabled staff, to better understand their experience, their perceptions of reporting such experiences, assessing whether there are barriers that prevent reporting, and working to reduce incidents.

Indicator 5: Percentage of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career development.

% of Disabled staff compared to Non-Disabled staff believing that the Trust provides equal opportunities for career progression.	Respondents	Disabled	Non-Disabled
	3148	512	1053
Percentage of 'Yes' responses against total number of Disabled and Non-Disabled respondents respectively.		86.1%	89.2%

The percentage of 'Yes' responses for Disabled staff is lower than for Non-Disabled staff by 3.1%.

- The Trust has successfully secured funding to deliver a Leadership Academy Programme for aspiring leaders with disabilities. This is a partnership arrangement with Disabilities UK who deliver the course, which is a career development programme for people in employment living with a disability or health condition and is accredited with the Institute of Leadership and Management (ILM). We ran the course across 4 non-consecutive days between February and July 2019. There were 16 places available regionally with 4 reserved for UHS staff with disabilities, determined through an application process.

Indicator 6: Percentage of Disabled staff compared to Non-Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

% of staff compared to Non-Disabled staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.	Respondents	Disabled	Non-Disabled
	2157	506	1651
Percentage of 'Yes' responses against total number of Disabled and Non-Disabled respondents respectively.		30.2%	21.9%

The outcome of the indicator above indicates that Disabled staff are more likely to feel pressure to come to work from their managers than Non-Disabled staff.

- The Long term illness and disabled group has plans to discuss the Trust's Sickness Absence Policy so that disabled staff feel confident to ask for support in managing their illness at work. By understanding the policy that is transparent and fair disabled staff know their rights and how to go about issues that affect their health like reasonable adjustments.

Indicator 7: Percentage of Disabled staff compared to Non-Disabled staff saying that they are satisfied with the extent to which their organisation values their work

% of Disabled staff compared to Non-Disabled staff saying that they are satisfied with the extent to which their organisation values their work	Respondents	Disabled	Non-Disabled
	4303	724	3579
Percentage of 'Yes' responses against total number of Disabled and Non-Disabled respondents respectively.		46.8%	56.0%

- This question in the staff attitude survey shows that a higher proportion (56%) of non-disabled staff are satisfied with the extent to which the Trust values their work, compared with disabled staff (46.8%). Improvement is needed in both of these groups of staff.

Indicator 8: Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.

Percentage of Disabled staff saying that their employer has made adequate adjustment(s) to enable them to carry out their work.	Respondents	Total 'Yes'	Total 'No'
	379	81.5% (379)	NA

Of the total number of respondents the majority of Disabled staff responses have been positive. This supports our status as 'Disability Confident Employer'.

- It is important to note that not every Disabled member of staff will require adjustments.
- We are aware that on some occasions the time taken to implement adjustments relating to ordering of specialist equipment or IT software can be lengthy. This is often relates to supply chain and or compatibility of IT software with our internal IT and security systems. We are monitoring this through the E&D Advisor and Employment Relations Specialists.

Indicator 9: The staff engagement % score for Disabled staff, compared to Non-Disabled staff and the overall engagement % score for the organisation

- The staff engagement score is a composite score which is drawn from 9 individual questions in the NHS Staff Survey. Further information about the engagement score, the questions that are included and how it is calculated, is available in the WDES Technical Guidance (<https://www.england.nhs.uk/wp-content/uploads/2019/03/wdes-technical-guidance-v1.pdf>)

2018 Staff Survey Respondents by Disability - Engagement Score		
	Respondents	Engagement Score
Overall total response to whole survey	4325	7.4
Non-Disabled Respondents	3598	7.5
Disabled respondents	727	7.1

- Disabled staff (7.1) reported a lower level of engagement than non-disabled staff (7.4).

Indicator 10: Percentage difference between (i) the organisations' Board voting membership and its overall workforce and (ii) the organisations' Board executive membership and its overall workforce.

- This indicator relates to the visibility and leadership, and the value that engaged Board members will have on Disabled staff and their perception of the organisation.
- The Indicator is based on the percentage difference – rather than the number of individual Disabled Board members (this eliminates any data protection concerns for any Board members who may not wish to be identified)

	Disabled	Non-Disabled	Unknown	Total
Number of staff in overall workforce	355	8513	2567	11435
Total Board members - % by Disability	0%	54%	46%	
Voting Board Member - % by Disability	0%	54%	46%	
Non-Voting Board Member - % by Disability	0%	0%	0%	
Executive Board Member - % by Disability	0%	50%	50%	
Non-Executive Board Member - % by Disability	0%	57%	43%	
Overall workforce - % by Disability	3%	74%	22%	
Difference (Total Board - Overall workforce)	-3%	-21%	24%	
Difference (Voting membership - Overall Workforce)	-3%	-21%	24%	
Difference (Executive membership - Overall Workforce)	-3%	-24%	28%	

The table above shows that of the overall 3% of Disabled staff, there are no Disabled Board Members either in voting or non-voting capacity. There are also no Disabled staff in the organisation's Executive membership.

- We need to plan targeted promotion to encourage access to opportunities when Board positions become available.
- We also need to ensure that executive search agencies that we use are committed to reaching a diverse pool of candidates through effective approaches.

Conclusion and Next Steps

The WDES reporting process has highlighted a number of areas where action is needed to improve the working lives of disabled staff. A key limitation of the dataset is the number of staff who are declaring themselves as disabled on joining the Trust or updating their details on the self-service ESR platform. The indicators have, however, helped the Trust us to identify 3 key areas of improvement that will be taken forward in the next year:

4. **Staff Declaration:** Conduct further analysis of workforce data to identify gaps at local levels and to build a true organisational picture across different work areas with a focus on reducing the large percentage of staff who record unknown or null in their disability/ability status.
5. **Equal Opportunities and Recruitment:** The implementation and embedding of new recruitment practices.
6. **Staff Experience:** Improve the day-to-day experience of working at the Trust for disabled staff.

Please see Appendix 1: WDES Action Plan 2019/20 for further information.

Appendix 1: Workforce Disability Equality Standard (WDES) Action Plan 2019/20

WDES Area	Action	Impact /Measure	Timescale
Staff Declaration 1-9	<ul style="list-style-type: none"> Raising awareness about the benefits of declaring one’s disability. Creating opportunities for staff to update their disability status when things change 	<ul style="list-style-type: none"> Improving the validity of data would be beneficial identifying and measuring the gaps that need to be addressed 	August 2020
Equal opportunities and Recruitment 2,5,6,7,8	<p>Implementation and embedding of the new recruitment practices;</p> <ul style="list-style-type: none"> Independent assessors on interview panels (These are a pool of FTSU champions and Change champions with diverse backgrounds and characteristics) Ensuring quality constructive feedback for candidates who attend interviews. This is to give opportunities for development to candidates who are not successful and are more likely to come from diverse groups. <p>For the purposes of the above, the availability of interview assessment evidence is essential to validate decisions</p>	<ul style="list-style-type: none"> Increase the equal opportunities of staff diverse groups in terms of career progression Increase the number of Disability staff in higher bands Employer of choice for people with disabilities 	August 2020
Staff Experience 2,3,4,5,6,7,8	<ul style="list-style-type: none"> Undertake engagement with staff to gather better quality information on types and sources of discrimination experienced by staff. This will be by encouraging the Disabled staff group in partnership with FTSU Guardian and champions to develop a safe space. Empower and continue to promote the LIDG network and other networks that have a key role in overseeing and implementation of action plans to improve the experiences of Disabled staff. 	<ul style="list-style-type: none"> Disabled staff will have a safe environment to speak up, and have a hand in resolving issues that matter to them with management. A safe working environment for all persons. Root causes of discrimination, bullying and harassment will be identified and thereby able to find solutions 	August 2020

Report to the Trust Board of Directors dated Friday, 30 August 2019			
Title: Freedom to Speak Up Report			
Category	Quality, Performance, and Finance		
Agenda item	4.6		
Sponsor	Director of Nursing and Organisational Development		
Author	Christine Mbabazi & Adam Pitt		
Provenance	6-monthly update to Trust Board		
Classification	This Report is unclassified.		
Purpose and recommendation	<p>The paper is presented for DISCUSSION.</p> <p>The paper is presented to provide an update on the Freedom to Speak Up (FTSU) agenda and report on the number of cases received by the Trust in Quarter 4 of 2018/19 and Q1 2019/20.</p> <p>Trust Board is asked to:</p> <ul style="list-style-type: none"> • Note the number of FTSU cases received to date. • Note the progress made to date in embedding the FTSU agenda. • Note and support the areas of improvement identified through the application of the self-review tool. 		
Relevant strategic goals	<input type="checkbox"/> Goal 1: Improving patient journeys.	<input type="checkbox"/> Goal 2: Delivering value-based health and care.	<input type="checkbox"/> Goal 3: Supporting healthy lives.
	<input checked="" type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care • BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care. • BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual 		
Impact assessments	<p>This report is focused on BME staff to inform on what the organisation is doing to have “due regard” to the need to:</p> <ul style="list-style-type: none"> • Eliminate unlawful discrimination, harassment, victimisation • Advance equality of opportunity between those covered by the Equality Act and those not covered, e.g BME and non-BME • Foster good relations between these groups <p>This report does not affect any persons from any protected characteristic negatively.</p>		
Other standards affected	<ul style="list-style-type: none"> • CQC Well-led domain 		

Freedom to Speak Up Report

1 Executive Summary

Following guidance from NHS Improvement and the national FTSU office, whistleblowing cases have been reframed to include a larger set of categories that staff may be worried about, particularly focusing on issues relating to patient safety. Trusts are encouraged to engender a culture of openness and transparency in all departments. The Quality and HR teams continue to embed the FTSU agenda through information campaigns and engagement with the national office.

The Trust received 19 FTSU cases from January to June 2019. Appendix A contains the FTSU dashboard.

The NHS Improvement/FTSU office self-review tool identified four main areas of implementation (highlighted in February 2019 report). These were to:

- Develop a FTSU vision and strategy
- Communicate the FTSU message
- Establish a network of FTSU Champions
- Share lessons learnt

Please see Appendix B for an update on the progress of the above.

2 Purpose/Context/Introduction

The purpose of this report is to update Trust Board on the FTSU cases received by the Trust, and to provide an update on the overall progress of the FTSU agenda.

3. Case Update

The Trust has received 19 FTSU cases from January to June 2019. 1 case remains in progress from Q1 2017/18, which relates to patient safety and is currently undergoing investigation. 7 cases remain open from Q2 & Q3 2018/19, which relate predominantly to bullying and harassment and team dynamics. A summary of the cases received in Q4 2018/19 and Q1 2019/20 are detailed in Table 1 below:

Category	2018/19	2019/20	Total
	Q4	Q1	
Breach of confidentiality			
Bullying and Harassment	6	4	10
Concern over HR process			
Discrimination	3		3
Team Dynamics	1	4	5
Patient safety issue	1		1
Policy implementation			
Recruitment			
Total	11	8	19

It should be noted that, following guidance from NHS Improvement and the national FTSU office, a wide definition of what constitutes a 'FTSU case' is used by the Trust. Emphasis is placed on creating a culture of openness where staff feel able to raise any matter that they are concerned about, rather than whether it fits within a defined category of concern.

4. Progress on the FTSU Agenda

The FTSU Guardian has continued to visit departments to introduce herself and speak with staff about the importance of speaking up and raising anything that concerns them.

The NHS Improvement/FTSU office self-review tool identified four main areas of implementation.

- **Develop a FTSU vision and strategy**
A FTSU vision and strategy was developed and approved by the FTSU steering group last November.
- **Communicate the FTSU message.**
We have continued to communicate the FTSU agenda through leaflets, inductions, posters, matron walkabouts and attendance at Trust meetings.
- **Establish a network of FTSU Champions**
In December 2018, 12 FTSU Champions were appointed in addition to the existing 10 Staff Support Advisors. Now all All FTSU Champions have received training for the role, their details are all on staff net. We have raised awareness regarding the champions and continue to do this. On Monday 2nd September details of FTSU champions will be in the core brief. Some champions have already started signposting concerns to the guardian. FTSU champions are another way of raising the profile of raising concerns in the organisation and promoting speaking up. There is a particular focus on reaching vulnerable staff groups e.g. minority/vulnerable staff groups and agency staff.
- **Share lessons learnt**
Please see Appendix B for further detail on how each of these areas will be developed over the next 3 months.

4 Next Steps / Way Forward / Implications / Impact

The four key areas outlined in Appendix B will continue to be the main focus during the next 3 to 6 months. A key aspect of this action plan is to develop and train the network of FTSU Champions to support the work of the Guardian.

5 Recommendation

Trust Board is asked to:

- Note the number of FTSU cases received in the last 6 months.
- Note the progress made to date in embedding the FTSU agenda.
- Note and support the areas of improvement identified through the application of the self-review tool.

Appendix A: Freedom to Speak Up Dashboard (January – June 2019)

Case Number	Date Concern Raised	Department	Trust Board Summary	Status
32	09/01/2019	Surgery (Aneasthetics)	High number of patients from Tatchbury House (Southern Health) presenting with swallowed items that need to be removed under anaesthetic.	Closed
33	30/01/2019	Division C	Staffing issues,lack of training support & bullying culture	In progress
34	31/01/2019	Division B	Bullying and Harassment, Concern over HR Process	Closed
35	07/02/2019	Division B	Unfair treatment	Closed
36	11/02/2019	Division C	Unfair treatment	Closed
37	15/02/2019	Division D	Use of discriminatory language	Closed
38	04/03/2019	Division C	Raised concerns and manager says she has been bullied and Discriminated against	In progress
39	08/03/2019	Division D	Unfair treatment, harassed and bullied by senior management in Team/HR process	In progress
40	08/03/2019	Division A	Bullying and discrimination	Closed
41	13/03/2019	Division A	Unfair allocation of overtime, unprofessional behaviour of managers, non adherence to safety procedures	Closed
42	27/03/2019	Division A	Bullying, Harassment and discrimination	In progress
43	10/04/2019	Trust HQ	Bullying and harrassment of manager	In progress
44	14/04/2019	Division D	Bullying of line manager	Closed
45	02/05/2019	Division B	Bullying behaviour, conflict in workng arrangement,Team Dynamics	Closed
46	12/05/2019	Division A	Conflict and Communication concerns regarding Management	In progress
47	27/05/2019	Division A	Bullying behaviour and conflicts at work	In progress
48	03/06/2019	Division C	Fraud, bullying culture	In progress
49	10/06/2019	Division B	Staffing issues, Lack of training support, Nepotism,Team Dynamics	In progress
50	17/06/2019	Division C	Bullying Culture, Team Dynamics	In progress

Appendix B: UHS FTSU Self-Review – Main Action Points

#	Assessment Area	Action	Lead	Due	Progress
1	Develop a FTSU Vision & Strategy	Develop a clear FTSU vision, translated into a robust and realistic strategy that links speaking up with patient safety, staff experience and continuous improvement	GB	Complete	Complete
2	Communicate the FTSU Message	<p>Ensure staff in all areas know, understand and support the FTSU vision, are aware of the policy and have confidence in the speaking up process.</p> <p>To include:</p> <ul style="list-style-type: none"> - Staffnet resource page - Leaflets and posters detailing process - FTSU Champions (see below) 	GB/AP/CM	Ongoing	<p>Core Brief, Staff Briefing, and Staffnet update complete.</p> <p>Updated policy complete.</p> <p>Leaflets have been distributed via payslip in October. We continue to distribute information at staff and doctor inductions and other hospital gatherings and meetings.</p>
3	Establish a network of FTSU Champions	Establish a network of FTSU Champions to encourage a culture of openness and transparency.	GB/AP/CM	Complete	20 FTSU Champions trained and are currently working.
	Share lessons learnt	Ensure lessons learnt are shared widely both within relevant service areas and across the trust.	AP/CM	October 2019	Lessons learnt log to be published on staffnet with testimonials from staff who have spoken up.

Report to the Trust Board of Directors dated Friday, 30 August 2019			
Title: Finance Report 2019-20 Month 4			
Category	Quality, Performance, and Finance		
Agenda item	4.7		
Sponsor	Chief Financial Officer		
Author	Gavin Hawkins, Assistant Director of Finance		
Provenance	This monthly paper provides an update on our financial position This paper is discussed at TEC, S&FC and Trust Board on a monthly basis.		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for DISCUSSION. The purpose of this paper is to give an update on the financial position of the Trust through the year.		
Relevant strategic goals	<input type="checkbox"/> Goal 1: Improving patient journeys.	<input checked="" type="checkbox"/> Goal 2: Delivering value-based health and care.	<input type="checkbox"/> Goal 3: Supporting healthy lives.
	<input type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6 • BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme • BAF04 – Reduced access to resources compromises the quality of services 		
Impact assessments			
Other standards affected			

2019/20 Finance Report - Month 4

Report to:	Board of Directors & Strategy & Finance
	August 2019
Title:	Finance Report for Period ending 31/07/2019
Author:	Gavin Hawkins, Assistant Director of Finance
Sponsoring Director:	David French, Chief Financial Officer
Purpose:	Standing Item
	The Board is asked to note the report

Executive Summary:

In Month and Year to date Highlights:

1. In July 2019, the Trust delivered a surplus of £2.6m, £1.1m better than Plan. Year to date the Trust is reporting a £0.1m deficit but this is £1.9m better than Plan. Under the single oversight framework, the Trust has delivered a score for Finance and Use of Resources of '2'.
2. When non-recurrent items are excluded, the surplus in July 2019 was £2.1m. If CIP was phased equally through the year the July 2019 surplus would have been £0.6m better than Plan as opposed to £1.1m..
3. The main themes seen in M4 were:
 - Income was £2.5m better than Plan due to better than Plan productivity savings in the month and additional R&D & Pass through income offsetting additional costs incurred.
 - Pay was £0.1m better than Plan in month, largely due to £0.3m backdated VAT reclaim on nursing agency.
 - Total CIP delivery was £3.6m, £0.7m better Plan. The in month delivery does include some backdated income award.
4. The cash position was £5.4m above Plan at £60.4m. This has primarily been driven by:
 - Year-end income position £2.5m was above forecast at the time the cash plan was agreed
 - Capital expenditure below M4 planned position, partially off-set by national funding not drawn down due to slippage
 - Accounts payable balances remain higher than anticipated, plus improved receivables position
5. Looking forward to the end of 2019/20, the Trust is facing risks relating to:
 - CIP delivery, including unidentified CIP
 - Underlying run-rate of expenditure exceeding income
 - Clinical income shortfall due to consultant workforce capacity relating to pensions taxation

These risks are assessed on slide 4 as an expected £15m pressure on our Plan, resulting in a £2m surplus rather than a £17m surplus. This position would result in non-achievement of our Control Total surplus and associated PSF which would restrict cash availability to support our 3-year capital programme. This position will be reviewed post Q2 reporting.



Finance: I&E Summary

Total clinical income was £0.2m behind Plan, although the Plan was increased to reflect income CIP delivery in the month to include backdated award (£0.8m of the £2m other income favourable variance relates to income CIP performance). In total £3.2m of productivity schemes have been recognised to M4.

In month non elective activity was estimated to be £1.5m above Plan, net of full blended payment assumption. Elective activity was estimated to be £0.3m above Plan with activity in Neurosciences expected to be very high and driving this performance.

Substantive and bank pay combined was £0.6m above Plan, offset by below Plan agency spend of £0.7m which includes a £0.3m backdated adjustment for VAT. Excluding this one-off adjustment the pay bill was £0.4m lower than June 2019 with £0.3m related to bank holiday enhancements.

Non pass through drugs and clinical supplies spend offset and £0.8m of the £1.1m overspent in other non-pay is offset in other income related to R&D activity.

Overall CIP delivery was £0.7m better than Plan with £3.6m delivered vs a Plan of £2.9m. See slide 12 for further detail.

Metric	2019/20		
	YTD Actual	YTD Metric	YTD Plan
Capital service cover rating	1.63	3	3
Liquidity rating	19.53	1	1
I&E Margin Rating	0.91%	2	2
I&E Margin Variance Rating	0.62%	1	1
Agency Variance from ceiling	45.28%	1	1
Use of Resources Average Metric		1.60	1.60
Use of Resources Final Metric		2	2

	Current Month			Year to Date			Full Yr	Ave Done £m	To Do £m	
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m			
NHS Income: Clinical	54.4	54.2	0.2	208.9	208.8	0.1	A	630.6	52.2	52.7
Pass-through Drugs & Devices	10.1	10.8	(0.8)	36.8	37.6	(0.8)	G	115.2	9.4	9.7
Other income Other Income excl. PSF	8.4	10.4	(2.0)	35.8	39.1	(3.3)	G	105.0	9.8	8.2
Total income	72.9	75.4	(2.5)	281.6	285.6	(4.0)	G	850.8	71.4	70.7
Costs Pay-Substantive	38.3	38.6	0.3	154.9	156.6	1.7	A	461.0	38.9	38.1
Pay-Bank	1.9	2.2	0.3	7.7	8.8	1.1	R	22.8	2.2	1.8
Pay-Agency	1.2	0.5	(0.7)	4.6	2.6	(2.0)	G	14.1	0.6	1.4
Drugs	1.3	1.8	0.5	5.0	5.4	0.4	R	14.2	1.3	1.1
Pass-through Drugs & Devices	10.1	10.8	0.8	36.8	37.6	0.8	A	115.2	9.4	9.7
Clinical supplies	6.6	6.1	(0.5)	23.5	24.0	0.5	A	65.5	6.0	5.2
Other non pay	8.9	9.9	1.1	39.2	38.4	(0.8)	G	105.1	9.6	8.3
Total expenditure	68.2	69.8	1.6	271.7	273.3	1.6	A	797.9	68.1	65.6
EBITDA	4.7	5.6	(0.9)	9.9	12.2	(2.4)	G	52.9	3.1	5.1
EBITDA %	6.4%	7.4%	(1.0%)	3.5%	4.3%	(0.8%)		6.2%		
Depreciation	1.9	2.0	0.1	7.4	8.2	0.7	R	22.6	2.0	1.8
Non Operating Income/Expenditure	1.3	1.0	(0.3)	4.4	4.2	(0.2)	G	13.3	1.0	1.1
Control Total Surplus / (Deficit)	1.5	2.6	(1.1)	(2.0)	(0.1)	(1.9)	G	17.1	(0.0)	2.2
Memo - Other technical items:										
Prior Period Adjustment - PSF 2018/19		-	0.0		0.9	(0.9)	G			
Provider Sustainability Funding	0.8	0.8	0.0	2.7	2.7	0.0	G	12.7	0.7	1.2

