University Hospital Southampton NHS Foundation Trust

Agenda Trust Board – Open Session

Date 30/05/2019
Time 9:00 - 13:26
Location Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH
Chair Peter Hollins

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 9:04	**Minutes of Previous Meeting held on 30 April 2019**
3 9:08	**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**
4.1 9:15	**Patient Story** To receive feedback from patients, carers, or other stakeholders about their experience of the Trust's services. Derek Sandeman, Medical Director
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 The Audit and Risk Committee for review (oral)** Simon Porter, SID/Non-Executive Director
4.4 9:40	**Briefing from Chair of Strategy & Finance Committee for review (oral)** Jane Bailey, Non-Executive Director
4.5 9:45	**Briefing from Chair of Charitable Funds Committee for review (oral)** Jenni Douglas-Todd, Non-Executive Director
4.6 9:50	**Integrated Performance Report for Month 1 including Quarterly Infection Prevention & Control Report for review** To review the Trust's performance as reported in the Integrated Performance Report and the Quarterly Infection Prevention Report. Sponsor: Jane Hayward, Director of Transformation & Improvement
4.7 10:35	**Finance Report for Month 1 for review** David French, Chief Financial Officer

4.8 10:45 **Informatics Update for review**
Sponsor: Jane Hayward, Director of Transformation & Improvement
Attendee: Adrian Byrne, Director of Informatics

4.9 10:55 **Update on Progress on Staff Strategy**
Sponsor: Gail Byrne, Director of Nursing and Organisational Development

5 **Corporate Governance, Risk and Internal Control**
Including compliance with the NHS Provider licence conditions.

5.1 11:01 **Self-certification - FT Licence Conditions for approval**
Sponsor: Paula Head, Chief Executive Officer

5.2 11:06 **Register of Seals, and Chair's Actions for ratification**
In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Delegation.
Sponsor: Peter Hollins, Trust Chair

5.3 11:11 **Emergency Planning Response and Resilience Annual Report 2018/19 for review**
Sponsor: Caroline Marshall, Chief Operating Officer
Attendee: Sandra Hodgkyns, Head of Security/Emergency Planning (LSMS)

6 11:21 **Any other business**

7 **To note the date of the next meeting: Thursday, 27 June 2019 in the Conference Room, Heartbeat Education Centre, F Level North Wing, SGH**

8 11:26 **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 11:26 **Items circulated to the Board for reading**
The following items have been circulated to the Board since the last meeting. Executive directors are happy to take questions from individual members, before the meeting, by e-mail or telephone, or to meet separately to discuss in more detail.

25 April 2019

Press Release: Hospital trust recognised nationally for improving care for older patients

2 May 2019

Press Release: Doctors call for better use of weekend healthcare services following surge in hospital attendances

3 May 2019

Press Release: Hospital trust shares digital initiatives with government's top technology adviser

13 May 2019

Press Release: Hospital trust's nursing and midwifery staff recognised at awards ceremony

14 May 2019

Press Release: Pioneering therapy dog study shows overwhelming support from staff and patients for nationwide rollout

16 May 2019

Press Release: Orthopaedic surgeons warn lack of baby hip screening 'costing NHS millions'

21 May 2019

Press Release: Southampton-led digital follow-up revolutionising care for prostate cancer patients

23 May 2019 (with Board papers)

Learning from Deaths Quarter Report

10 **Follow-up discussion with governors**

11:26

11 **Clinical Visit - Critical Care and Medicine**

11:41

12 **Lunch**

12:56

NHS
University Hospital Southampton
NHS Foundation Trust

Minutes Trust Board – Open Session

Date	30/04/2019
Time	9:00 - 13:00
Location	Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH
Chair	Peter Hollins
Attendees	Jane Bailey, Gail Byrne, Cyrus Cooper, Jenni Douglas-Todd, David French, Jane Hayward, Paula Head, Charlie Helps, Peter Hollins, Caroline Marshall, Simon Porter, Karen Russell, Mike Sadler and Derek Sandeman
Explanation	Apologies to: Sue Diduch, Corporate Affairs Administrator In attendance: Kathryn Nash, Consultant Hepatologist and Guardian of Safe Working Hours Suzanne Cunningham, Director of Midwifery & Professional Lead for Neonatal Services Jillian Connor, Consultant Obstetrician 2 governors 1 member of the public

1 **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.