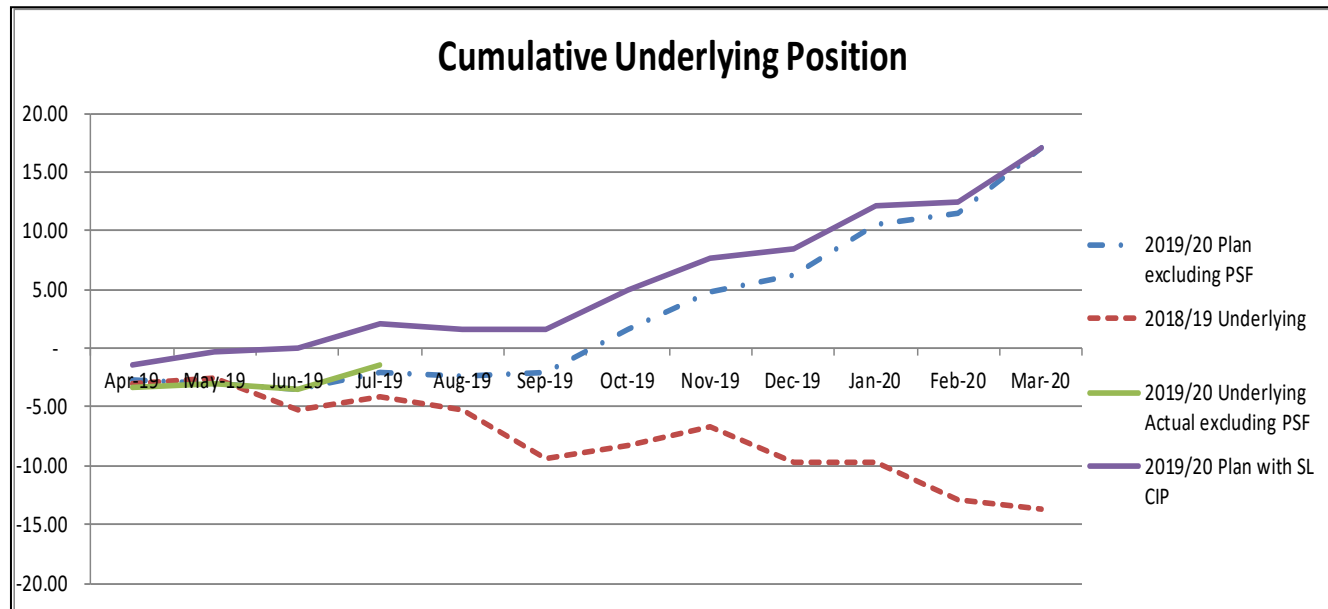
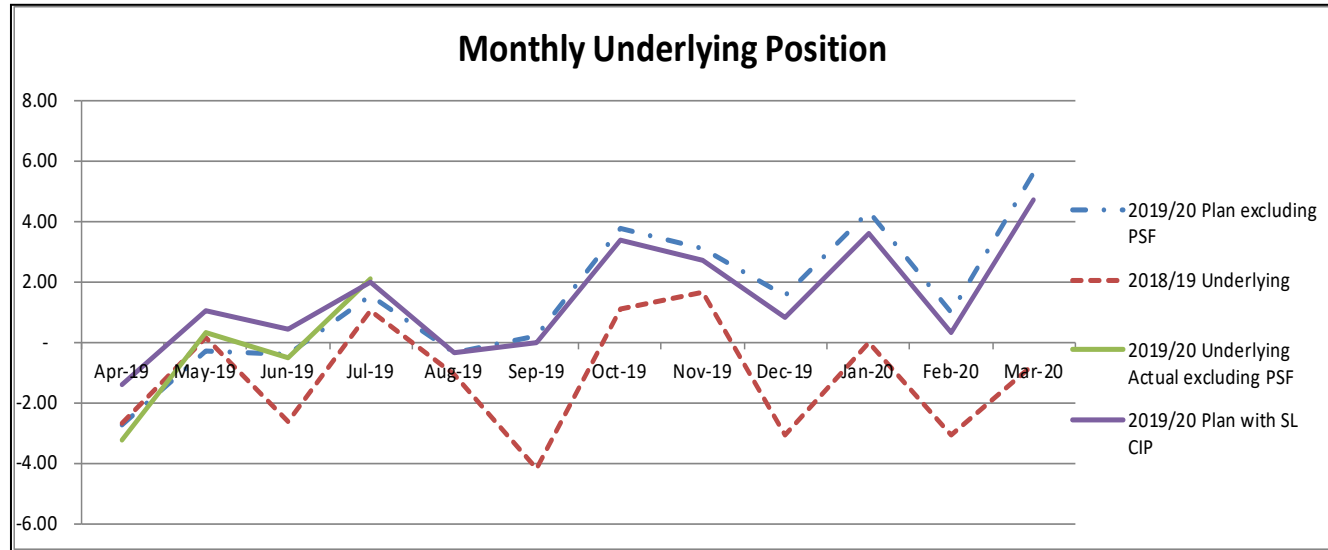
Underlying Run Rate Position

These graphs show the actual underlying position against the NHS Plan of £0.6m better in month and year to date.

It also shows an alternative presentation of the Plan phasing assuming that the £40m CIP target is delivered equally each month through the year. On this basis, the Plan would have been £0.5m higher in July 2019.

The finance team have agreed a contract payment phasing that is later than assumed in the Plan, which gives a £0.3m benefit per month for the first 6 months. This benefit unwinds from month 7 onwards so is a timing difference only.

All figures in these graphs exclude PSF including the amount received as a prior year adjustment.



Underlying Run Rate Position

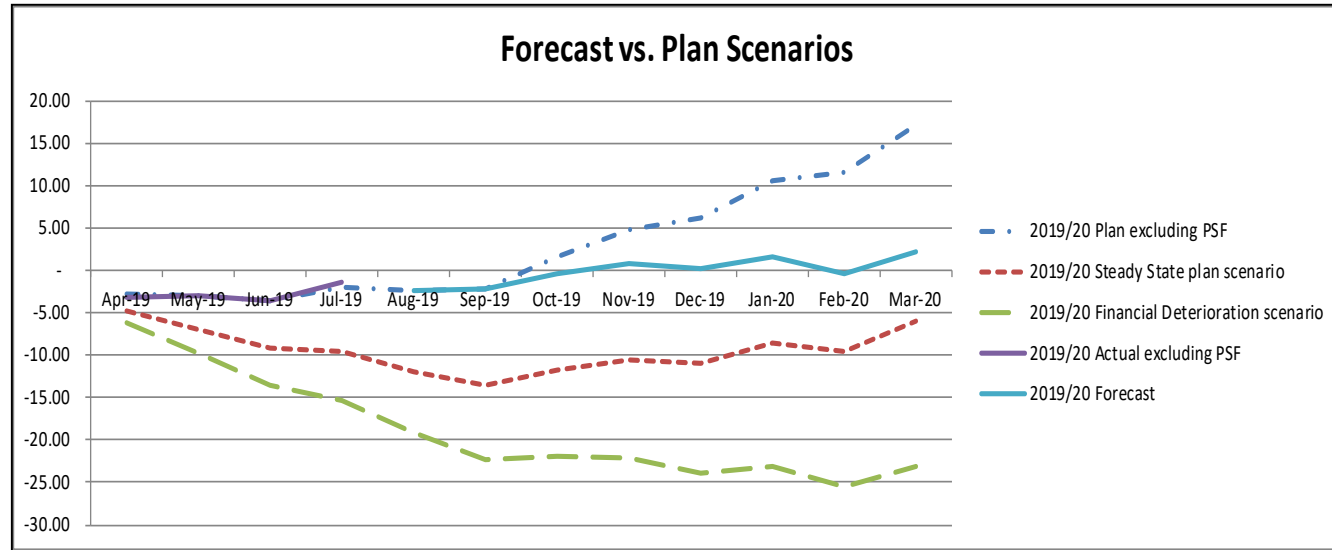
This graph shows potential forecast scenarios for 2019/20 surplus out-turn, as shared with Trust Board as part of the 2019/20 planning process.

Currently the forecast is based on estimates post Q1 and is therefore highly uncertain at this early stage of 2019/20. This forecast will be updated post Q2 performance.

This table outlines the risk and mitigating actions assumed in various scenarios.

Unless financial performance improves, the run-rate suggests a forecasted £15m financial shortfall compared to Plan, mainly driven by CIP identification and delivery.

It is early in the year to draw conclusions on the expected year-end position, which will depend on the success of the financial improvement programme and whether risks materialise or are mitigated. The forecast will be updated following finalisation of Q2 results (September).



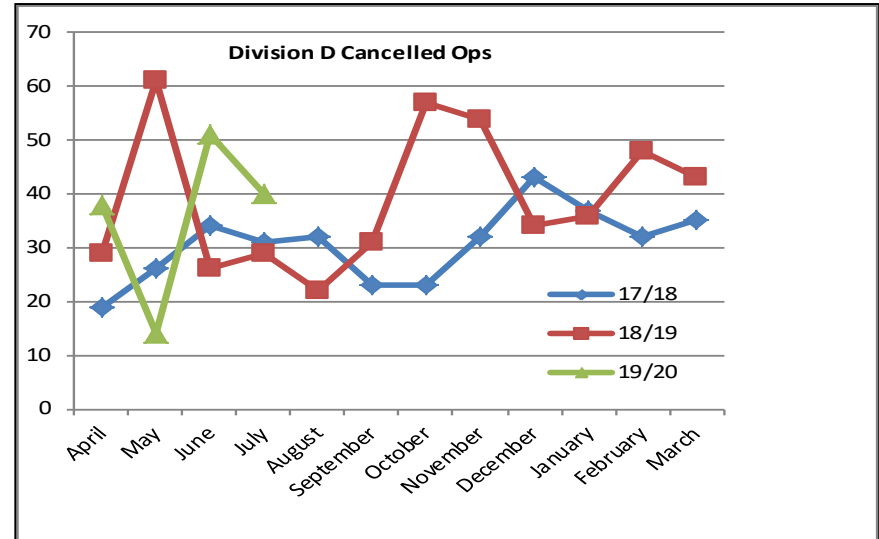
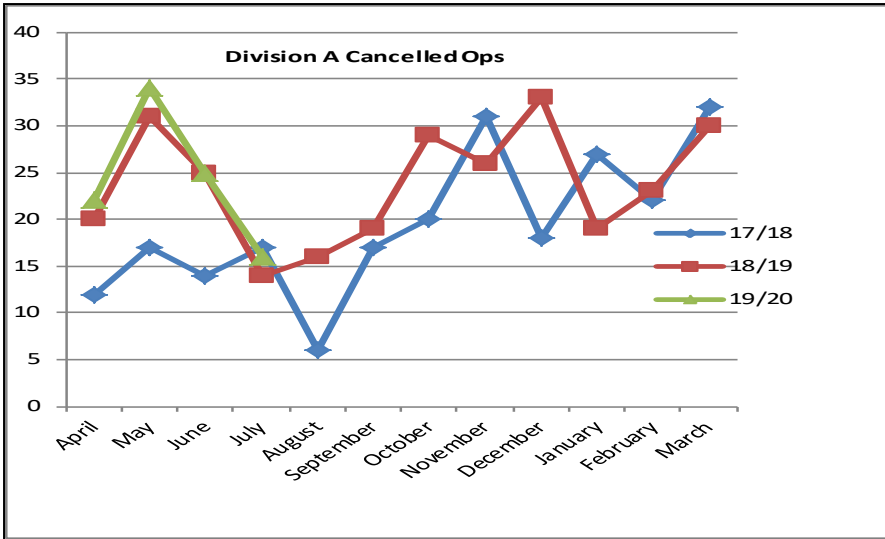
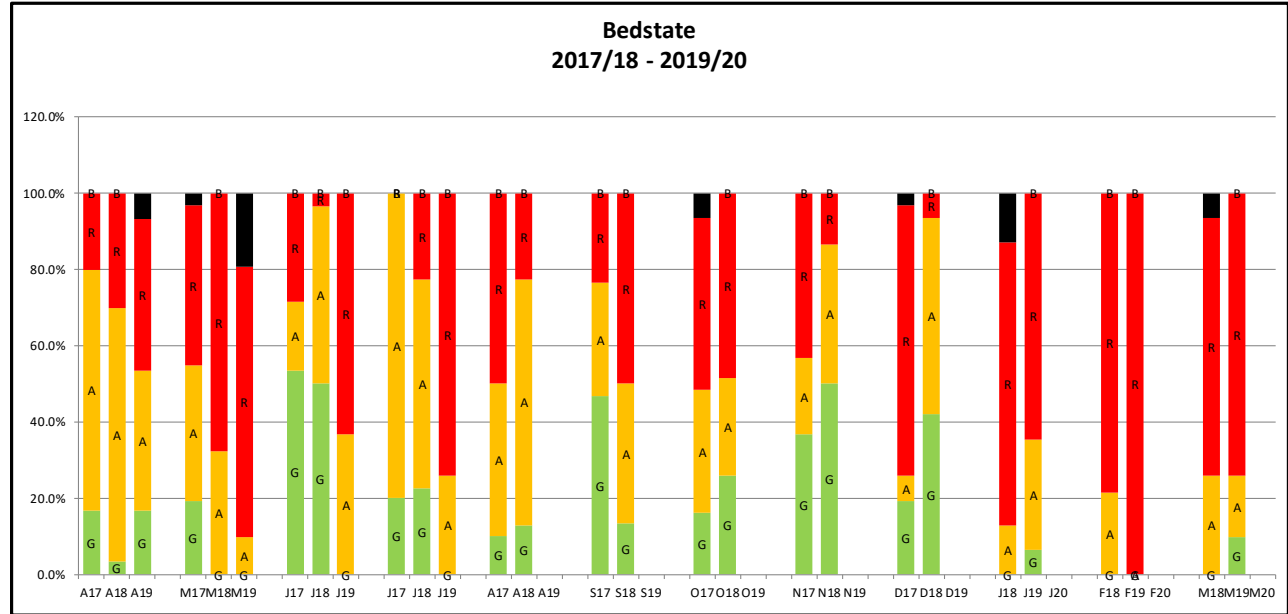
	Plan scenarios			Forecast
	Plan	Steady State	Financial Deterioration	
Financial Surplus (excl. PSF) - Plan	17.1	17.1	17.1	17.1
Risks:				
CIP Delivery / Underlying 18/19 run rate	(10.0)	(19.0)	(26.3)	(19.0)
Underlying Run-Rate deterioration	-	-	(10.0)	
QIPP / Pensions / Other	-	(5.0)	(5.0)	(5.0)
Total Risks:	(10.0)	(24.0)	(41.3)	(24.0)
Mitigations:				
CIP delivery / Financial Improvement	10.0	-	-	7.0
Additional controls / business rules	-	-	-	2.0
Total Mitigations:	10.0	-	-	9.0
Total Net Risk	0.0	(24.0)	(41.3)	(15.0)
Total I&E Position	17.1	(6.9)	(24.2)	2.1

Bedstate – 3yr Comparison

Bed state information for July 2019 highlights over 70% of the time the Trust bed state was red, with no period of green alert which does not compare well with previous years.

Medicine beds (8) have now been closed on Bramshaw and whilst G7 has reopened (14), ward E7 (20) has been handed over to CV&T to manage as an interim measure to offset current demand.

On the day cancellations for non-clinically reasons shown below for Divisions A & D comparing 2017/18, 2018/19 & 2019/20.



(Fav Variance) / Adv Variance

Clinical Income

The chart shows estimated clinical income in July 2019.

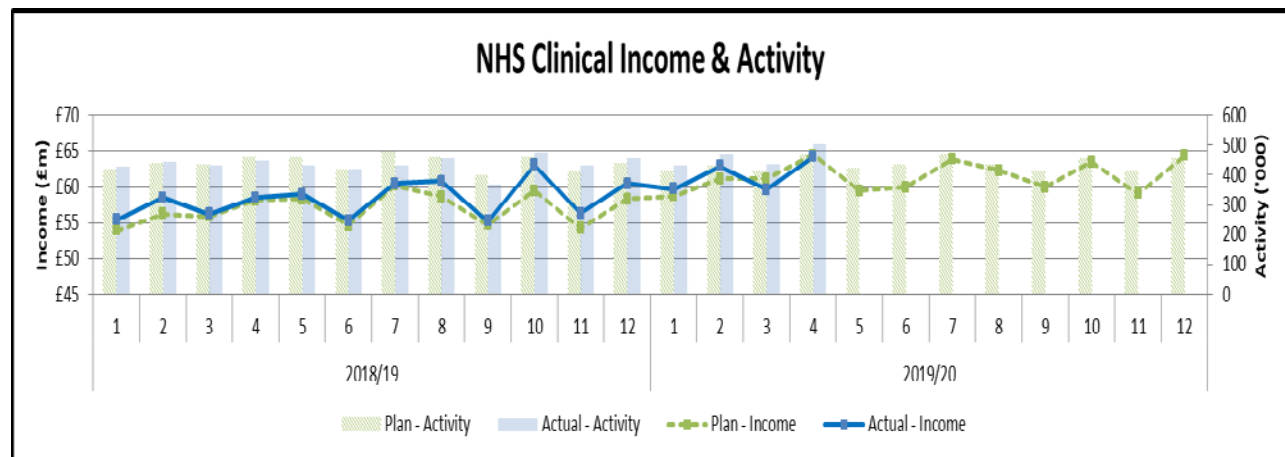
Non-elective inpatient activity was above planned levels and a provision has been taken against the impact of the blended payment system for emergency care. Elective inpatient income was also above planned levels in the month.

Outpatient activity was above planned levels in the month.

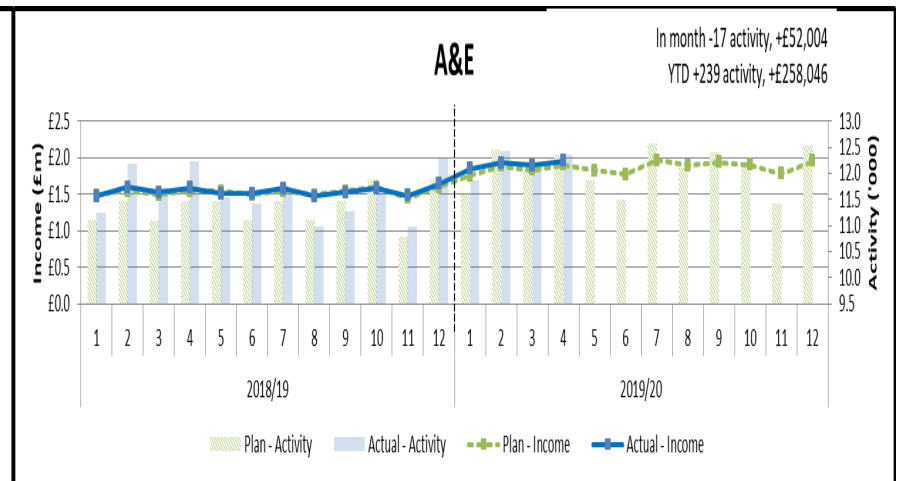
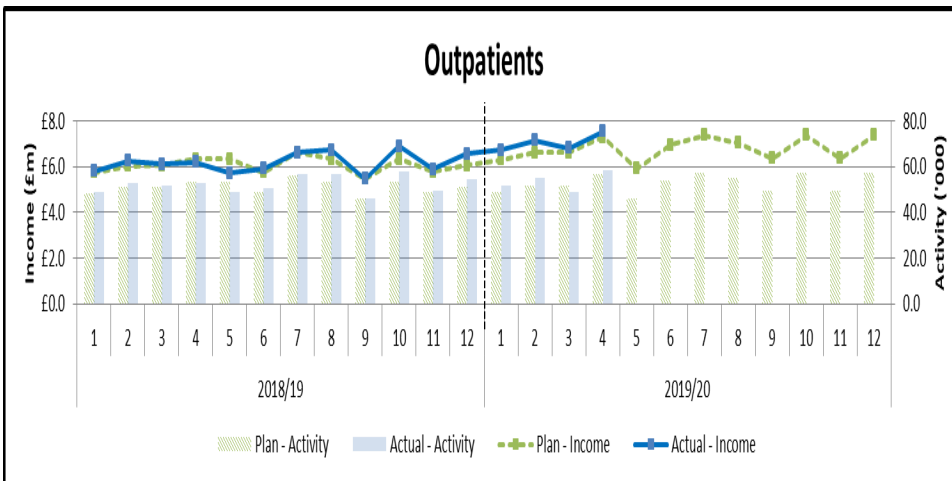
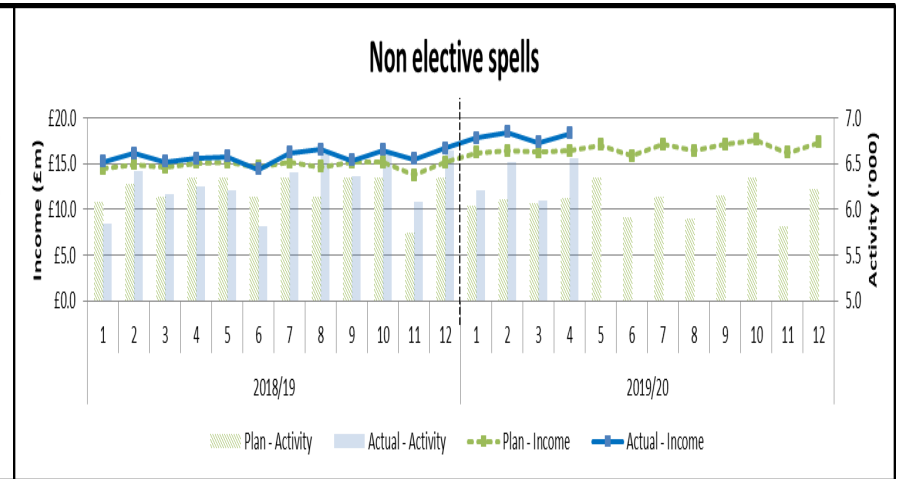
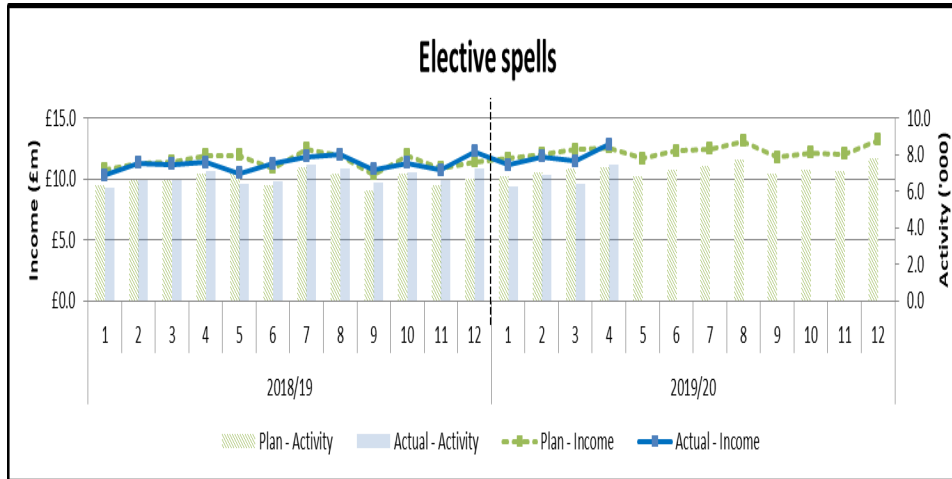
Pass-through drug and device income, within exclusions, was higher than planned levels although this is offset by increase expenditure.

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

POD GROUP	2018/19	2019/20				2019/20			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	£44,157	£147,512	£48,720	£47,280	£1,440	£12,563	£12,840	(£277)	£11,820	£12,529
Non-Elective Inpatients	£62,150	£199,871	£65,317	£71,862	(£6,544)	£16,419	£18,292	(£1,873)	£17,965	£16,001
Blended payment adjustment	£0	£0	£0	(£1,440)	£1,440	£0	(£364)	£364	(£360)	£180
Outpatients	£24,374	£81,651	£26,862	£28,249	(£1,386)	£7,296	£7,544	(£248)	£7,062	£6,675
Other Activity	£38,348	£128,547	£42,482	£42,703	(£220)	£10,857	£11,139	(£282)	£10,676	£10,730
CQUIN	£4,865	£8,375	£2,757	£2,808	(£51)	£710	£694	£17	£702	£696
Blocks & Financial Adjustments	£1,846	£9,975	£6,249	£124	£6,125	£2,060	(£1,455)	£3,516	£31	£1,231
Other Exclusions	£1,309	£46,419	£16,555	£17,218	(£663)	£4,534	£4,627	(£92)	£4,304	£3,650
Prior month adjustment	£0	£0	£0	£0	£0	£0	£882	(£882)	£0	£0
Subtotal NHS Clinical Income	£177,048	£622,349	£208,943	£208,803	£140	£54,440	£54,196	£244	£52,201	£51,693
Pass-through Exclusions	£36,807	£115,237	£36,827	£37,627	(£800)	£10,082	£10,845	(£763)	£9,407	£9,701
Total NHS Clinical Income	£213,855	£737,586	£245,770	£246,430	(£660)	£64,522	£65,041	(£519)	£61,607	£61,395
Non NHS Clinical Income										
Private Patients		£6,058	£2,262	£1,394	£868	£646	£313	£333	£348	£583
CRU		£2,500	£832	£840	(£8)	£208	£208	(£0)	£210	£208
Overseas Chargeable Patients		£1,412	£472	£651	(£179)	£118	£261	(£143)	£163	£95
Total Non NHS Clinical Income		£9,970	£3,566	£2,885	£681	£972	£782	£189	£721	£886
Grand Total	£213,855	£747,556	£249,336	£249,315	£21	£65,494	£65,824	(£330)	£62,329	£62,280



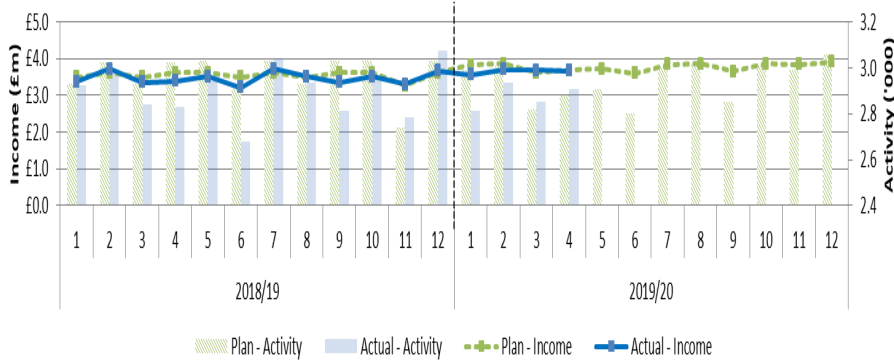
Clinical Income



Clinical Income

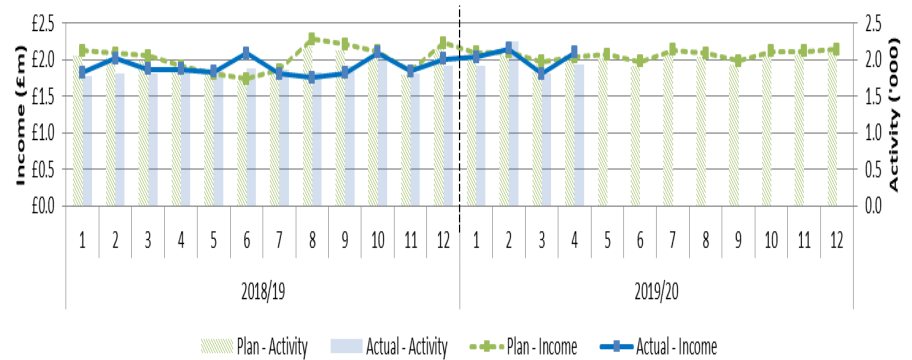
Adult critical care

In month +25 activity, -£22,425
YTD -192 activity, -£356,212



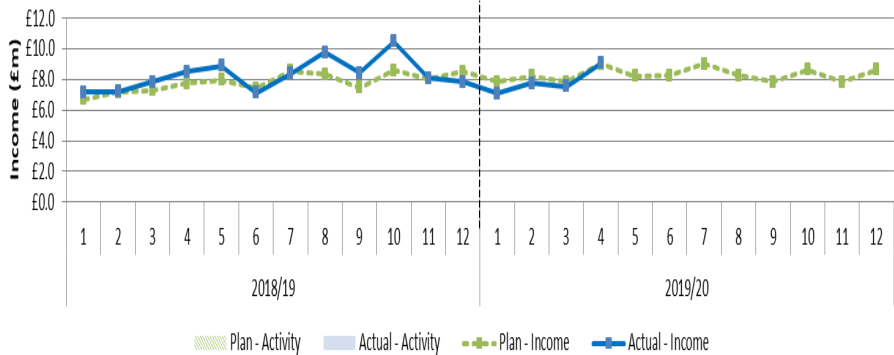
Neonatal & paediatric critical care

In month -68 activity, +£58,240
YTD -135 activity, -£127,281



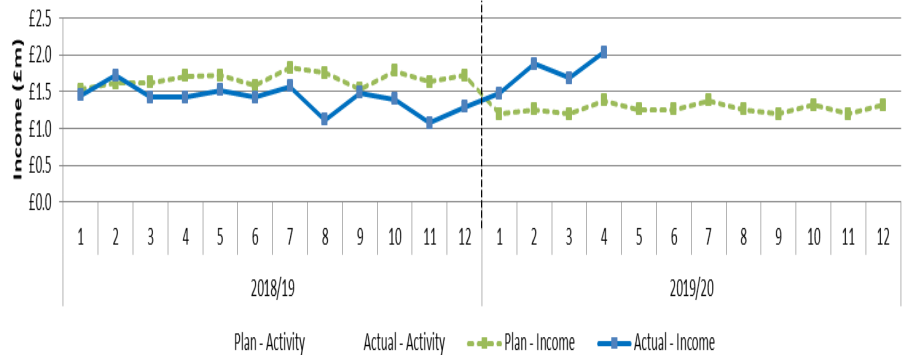
Tariff excluded drugs

In month +£75,020
YTD -£1,354,748



Tariff excluded devices

In month +£653,426
YTD +£2,033,684



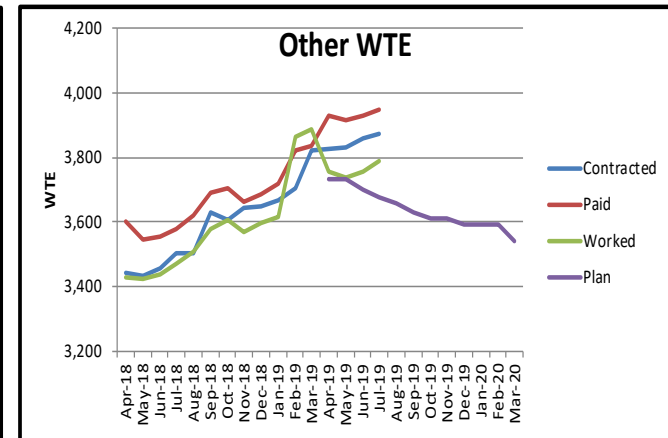
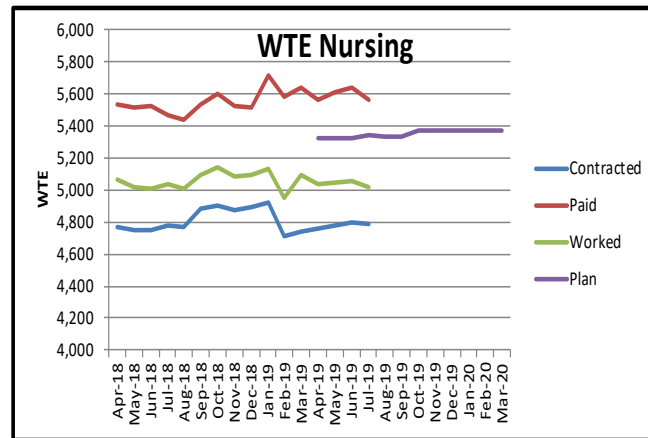
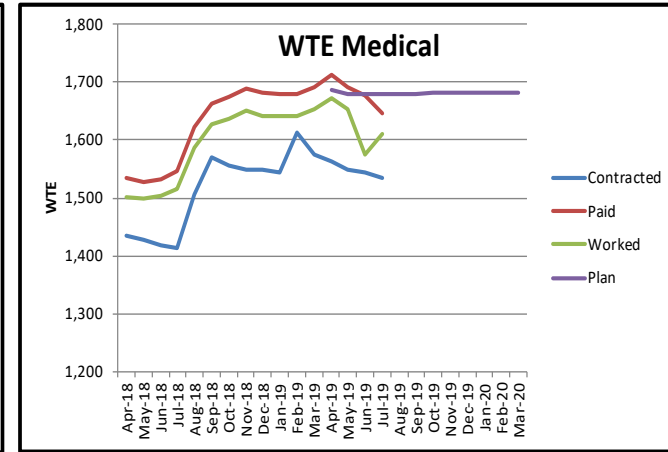
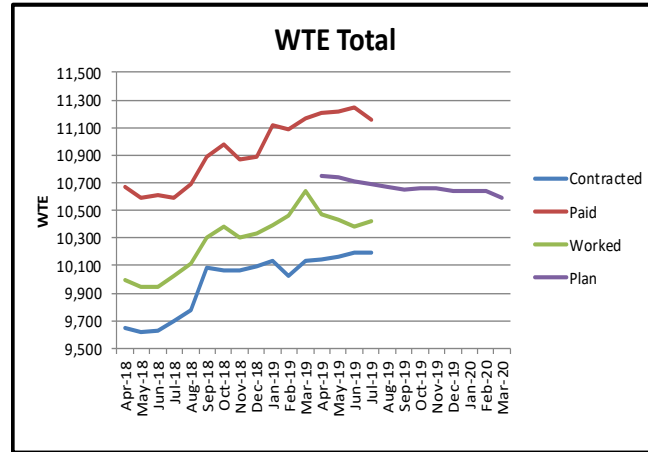
WTEs

WTE notes:

- 1) 'Contracted' is substantive staff in post.
- 2) 'Worked' is the WTE equivalent of what staff have actually worked in the month, including flexible additional hours.
- 3) 'Paid' is worked WTE but including the WTE equivalent of enhanced rates e.g. weekend working.
- 4) 'Plan' = funded WTE.
- 5) 'Other WTE' Plan includes pay CIP yet to be allocated to a specific staffing group, or remains unidentified.

Overall paid WTE decreased from June to July 2019 by 88wtes.

Contracted rose by 23wtes (increase was 33wtes May to June) and worked increased by 32wtes.

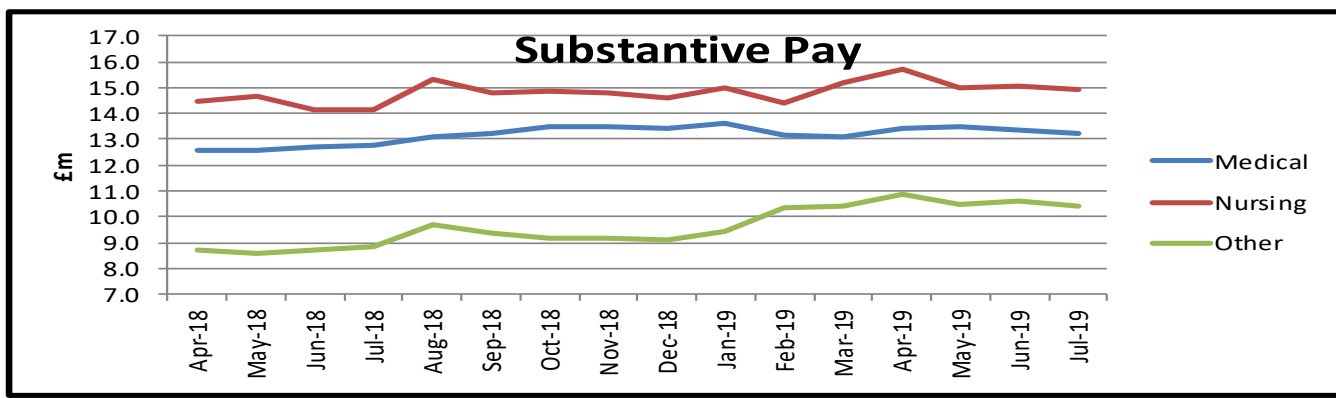
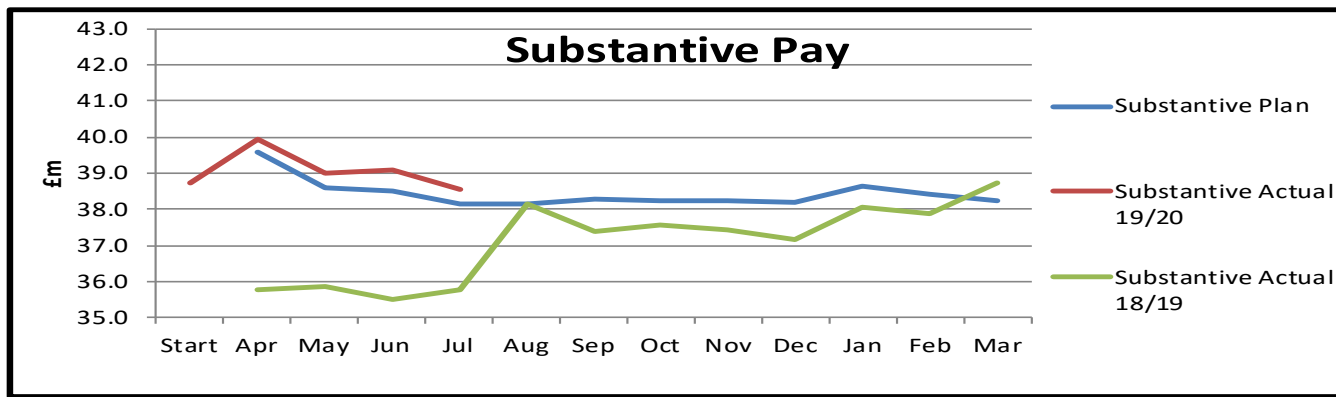
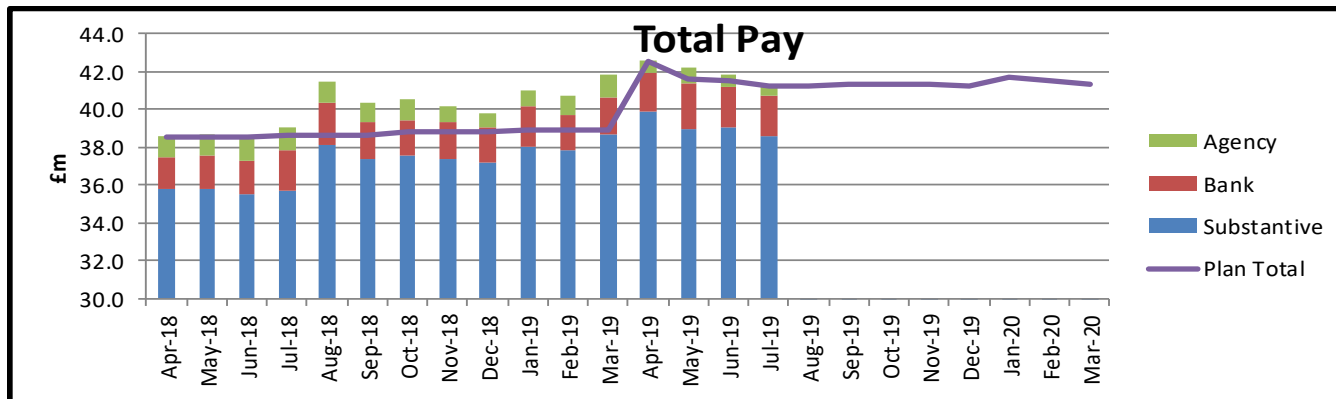


Substantive Pay Costs

Overall pay reduced in July 2019 by £0.7m when compared to June 2019, of which substantive was -£0.5m, bank, +£0.05m and agency -£0.25m. The agency reduction is due to a backdated VAT reclaim.

Total pay including temporary staffing was £0.2m favourable to Plan in M4. In M2 the Trust was £0.6m adverse to total pay Plan and £0.3m adverse in M3. This will include the undelivered element of the pay CIP target which in M4 was £0.1m.

In June 2019, TEC approved the introduction of tighter recruitment controls for both substantive and temporary staff, including the creation of a 'recruitment control panel' to approve new and replacement posts. The panel will include HR, finance, operational and nursing representatives to ensure decisions are appropriate for clinical quality and safety. This panel met for the first time in the beginning of July 2019. These controls will be reviewed post Q2.



Temporary Staff Costs

Overall agency spend in July 2019 was £0.45m, £0.25m lower than June 2019 and £0.75m lower than the NHSI agency cap for 2019/20.

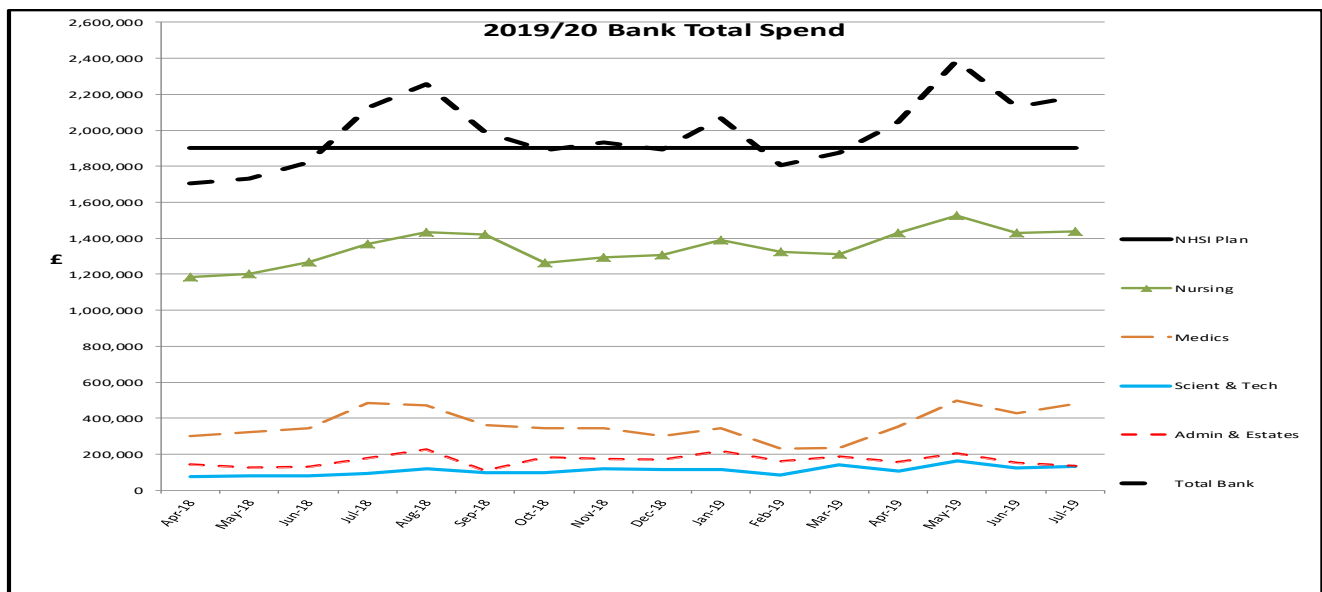
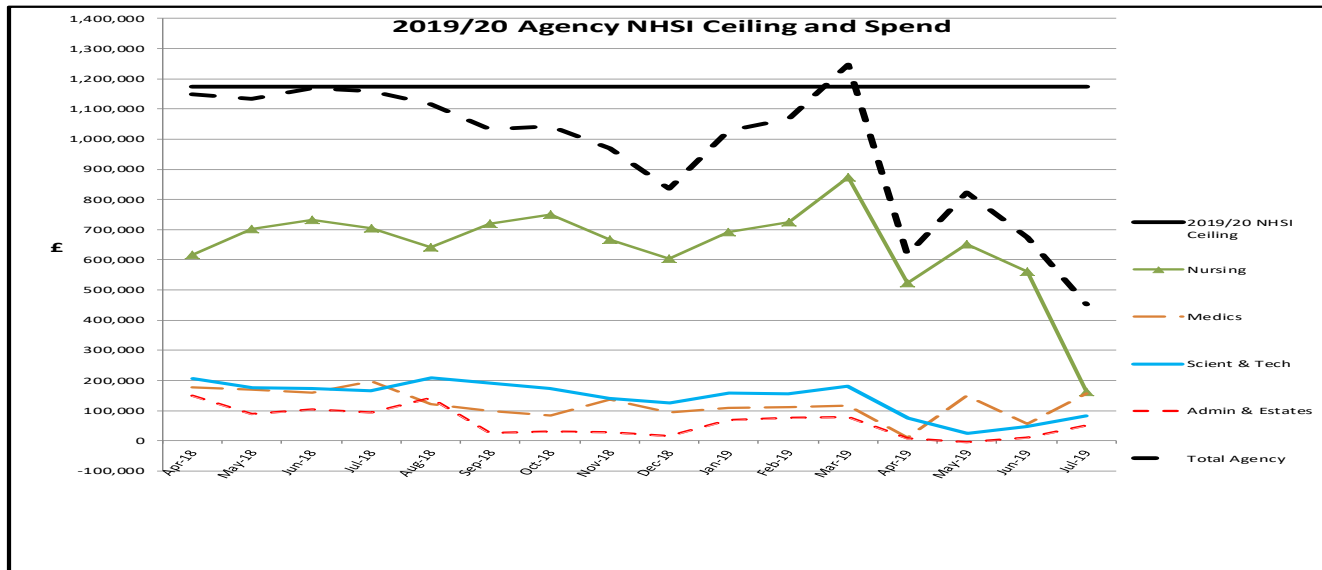
Nursing agency reduced by £0.4m, £0.3m due to VAT reclaim (£0.25m backdated), with a further £0.1m appearing to be genuine reduction in usage.

Expenditure on Thornbury reduced by £8k in July and was £70k lower than that spent in July 2018.

Expenditure on bank staff was £2.2m in July 2019, £0.05m more than that spent in June 2019.

In overall terms, expenditure on flexible staffing was £0.5m lower than Plan in July 2019 and £0.2m lower than June 2019 expenditure.

In an initiative to manage temporary staffing more tightly, Savings Board has agreed a proposal to manage headcount headroom to no more than 23%. This project was sponsored by the Director of Nursing.



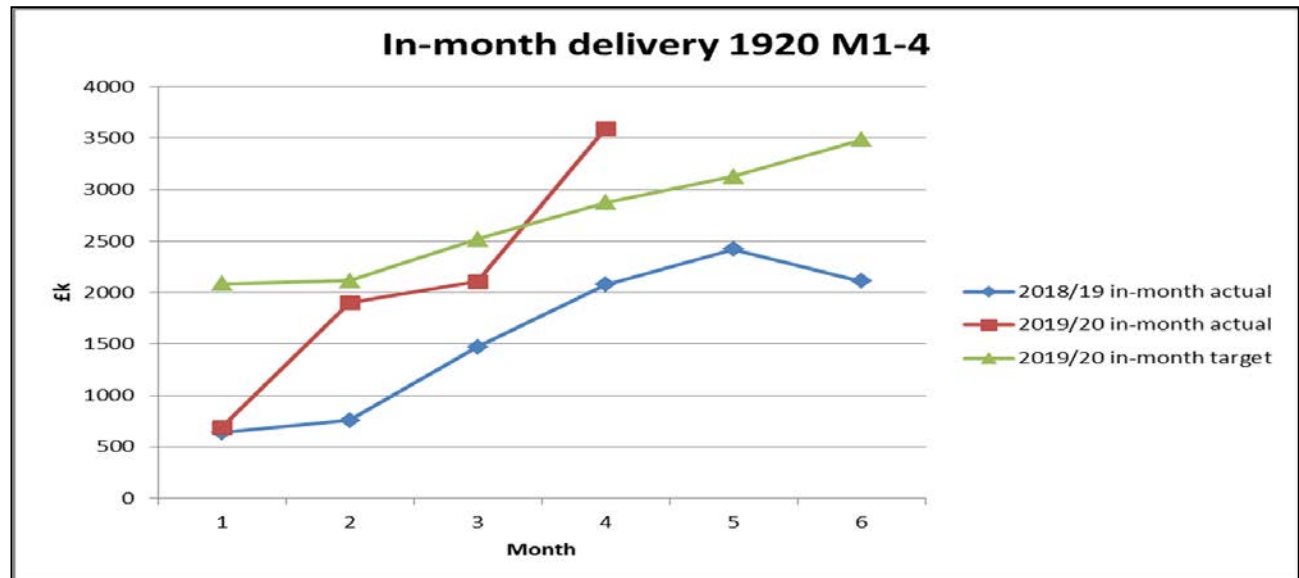
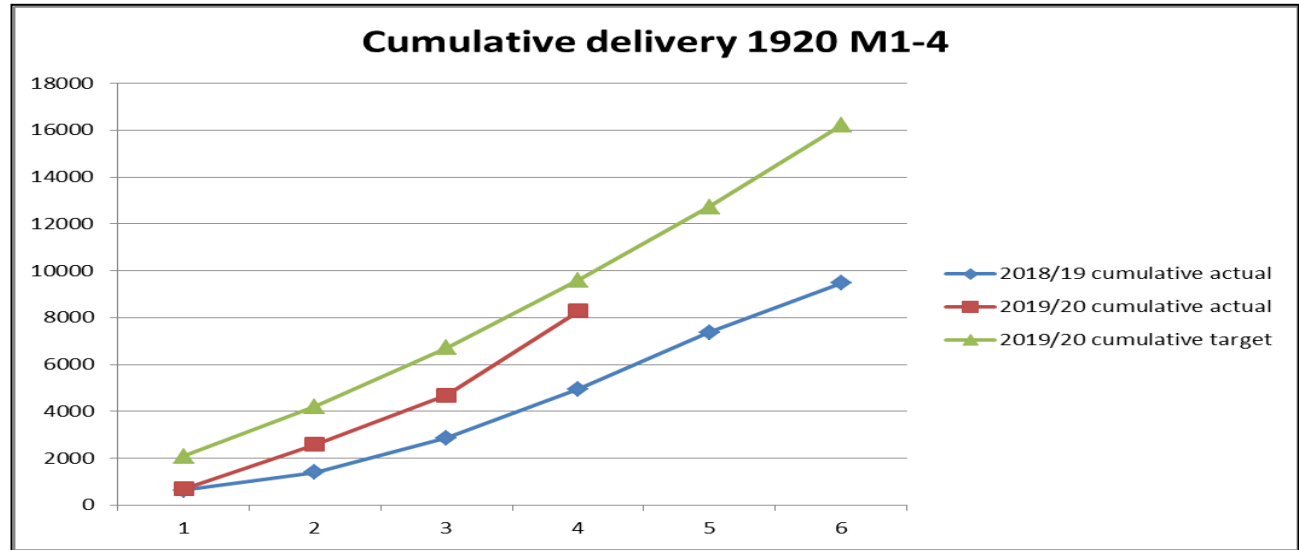
Cost Improvement Programme

CIP delivery in July 2019 was £3.6m against a target of £2.9m.