The Chairman welcomed those present, noted apologies received 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 28 March 2019**

The Minutes of the previous meeting were agreed as a true and fair representation of the business transacted subject to the following minor amendments:

- 37/19a should state that the new national cancer target would be introduced from April 2020.
- 42/19a flow was 'red' rated rather than 'read' rated.
- 44/19 page 6 4th paragraph 2nd sentence should state 'ways of addressing'.
- 45/19 paragraph following the bullet points should read 2018/19 and 2019/20.

3 **Matters Arising and Summary of Agreed Actions**

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

Minute Ref 42/19b) Integrated Performance Report (IPR) for Month 11 Safe - DS confirmed that there had been no high harm insulin-related medication errors for several years. DS was in the process of confirming the definition of a high harm incident.
Minute Ref 42/19c) IPR for Month 11 Caring - GB confirmed that 95% performance had been achieved in relation to nutrition.
Minute Ref 42/19e) IPR for Month 11 Responsive - The quality impact assessment of failure to achieve "constitutional targets" would be discussed at the June 2019 Quality Committee and reported to the Board in July 2019. JH advised that the format and content of future IPRs would be discussed during the Closed session of the Board.
Minute Ref 43/19 Informatics Update - JH confirmed that the report would be updated for the May 2019 Board meeting.

4 Quality, Performance, and Finance

4.1 Patient Story

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

The Board noted that the patient story was deferred due to the patient's ill-health.

4.2 Briefing from Chair of Quality Committee for review

Mike Sadler, Committee Chair

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

- Experience of care quarterly report.
- Accessible information standard.
- Emergency access quarterly performance.
- Ambulatory emergency care / same day emergency care.
- Complex discharge.
- Recruitment and retention.
- Serious Incidents Requiring Investigation (SIRI) and Never Event reporting.
- Ophthalmology update and action plan.
- Clinical effectiveness outcomes for pathology, emergency medicine, and ophthalmology.

JD-T noted the further reduction in delayed transfers of care (DTOCs).

PTH sought additional information on recruitment and the cost-effectiveness of the alternative routes into nursing that the Trust had been exploring. MS advised that the data was currently being assembled. GB summarised the actions being taken to increase nurse recruitment.

4.3 Briefing from Chair of Strategy & Finance Committee for review

Jane Bailey, Committee Chair

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

- Latest Trust financial position in including year-end Provider Sustainability Fund (PSF), staffing costs and new measures for financial reporting in 2019/20.
- 2019/20 budget setting and NHS Improvement (NHSI) annual plan.
- Strategic questions for the strategic plan. This would be discussed further at a future Trust Board study session.
- Paediatric neurosurgery and intraoperative Magnetic Resonance Imaging (MRI) business case.
- NHSI energy efficiency fund.

4.4 Integrated Performance Report for Month 12 including Quarterly Patient Safety Report (QIF) for review

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

a) IPR Annual Summary

PTH drew the Board's attention to the summary report and asked the Board to consider:

- Whether the targets set were reasonable?
- Did the IPR give a good holistic view of the hospital and show interdependencies?
- Did the IPR provide the Board with the information required within each area?

CC sought clarification of the indicators that were mandatory. JH described each.

Safe

GB highlighted that there were three Never Events during 2018/19. DS and GB had re-established the Never Event Scrutiny Group to scrutinise these looking particularly at human factors and compliance with Stop It.

GB advised that the definition and measurement of Pressure Ulcers will change for 2019/20. This will be measured in terms of the level of harm rather than avoidability. It was noted that this was a locally set improvement trajectory.

DS summarised the thromboprophylaxis and sepsis targets noting these were nationally set. Plans were in place to improve these during 2019/20.

JH quoted Sir David Dalton on the "safety culture" and how to measure it summarising the content of this report.

Caring

PTH commented on the positive performance in this area. GB summarised the actions being taken to address the two 'red' rated indicators noting nutrition

performance had already improved.

PHe highlighted the recent Care Quality Commission (CQC) report noting the Trust was rated as 'good' for Caring. The Board were asked to consider the indicators that would demonstrate the Trust as 'outstanding'.