This was higher than the delivery in June 2019 by £1.5m and £1.5m higher than that delivered in July 2018.

Income CIP scheme award was high in July 2019 due to the strong income performance seen in M3 first cut and also estimated in M4. The income CIP award in M4 will include a backdated element.

Fortnightly CIP run rate meetings will still focus on the income & expenditure position of each Division vs Plan and also CIP performance at Care Group level.



Cost Improvement Programme

The Trust has currently identified CIP of £39m, 98% of the target leaving a shortfall of £1m.

Identification increased by £2.6m/7% from M3 with additional schemes being identified related to NHS & commercial income. The increases are within Divisions B & C and THQ areas.

Of the total identified, £29.7m/76% is planned to be recurrent. The full year effect currently stands at £5.7m highlighting a £35.4m recurrent CIP identification.

Worryingly the non-recurrent identification has grown and will be a focus going forward alongside closing the identification gap further.

This table outlines the main themes of identified CIP to date. Length of stay schemes will either result in expenditure reductions through closing beds or increases in income from utilising spare beds.

Division	CIP Target	Total CIP	Gap £k	Identification %
Division A	8,998	9,112	+114	101%
Division B	7,954	8,065	+111	101%
Division C	6,569	6,338	231	96%
Division D	8,428	8,432	+4	100%
Total Clinical Services	31,949	31,947	2	100%
Chief Finance Officer	377	609	+232	162%
Estates Facilities & Capital Development	1,892	1,856	36	98%
Transformation	163	187	+24	115%
Chief Operating Officer	379	388	+9	102%
Human Resources	312	304	8	97%
Informatics	453	200	253	44%
Clinical Governance	173	110	63	64%
Training, Development & Workforce	248	211	37	85%
Chief Executive	54	25	29	46%
Trust HQ Total	4,051	3,890	161	96%
Central Schemes	4,000	3,198	802	80%
UHS Trust Total	40,000	39,035	965	98%

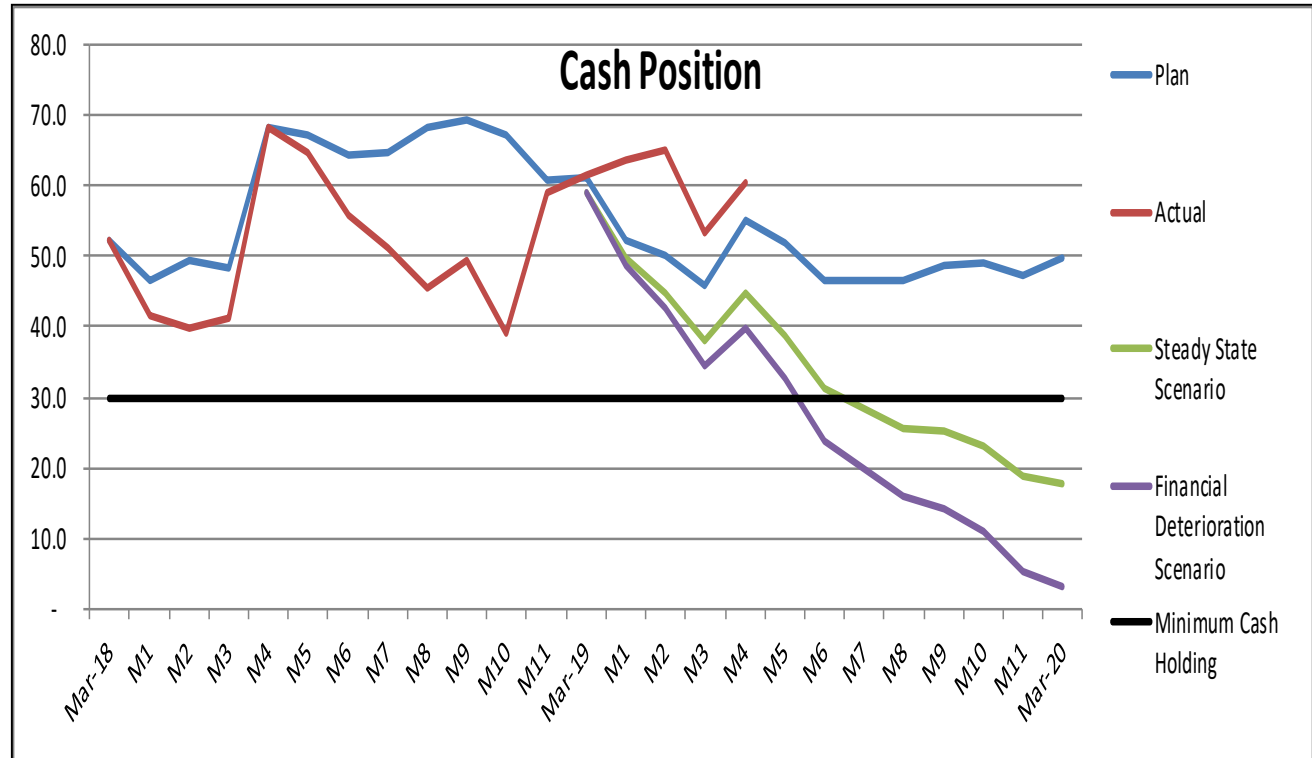
Identification by theme £k	Workforce	Length of stay	NHS income	Commercial income	Non pay	Total
UHS Total	6,333	6,692	13,384	4,802	7,824	39,035
Profile of identification	16%	17%	34%	12%	20%	100%
Recurrent £	2,231	6,692	13,261	1,193	6,330	29,707
Recurrent % of total theme value	35%	100%	99%	25%	81%	76%
Non Recurrent £	4,102	0	123	3,609	1,494	9,328
Non Recurrent % of total theme value	65%	0%	1%	75%	19%	24%

Cash

The cash balance was £5.4m above Plan in M4. This is primarily due to:

- 1) Receivables balances from end of year clearing earlier than anticipated in Plan.
- 2) Payables balances remaining higher than anticipated due to delays in invoice payment.
- 3) Year-end position finishing £2.5m above the forecast from which the cash Plan was derived.
- 4) Capital expenditure below Plan by the end of M4, offset by slippage in ability to draw down funds on PDC-funded schemes.

£20.7m PSF from 2018/19 was received in M4.



Capital Expenditure

(Fav Variance) / Adv Variance

Following a review of the capital programmes a revised Plan of £43.8m has been submitted to NHS Improvement. This is a reduction of £12.1m on the original Plan, most of which is slippage, of which £7m slippage relates to delays in the receipt of national funding.

The monthly profile of expenditure has also been revised in line with this renewed forecast. The figures presented are based on the new profiling.

Spend at month 4 was less than Plan. The main issue is on the GICU project. The revised in month Plan figure was inadvertently overstated but the overall forecast costs which remain as planned.

The Finance Lease addition is Endoscopy equipment. Although the lease was set up last year, it was not identified for accounting until in M4.

Scheme	Month			Year to Date			Full Year
	Revised Plan £000's	Actual £000's	Var £000's	Revised Plan £000's	Actual £000's	Var £000's	Revised Plan £000's
Childrens Hospital	200	144	(56)	373	327	(46)	1,196
ED Adult Resus	0	0	0	0	0	0	1,501
IT Schemes	450	563	113	2,517	2,630	113	7,220
Wave 3 STP Digital	0	2	2	26	28	2	26
Strategic Maintenance	250	264	14	1,224	1,238	14	4,000
Medical Equipment Panel	85	64	(21)	339	318	(21)	2,100
GICU Expansion inc Front Vertical Extension	1,712	629	(1,083)	2,420	1,337	(1,083)	12,122
Refurbish Eye Theatre	0	0	0	0	0	0	60
Energy Efficiency	0	0	0	0	0	0	1,473
New Theatres E level	428	352	(76)	1,715	1,639	(76)	3,236
Urology Day Unit	490	375	(115)	1,109	994	(115)	2,177
Steam Project	0	5	5	103	108	5	103
Princess Anne Theatre Ventilation	90	164	74	261	335	74	355
Spend to Save	0	3	3	105	108	3	407
Radiotherapy Equipment	150	69	(81)	299	218	(81)	834
Divisional / Donated Equipment	50	61	11	62	73	11	1,350
Decorative Improvements / Staff Fund	0	(4)	(4)	26	22	(4)	741
Other Projects	245	223	(22)	1,566	1,544	(22)	4,912
Total Excluding Finance Leases	4,150	2,914	(1,236)	12,145	10,919	(1,226)	43,813
Finance Leases-IISS	0	0	0	1,737	1,314	(423)	4,880
Finance Leases-Other	3,173	3,001	(172)	3,173	3,001	(172)	3,433
Total Capital Expenditure	7,323	5,915	(1,408)	17,055	15,234	(1,821)	52,126
Donated Asset Additions	(223)	(263)	(40)	(1,012)	(1,052)	(40)	(2,796)
Total Net CDEL Expenditure	7,100	5,652	(1,448)	16,043	14,182	(1,861)	49,330

Statement of Financial Position

(Fav Variance) / Adv Variance

Payables balances have stabilised since year-end. The back-log of outstanding payments continues to be addressed. The number of unpaid invoices continues to reduce but remains a critical issue to resolve for the accounts payable team.

Fixed assets being above Plan is due to the year end asset valuation being higher than anticipated at the point the plan was set.

Statement of Financial Position	2018/19 Actuals £m	2019/20			
		YTD Plan £m	YTD Act £m	YTD Var £m	Full Year Plan £m
Fixed Assets	372.4	371.3	374.0	2.8	403.7
Inventories	16.5	16.2	15.2	(1.0)	16.2
Receivables	105.9	69.8	99.7	29.9	75.5
Cash	61.5	55.0	60.4	5.4	49.8
Payables	(110.5)	(87.2)	(105.9)	(18.7)	(82.7)
Current Loan	(3.3)	(4.6)	(3.3)	1.2	(4.6)
Current PFI and Leases	(7.0)	(4.4)	(7.1)	(2.7)	(4.4)
Net Assets	435.6	416.1	433.0	16.9	453.5
Non Current Liabilities	(18.2)	(18.3)	(18.1)	0.2	(18.3)
Non Current Loan	(14.6)	(12.1)	(13.5)	(1.4)	(12.0)
Non Current PFI and Leases	(33.0)	(33.9)	(33.1)	0.8	(34.6)
Total Assets Employed	369.8	351.7	368.3	16.6	388.7
Public Dividend Capital	211.0	217.0	211.0	(6.0)	223.7
Retained Earnings	125.0	109.3	123.5	14.2	139.5
Revaluation Reserve	33.8	25.5	33.8	8.4	25.5
Other Reserves	0.0	0.0	0.0	0.0	0.0
Total Taxpayers' Equity	369.8	351.7	368.3	16.6	388.7

Report to the Trust Board of Directors dated Friday, 30 August 2019			
Title: Register of Seals, and Chair's Actions			
Category	Corporate Governance, Risk, and Internal Control		
Agenda item	5.1		
Sponsor	Chairman		
Author	Charlie Helps, Company Secretary		
Provenance	This is a regular report to notify the Board of use of the seal and actions taken by the Chairman in accordance with the Scheme of Delegation for ratification.		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for RATIFICATION.		
Relevant strategic goals	<input type="checkbox"/> Goal 1: Improving patient journeys.	<input checked="" type="checkbox"/> Goal 2: Delivering value-based health and care.	<input type="checkbox"/> Goal 3: Supporting healthy lives.
	<input type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6 • BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme • BAF04 – Reduced access to resources compromises the quality of services 		
Impact assessments	None		
Other standards affected	<ul style="list-style-type: none"> • Monitor NHS Foundation Trust Code of Governance (probity, internal control) • UHS Standing Financial Instructions and Scheme of Delegation 		

Register of Seals, and Chair's Actions

1. Signing and Sealing

There were no seals fixed for the period of this report.

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 **Award of Contract for the Microbiology: Blood Borne Viruses and STI Project** to Abbott Molecular (via Sysmex Managed Service Contract award) for 5 years at a total cost of £969,176 excluding VAT. Approved by the Chair on 5 August 2019.
- 2.2 **Award of Contract for Linen and Laundry Services** to Salisbury Linen Services for 7 years at a total cost of £8,572,778 excluding VAT. Approved by the Chair on 6 August 2019.

3. Recommendation

Trust Board is recommended to ratify the Chair's Actions.

Report to the Trust Board of Directors dated Friday, 30 August 2019			
Title: Medicines Management Annual Report 2018/19, including HPTP Update			
Category	Quality, Performance, and Finance		
Agenda item	9.1 – Information Item		
Sponsor	Medical Director		
Author	Sue Ladds, Chief Pharmacist & Controlled Drugs Accountable Officer		
Provenance	<p>Annual report on medicines management quality and governance, including 6-monthly progress update on the Hospital Pharmacy Transformation Programme (HPTP).</p> <p>Presented to TEC on 14th August 2019</p> <p>2017-18 annual report presented to TEC and Trust Board September 2018.</p> <p>Last HPTP update to TEC February 2019.</p>		
Classification	This Report is unclassified.		
Purpose and recommendation	<p>The paper is presented for INFORMATION</p> <p>Annual report providing information on the status of medicines management activity, governance and performance within the trust, highlighting achievement, progress, concerns and proposed actions. Includes 6-monthly progress update on the HPTP.</p> <p>The Board is requested to note the contents of the report and raise any questions or concerns.</p> <p>The Board is requested to support the Medicines Management Strategy and Action Plan.</p>		
Relevant strategic goals	✓ Goal 1: Improving patient journeys.	✓ Goal 2: Delivering value-based health and care.	✓ Goal 3: Supporting healthy lives.
	✓ Goal 4: Building an expert and inclusive workforce.	✓ Goal 5: Being agile in meeting people's needs.	✓ Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<p>Cross-reference to the applicable risk register and Board Assurance Framework entries, if appropriate, for example:</p> <ul style="list-style-type: none"> • BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways • BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6 • BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme • BAF04 – Reduced access to resources compromises the quality of services 		

	<ul style="list-style-type: none"> • BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care • BAF06 – Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services • BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care • BAF09 – Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider • BAF10 – Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status
Impact assessments	<p>What impact have you assessed through conducting an impact assessment, if applicable (e.g. equality, quality, finance, Data Protection, etc.)</p> <p>Assessed as having no adverse impact.</p>
Other standards affected	<p>What standards will your recommendations affect?</p> <ul style="list-style-type: none"> • The Human Medicines Regulations 2012 • The Misuse of Drugs Regulations 2001 • Controlled Drugs (Supervision of management and use) Regulations 2013 • Medicines & Healthcare Products Regulatory Agency Wholesale Dealers Licence • Home Office Controlled Drugs Licence • CQC Safe and Well-led • NHSI Use of Resources, Model Hospital • NHSE CQUINs and commissioning policies • General Pharmaceutical Council registration • NHS Specialised Pharmacy Services Quality Assurance standards for aseptic services • Royal Pharmaceutical Society practice standards for hospital pharmacy and homecare.

1. Introduction

- 1.1. Medicines are the most commonly used healthcare intervention. Virtually all UHS patients will receive medicines whilst in hospital, on discharge from hospital, as an outpatient and/or via homecare. Organisational use of medicines is associated with significant risks related to patient safety, compliance with statutory regulations and financial risk.
- 1.2. In 2018/19 UHS expenditure on medicines was £109m. This is an 11% increase on 2017/18 and is higher growth compared to the last two years, which have been around 1%. Growth was seen across all clinical divisions, mainly in Cancer Care, Ophthalmology, Child Health and Neurosciences Care Groups due to increasing expenditure on high cost specialist drugs.
- 1.3. There were 2932 safety incidents involving medicines reported in 2018/19 of which 23% resulted in some level of harm. The number of medication incidents and rate of moderate to severe harm has remained constant since last year, but the rate of low level of harm has increased.
- 1.4. The Hospital Pharmacy Transformation Programme (HPTP) is a NHS Improvement (NHSI) programme introduced following the Carter review of productivity and efficiency within acute NHS hospitals. UHS has been working with Portsmouth and Isle of Wight hospitals on major transformation projects and has been benchmarking performance using the Model Hospital Dashboard. The UHS HPTP plan was approved by the Trust Board in February 2017.
- 1.5. This paper informs the Board about progress, strengths and weaknesses within UHS medicines management systems, updates on progress with the HPTP and makes recommendations for strategy and improvement where appropriate.
- 1.6. A medicines management strategy and summary action plan is included (Appendix A).
- 1.7. The latest Model Hospital Dashboard position for pharmacy and medicines (Appendix B) and the refreshed UHS Vision for the Future of Pharmacy (Appendix C) are attached for information.

2. Analysis and Discussion

2.1. Key areas of progress and improvement

- 2.1.1. UHS pharmacy professionals continue to lead and participate in regional and national networks to ensure that UHS medicines management stays at the forefront of practice and that UHS Pharmacy has a good reputation across the pharmacy profession.
- 2.1.2. In June 2018, the Southampton Medicines Advice Services won the HSJ Value Award for Training and Development for its [Medicines Learning Portal](#). This website teaches clinical problem solving skills to hospital pharmacists and is being used across the whole NHS. This success has enabled the Medicines Advice Team to develop a second national website in partnership with the AHSN network. It is aimed at improving the safety of GP prescribing and will be launched in 2019.
- 2.1.3. A 2018/19 UHS preregistration pharmacist won first prize for the South region for her clinical audit on prescribing of post-operative patient controlled analgesia.
- 2.1.4. The UHS antimicrobial stewardship team were highly commended at the Antibiotic Guardian Awards in the innovation and technology category for their work to reduce antibiotic course lengths using the e-prescribing system.

2.1.5. In 2018/19, UHS achieved seven out of the eight antibiotic prescribing goals set in the national Sepsis/AMR CQUIN:

- Antibiotic consumption was reduced by 5% compared to 2016, exceeding our 3% target. Total consumption during 2018/19 was 5,193 defined daily doses (DDD) per 1000 admissions, which remains higher than our peer group of hospitals. We are still tracking the impact of controls introduced towards the end of 2018/19 and seeking further ways to reduce consumption without negatively impacting on patient outcomes.
- Prescribing of broad spectrum antibiotics from the carbapenem family reduced by 10.6% compared to 2016, exceeding our 3% target. This was achieved largely due to the introduction of an automatic five day course length applied to oral and IV antibiotics prescribed in the JAC system; supported by a programme of education, training and feedback by the antimicrobial stewardship team.
- Antibiotic prescription review at 72 hours for septic patients was met in the last quarter, supported by the introduction of “stickers” placed in medical notes by the microbiology pharmacy team to prompt medical teams responsible for patient care.
- UHS did not meet the target to increase usage of a particular set of narrow spectrum antibiotics compared with our total antibiotic usage. This has been a significant challenge due to complex cases and rising resistance rates justifying the use of other drugs. Using narrow spectrum antibiotics for complex cases often requires multiple antibiotics which would increase total antibiotic consumption.

2.1.6. The Health Foundation funded Applied Analytics project continued through 2018/19 and has included the development of an antimicrobial based digiround, which allows the microbiology team to visualise a range of pertinent information for a specific patient in a single screen. Development of more advanced analytics including automatic identification of drug/bug mismatch is underway.

2.1.7. Five risks have been removed from the risk register following completion of mitigating actions and reduction in risk levels. These are:

Risk	Outcome
Aging Pharmacy cold store	Replaced
Delays in chemotherapy service to Piam Brown ward	Service improved through use of technology and QI process
Aging chemotherapy isolator	Replaced
Open systems for injectable medicines (NHS Patient Safety Alert)	Review of relevant practices completed
Inadequate clinical pharmacy service to Children’s Hospital	Additional pharmacist time allocated

2.1.8. The number of medication incidents being reported has plateaued at around 3000 per year. As in the previous year less than 1% of medication incidents resulted in moderate or severe harm. There have been no medicines related ‘Never Events’ in the last three years. A more detailed medication safety report has been presented to the Quality Committee.

2.1.9. A patient safety review of the report from the independent panel into Gosport War Memorial Hospital, where dangerous doses of medicines were prescribed and administered to patients, was conducted and a report was presented to the Board in October 2018. All medicines process actions required to increase assurance have been completed, including the provision of regular reports to other provider organisations that UHS supply controlled drugs to.

- 2.1.10. Advanced Therapy Medicinal Products (ATMPs) are gene, cell and/or tissue products. These agents have specific requirements in their handling, storage and use in patients and have technical and clinical risks that must be managed if they are to be used safely. The ATMP Oversight Committee (ATMP OC) was established in UHS in 2018 in anticipation of an increasing number of clinical trials using investigational ATMPs, for example CAR-T cells and genetically modified viral vectors for the treatment of haemophilia. The ATMP OC reports to the Chief Pharmacist and Drugs Committee and is composed of representatives from pharmacy, stem cell transplantation, research and development, clinical trials and University of Southampton teams, as well as disease specific consultants or senior nurses. Its main function is to facilitate the safe introduction and use of ATMPs in UHS by providing the governance structure to manage these complex agents. This is achieved by reviewing any new products proposed to be used in UHS, considering the following factors:
- technical and clinical risks
 - infrastructure requirements, e.g. equipment, space, clinical environment
 - staff training, experience and competence
 - adverse events
 - mitigating and corrective actions required
- 2.1.11. Patient use of the Medicines Helpline has increased to around 130 calls per month during 2018/19, a small increase on 2017/18. Unfortunately calls often follow an error or oversight relating to discharge medicines at the prescribing, dispensing or ward discharge level. The lead pharmacist for the Helpline works with the Medication Safety Group to identify and address the causes of the most common types of error and has provided data to inform a new Discharge Checklist for Nurses (see paragraph 2.1.12).
- 2.1.12. A new electronically generated discharge checklist was implemented in all adult ward areas in 2018/19. This was designed in response a number of serious medication incident reports in conjunction with helpline data. Formal monitoring of discharge errors has indicated that there has been a reduction in medication related discharge errors since implementation. The next phases of the project are to work toward digitising the checklist and extending the checklist to paediatric wards.
- 2.1.13. The Medicines Advice Team has worked with www.nhs.uk and other Trusts to develop a series of national information leaflets about medicines that are being used NHS-wide.
- 2.1.14. During 2018/19 UHS established itself as a leading organisation in transfer of care around medicines. The clinical pharmacy team referred 2100 patients to their community pharmacist for follow-up and support regarding their medicines after discharge. Evaluation provided evidence of 62 avoided readmissions.
- 2.1.15. The Specialised Commissioning Medicines Optimisation CQUIN was met in full. This included ensuring supply of the best value products through the most cost-effective supply routes and submission of robust and accurate data sets. The 2019/20 CQUIN continues to focus on supply of best value products, but also includes antifungal stewardship, chemotherapy waste and compliance with commissioning rules for certain high cost drugs.
- 2.1.16. The Medcura system, developed by UHS to improve patient safety and service capacity within the Oncology Pharmacy, is now in use for clinical trial products, successfully completing the implementation programme. The system has enabled a clear reduction in risk and improvement in service delivery and has been of interest to NHSI within their national review of pharmacy aseptic services. A plan for

spreading the benefits to other organisations by providing the system commercially is being developed.

- 2.1.17. MetaVision is an integrated observation, documentation and prescribing critical care information system. E-Prescribing within MetaVision started in September 2015 and has been rolling out across adult and paediatric critical care and high dependency areas. Extension to Theatres and Cardiac HDU is planned for late 2019. Development of an interface to link the JAC and MetaVision ePrescribing systems is planned for completion in 2019, with solutions from each company currently in the design stage. This will reduce some of the issues that can arise when patients move between clinical areas with different systems.
- 2.1.18. The Pharmatrac system has been purchased as part of the Global Digital Exemplar medicines work stream to provide a solution to achieve closed loop medicines prescribing and administration. It uses barcode scanning technology to match a patient with their prescribed medicines at the point of administration to reduce the risk of errors. It will be piloted on wards soon.
- 2.1.19. Collaborative actions by UHS clinicians, Pharmacy and Finance and commissioners have resulted in new medicines savings of just under £1m for the local health economy in 2018/19. Most of these were achieved through high cost drugs savings schemes directly incentivised by commissioners, but also through cost effective prescribing and robust drug procurement within UHS. A similar value for additional savings is predicted for 2019/20.
- 2.1.20. A total of 29 individual funding requests (IFRs) were submitted to commissioners for specific medicines to treat individual patients outside of routinely commissioned treatment options. There continues to be a significant difference between the proportion of IFRs approved by CCGs compared to NHS England Specialised Commissioning:

	Total	CCG	NHSE
Submitted	29	19	10
Approved	16	15	1

A formal risk assessment process was used for three rejected IFRs. This resulted in UHS funding high cost drug treatment in two cases, with a total cost of £38,149.

- 2.1.21. Slow progress has been made with the UHS plan for the Hospital Pharmacy Transformation Programme. The programme is a requirement of NHS Improvement following recommendations from the Lord Carter of Coles review of productivity and efficiency in NHS acute hospitals. Major transformation of medicines procurement and distribution processes across the Hampshire, Isle of Wight STP footprint is planned, involving the establishment of a shared procurement and distribution hub for all local hospitals, to be run by Portsmouth Hospitals. A bid for STP capital funds for this project has been successful in principle and a final business case is to be submitted now that a business model has been agreed between the three hospitals.
- 2.1.22. Installation of the new robot in the main dispensary at Southampton General Hospital is currently underway, with expected go-live in September 2019. This work is being supported by redesign of the dispensary for improved workflow and efficiency. In addition to safety and productivity improvements the changes will result in a more modern and pleasant environment for staff.
- 2.1.23. Another major project in the early planning phase includes a new aseptic dispensing unit for Southampton General Hospital to replace aging existing facilities. A specialist clean room company have been scoping the requirements and costs of a

new aseptics unit and their report is expected soon. This work coincides with a national review of pharmacy aseptics services being carried out by NHSI. The first phase of the review has highlighted the lack of capacity versus demand across NHS and commercial providers in this field and a need to build increased capacity and resilience within the NHS. This is demonstrated by the current crisis involving reduced supply of parenteral nutrition by a major commercial provider. Other providers have been unable to increase production sufficiently to avoid impact on patients. UHS expects to take a collaborative approach with other hospitals in the region to improve capacity and resilience and ensure that expensive facilities are used in the most productive way.

- 2.1.24. The NHSI Model Hospital Dashboard includes a well-established section for pharmacy and medicines, taking data from a variety of sources to inform comparisons and targets, however many of the metrics are not being kept up to date, so it is becoming less useful as a benchmarking tool. A full set of 2018/19 data has been submitted to the current NHS Benchmarking Network project, which is expected to report in November 2019. Performance against many of these metrics has now reached a plateau following earlier improvement:

Metric	16/17	17/18	18/19
Pharmacist time on clinical activity	75%	81%	76%
Proportion of clinical pharmacists prescribing	25%	51%	56%
Medicines reconciliation within 24hrs	83%	81%	72%
Dose-banded chemotherapy	80%	99%	99%
Proportion of medication incidents causing harm	32.2%	19.9%	23.1%
Days stockholding	19	20	21
e-commerce (%electronic orders)	71.4%	-	78%

- 2.1.25. In February 2019 Pharmacy hosted two University of Bath students to support some quality improvement work. Over the course of three months they conducted a PDSA cycle in our ongoing project around improving availability and access to stock medicines at ward level in order to:
- release time for other activities
 - reduce the number of duplicate orders
 - reduce the number of missed and delayed doses
 - reduce medication waste
- 2.1.26. During 2018/19 three further actions have been completed to improve compliance of UHS pharmacy services against the Royal Pharmaceutical Society Professional Standards for Hospital Pharmacy Services. These actions related to self-administration, collecting feedback from patients and improving governance for ATMPs.
- 2.1.27. The homecare service for medicines continue to increase with the Pharmacy homecare team now supporting around 4100 patients. Capacity within the commercial homecare market remains a challenge to UHS ambitions.
- 2.1.28. Non medical prescribing (NMP) within UHS continues to rise. Currently there are 272 active/in training NMPs recorded on the live register of which 51 are pharmacists, seven are therapists, one is a paramedic and the remaining 213 are nurses. An additional 15 are due to commence courses before end of 2019/20. In line with the new Nursing & Midwifery Council standards for nurse education, UHS leads have been involved in revalidation of the NMP programs at Southampton University and Bournemouth University. These new programs are expected to launch in Sep/Oct 2019 and will see the introduction of new NMP student ‘supervisor’ and ‘assessor’ roles.

- 2.1.29. UHS Pharmacy is recognised for the high quality of training it delivers. The first set of level 2 pharmacy apprentices completed in Dec 18/Jan 19 and a further three cohorts started within 2018/19, utilising apprenticeship levy funding. The training is provided by the UHS Pharmacy team and a successful external quality assurance visit in July 2018 confirmed that good quality delivery of training for pharmacy vocational qualifications is being provided. The Pharmacy team was also commissioned by HEE South to provide pre-registration pharmacist training for Hampshire and Isle of Wight local learning sets and by the University of Southampton to deliver teaching for nursing and AHP students.
- 2.1.30. In a collaborative project with the Wessex Pharmacy Local Professional Network, UHS arranged for the training of 12 pharmacy technicians from NHS providers in Wessex to receive training as Healthy Living Champions, providing them with tools to identify risky behaviours and make every patient contact count in terms of health promotion. Consideration is being given to expansion of this in 2019/20.
- 2.1.31. A number of initiatives under the pharmacy workforce strategy have been implemented, including two successful recruitment open days, a scheme to make it easier for pharmacy staff to move between different roles in different teams, a new local induction day for new starters and a number of focus groups based on staff survey feedback, resulting in an ambitious action plan for improvement.
- 2.1.32. Role-specific training for both handling medical gases and prescribing oxygen were released in 2018/19. Work is underway to improve the prescribing of oxygen in adult patients during 2019/20. The Medical Gas Committee has updated the medical gas policy, introducing a process for requesting new gases for use in UHS to take into account safe use and handling.
- 2.1.33. The Drugs Committee met monthly throughout 2018/19 and undertook the following activity:
- approved the addition of 65 items to the medicines formulary and amended the status of 32 items, of which 43 and 11 respectively were in response to published NICE guidance and the remainder in response to local developments and requests.
 - removed four items from the medicines formulary.
 - reviewed the feeds and nutritional supplements formulary.
 - reviewed and approved 20 new, and 32 existing, Patient Group Directions that allow non-prescribers to safely supply and administer medicines in certain circumstances to improve patient pathways and experience.
 - reviewed 17 free of charge supply schemes offered by manufacturers. These can provide early access to, or compassionate use of, medicines that would otherwise not be available, but the schemes need to be carefully assessed for clinical, ethical and financial risk.
 - reviewed annual medicines expenditure reports for five care groups, identifying trends and growth, benchmarking with other hospitals' expenditure patterns and identifying potential savings opportunities.
 - reviewed and approved numerous policies, clinical guidelines and procedures relating to medicines.
- 2.1.34. In October 2018, NHS England issued a letter stating that cannabis-based products for medicinal use were to be reclassified, allowing prescribing on the NHS from November 2018 under certain restricted conditions. This raised some complex and sensitive concerns related to high patient expectations, lack of availability of licensed products to prescribe and high cost of unlicensed products. UHS Drugs Committee and Quality Governance Steering Group (QGSG) agreed a policy position, taking into account the evidence base, clinical need and equity of access for patients.

- 2.1.35. Increased research activity has resulted in 62 newly opened clinical trials involving Investigational Medicinal Products during 2018/19, including our first gene therapy clinical trial for haemophilia, enabling patients to be cured of a lifelong disease with a single treatment. The clinical trials team currently support over 260 active commercial and non-commercial clinical trials and have been developing the EDGE clinical research management system to help streamline and co-ordinate processes.
- 2.1.36. The UHS clinical trials team has also co-ordinated a UK wide activity assessment on behalf of the National Clinical Trial Pharmacy Advisory Group and National Institute for Health Research (NIHR). This work now ensures that NHS trusts are being fairly recompensed for work supporting commercial clinical trials using a national costing template.
- 2.1.37. Research specifically into medicines management areas also continues to develop, with three ongoing projects. In addition to the Applied Analytics Health Foundation project we have a PhD student working on the use of new anticoagulants in the elderly, continued evaluation of the Medcura system and an evaluation of the biosimilar switching process from a patient perspective. National dissemination in the form of both peer reviewed papers and conference presentations continues.
- 2.1.38. UHS Pharmacy underwent external regulatory inspections by the General Pharmaceutical Council, NHS Specialist Pharmacy Services Quality Assurance and the Medicines and Healthcare Products Regulatory Agency and met standards for registered pharmacies, aseptic compounding and wholesale dealing of medicines.

2.2. Key areas requiring action/improvement

- 2.2.1. The increasing number of medication shortages is a significant challenge. Medicine shortages have always been a problem for the NHS, however more recently there have been an increasing number of more critical shortages, which are problematic to manage. Often there is little or no notice of an impending shortage with the first indication being when an item is not delivered as expected. Throughout 2018/19 this occurred over 1600 times placing a significant burden on the Pharmacy team. It is an ongoing challenge to predict, understand and manage the impact for UHS patients due to having very limited information from suppliers about possible causes and how long the shortage may last. A monthly report of current shortages is prepared for the QGSG to improve communication to relevant stakeholders about current shortages, however for many shortages there is a need to review situations weekly, or even daily, and so alternative mechanisms of communication are required. The following actions are planned for 2019/20:
 - Adapting the national best practice template for use in NHS medicines shortages. This includes a range of suggested stakeholder groups alongside suggested communication strategies.
 - Developing three alert levels to stakeholders regarding specific critical medicines or groups of medicines that could significantly impact patients and/or business continuity within a service. Initially we plan to work with the anaesthetics team to develop this process.
 - Utilising our digital expertise to identify when these critical medicines fall below targets and automating alerts.
- 2.2.2. In February 2019 the Falsified Medicine Directive (FMD) became law. This is EU legislation designed to remove falsified medicines from the legitimate supply chain across Europe. Manufacturers are now required to produce tamper-evident packs with 2D barcodes, which are scanned by wholesalers and dispensers to verify and decommission packs and they are issued. However many packs coming into pharmacies currently are still non-compliant old stock that cannot be scanned and access to the EU database will not be possible in the event of the UK leaving the EU

without a deal in October. UHS Pharmacy has registered with the UK arm of the EU database and purchased verification software, however full compliance has been delayed until at least 25% of packs received are FMD compliant. Full implementation will require an up-date to the JAC medicines stock management system and additional staffing resource for scanning packs.

- 2.2.3. The Drugs Committee is a key decision-making committee for the organisation, but is currently operating without a medical chairperson following retirement of the previous incumbent. There are also too few medical members, meaning that the committee is not always quorate.
- 2.2.4. Two new risks were added to the risk register relating to delayed implementation of the Falsified Medicines Directive (see paragraph 2.2.2) and preparation of Advanced Therapy Medicinal Products (ATMP) (see paragraph 2.1.10). The risk register currently includes seven other risks related to medicines that require further action.
- 2.2.5. The JAC e-prescribing system underwent a major upgrade in April 2019 as part of the strategy to maximise the benefits, improve integration of systems and achieve compliance with data reporting standards. Despite extensive validation of the new version, faults within the system have introduced new risks, which have required undesirable mitigating processes to be put in place. Patches to correct these system faults are expected to be received from JAC in August 2019 for implementation in September, following further validation. Continuous validation and implementation of e-prescribing system updates, alongside the requirement to deliver ongoing Trust-wide systems training to staff, means that the Pharmacy e-prescribing team are struggling to keep up with developments and are not as agile as they would like to be in bringing the benefits of new releases to UHS patients and staff.
- 2.2.6. When patients move between clinical areas that have JAC and MetaVision prescribing systems there remains a risk that medicines prescribing and/or administration is omitted or duplicated. It is necessary to interface the two systems to eliminate the need to transcribe medications between systems. Development and deployment of the interface is planned for 2019/20.
- 2.2.7. Use of electronic prescribing systems needs to extend to the Emergency Department and across outpatient prescribing.
- 2.2.8. The paediatric MetaVision drug database build and validation is being completed. This remains a challenge due to the high level of expertise required and the limited number of pharmacists within UHS, and regionally, with the appropriate knowledge. Work must be completed alongside provision of everyday clinical services to patients.
- 2.2.9. Ongoing work continues to try and reduce delays associated with prescribing and dispensing of discharge medicines. A dispensary improvement project has begun and changes will be tested and implemented alongside new workflow arrangements linked to the robot installation.
- 2.2.10. Major transformation and improvement projects for pharmacy facilities and equipment need to be followed through to successful completion and the benefits from these investments realised. In 2018/19 there was a further major leak in the clinical trials room putting products at risk and staff under pressure. There is currently no space identified for a new clinical trials facility and the need to create a temporary trials store within Pharmacy has forced other staff out of the department.
- 2.2.11. The Pharmacy workforce strategy needs to be delivered over time to ensure that medicines management at UHS continues to be robustly supported by a trained, high quality, motivated and flexible workforce that is able to cope with future demands of volume and complexity. The NHS long term plan recognises the value of clinical pharmacy in primary care settings and implementation of plans to increase

the number of clinical pharmacists and pharmacy technicians, working alongside GPs in Primary Care Networks, have already started. This will require a system-wide approach to recruitment and deployment of the clinical pharmacy workforce to ensure appropriate skills are available in the highest priority areas across care settings. During 2018/19 UHS Pharmacy collaborated with Southampton City CCG to increase clinical pharmacy support to care homes and similar joint initiatives will be required in the future to ensure that UHS retains an adequate pharmacy workforce.

- 2.2.12. Over the next 12 months Southern Health NHS Foundation Trust is expected review the pharmacy services it procures. UHS is one of several main providers of medicines to Southern Health, so this review may impact on activity at the pharmacy store at SGH and the dispensing Pharmacy at RSH.

3. Conclusion

- 3.1. The actions required to address the concerns raised in section 2.2 above are listed in the action plan (Appendix A). The action plan also includes areas of innovative development in support of the Trust's values.
- 3.2. Progress against the action plan will be reviewed periodically by the Senior Pharmacy Managers, with escalation through Division C management as required, and will be reported formally in the 2019/20 Medicines Management Report.

4. Recommendation

The Board is requested to acknowledge the report and support the UHS Medicines Management Strategy and Action Plan.

5. Appendices

- Appendix A – UHS Medicines Management Strategy & Action Plan.
- Appendix B1 – NHSI Model Hospital Dashboard for Pharmacy and Medicines July 2019.
- Appendix B2 - NHSI Model Hospital Dashboard for Pharmacy and Medicines – additional narrative to explain metrics
- Appendix C – UHS Vision for the Future of Pharmacy.

Appendix A

UHS Medicine Management Strategy and Action Plan

UHS strives to be at the leading edge of excellence in all aspects of medicines management and medicines optimisation. The UHS medicines management strategy has three themes:-

1. Best practice in the use of medicines.
2. Improving patient experience.
3. Best value from resources.

The components of each theme are aligned to the Trust's forward vision:-

Medicine Management Theme	Component	Alignment to Trust Vision		
		Patients First	Working Together	Always Improving
Best practice in the use of medicines	Excellence in all drug use processes, procurement, storage, prescribing dispensing, administration, monitoring, disposal	✓	✓	✓
	Evidence-based formulary and guidelines	✓		
	Medication error monitoring and learning	✓		✓
	Education and training		✓	✓
	Implementation of national guidance	✓		✓
	Research and quality improvement	✓	✓	✓
	Clinical audit	✓		✓
	Regulatory compliance and strong governance	✓	✓	✓
Improving patient experience	Medicines optimisation – maximising patient benefit from medicines	✓	✓	✓
	Patients as partners in selection of treatment	✓		
	Optimising transfer between care settings		✓	
	Implementing alternative care pathways	✓	✓	✓
	Provision of information, advice and support	✓	✓	
	Timely intervention – access to medicines when and where they are needed seven days a week	✓		
Best value from resources	Promoting self-care and healthy living	✓		
	Develop and support the medical, nursing and pharmacy workforce and explore new ways of working		✓	✓
	Integrate technology and innovation and use data effectively			✓
	Medicine procurement for value and safety	✓	✓	
	Evaluate and measure to improve effectiveness and productivity	✓		✓
Partnership working with other organisations		✓		

Summary of medicines management actions

Actions completed in 2018/19

	Action	Progress
1	Complete development and implementation of the electronic compounding management system (Medcura)	Fully implemented within chemotherapy compounding
2	Implement controlled drug stock lists for all clinical areas.	Complete
3	Implement the latest version of the JAC prescribing system	Complete – some safety issues to be resolved by Sep 19
4	Deliver CQUINs for medicines optimisation and systemic chemotherapy dose banding during 2017-19	CQUIN requirements full achieved.
5	Remove and/or mitigate risks of excessive temperatures in medicines storage areas on wards.	Complete – ad hoc excursions addressed. Estates aware of higher temperature areas.
6	Roll out online injectable medicines guide to provide full information relating preparation and administration of injectable medicines	Complete – available in all areas
7	Complete the paediatric MetaVision prescribing system build and roll out	Completed Nov 18

2018/19 on-going actions with progress

	Action	Progress	Target completion date	Lead
8	Implement e-prescribing to ED and outpatient areas.	Delayed due to JAC system upgrade, wider digital ED project and other GDE medicines work stream priorities and difficulties	2020/21	Pharmacy IT Manager (AB)
9	Review new version of JAC in relation to never events.	JAC version 2018 was installed in Apr 19. Never event review will take place after safety issues with new version have been resolved.	Nov 19	Medication Safety Officer (AF)
10	Develop a pharmacy training exchange program with University Hospital Wisconsin.	Wisconsin students coming to UHS regularly. Programme being planned for 6 week placement for UHS pharmacist	Nov 19	Pharmacy Training Lead (RD)
11	Major rebuild / refurbishment of main pharmacy aseptic dispensing unit.	Risk assessment completed and options being scoped. Full business case to be prepared	Sep 19	Deputy Chief Pharmacist (MP)

	Action	Progress	Target completion date	Lead
12	Review and develop processes to ensure optimal combination of clinical and procurement expertise used to overcome shortages	Policies and procedures in place, but increasing issues with shortages mean that dedicated resource is required to manage them effectively and clinical engagement needs to be increased. Exploration of IT mechanisms to track and alert to potential shortages underway	Dec 20	Deputy Chief Pharmacists (MP/JA)
13	Increase clinical pharmacy services on wards at weekends	Clinical prioritisation of patients in most need occurs and refinements in this system are ongoing. Further work needed to optimise service across seven days.	Apr 20	Deputy Chief Pharmacist (JA)
14	Work with system suppliers to develop an interface between JAC and MetaVision/Aria prescribing systems	Draft specification for JAC-Metavision interface has been reviewed and responses to suppliers being prepared. Interface remains a GDE priority for delivery in 2019.	Apr 20	Deputy Chief Pharmacist (JA)
15	Manage antimicrobial prescribing to support mitigation for shortages and deliver the CQUIN requirements	2018/19 CQUIN requirements largely delivered. Plans in place for 2019/20	Mar 20	Lead Pharmacists for Antimicrobials (JS/HL)
16	Complete projects on wards and in dispensary to improve discharge medicines processes	Some pilot work and QI projects completed/started. New dispensary improvement project started in 2019	Dec 19	Principal Pharmacy Technician (JT)
17	Meet the milestones of the GDE medicines work stream	Progress made on closed loop medicines use through Pharmatrac and automated drug cabinets to be piloted on AMU. Allergy decision support milestones met.	According to GDE plan	Pharmacy IT Manager (AB)
18	Review and improve reliability of the process used to communicate non-urgent medication needs of outpatients to GPs	To be reviewed	Mar 20	Drugs Committee
19	Install the new robot into the dispensary and redesign dispensary workflow and workforce	Robot installation started and due for completion Aug 19. Workflow and workforce reviews to follow	Dec 19	Principal Pharmacy Technician (JT)

	Action	Progress	Target completion date	Lead
20	Transition the UHS medicines procurement and distribution service to the Solent Acute Alliance hub	UHS approval of business case expected Aug 19	Summer 20	Deputy Chief Pharmacist (MP)
21	Submit a full business case for a new aseptic dispensing unit	External clean room company have scoped. Business case to be developed	Nov 19	Deputy Chief Pharmacist (MP)
22	Submit a business case for new clinical trials storage and dispensing facilities	Space cannot yet be identified.	Dec 19	Deputy Chief Pharmacist (MP)
23	Implement actions required to achieve the pharmacy workforce strategy	Underway and continuing. Need for UHS process for reviewing Pharmacy capacity and demand. Need for STP-wide collaboration on workforce planning.	Mar 20	Chief Pharmacist (SL)

New Actions for 2019/20

	Action	Comments	Target completion date	Lead
24	Review previous NPSA and NHS medication safety alerts for relevance and identification of new risks or new solutions.	Rolling plan of review over 2 years	Mar 21	Medication Safety Officer (AF)
25	Develop the nurse discharge checklist into digital format and extend to paediatric areas		Nov 19	Deputy Chief Pharmacist (JA)
26	Achieve the requirements of the 2019/20 Medicines Optimisation.		Mar 20	Chief Pharmacist (SL)
27	Register the Medcura system as a medical device and prepare a plan for dissemination to other organisations		Dec 19	Deputy Chief Pharmacist (MP)
28	Full compliance with Falsified Medicines Directive (FMD) requirements	Will be delayed in the event of a no-deal EU exit	Jan 20	Principal Pharmacy Technician (JT)

Action		Comments		
29	Resolve the safety risks arising from the JAC system upgrade in Apr 19		Sep 19	Pharmacy IMT Manager (AB)



Model Hospital

University Hospital Southampton NHS Foundation Trust

Pharmacy & Medicines

Efficiency of pharmacy provision including pharmacy workforce, e-commerce and stockholding, and uptake of specific biosimilar drugs and generic medicines.