Effective
DS provided an overview of the discussion at the April Quality Committee in relation to outcomes. The current reported outcome measures were derived in the most part from national standards. All specialities had therefore been asked to consider what outcome measures they would want to produce. IT support for this approach was also being developed.

SP queried the basis on which major trauma was ranked third in the country. DS advised that this was determined from the national trauma database.

Flow
CM summarised performance noting that despite all measures being 'red' rated, the Trust had achieved a lot during the year. This suggested that other indicators may be more useful, such as the adult mid-day bed-occupancy.

PHe highlighted the importance of ensuring that the indicators within the IPR demonstrate to the Board how 'flow' was working throughout the hospital. The importance of ensuring this was considered from the patient's perspective was emphasised.

Emergency Access
CM summarised performance highlighting that, if sustained, the current level of Emergency Department (ED) attendances was likely to prevent the Trust achieving the 95% target. CM described changes being made within ED which it was hoped would positively impact flow. In light of this, the Trust had agreed with NHSI, that improvement against the agreed trajectory, would be seen by June 2019. PHe emphasised the Trust's commitment to not queue ambulances outside ED.

RTT and Diagnostics
CM noted the positive performance in this area and expected that this performance would be maintained.

Cancer
PHe emphasised the need to consider the impact of missing the Cancer targets on patients. The actions to be taken to achieve the targets were complex however the Trust was committed to achieving them.

MS highlighted the importance of triangulating, alongside the key performance indicators (KPIs), patient stories and feedback from staff.

Research and Development (R&D++)++
It was confirmed that further work was required to understand what would add value, and hence the indicators to use for measurement and monitoring of performance.

Staffing
GB noted that staff engagement was a key indicator.

SP highlighted the junior doctor vacancy rate noting this was higher than he had expected. The potential impact of gaps in the junior doctor rota on finances was significant.

Estates
GB confirmed she was working with Mark Bagnall, Director of Estates, to triangulate the KPIs with the issues relating to the estate, how this affected staff and the patient experience, and how this linked with CQC's views.

b) **IPR 2018/19 for Month 12**
PTH asked the Board to identify any specific areas for discussion for the month.

Cancer
CM summarised performance noting recent improvements for Cancer, notably within the two-week wait and the steady reduction in the backlog of patients waiting for 31, 62 and 100 days. Consultant pension issues had negatively impacted the Trust's ability to bring in additional capacity, particularly for radical prostatectomy. PTH asked whether there was anything further the Trust could do address this issue. CM provided an overview of the actions being taken.

Digital
JB highlighted that the overall rating was 'green' yet both measurable indicators were 'red' rated. JH summarised the rationale for this rating noting that these metrics as a whole were evolving alongside the Trust's IT strategy. User experience was identified as a key measure to be included in the IPR in future.

Activity
PTH noted the rate of expansion in activity was currently much higher than assumptions on which the Trust's plans were based. JH advised that the Trust had used National assumptions and that the Trust would need to give careful consideration to its response were the current activity levels to continue.
PHe noted that non-elective work posed a particular financial risk. DAF pointed out the challenge in finding suitably qualified staff to meet demand.

c) **Patient Safety Q3 Report**
GB highlighted three points:

1. Good compliance in relation to high-harm falls. This was a CQUIN for 2019/20.
2. Incident reporting in relation to pressure ulcers had reduced therefore this would be reviewed to ensure openness and transparency.
3. Timely access to documents via the Electronic Document Management System (EDMS) was posing problems for the Serious Incident Scrutiny Group (SISG).

JH provided an overview of the actions being taken to address issues with EDMS.

MS praised the performance in relation to medicines reconciliation.

4.5 Guardian of Safe Working Hours Quarter Report for review

KN summarised the report and pointed out that medical rotas had been robust throughout the year and there had been a reduction in the number of exception reports. KN provided an update on the potential impact of future changes to the British Medical Association (BMA) contract on rotas.

MS sought clarification of the difference between the national contract and UHS terms and conditions for non-training fellows. KN confirmed that those on the national contract were on the same terms as prior to the new junior doctor contract. All terms were gradually being transferred to local UHS contracts.