Report Date: 26 July 2019

Generated by: Sue Ladds

The Model Hospital website: <https://model.nhs.uk>




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Trust Level

Compare overall pharmacy efficiency including prescribing, operational delivery, use of digital tools and indicators of leadership and people management.


Data period: latest available at the time of generating this report




Peer group: 'My Peers'

Money & Resources	Data period	Trust value	Performance band description	Peer median	National median
Use of Generic Immunosuppressants [% Generic vs Total Spend (Selected Drugs)]	2017	 50%	In quartile 2 - Mid-Low 25% (amber / red)	57%	67%
Choice of Paracetamol Formulations [% IV Paracetamol vs Total Spend]	2018/19	 50%	In quartile 1 - Lowest 25% (green)	60%	62%
Use of Inhalation Anaesthetics - % Sevoflurane`	May 2019	 73%	In quartile 2 - Mid-Low 25% (blue)	64%	78%






Money & Resources	Data period	Trust value	Performance band description	Peer median	National median
NO DATA AVAILABLE					

[Top 10 Medicines – Additional Savings Delivered to Current Month \(2019-20\)](#)

Money & Resources	Data period	Trust value	Performance band description	Peer median	Benchmark value
Top 10 Medicines – Additional Savings Delivered to Current Month (2018-19)	To Mar 2019	 £3.45m	Above the benchmark (green)	£4.66m	£3.31m

Safe	Data period	Trust value	Performance band description	Peer median	National median
Total Antibiotic Consumption in DDD*/1,000 Admissions	2017/18	 5,402	In quartile 3 - Mid-High 25% (amber / red)	4,570	4,816
Percentage of antibiotics prescriptions with evidence of review within 72 hours	Q4 2017/18	 90%	In quartile 1 - Lowest 25% (blue)	98%	96%
% Diclofenac vs Ibuprofen & Naproxen (Monthly)	May 2019	 8.63%	In quartile 3 - Mid-High 25% (blue)	10.93%	4.42%

Effective	Data period	Trust value	Performance band description	Peer median	National median
Clinical Pharmacy Activity [Pharmacist Time Spent on Clinical Pharmacy Activities]	2017/18	 81%	In quartile 3 - Mid-High 25% (amber / green)	72%	76%
% Pharmacists Actively Prescribing	2015/16	 35%	In quartile 4 - Highest 25% (green)	22%	14%
% Medicines Reconciliation Within 24 Hours of Admission	2017/18	 82%	In quartile 3 - Mid-High 25% (amber / green)	62%	74%
Dose-Banded Chemotherapy [Doses Delivered as Standardised Bands]	2017/18	 99%	In quartile 3 - Mid-High 25% (amber / green)	96%	98%
Medication Incidents Rate per 1,000 bed days	31/03/2018	 5.7	In quartile 4 - Highest 25% (blue)	4.4	4.0
% Medication Incidents Reported as Causing Harm or Death/All Medication Errors	31/03/2018	 22.2%	In quartile 4 - Highest 25% (blue)	9.6%	10.6%
Number of Days Stockholding	2017/18	 21	In quartile 2 - Mid-Low 25% (amber / green)	21	21
Pharmacy Deliveries per Day [Average Number of Deliveries]	2016/17	 13	In quartile 2 - Mid-Low 25% (amber / green)	18	15
e-Commerce - Ordering (Alliance)	2015/16	 0.0%	In quartile 1 - Lowest 25% (red)	85.1%	91.2%
e-Commerce - Ordering (AAH)	2016/17	 90.0%	In quartile 2 - Mid-Low 25% (amber / red)	83.7%	94.0%
Caring	Data period	Trust value	Performance band description	Peer median	National median
National Inpatients Survey - Medicines Related Questions	2017/18	 71.8%	In quartile 2 - Mid-Low 25% (blue)	73.9%	72.8%
Responsive	Data period	Trust value	Performance band description	Peer median	National median
Sunday ON WARD Clinical Pharmacy Hours of Service (MAU/Equivalent)	2017/18	 8	In quartile 3 - Mid-High 25% (amber / green)	4	4







People, Management & Culture: Well-led	Data period	Trust value	Performance band description	Peer median	National median
% Sickness Absence Rate	2017/18	 3%	In quartile 1 - Lowest 25% (green)	3%	3%
% Staff with Appraisals Completed	2016/17	 89%	In quartile 2 - Mid-Low 25% (amber / red)	100%	93%
% Staff with Statutory and Mandatory Training	2016/17	 53%	In quartile 1 - Lowest 25% (red)	97%	93%
% Staff Turnover Rate	2017/18	 12%	In quartile 2 - Mid-Low 25% (blue)	11%	14%
% Staff Vacancy Rate	2017/18	 10%	In quartile 4 - Highest 25% (blue)	7%	7%





Top Ten Medicines 2018-19





Understand your trust's progress towards meeting national and trust-level uptake and savings targets by using less costly or biosimilar versions of these drugs.










Data period: latest available at the time of generating this report











Peer group: 'My Peers'










Top Ten Medicines 2018-19	Data period	Trust value	Performance band description	Peer median	Benchmark value
Top 10 Medicines – Additional Savings Delivered to Current Month (2018-19)	To Mar 2019	 £3.45m	Above the benchmark (green)	£4.66m	£3.31m
Top Ten Medicines - Infliximab	Data period	Trust value	Performance band description	Peer median	Benchmark value
Biosimilar Infliximab Additional Annual Savings Target	2018/19	 £330.67k	Below the benchmark (blue)	£184.23k	£0
<ul style="list-style-type: none"> % Biosimilar Infliximab Uptake (Monthly) 	Mar 2019	 93%	Above the benchmark (green)	97%	80%
<ul style="list-style-type: none"> Biosimilar Infliximab Additional Monthly Savings Target 	2018/19	 £27,555	Below the benchmark (blue)	£15,352	£0
<ul style="list-style-type: none"> Biosimilar Infliximab Additional Monthly Savings Delivered 	Mar 2019	 £40,795	Above the benchmark (green)	£43,954	£27,555
<ul style="list-style-type: none"> Biosimilar Infliximab Additional Cumulative Savings 	Mar 2019	 106%	Above the benchmark (green)	312%	100%





Top Ten Medicines - Etanercept	Data period	Trust value	Performance band description	Peer median	Benchmark value
Biosimilar Etanercept Additional Annual Savings Target	2018/19	 £0	Below the benchmark (blue)	£217.19k	£0
<ul style="list-style-type: none"> • % Biosimilar Etanercept Uptake (Monthly) 	Mar 2019	 96%	Above the benchmark (green)	95%	80%
<ul style="list-style-type: none"> • Biosimilar Etanercept Additional Monthly Savings Target 	2018/19	 £0	Below the benchmark (blue)	£18,099	£0
<ul style="list-style-type: none"> • Biosimilar Etanercept Additional Monthly Savings Delivered 	Mar 2019	 £12,539	Above the benchmark (green)	£40,577	£0
<ul style="list-style-type: none"> • Biosimilar Etanercept Additional Cumulative Savings 	NO DATA AVAILABLE				




Top Ten Medicines - Imatinib	Data period	Trust value	Performance band description	Peer median	Benchmark value
Imatinib Additional Annual Savings Target	2018/19	 £251.69k	Below the benchmark (blue)	£293.97k	£0
<ul style="list-style-type: none"> • Imatinib Additional Monthly Savings Target 	2018/19	 £20,974	Below the benchmark (blue)	£24,498	£0
<ul style="list-style-type: none"> • Imatinib Additional Monthly Savings Delivered 	Mar 2019	 £44,647	Above the benchmark (green)	£22,908	£20,974
<ul style="list-style-type: none"> • Imatinib Additional Cumulative Savings 	Mar 2019	 50%	Below the benchmark (red)	118%	100%

	Data period	Trust value	Performance band description	Peer median	Benchmark value
Top Ten Medicines - Rituximab					
Biosimilar Rituximab Additional Annual Savings Target	2018/19	 £493.80k	Below the benchmark (blue)	£551.82k	£0
<ul style="list-style-type: none"> % Biosimilar Rituximab Uptake (Monthly) 	Mar 2019	 81%	Above the benchmark (green)	83%	80%
<ul style="list-style-type: none"> Biosimilar Rituximab Additional Monthly Savings Target 	2018/19	 £41,150	Below the benchmark (blue)	£45,985	£0
<ul style="list-style-type: none"> Biosimilar Rituximab Additional Monthly Savings Delivered 	Mar 2019	 £46,984	Above the benchmark (green)	£42,123	£41,150
<ul style="list-style-type: none"> Biosimilar Rituximab Additional Cumulative Savings 	Mar 2019	 134%	Above the benchmark (green)	109%	100%
Top Ten Medicines - Valganciclovir					
Valganciclovir Additional Annual Savings Target	2018/19	 £19,085	Below the benchmark (blue)	£72,225	£0
<ul style="list-style-type: none"> Valganciclovir Additional Monthly Savings Target 	2018/19	 £1,590	Below the benchmark (blue)	£6,019	£0
<ul style="list-style-type: none"> Valganciclovir Additional Monthly Savings Delivered 	Mar 2019	 £1,276	Below the benchmark (red)	£10,474	£1,590
<ul style="list-style-type: none"> Valganciclovir Additional Cumulative Savings 	Mar 2019	 86%	Below the benchmark (red)	110%	100%

Top Ten Medicines - Caspofungin	Data period	Trust value	Performance band description	Peer median	Benchmark value
Caspofungin Additional Annual Savings Target	2018/19	 £208.60k	Below the benchmark (blue)	£137.11k	£0
<ul style="list-style-type: none"> Caspofungin Additional Monthly Savings Target 	2018/19	 £17,384	Below the benchmark (blue)	£11,426	£0
<ul style="list-style-type: none"> Caspofungin Additional Monthly Savings Delivered 	Mar 2019	 £19,358	Above the benchmark (green)	£3,301	£17,384
<ul style="list-style-type: none"> Caspofungin Additional Cumulative Savings 	Mar 2019	 112%	Above the benchmark (green)	105%	100%
Top Ten Medicines - Linezolid	Data period	Trust value	Performance band description	Peer median	Benchmark value
Linezolid Additional Annual Savings Target	2018/19	 £64,188	Below the benchmark (blue)	£74,022	£0
<ul style="list-style-type: none"> Linezolid Additional Monthly Savings Target 	2018/19	 £5,349	Below the benchmark (blue)	£6,168	£0
<ul style="list-style-type: none"> Linezolid Additional Monthly Savings Delivered 	Mar 2019	 £6,421	Above the benchmark (green)	£7,247	£5,349
<ul style="list-style-type: none"> Linezolid Additional Cumulative Savings 	Mar 2019	 110%	Above the benchmark (green)	111%	100%
Top Ten Medicines - Voriconazole	Data period	Trust value	Performance band description	Peer median	Benchmark value
Voriconazole Additional Annual Savings Target	2018/19	 £22,676	Below the benchmark (blue)	£112.04k	£0
<ul style="list-style-type: none"> Voriconazole Additional Monthly Savings Target 	2018/19	 £1,890	Below the benchmark (blue)	£9,337	£0
<ul style="list-style-type: none"> Voriconazole Additional Monthly Savings Delivered 	Mar 2019	 £2,684	Above the benchmark (green)	£3,978	£1,890
<ul style="list-style-type: none"> Voriconazole Additional Cumulative Savings 	Mar 2019	 111%	Above the benchmark (green)	104%	100%

Top Ten Medicines - Trastuzumab	Data period	Trust value	Performance band description	Peer median	Benchmark value
Biosimilar Trastuzumab Baseline Target Annual Saving	2018/19	 £453.11k	Below the benchmark (blue)	£288.56k	£0
<ul style="list-style-type: none"> • % Biosimilar Trastuzumab Uptake (Monthly) 	Mar 2019	 57%	Below the benchmark (red)	89%	80%
<ul style="list-style-type: none"> • Biosimilar Trastuzumab Monthly target saving 	2018/19	 £56,638	Below the benchmark (blue)	£36,070	£0
<ul style="list-style-type: none"> • Biosimilar Trastuzumab Monthly savings delivered 	Mar 2019	 £27,474	Below the benchmark (red)	£45,400	£56,638
<ul style="list-style-type: none"> • Biosimilar Trastuzumab cumulative savings 	Mar 2019	 61%	Below the benchmark (red)	166%	100%
<ul style="list-style-type: none"> • Biosimilar Trastuzumab Annual savings delivered 	NO DATA AVAILABLE				
Biosimilar Trastuzumab cumulative savings (annual)	NO DATA AVAILABLE				
<ul style="list-style-type: none"> • Trastuzumab price drop - Target Annual Savings (up to July 2018) 	2018/19	 £424.50k	Below the benchmark (blue)	£288.06k	£0
<ul style="list-style-type: none"> • Trastuzumab price drop - Monthly target saving (up to July 2018) 	2018/19	 £35,375	Below the benchmark (blue)	£24,005	£0
<ul style="list-style-type: none"> • Trastuzumab price drop - Monthly savings delivered (up to July 2018) 	Jul 2018	 £12,156	Below the benchmark (red)	£26,947	£35,375
<ul style="list-style-type: none"> • Trastuzumab price drop - cumulative savings (up to July 2018) 	Jul 2018	 29%	Below the benchmark (red)	104%	100%

Top Ten Medicines - Adalimumab (from November 2018)	Data period	Trust value	Performance band description	Peer median	Benchmark value
Adalimumab price drop - Annual target savings from Nov 18	2018/19	 £1.33m	Below the benchmark (blue)	£1.70m	£0
Adalimumab price drop - Monthly target saving	2018/19	 £265.16k	Below the benchmark (blue)	£340.43k	£0
Adalimumab price drop - Monthly savings delivered	Mar 2019	 £280.89k	Above the benchmark (green)	£276.45k	£265.16k
Adalimumab price drop - Cumulative savings	Mar 2019	 103%	Above the benchmark (green)	102%	100%










Prednisolone Soluble metrics up to October 2018 (Retired)	Data period	Trust value	Performance band description	Peer median	Benchmark value
Prednisolone soluble Additional Annual Savings Target	2018/19	 £0	Below the benchmark (blue)	£0	£0
<ul style="list-style-type: none"> Prednisolone soluble Additional Monthly Savings Target 	2018/19	 £0	Below the benchmark (blue)	£0	£0
<ul style="list-style-type: none"> Prednisolone soluble Additional Monthly Savings delivered 	Oct 2018	 £283	Above the benchmark (green)	£0	£0
<ul style="list-style-type: none"> Prednisolone soluble Additional Cumulative savings 	NO DATA AVAILABLE				








Top Ten Medicines 2017-18







Understand your trust's progress towards meeting national and trust-level uptake and savings targets by using less costly or biosimilar versions of these drugs.














Data period: latest available at the time of generating this report

Peer group: 'My Peers'













Top Ten Medicines 2017-18	Data period	Trust value	Performance band description	Peer median	Benchmark value
Top 10 Medicines – Savings Delivered (2017-18)	To Mar 2018	 £3.86m	Above the benchmark (green)	N/A	£3.64m
Top 10 Medicines - % Delivery of Savings Target Achieved to Current Month	To Mar 2018	 106%	Above the benchmark (green)	N/A	100%
Top Ten Medicines - Infliximab	Data period	Trust value	Performance band description	Peer median	Benchmark value
Biosimilar Infliximab Baseline Target Annual Saving	2017/18	 £834.49k	Below the benchmark (blue)	£882.95k	£0
<ul style="list-style-type: none"> % Biosimilar Infliximab Uptake (Monthly) 	Mar 2018	 95%	Above the benchmark (green)	96%	80%
<ul style="list-style-type: none"> Biosimilar Infliximab Monthly Target Saving 	2017/18	 £69,541	Below the benchmark (blue)	£73,579	£0
<ul style="list-style-type: none"> Biosimilar Infliximab Monthly Savings Delivered 	Mar 2018	 £155.00k	Above the benchmark (green)	£134.43k	£69,541
<ul style="list-style-type: none"> Biosimilar Infliximab Cumulative Savings 	Mar 2018	 171%	Above the benchmark (green)	154%	100%
<ul style="list-style-type: none"> Biosimilar Infliximab Annual savings delivered 	2017/18	 £1.43m	Above the benchmark (green)	£1.32m	£834.49k
<ul style="list-style-type: none"> Biosimilar Infliximab cumulative savings (annual) 	2017/18	 171%	Above the benchmark (green)	154%	100%







Top Ten Medicines - Etanercept	Data period	Trust value	Performance band description	Peer median	Benchmark value
Biosimilar Etanercept Baseline Target Annual Saving	2017/18	 £235.34k	Below the benchmark (blue)	£355.27k	£0
<ul style="list-style-type: none"> • % Biosimilar Etanercept Uptake (Monthly) 	Mar 2018	 83%	Above the benchmark (green)	94%	80%
<ul style="list-style-type: none"> • Biosimilar Etanercept Monthly Target Saving 	2017/18	 £19,612	Below the benchmark (blue)	£29,606	£0
<ul style="list-style-type: none"> • Biosimilar Etanercept Monthly Savings Delivered 	Mar 2018	 £69,931	Above the benchmark (green)	£71,167	£19,612
<ul style="list-style-type: none"> • Biosimilar Etanercept Cumulative Savings 	Mar 2018	 173%	Above the benchmark (green)	176%	100%
<ul style="list-style-type: none"> • Biosimilar Etanercept Annual savings delivered 	2017/18	 £407.50k	Above the benchmark (green)	£596.79k	£235.34k
<ul style="list-style-type: none"> • Biosimilar Etanercept cumulative savings (annual) 	2017/18	 173%	Above the benchmark (green)	176%	100%

Top Ten Medicines - Imatinib	Data period	Trust value	Performance band description	Peer median	Benchmark value
Imatinib Baseline Target Annual Saving	2017/18	 £999.70k	Below the benchmark (blue)	£1.20m	£0
<ul style="list-style-type: none"> • Imatinib Monthly target saving 	2017/18	 £83,308	Below the benchmark (blue)	£100.38k	£0
<ul style="list-style-type: none"> • Imatinib Monthly Savings Delivered 	Mar 2018	 £115.14k	Above the benchmark (green)	£79,559	£83,308
<ul style="list-style-type: none"> • Imatinib Cumulative Savings 	Mar 2018	 80%	Below the benchmark (red)	79%	100%
<ul style="list-style-type: none"> • Imatinib Annual savings delivered 	2017/18	 £798.32k	Below the benchmark (red)	£981.44k	£999.70k
<ul style="list-style-type: none"> • Imatinib cumulative savings (annual) 	2017/18	 80%	Below the benchmark (red)	79%	100%

Top Ten Medicines - Rituximab	Data period	Trust value	Performance band description	Peer median	Benchmark value
Rituximab Baseline Target Annual Saving	2017/18	 £708.20k	Below the benchmark (blue)	£667.84k	£0
<ul style="list-style-type: none"> • % Biosimilar Rituximab Uptake (Monthly) 	Mar 2018	 80%	Above the benchmark (green)	76%	80%
<ul style="list-style-type: none"> • Rituximab Monthly Target Saving 	2017/18	 £59,017	Below the benchmark (blue)	£55,653	£0
<ul style="list-style-type: none"> • Rituximab Monthly Savings Delivered 	Mar 2018	 £86,136	Above the benchmark (green)	£101.82k	£59,017
<ul style="list-style-type: none"> • Rituximab Cumulative Savings 	Mar 2018	 78%	Below the benchmark (red)	97%	100%
<ul style="list-style-type: none"> • Rituximab Annual savings delivered 	2017/18	 £550.85k	Below the benchmark (red)	£717.09k	£708.20k
<ul style="list-style-type: none"> • Rituximab cumulative savings (annual) 	2017/18	 78%	Below the benchmark (red)	97%	100%
Top Ten Medicines - Valganciclovir	Data period	Trust value	Performance band description	Peer median	Benchmark value
Valganciclovir Baseline Target Annual Saving	2017/18	 £57,024	Below the benchmark (blue)	£231.22k	£0
<ul style="list-style-type: none"> • Valganciclovir Monthly Target Saving 	2017/18	 £4,752	Below the benchmark (blue)	£19,268	£0
<ul style="list-style-type: none"> • Valganciclovir Monthly Savings Delivered 	Mar 2018	 £4,501	Below the benchmark (red)	£8,140	£4,752
<ul style="list-style-type: none"> • Valganciclovir Cumulative Savings 	Mar 2018	 70%	Below the benchmark (red)	78%	100%
<ul style="list-style-type: none"> • Valganciclovir Annual savings delivered 	2017/18	 £39,906	Below the benchmark (red)	£158.27k	£57,024
<ul style="list-style-type: none"> • Valganciclovir cumulative savings (annual) 	2017/18	 70%	Below the benchmark (red)	78%	100%

Top Ten Medicines - Caspofungin	Data period	Trust value	Performance band description	Peer median	Benchmark value
Caspofungin Baseline Target Annual Saving	2017/18	£425.74k	Below the benchmark (blue)	£149,40k	£0
<ul style="list-style-type: none"> Caspofungin Monthly Target Saving 	2017/18	£35,479	Below the benchmark (blue)	£12,450	£0
Top Ten Medicines - Caspofungin	Data period	Trust value	Performance band description	Peer median	National median
<ul style="list-style-type: none"> Caspofungin Monthly Savings Delivered 	Mar 2018	£26,179	In quartile 4 - Highest 25% (green)	£9,810	£2,145
<ul style="list-style-type: none"> Caspofungin Cumulative Savings 	Mar 2018	60%	In quartile 3 - Mid-High 25% (amber / green)	40%	N/A
<ul style="list-style-type: none"> Caspofungin Annual savings delivered 	2017/18	£254.46k	In quartile 4 - Highest 25% (green)	£35,311	£13,837
<ul style="list-style-type: none"> Caspofungin cumulative savings (annual) 	2017/18	60%	In quartile 3 - Mid-High 25% (amber / green)	40%	N/A
Top Ten Medicines - Linezolid	Data period	Trust value	Performance band description	Peer median	Benchmark value
Linezolid Baseline Target Annual Saving	2017/18	£195.95k	Below the benchmark (blue)	£175.92k	£0
<ul style="list-style-type: none"> Linezolid Monthly Target Saving 	2017/18	£16,329	Below the benchmark (blue)	£14,660	£0
<ul style="list-style-type: none"> Linezolid Monthly Savings Delivered 	Mar 2018	£17,066	Above the benchmark (green)	£15,061	£16,329
<ul style="list-style-type: none"> Linezolid Cumulative Savings 	Mar 2018	101%	Above the benchmark (green)	102%	100%
<ul style="list-style-type: none"> Linezolid Annual Additional savings delivered 	2017/18	£197.66k	Above the benchmark (green)	£173.25k	£195.95k
<ul style="list-style-type: none"> Linezolid cumulative savings (annual) 	2017/18	101%	Above the benchmark (green)	102%	100%

Top Ten Medicines - Prednisolone soluble	Data period	Trust value	Performance band description	Peer median	Benchmark value
Prednisolone soluble Baseline Target Annual Saving	2017/18	 £39,308	Below the benchmark (blue)	£42,617	£0
<ul style="list-style-type: none"> Prednisolone soluble Monthly Target Saving 	2017/18	 £3,276	Below the benchmark (blue)	£3,551	£0
<ul style="list-style-type: none"> Prednisolone soluble Monthly Savings Delivered 	Mar 2018	 £4,202	Above the benchmark (green)	£5,118	£3,276
<ul style="list-style-type: none"> Prednisolone soluble Cumulative Savings 	Mar 2018	 132%	Above the benchmark (green)	160%	100%
<ul style="list-style-type: none"> Prednisolone soluble Annual savings delivered 	2017/18	 £51,727	Above the benchmark (green)	£61,772	£39,308
<ul style="list-style-type: none"> Prednisolone soluble cumulative savings (annual) 	2017/18	 132%	Above the benchmark (green)	160%	100%
Top Ten Medicines - Voriconazole	Data period	Trust value	Performance band description	Peer median	Benchmark value
Voriconazole Baseline Target Annual Saving	2017/18	 £136.27k	Below the benchmark (blue)	£330.96k	£0
<ul style="list-style-type: none"> Voriconazole Monthly Target Saving 	2017/18	 £11,356	Below the benchmark (blue)	£27,580	£0
<ul style="list-style-type: none"> Voriconazole Monthly Savings Delivered 	Mar 2018	 £12,111	Above the benchmark (green)	£27,284	£11,356
<ul style="list-style-type: none"> Voriconazole Cumulative Savings 	Mar 2018	 91%	Below the benchmark (red)	100%	100%
Voriconazole Annual savings delivered	2017/18	 £124.36k	Below the benchmark (red)	£316.76k	£136.27k
<ul style="list-style-type: none"> Voriconazole cumulative savings (annual) 	2017/18	 91%	Below the benchmark (red)	100%	100%

Top Ten Medicines - Review of anti-emetic choice	Data period	Trust value	Performance band description	Peer median	Benchmark value
Review of anti-emetic choice Baseline Target Annual Saving	2017/18	 £12,530	Below the benchmark (blue)	£18,824	£0
• Review of anti-emetic choice Monthly target saving	2017/18	 £1,044	Below the benchmark (blue)	£1,569	£0
• Review of anti-emetic choice Monthly savings delivered	Mar 2018	 £735	Below the benchmark (red)	£-453	£1,044
• Review of anti-emetic choice cumulative savings	Mar 2018	 14%	Below the benchmark (red)	-15%	100%
• Review of anti-emetic choice Annual savings delivered	2017/18	 £1,785	Below the benchmark (red)	£-3,294	£12,530
• Review of anti-emetic choice cumulative savings (annual)	2017/18	 14%	Below the benchmark (red)	-15%	100%

Carter productivity metrics

Compare the productivity of your staff and medicines in cost per weighted unit of clinical activity (WAU).

Data period: latest available at the time of generating this report

Peer group: 'My Peers'

Calculation Values	Data period	Trust value	Performance band description	Peer median	National median
Pharmacy Staff Cost	2018	£10.68m	In quartile 4 - Highest 25% (blue)	£10.48m	£4.17m
Medicines Cost	2017/18	£95.01m	In quartile 4 - Highest 25% (blue)	£116.99m	£35.13m
Reference Cost expenditure as % of Operating Expenditure	2017/18	78%	In quartile 1 - Lowest 25% (blue)	77%	86%
Cost Weighted Output expressed as Weighted Activity Units (WAUs)	2017/18	175.96k	In quartile 4 - Highest 25% (blue)	222.37k	95,844
Operating Expenses Adjustment Factor (OAF)	2017/18	£27.41m	In quartile 4 - Highest 25% (blue)	£31.25m	£10.41m
WAUs	2017/18	£46.39m	In quartile 4 - Highest 25% (blue)	£56.27m	£18.64m

Cost per WAU (no MFF adjustment)	Data period	Trust value	Performance band description	Peer median	National median
High Cost Medicine Cost	2017/18	£480	In quartile 4 - Highest 25% (blue)	£500	£359
Non-High Cost Medicine Cost	2017/18	£419	In quartile 4 - Highest 25% (blue)	£443	£309
Pharmacy Staff & Medicines cost per WAU (No MFF adjustment)	2017/18	£156	In quartile 4 - Highest 25% (blue)	£144	£111
Medicines cost per WAU (No MFF adjustment)	2017/18	£264	In quartile 4 - Highest 25% (blue)	£299	£202

Expenditure & CIPs

Expenditure & CIP's

Data period: latest available at the time of generating this report

Peer group: 'My Peers'

Drugs (Medicines) Expenditure	Data period	Trust value	Performance band description	Peer median	National median
YTD Expenditure - Actual - Drugs	Dec 2018	£79.80m	In quartile 4 - Highest 25% (blue)	N/A	N/A
• YTD Expenditure - Variance to Plan - Drugs	Dec 2018	8%	In quartile 4 - Highest 25% (blue)	N/A	1%
Monthly Expenditure - Actual - Drugs	Dec 2018	£9.15m	In quartile 4 - Highest 25% (blue)	N/A	N/A
• Monthly Expenditure - Variance to Plan- Drugs	Dec 2018	14%	In quartile 4 - Highest 25% (blue)	N/A	-4%
CIPs for hospital medicine and pharmacy	Data period	Trust value	Performance band description	Peer median	National median
YTD CIP - Actual	Dec 2018	£-321.92k	In quartile 3 - Mid-High 25% (blue)	N/A	N/A
• YTD CIP - Variance to Plan	Dec 2018	-26%	In quartile 2 - Mid-Low 25% (blue)	N/A	-8%
Monthly CIP - Actual	Dec 2018	£-219.69k	In quartile 1 - Lowest 25% (blue)	N/A	N/A
• Monthly CIP - Variance to Plan	Dec 2018	348%	In quartile 4 - Highest 25% (blue)	N/A	-11%
Total Trust pharmacy expenditure vs Define© spend	Data period	Trust value	Performance band description	Peer median	National median
Reported monthly pharmacy medicines expenditure	Dec 2018	£9.15m	In quartile 4 - Highest 25% (blue)	£8.10m	£2.59m
Monthly Define© spend	Dec 2018	£9.24m	In quartile 4 - Highest 25% (blue)	£7.74m	£2.61m
% variance between reported pharmacy medicines expenditure and Define© spend	Dec 2018	-1%	In quartile 1 - Lowest 25% (blue)	7%	5%

About the peer group referenced in this report

Peer group

Your trust is benchmarked against the peer group My Peers

Your custom list of peer trusts

Peer group members

Cambridge University Hospitals NHS Foundation Trust

Nottingham University Hospitals NHS Trust

Oxford University Hospitals NHS Foundation Trust

Sheffield Teaching Hospitals NHS Foundation Trust

University Hospitals Birmingham NHS Foundation Trust

University Hospitals Bristol NHS Foundation Trust

University Hospitals of Leicester NHS Trust

Colour meanings

The Model Hospital uses colour to indicate a trust's performance relative to a national median or other benchmark. Different colours represent quartiles of the national data set or your trust's position on a red-amber-green scale.

For some metrics a relatively low value, putting the trust into Quartile 1, would indicate a weak performance, but for other metrics a low value can indicate a strong performance. The colour coding helps you understand whether low values should be interpreted as weak or strong.

	Green	<p>Either</p> <ul style="list-style-type: none"> • Lowest quartile, where low represents best productivity • Highest quartile, where high represents best productivity • Performance better than benchmark, in a chart using a red-amber-green scale
	Amber/green	<p>Either</p> <ul style="list-style-type: none"> • Mid-low quartile, where low represents best productivity • Mid-high quartile, where high represents best productivity
	Amber/red	<p>Either</p> <ul style="list-style-type: none"> • Mid-high quartile, where low represents best productivity • Mid-low quartile, where high represents best productivity
	Amber	Performance approaching benchmark, in a chart using a red-amber-green scale
	Red	<p>Either</p> <ul style="list-style-type: none"> • Highest quartile, where low represents best productivity • Lowest quartile, where high represents best productivity • Performance below benchmark, in a chart using a red-amber-green scale
	Blue	We have not judged whether a high or low quartile is more desirable.

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Medicines Management and HPTP report 2018/19

Appendix B2

Additional narrative on Model Hospital Dashboard – by exception and for clarity

NB – metrics that have blue colour codes do not have standards for achievement and no judgement has been made whether a high or low quartile is desirable. This may be due to difficulties with clinical or contextual interpretation or measurement.

Money & Resources

- UHS is a low user of immunosuppressants due to not providing a solid organ transplant service, therefore it has not been a focus areas for us. There was around £200k of expenditure in total in 2018/19. Many of our patients are children for which there are limited options for licensed liquid formulations. There are unlikely to be significant further savings through increasing the proportion of generic formulations used.

Effective

- The dashboard displays very old data for e-commerce, obtained from two particular wholesalers. The table in section 2.1.24 of the Medicines Management Report demonstrated that overall e-commerce has been maximised to 78% across all suppliers, some of whom do not yet have the capability to trade electronically with us.

People management

- Staff appraisal and mandatory training levels displayed in the dashboard are not current. Pharmacy appraisal rates are currently at 80%, which reflects the impact of major projects such as the JAC upgrade and dispensary robot installation on top of day to day workload over the last few months. Efforts will be made to ensure that staff have their overdue appraisals as soon as possible. Total statutory and mandatory training compliance at department level is not available to report, but managers review compliance on a regular basis.
- Sickness and turnover rates for 2018/19 were 2.5% and 11.7% respectively. Vacancy rate at the end of 2018/19 was 5.44%. These are all improved compared to previous years.

Top ten medicines savings 2018-19

- This section of the report is complex. It displays potential and actual additional savings beyond those already achieved in 2017/18. A higher saving achieved for a particular drug in 2017/18 will result in a lower target for additional savings in 2018/19, i.e. a more rapid achievement of savings has taken place.
- For biosimilar switches the key metric for performance is the % biosimilar uptake, for which the target is >80%. The report shows that this had been achieved for infliximab, etanercept and rituximab by March 2019. Adalimumab is the newest biosimilar switch, taking place currently. The Model Hospital dashboard will be updated to show % biosimilar uptake in due course.
- Imatinib savings are based on switching from a branded originator to a generic substitute. This was 100% implemented in 2017/18 at UHS. There is warranted variation within this metric because some organisations, such as UHS, have a disproportionately high use for a particular gastrointestinal cancer for which the generic product is not licensed.

- Valganciclovir, caspofungin, linezolid and voriconazole savings also come from purchasing a generic product in preference to the branded originators. This is done whenever possible at UHS, restricted only by availability of the generic products.
- UHS has been slower than other trusts to implement biosimilar trastuzumab due to the high proportion of homecare patients we have compared to other organisations, which is a positive innovation. Our homecare provider has refused to supply the biosimilar drug to patients unless they receive the first dose in hospital which we do not believe is clinically necessary and for which we lack the capacity to deliver. 73% of patients are now on the biosimilar product and we are considering alternative homecare providers.

Carter productivity metrics

- Pharmacy staff and medicines costs are in the highest quartile, which is to be expected for a Trust of our size with specialist services, and comparable to our peer group median. Direct comparisons of pharmacy staff costs are difficult due to the differences in combinations of services provided in-house or outsourced and the services provided to other organisations. There are no standards for levels or costs for hospital pharmacy staff, however we do use more detailed workforce data within the NHS Benchmarking Network project to assess any potential for skill mix review and greater productivity.

Expenditure and CIP

- The Define system is a benchmarking system in use by all acute trusts. It uses data from trusts' own stock management systems to compile highly sensitive and detailed comparison reports on medicines usage. Local data has to be matched to nationally standardised categories and all medicines expenditure, including that arising from outsourced supply routes need to be included for accuracy and confidence in the reports. Variance between monthly pharmacy reported medicines expenditure and that in the Define system is just 1% for UHS giving us a very high level of confidence in the reports it produces. This allows us to identify potential areas for savings through investigation of variation in individual drug usage.

Safer medicines, safer patients

A vision for the future of pharmacy



This vision for pharmacy is inspired by the UHS future vision and Trust values, and has been developed across the whole pharmacy department. It identifies our goals for the future within all areas of the pharmacy service, and we will use it to form annual service plans and individual objectives for staff.

Every member of pharmacy staff will contribute to delivering our vision: over 100 pharmacists, 100 pharmacy technicians, 70 support workers, 20 trainees and our supporting administrative staff. We will review our progress and achievements annually, and highlight areas for focused development, but allow for responsiveness to changing national and local priorities.

Our vision shows where new or better services must be provided or plans set in place for a revised approach. To deliver all these aspirations, we will work with our existing partners within UHS and outside, and will establish new partnerships where we can. While we organise and implement these new initiatives, we will continue to provide our existing services to the appropriate quality and standards to ensure that we contribute to the Trust's mission: **to be better every day**.

What we already do...

Our pharmacy staff already deliver a wide range of services and expertise within UHS, including:

- medicines safety expertise to ensure that medicines-related incidents and errors across the Trust are reported, reviewed and learnt from
- expert medicines advice to healthcare professionals to support complex decision making on the optimal use of medicines for individual patients
- IM&T expertise to support electronic prescribing across the Trust, pharmacy stock management systems, and medicines use and expenditure reporting
- training and development (including apprenticeships) for all pharmacy staff, and provision of medicines education for other healthcare professionals across the Trust
- individualised dispensing of medicines to meet the specific needs of every patient
- critical appraisal of evidence to ensure that UHS uses the most clinically and cost-effective medicines to treat its patients
- generalist and specialist clinical pharmacy expertise to provide individualised medicines optimisation advice across all clinical specialties for all age ranges of patients
- research and evaluation of pharmacy practice and services
- bulk distribution of medicines to all clinical areas within UHS and to other local NHS hospitals and services
- preparation of patient specific, ready-to-use doses of intravenous chemotherapy, nutrition, and antibiotics within highly controlled clean room facilities
- quality control and assurance for medicines produced within UHS
- set up and dispensing for clinical trials to ensure UHS can realise its research vision
- production of policies and guidance on medicines to ensure the Trust meets regulatory requirements and that patients and staff benefit from best practice guidance
- procurement of medicines for quality and safety.



A. Putting patients first: – Providing the best care and experience for patients

Compassion for patients and carers, and supporting their individual needs, will be at the centre of our work. These are some of the things we already do:

- Ensure our patients’ medicines are appropriate and safe by reviewing 16,000 prescriptions each week.
- Provide a medicines helpline for every UHS inpatient after discharge, and for every outpatient.
- Dispense 1,000 patient-specific medicines every day.
- Make 30,000 doses of chemotherapy each year and 12,000 patient-days of intravenous nutrition.
- Provide access to medicines, advice and e-prescribing support 24 hours a day, seven days a week.

Vision	What we will do....
A1. Optimise medicines use to ensure that patients receive safe and effective treatment.	<ul style="list-style-type: none"> a) Minimise missed and delayed doses of medicines. b) Ensure that patients have access to novel treatments by providing more specialist and higher-risk intravenous medicines in ready-to-use form. c) Optimise use of medicines by increasing the number of prescribing pharmacists. d) Be confident that every unlicensed medicine we supply is safe and fit for purpose. e) Support the organisation to increase clinical trial opportunities for patients.
A2. Give patients individualised information about their medicines, and provide them with expert support to optimise benefits.	<ul style="list-style-type: none"> a) Ensure patients receive sufficient information about new medicines and changes to treatment, particularly on admission and discharge. b) Promote the medicines helpline to ensure every UHS patient is aware of the support available after leaving the Trust’s premises. c) Prioritise complex patients for enhanced pharmacy support during and after hospital admission.
A3. Provide services that meet or exceed patient expectations and ensure a positive patient experience.	<ul style="list-style-type: none"> a) Ask patients what they want to know about their medicines, and the advice and support they need. b) Learn from our mistakes, and those made by others, to improve medicines safety and the patient experience. c) Improve our processes to provide medicines and advice in a timely way along the patient’s journey. d) Optimise the provision of discharge medicines. e) Expand and improve homecare services to allow patients more flexibility in their treatment options.
A4. Pharmacy services that are accessible seven days a week	<ul style="list-style-type: none"> a) Provide essential pharmacy services at the weekend. b) Ensure that all necessary services are provided by Pharmacy staff with appropriate knowledge, skills and experience every day of the week.
A5. Optimise communication about medicines across organisational boundaries	<ul style="list-style-type: none"> a) Check patients are taking the correct medicines by carrying out medicines reconciliation for all patients within 24 hours of admission and prior to discharge.

“ I just want to thank and compliment you on your pain relief leaflet... simple, clear and very reassuring ” Patient

B. Working together:

– With patients, others in UHS, and external organisations

We will listen to others, and work in collaboration with them, to develop high quality, responsive and innovative services. These are some of the things we already do:

- Distribute medicines to all UHS wards and departments, and to over 70 external community sites.
- Work in partnership with external education organisations to develop online training, educational supervision, and to deliver courses in-house to maximise training for pharmacy staff.
- Support the global digital exemplar programme and NHS long-term plan on medicines optimisation.
- Work with local commissioners to optimise specialist commissioned and high cost drug expenditure.

Vision	What we will do
B1. Working with patients	<ul style="list-style-type: none"> a) Listen to patients, respecting their wishes and beliefs, and provide flexible individualised care. b) Involve patients during service development, and use their feedback to improve services.
B2. Working with other UHS staff	<ul style="list-style-type: none"> a) Develop and deliver relevant medicines-related education and training for healthcare staff across UHS. b) Review current UHS guidelines on prescribing and medicines, and propose methods for improved safety, comprehensiveness, and access. c) Support patients, prescribers, and the Trust in the event of medicines shortages. d) Share our performance outcomes with service users and Trust management. e) Work across UHS sites to effect quality improvement of medicines-related projects e.g. storage of medicines.
B3. Working with other organisations	<ul style="list-style-type: none"> a) Actively contribute to regional and national pharmacy networks to promote and disseminate best practice within and outside UHS. b) Aim to make the Medicines Learning Portal the NHS first choice training site for new hospital pharmacists. c) Support NHS England in delivering regional pharmacy services via specialist commissioning. d) Develop and deliver training materials for pharmacy staff and other professionals in partnership with Health Education England and others for use at UHS and for the wider NHS. e) Identify high risk patients and refer them to community pharmacy for post-discharge medicines optimisation. f) Work with other local trusts to implement the recommendations of the Carter review.



“ Thank you for your help, support and hard work...

We had a lot of patients, and you were all fab ”

Research Nurse

Focus on... **medicines management**

The medicines management team are technicians and support workers who help patients with their medicines as well as health and lifestyle choices. The team:

- is nationally recognised by Public Health England as a centre of excellence for asking patients about their alcohol consumption and providing advice
- hosted regional training for technicians to become qualified in Understanding Health Improvement and Making Every Contact Count (MECC)
- was shortlisted for two *Nursing Times* awards (safety and long term conditions) where technicians assessed insulin patients for their ability to self-administer whilst in hospital to reduce risk and improve their care.



**“Keep doing what you do.
You are invaluable to people like me who
need reassurance at a very difficult time.”**

Patient

Core skills... **clinical problem solving**



The medicines advice team in pharmacy won the *Health Service Journal* Value Award for education and development in 2018. This team created the Medicines Learning Portal to teach clinical problem solving skills to pre-reg and band 6 pharmacists across the NHS: www.medicineslearningportal.org

The judges said:

This winning entry displayed a clear and effective use of technology to meet training needs through innovative content and evidence of collaborative working... This project is extremely wide reaching with huge potential for national adoption.

The website has had over 475,000 visits since it was founded in 2016, and 95% pharmacists say it improves their clinical decision making.

C. Working together: – Within pharmacy

The best services will only be achieved by a pharmacy team who work together to be the best they can and are cared for and supported. These are some of the things we already do:

- Support over 100 pharmacy staff annually to study for a qualification, for example in clinical pharmacy, prescribing, vocational skills, leadership and management, and IT
- Organise regular team meetings, communication briefings and individual staff appraisals
- Provide high quality in-house training so that large numbers of trainees stay at UHS when they qualify
- Recruit staff with the right values and behaviours.

Vision	What we will do
C1. Pharmacy workforce planning	<ul style="list-style-type: none"> a) Develop all levels of staff for new or extended roles to meet the needs of patients and the organisation. b) Respond to the needs and preferences of existing staff and potential recruits when designing roles. c) Design and deliver training in line with recognised competency frameworks and supervision models. d) Ensure succession planning for specialist roles. e) Implement a range of apprenticeships; identify roles and progression opportunities for non-registered staff.
C2. Involve staff in decision-making	<ul style="list-style-type: none"> a) Ensure all staff are briefed, and their views are heard, on major service developments. b) Provide opportunities for staff to offer ideas for improvement, and to voice concerns. c) Review staff survey responses to identify areas of concern and develop plans to address them.
C3. Support staff well-being and morale	<ul style="list-style-type: none"> a) Managers across pharmacy will work to the same set of values and principles that have been agreed with staff. b) Ensure pharmacy work space is fit-for-purpose and staff have appropriate equipment and resources. c) Regularly assess work-place stress and take action when needed. d) Work collaboratively across all pharmacy services to foster a supportive team spirit. e) Ensure all learners have safeguarding support following OFSTED recommendations. f) Celebrate success with e.g. favourable event reports.



“ Very welcoming staff and made me feel like one of the team straight away! ”

Pre-registration pharmacist

D. Always improving: – Adopting innovative approaches

We will adopt a creative approach to our services, to benefit patients and improve productivity. These are some of the things we already do:

- Facilitate and support over 250 active clinical trials involving medicines
- Implement and support electronic prescribing across the Trust
- Engage in research projects and development of electronic systems and apps
- Leading the NHS in maximising the benefits of biosimilar medicines: improving outcomes, ensuring cost-effective treatment choice, and identifying treatment failure as early as possible.

Vision	What we will do
D1. Improvement through research	<ul style="list-style-type: none"> a) Establish research as mainstream practice, develop staff research skills, and incorporate the 'Edge' research management system. b) Collaborate on research projects with a range of partners and have a strategy for funding. c) Ensure all research and innovative service development is published. d) Translate local and external research into practice. e) Adapt and respond to national standardised approach for pharmacy review of clinical trial protocols.
D2. Improvement through technology and use of data	<ul style="list-style-type: none"> a) Complete implementation of e-prescribing in all areas, and maximise its benefits to UHS. b) Improve automated medicines storage and dispensing across the Trust where beneficial. c) Optimise the use of social media, internet functions, and e-resources for communicating with patients and professionals, and for training. d) Implement technology to control processes for improved safety and work flow efficiency, particularly in aseptic compounding services. e) Using barcode scanning technologies to ensure that medicines are safe and that the trading of medicines is controlled. f) Ensure advanced therapy medicines are handled safely and securely to allow patients access to new forms of treatment including gene therapies.
D3. Improve productivity	<ul style="list-style-type: none"> a) Identify commercial opportunities that could be realised through e.g. licensing of pharmacy facilities. b) Develop partnerships with other healthcare organisations to expand services, improve patient care and enhance productivity. c) Benchmark service costs and outcomes against similar NHS pharmacy departments. d) Stop services that are better provided by others. e) Develop the workforce's skills, knowledge, and behaviours, and implement better skill mix and use of education pathways. f) Help staff to develop quality improvement skills, tools and techniques to implement more productive and efficient services.



Created by the pharmacy team 2019. Contact chief pharmacist Sue.Ladds@uhs.nhs.uk for more information.

Report to the Trust Board of Directors dated Friday, 30 August 2019			
Title: Annual Health & Safety Report 2018-19			
Category	Corporate Governance, Risk, and Internal Control		
Agenda item	9.2 – Information Item		
Sponsor	Director of Nursing and Organisational Development		
Author	Jane Fisher, Trust Health & Safety Manager		
Provenance	<p>Key areas of compliance with regard to staff health, safety and wellbeing and the collaborative work to advise and support corporate and divisional groups between April 2018 and March 2019.</p> <p>This report was tabled at the Corporate Health & Safety Committee on 15 July 2019, Quality Governance Steering Group on 6 August 2019 and Trust Executive Committee on 14 August 2019.</p>		
Classification	This Report is unclassified.		
Purpose and recommendations	<p>The paper is presented for INFORMATION.</p> <p>The Health & Safety Team advises and supports the Trust Executive Committee and Trust Board to ensure that staff are “Happy, Healthy & Here”.</p> <p>Trust Board are asked to note:</p> <ul style="list-style-type: none"> • Health and Safety audits tours/inspections process and subsequent action plans • Work to manage, control and reduce violence and aggression towards staff, particularly within the Emergency Department and Medicine for Older People • Moving and handling strategy for training and use of equipment to help reduce the number of musculoskeletal injuries, including the continued implementation of appropriate bariatric equipment and the training in its use • Incidents of sharp related injury and body fluid splashes with poor compliance for wearing personal protective equipment/clothing as a contributory factor 		
Relevant strategic goals	<input checked="" type="checkbox"/> Goal 1: Improving patient journeys.	<input checked="" type="checkbox"/> Goal 2: Delivering value-based health and care.	<input checked="" type="checkbox"/> Goal 3: Supporting healthy lives.
	<input checked="" type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input checked="" type="checkbox"/> Goal 5: Being agile in meeting people’s needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • BAF02 – The Trust has a legal duty to comply with all relevant health and safety legislation. The Trust Executive Committee (TEC) and Trust Board are made aware of any areas of concern or breaches of its statutory duties so that anyone affected by the Trust’s activities is kept safe and well, and free from injury or harm. 		