PTH highlighted the issues raised in relation to the availability of laptops for junior doctors. DS advised that there was a plan in place to address this although the bigger challenge was in finding space for doctors to work. The next report was expected to demonstrate progress.

PHe reiterated the junior doctor vacancy rate at 11.75% noting the impact this could have on staff morale and asked whether any 'hotspot' areas had been identified. KN advised that national trends by season could be provided although prediction was difficult due to the short notice of trainees being received. KN was aware of current areas of high vacancy and these were a recurring problem. DS complimented Dr James Adams for his efforts.

4.6 Maternity Services Annual Report 2018 for review

Gail Byrne, Director of Nursing & Organisational Development

Suzanne Cunningham, Director of Midwifery & Professional Lead for Neonatal Services

SZ introduced the report highlighting 4 topics:

1. Gaps in junior medical staffing. JC summarised the challenge in this area and updated on the interventions being taken to improve medical staffing. This included the development of a strategy to use consultants more efficiently.
2. Maternity incident investigations by the Healthcare Safety Investigation Branch (HSIB). The new incident investigation process commenced in August 2018 with the first report having now been received. The instigation of this process had resulted in additional administrative work and required the same data to be submitted multiple times.
3. Induction of labour suite. National clinical guidance has resulted in an increase in induction of labour putting pressure on this service. SZ outlined the plans to open the unit 24 hours per day to provide additional capacity.
4. Appendix G of the report summarised the achievements during 2018.

CC sought confirmation as to whether the recruitment of ultrasonographers remained a challenge. SZ said that there was now a regional training scheme which had improved this and subsequently reduced the need for agency staff.

CC requested an update in relation to the increasing caesarean section rate.

GC confirmed that the Trust remained below the national average however this continued to increase. MS added that this was discussed in detail at the March Quality Committee.

MS highlighted appendix F of the report and asked what was being done to address the issues this raised. SZ stated that this was part of the quality improvement work over the last 18 months and the leadership team were working to build resilience in the workforce and ward level ownership of solutions.

MS queried whether the need for additional data entry for incident investigations had been raised at a senior level within the Trust and externally. SZ confirmed this had been discussed with PHe as well as other Directors of Midwifery.

PHe noted the recent assessment of safety for maternity by the CQC as 'requires improvement' and asked SZ to describe her understanding of the safety culture. SZ stated that she felt the service was safe and this had been assessed via a number of other indicators, for example, the NHS Resolution (NHSR) maternity scheme for which the Trust was on track to achieve all 10 criteria.

4.7 CRN: Wessex 2018/19 Q4 Performance and Annual Report for approval

Derek Sandeman, Medical Director/ Rebecca McKay, Chief Operating Officer, CRN: Wessex

DS introduced the report highlighting the successful year for the Clinical Research Network (CRN).

MS noted that several specialities were underperforming and asked how this would be addressed in 2019/20. DS provided an overview of the plan for 2019/20 including individual clinical leads focussing on performance, primary care support and infrastructure to sustain performance in success areas such as cancer.

The Board reviewed the report and approved it as requested by the Medical Director.

4.8 Finance Report for Month 12 for review

David French, Chief Financial Officer

DAF presented the month 12 Finance reporting, noting for March:

- The Trust delivered a control total surplus excluding PSF of £1.6m, £0.1m below Plan. Year to date the Trust achieved a control total surplus of £4.4m excluding PSF.
- Under the single oversight framework, the Trust delivered a Finance and Use of Resources score of '1'.
- Delivery of the financial plan would result in the Trust receiving circa £22m of 'core' PSF for the year. As many Trusts failed to meet their financial plan the unallocated PSF would be redistributed and UHS'

share was estimated at £13.6m. This would support the Trust's capital programme in 2019/20.
- Once non-recurrent items were excluded the Trust made an underlying loss of £14m.
- Clinical income was £2m better than Plan, predominantly related to Non-Elective income. Operating costs continue to increase in particular pay, and agency expenditure breached the monthly NHSI cap for the first time in 2018/19.
- Cost Improvement Programme (CIP) delivery was £30.6m against a plan of £32m. A significant part of the saving was non-recurrent.

SP highlighted the importance of careful communication in relation to the year-end financial position given the underlying deficit.

PTH congratulated DAF and the finance team for achievement of the financial plan during difficult circumstances.

5 Chair's and Chief Executive's Reports

PHe provided an update in relation to:

- Trust Board report cover sheets now included the new strategic goals.
- The CQC report had recently been published. The Trust was rated as 'good' overall. An action plan was currently being developed to address the recommendations made by the CQC. JB suggested that the governance elements of the report be extracted and considered as part of the overarching review of Board governance.

5.1 Chief Executive's Report for review and Chair's actions for ratification

Peter Hollins, Trust Chair and Paula Head, Chief Executive

Peter Hollins reported actions taken in the month on behalf of the Board. These were ratified by the Board.

6 Strategy and Business Planning

6.1 CRN: Wessex 2019/20 Annual Plan for approval

DS summarised the plan.

The Board reviewed the annual plan and approved it as recommended by the Medical Director.

7 Any other business

To consider any appropriate business not on the Agenda

The Board expressed their thanks to John Richards from Southampton City Clinical Commissioning Group (CCG) and Heather Hauschild from West

Hampshire CCG as they were both leaving their respective roles.

8 Next meeting of the Board

Thursday 30 May 2019 in the Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH

9 Items circulated to the Board for reading

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

22 March 2019

Press Release: Southampton surgeon helps create 'IKEA clinic' for global health disasters

27 March 2019

Press Release: Current screening programme for baby hip problems has “failed" (embargoed)

2 April 2019

Press Release: Hospital trust’s women’s and maternity care rated among best in the world

9 April 2019

Press Release: Southampton’s ‘twin surgeon’ model revolutionises children’s kidney stone treatment

16 April 2019

Doctors pioneer enhanced MRI scan for babies with brain injury

Hospital trust rated ‘good’ by health watchdogs following inspection

10 Exclusion of press, public and others

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

11 Follow-up discussion with governors

12 Clinical Visit – Dementia-friendly care

13 Lunch

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				
6.	Flow	● Head, Paula	27/06/2019	Pending
	Explanation action item To provide the Board with planned interventions and a trajectory to achieve improvements in flow (to be presented to the Quality Committee and the July Board Study Session).			
Trust Board – Open Session 30/04/2019 5 Chair's and Chief Executive's Reports				
7.	CQC	● Byrne, Gail	30/05/2019	Pending
	Explanation action item CQC action plan to be reported to the Quality Committee.			
Trust Board – Open Session 30/04/2019 4.4 Integrated Performance Report for Month 12 including Quarterly Patient Safety Report (QIF) for review				
0.	IPR Annual Report - Safe	● Hayward, Jane	30/05/2019	Pending
	Explanation action item David Dalton report to be shared with the Board.			
5.	Research and Development	● Bailey, Jane	30/05/2019	Pending
	Explanation action item To return KPIs for R&D to the Strategy and Finance Committee.			
0.	IPR Annual Review	● Hayward, Jane	30/05/2019	Pending
	Explanation action item Future reports to identify those indicators that were mandated nationally.			

0.	IPR for Month 12 - Digital	Hayward, Jane	30/05/2019	Pending
	Explanation action item IT strategy and metrics for inclusion in the IPR to be discussed at Strategy and Finance Committee.			

Integrated KPI Board Report Digest

Improving patient Journeys

In April, non-elective rolling 12 month length of stay continues to reduce, now at 6.5 days. Bed occupancy in the latest reportable month (March) shows the organisation close to the target 95% however we envisage this increasing in April due to the high demand on emergency service and a large number of beds closed due to Norovirus outbreaks.

Delayed transfers of care and patients with an extended LOS increased in April but remain lower than the same time last year (6.0% vs 7.8% and 257 vs. 270 respectively).

Emergency access performance was low in April 76.9% against a Q1 target of 90.0%. And we are ranked 9th out of a peer group of 11 major trauma centres (11th being worst).

Average time in department is 80mins higher than the same time last year, currently at 6:53 compared to 5:33 in April 2018.

Emergency access performance was impacted by high attendances (7.1% higher compared to last year) and bed closures from Norovirus.