	<ul style="list-style-type: none"> • BAF03/04 – The aim of the health and safety provision within the Trust is to minimise any losses, direct and indirect costs, and reduce work-related absences through ill health or injury. To keep to a minimum, as far as possible, the resources required to deliver the audit programme, incident investigations and to advise on health and safety risks as cost effectively as possible. Failure to meet statutory health and safety obligations could have significant financial penalties through personal injury claims, prosecutions and fines as well as loss of contracts and reputation. • BAF05/07 – The Trust has a statutory duty to ensure the health, safety and wellbeing of its workforce and that all staff have the relevant information, instruction, training and supervision appropriate to their role and responsibilities.
Impact assessments	There is no impact on Equality & Diversity
Other standards affected	The Health & Safety at Work etc Act 1974 The Management of Health & Safety at Work Regulations 2002 (as amended) The Health & Social Care Act 2008 (Regulated Activities) Regulations 2014

Annual Health & Safety Report 2018-19

1. Introduction

The annual report provides a summary of health and safety-related activities from April 2018 to March 2019; it highlights the key areas of compliance with regard to staff health, safety and wellbeing and the collaborative work undertaken to advise and support divisional colleagues and teams and corporate groups.

The Health & Safety Team advises and supports the Trust Executive Committee (TEC) and Trust Board to ensure that staff are “Happy, Healthy & Here”.

2. Analysis and Discussion

Commentary and graphical summaries of health and safety-related adverse events reported in 2018-19 and comparison with previous years (in particular violence and aggression towards staff, hazardous substances/sharps and moving and handling).

The overall number of RIDDOR reportable incidents has reduced again this year but the number of RIDDOR reportable musculoskeletal injuries has risen.

A summary of the internal self-audits is provided along with an outline of the key health and safety-related risks (rated 12 and above) identified by each Division.

There has been no external agency visits or interventions this year.

3. Conclusion

Members of TEC and the Trust Board should note the following;

The increase in staff-related health and safety incidents;

- violence and aggression by patients and visitors towards staff
- sharps injuries, particularly caused by inappropriate disposal of sharps
- moving and handling-related incidents causing RIDDOR reportable musculoskeletal injuries
- body fluid splashes and poor compliance for wearing personal protective equipment/clothing

Support is required to reverse this trend; appropriate and sufficient equipment must be made available and staff must be given the appropriate information, instruction, training and supervision to enable them to work safely.

4. Recommendations

Members of TEC and the Trust Board are asked to support the:

- Trust Corporate Health and Safety Committee
- Internal, local Health and Safety self-audit process
- Health and Safety tours, inspections and subsequent action plans
- Work to manage, control and reduce violence and aggression towards staff, particularly within the Emergency Department and Medicine for Older People
- Use of safety sharps devices
- Appropriate assessment and use of personal protective equipment and clothing when dealing with body fluids
- Robust moving and handling training strategy and use of equipment to help reduce the number of musculoskeletal injuries, including the continued implementation of appropriate bariatric equipment and training in its use.

All parties are asked to ensure that suitable and sufficient health and safety risk assessments are carried out with appropriate action plans in place for control measures to reduce the risk of injury or harm to staff as far as reasonably practicable.

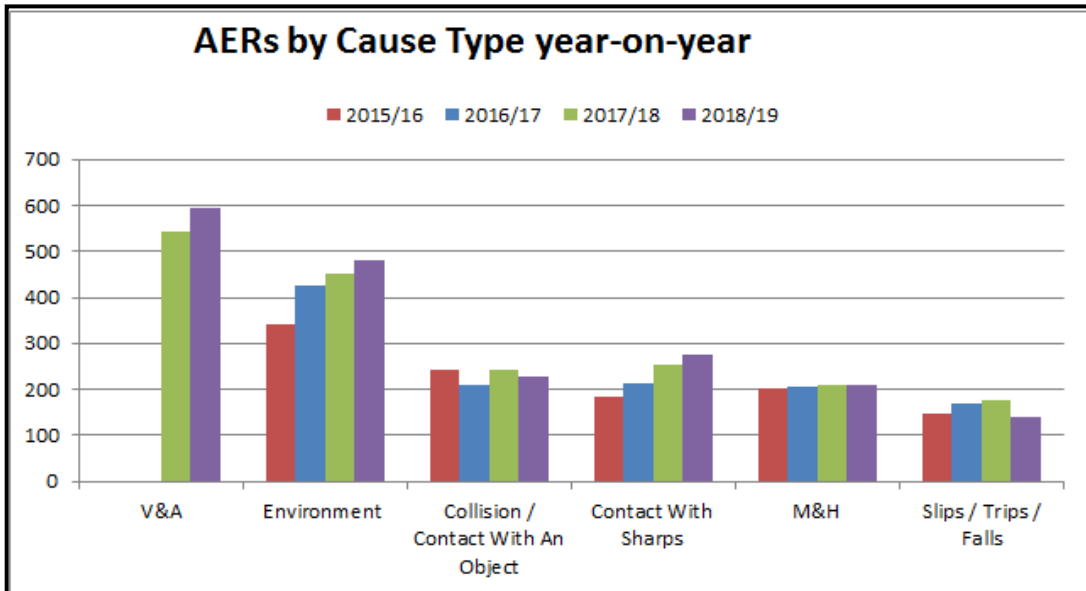
ANNUAL HEALTH & SAFETY REPORT 2018-19

1 Purpose

- 1.1 To provide members of the Trust Executive Committee and Trust Board with a summary of staff-related health and safety matters from April 2018 to March 2019.
To provide an overview of levels of compliance where appropriate and to identify areas that requires improvement.

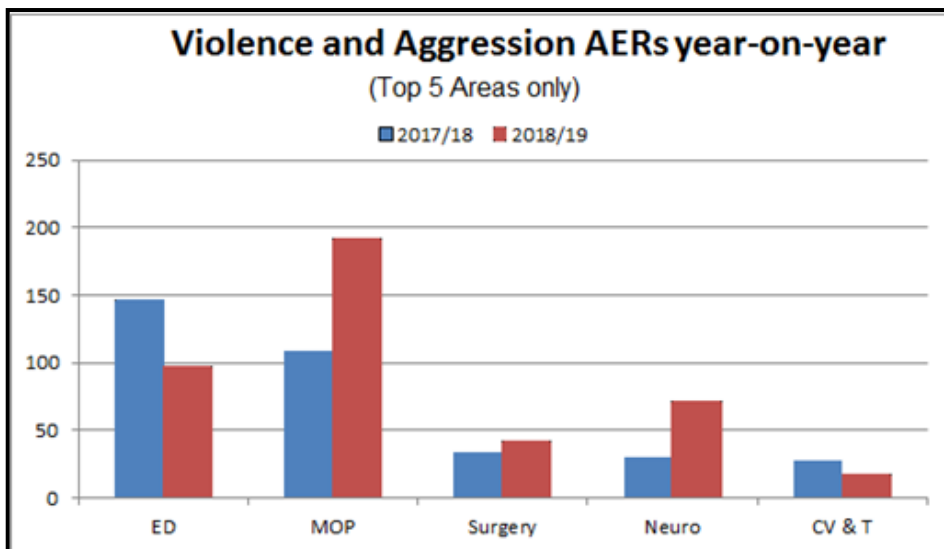
2 Summary of Adverse Events (AERs)

- 2.1 A total of 2541 health and safety-related adverse events were reported, which is slightly down on the previous year's total 2683 (both figures including violence and aggression incidents towards staff).
- 2.2 Principle causes of health and safety incidents remain consistent year-on-year, with violence and aggression (V&A) being the top cause reported (see graph below).

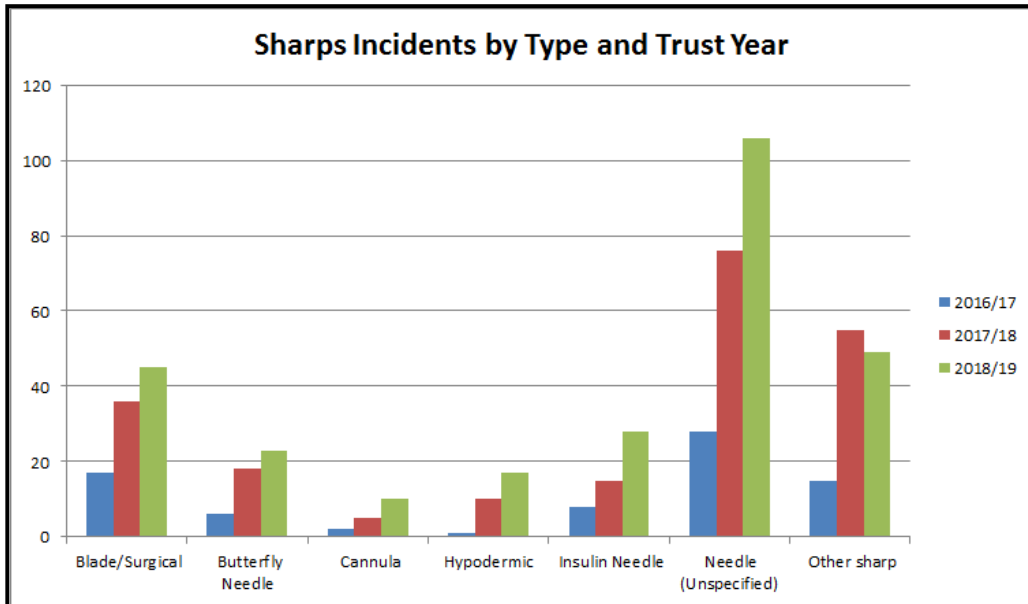


(n.b: V&A incidents were not recorded in Health and Safety AERs before 2017)

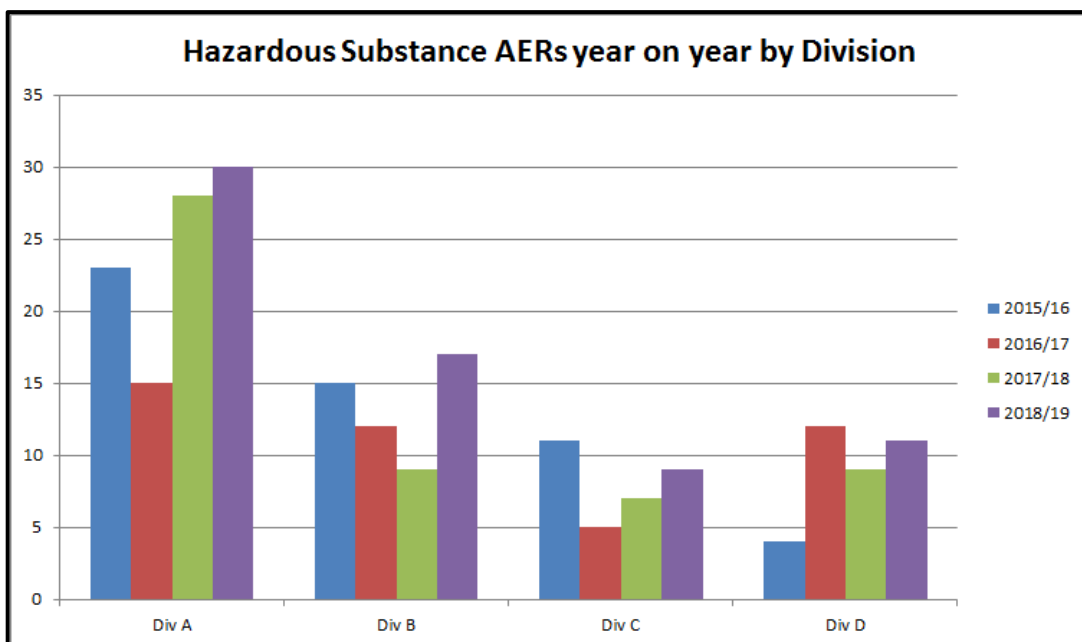
- 2.3 The H&S Team continues to support the specific working groups (ED, MOP, NICU) and the corporate steering group to review and manage V&A incidents, particularly on behaviour management strategies for patients and the support plans for staff where needed.



2.4 The number of “Sharps” incidents reported has increased year-on-year for all categories of sharp except “Other” (which generally indicates a non-needle sharp). While this increase may be partly due to improved reporting following the Trust’s drive to implement safety sharp devices, there is a worrying trend towards incorrect disposal of sharps, or of sets returned to Sterile Services containing sharps which should have been disposed of at source.

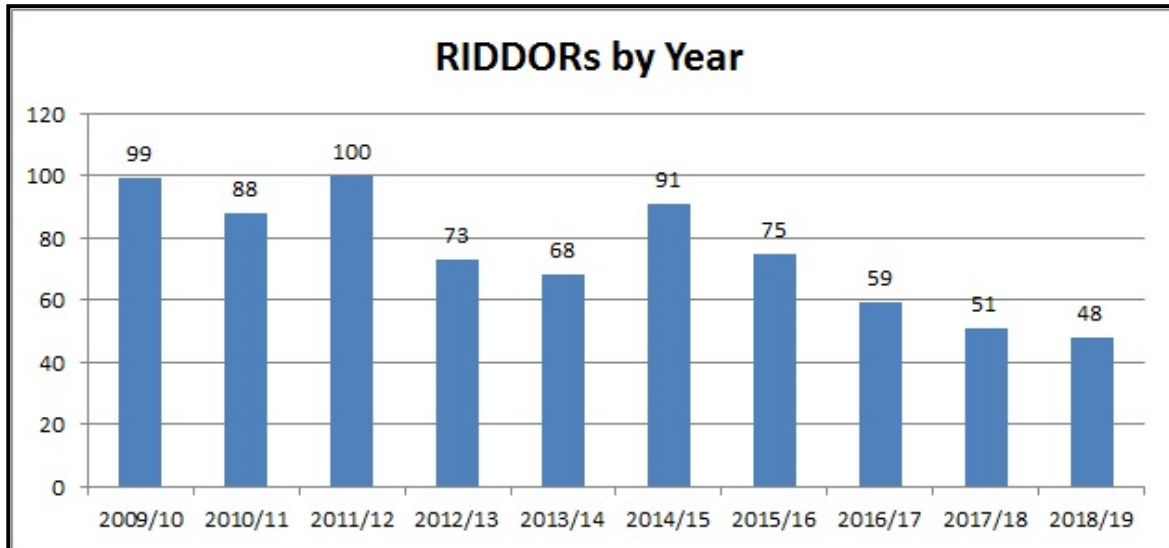


2.5 All clinical divisions have reported incidents of exposure to hazardous substances which are at their highest levels in recent years: This incident category generally refers to blood and body fluid splashes and the health and safety team have investigated a number of incidents where staff had failed to wear personal protective equipment and clothing (PPE) prescribed for tasks.



3 RIDDOR Reportable Incidents

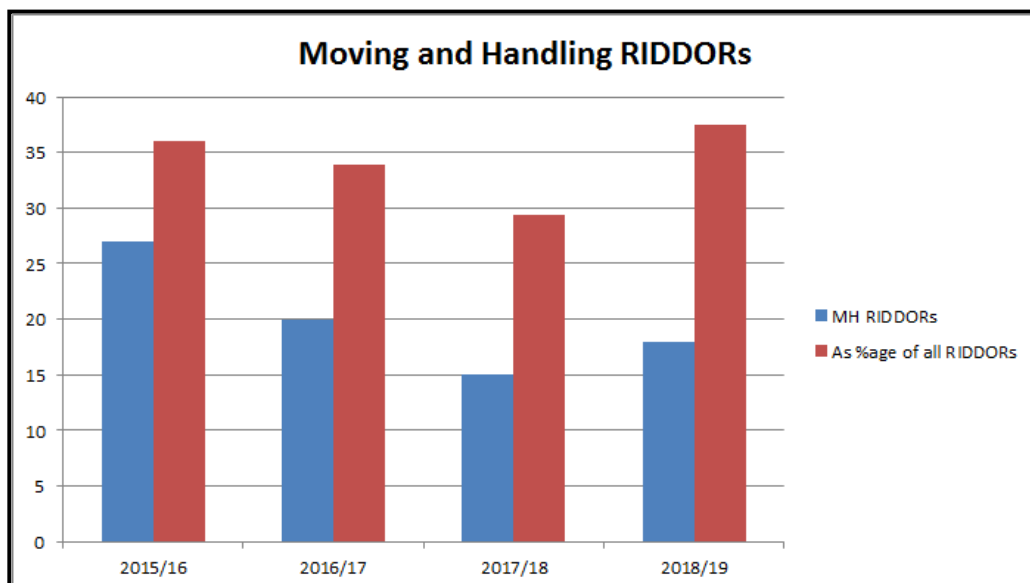
3.1 Health and safety incidents reported to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR) decreased by approximately 6% from fifty-one (51) in 2017/18 to forty-eight (48) in 2018/19, making this the fourth consecutive decrease in annual RIDDOR numbers.



3.2 There was a significant reduction in the number of high-risk needle stick incidents reported as dangerous occurrences under RIDDOR (three incidents this year, compared to ten in 2017/18). There was one other dangerous occurrence when a ventilator tubing became detached causing a member of staff to receive a body fluid splash potentially contaminated with Hepatitis C (the member of staff was supported and monitored via the usual Occupational Health programme).

3.3 This year saw the first case of occupational dermatitis reported under RIDDOR since May 2016 (the member of staff was supported and monitored via the usual Occupational Health programme).

3.4 Moving and handling injuries represent the Trust's most significant number of reports under RIDDOR (18 out of 48). This is an increase on the previous year; 18 (37.5%) compared to 15 in 2017-18 (29.4%).



3.5 It is expected that the number of bariatric patients seen in the Trust will continue to increase in the coming years. Divisions and Clinical Care Groups must ensure that appropriate patient moving and handling equipment is available and correctly used, and that staff have the appropriate information, instruction and training to work safely with such patients.

4 Health and Safety Annual Self-Audits

4.1 The internal, local self-audits were completed in Q4; the details and summaries of the audits are reported separately, but the highlights are provided here.

4.2 150 self-audits were submitted, of the 178 that were expected. Scores were generally high indicating good compliance, from the Divisions' perspective.

Division	Audits expected	Audits returned	% return	Average score	Scores below 90%	Scores below 85%
A	32	23	71.9%	97.7%	Nil	Nil
B	38	38	100%	95.3%	6	1
C	39	31	82.1%	95.6%	2	1
D	33	30	87.9%	97.4%	Nil	Nil
THQ	37	29	78.4%	94.4%	3	1
Total	179	151	84.3%	96.6%	11	3

4.3 The questions where wards/departments scored themselves most poorly were:

- “Have all staff completed Statutory and Mandatory training, and Personal Development Plans?” (average score 90.5%)
- “Has Moving and Handling training been given to all staff” (average score 92.2%)
- “Have recommended actions been implemented for all risk assessments?” (average score 92.7%)

5 Communication and Training

5.1 The Corporate Health and Safety Committee continue to meet quarterly, supported by sub groups for Fire Leads, Health and Safety Leads and Moving and Handling Leads who meet bimonthly. The Health and Safety Team attend and support QGSG, the Staff Partnership Forum and a variety of corporate groups and divisional risk, governance and safety groups.

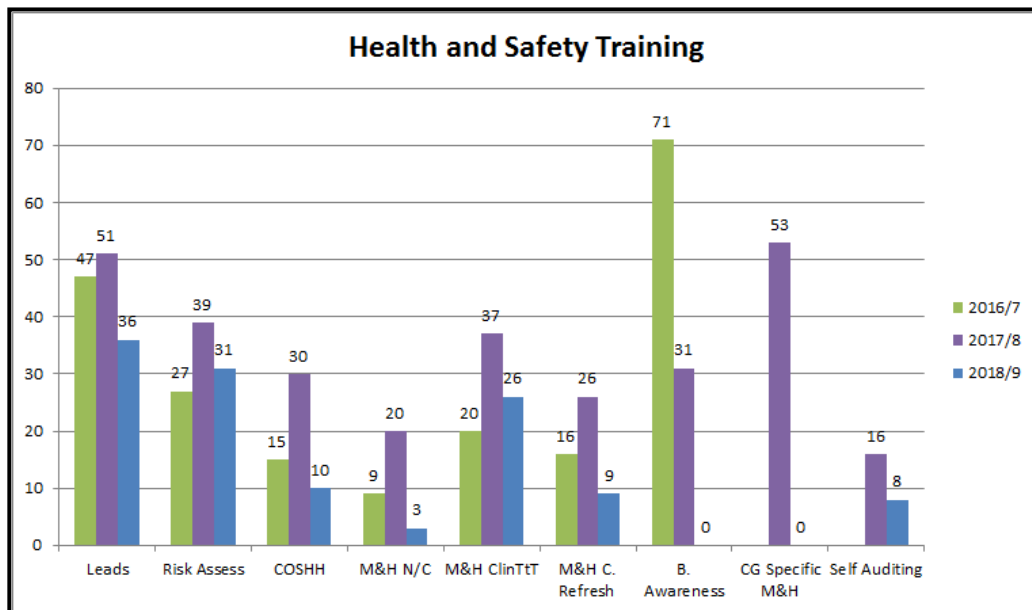
5.2 The Health and Safety team are supported by department and care group Health and Safety and Moving and Handling “Leads” and “Links” who provide on-the-spot guidance and support to their colleagues.

5.3 A Health and Safety newsletter, published quarterly, covers a variety of topics raising awareness about health and safety initiatives Trust wide and in their own departments.

5.4 The Health and Safety pages on Staffnet are promoted as a first point of contact for staff looking for basic health and safety advice, and the pages are regularly reviewed and updated.

5.5 The Health and Safety team delivered a suite of training programmes covering risk assessment, auditing, management of health and safety for leads, hazardous substances and a variety of moving and handling sessions. Additional ad-hoc training sessions were delivered for newly qualified nurses and health care assistants and newly-appointed senior leaders.

5.6 In 2018/19, attendance at training sessions were markedly lower than the previous three years; 123 attendees, approximately half that of the previous year. The “Bariatric Awareness” programme was provided by Benmore Medical rather than in-house, and the moving and handling “train-the-trainer” courses were put on hold from November due to a change in personnel in the H&S Team.



6 Health & Safety-related Risks

6.1 Health and safety-related risks listed on Divisional risk registers graded at 12 or above;

Division	Department	Risk Description
Division A	Critical Care	Risk of patient harm and staff harm due to the unpredictable nature of the patients. Increased number of incidents involving patients demonstrating challenging behaviour, at risk of causing harm to self and others.
	Theatres and Sterile Services	Exposure to formalin during the process of setting specimens for histology. Not compliant with current COSHH standards. The use of latex gloves has been associated with a rise in glove related allergy symptoms among NHS staff. Latex allergy within theatre staff is recognised as a risk.
Division B	Emergency Department	Patients/relatives/ED and security staff are exposed to a high level of violence and aggression from other patients, relatives and friends due to their patient group.
	Medicine	Staff/patients/relatives within Medicine inpatient wards can be exposed to a high level of violence and aggression from other patients due to their admitting condition.
Division D	Operational Risks	Risk to the safety of staff from unexpected violence and aggression by patients and visitors. Injury to staff causing distress and harm.
Trust HQ	COO	Possibility of national pandemic flu outbreak - The risk is on the national risk register. Significant effect on operational running of organisation and risk to welfare of staff and patients and public.
	Estate Services	There is a potential risk that where contractors are not adequately controlled accidents will occur; possibly resulting in injury to patients, staff, visitors and other contractors.