In April the ED department underwent a restructure of patient flow and process to try and stream patients through the department in a more efficient way. The Trust will continue to monitor the performance of this new process.

Percentage of patients on an open RTT pathway (waiting list) who have waited longer than 18 weeks is currently at 87.0% against a target of 92%. This is an improvement on the March performance and an almost 2% improvement on the lowest point last September. There were no patients waiting longer than 52 weeks for the second month running.

62 day cancer waiting time performance was at 72.8% in March against a target of 85%, a slight improvement on February figures. UHS ranked 10th (worst) out of a peer group of 10 similar size teaching hospitals. Early indications are that April figures are much improved. There is a plan to recover this performance by December 2019 at the latest.

31 day cancer waiting time performance was at 91.2% in March against a target of 96%.

2 week GP referral cancer waiting times performance improved significantly and achieved the target at 95.2% in March against a target of 93%. UHS last achieved this trajectory in March 2018.

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 18 out of 33 clinical specialties have been visited.

The latest national data (February 2019) showed a median CHPPD for similar size (clinical output) trusts as 5.1 for registered nurses and 8.2 overall, UHS was at 5.1 and 8.3 respectively that month.

Supporting healthy lives

There was a Never event recorded in April, this is currently being investigated.

Of the 7 overdue SIRI's (serious incidents requiring investigation); 1 is a HSIB (Health Safety Investigation Branch) case (Incident logged in August), several were complex investigations that have required significant input from a number of clinicians to seek agreement in the root cause and actions, these have all been closed in May.

8 National reports were published and subsequently reviewed by UHS clinical effectiveness team. 3 Areas of concern were identified from the reports:

- (1) British Association of Urological Surgeons (BAUS) Urethroplasty outcome data 2015-17 report (Bulbar Urethroplasty) showed a higher than national average intra-operative complication rate and post-operative complication rate (up to 30 days). The report is with the lead to update an action plan.
- (2) BAUS radical Prostatectomy outcomes data 2015-17 report. UHS had a higher than national average length of stay (LoS) for open cases. The complication rate was also above the national average. The report is with the lead with to update action plan.
- (3) Inflammatory Bowel Disease (IBD) Registry data up to January 2019. There has been a large deterioration in the quantity and quality of the data submitted. This is directly due to a fault with the HICCS module used to collect the data at the point of care. This has been escalated to IT.

There are now 220 clinical outcomes being reported to Trust Executive Committee from 46 specialities (out of a total of 96 specialties). Out of 220 graded outcomes 78% are green and 7.7 % are graded red. All areas which have a red outcome have actions in place.

Rolling 12 month staff sickness remained within target in April (<=3.4%).

Patients screened for risky behaviours (alcohol consumption and smoking) were at 96% in April. Of those found to have moderate or high alcohol dependence 84% were given relevant advice or a referral to specialist services. Of those found to smoke 83% were given advice or offered medication.

Building an expert and inclusive workforce

Rolling 12 month staff turnover reduced significantly in April, registered nurses saw the greatest reduction in month.

Registered nurse vacancies in ward-based areas have increased by 0.41% since last month and by 0.6% since March 2018. These changes are due to promotion of RNs to non-ward based roles, relocation of staff and reduction in contracted hours following return from maternity leave. Overseas nurses currently employed on Band 4 are expected to steadily achieve NMC registration.

The staff Friends & Family Test results shows that 78% of staff recommend UHS as a place to work (2017/18 Q4 results).

Black and minority ethnic Band 7+ percentage continues to trend upwards and currently sits at 8.3% with a target to reach 15% by 2023

Being agile in meeting people's needs

In April 81.1% estates maintenance helpdesk requests were completed on time against a target of 85%. All other maintenance targets were met in April.

89.5% of all UHS pathology requests were made via eQuest in 2017/18 (n=1.63m), this was 0.2% up on the previous year (n=1.60m). The challenging areas for requesting remain Obs & Gynae with its peripatetic workforce and Theatres with IT equipment being remote from the point of need. Addressing these areas will be a focus for the UHSdigital programme in 2019.

There were 1125 UHS patient logins to My Medical Record in April and 261 new registrations, an increase of 388 logins and 57 registrations compared to the same time last year.

Leading edge research, education and innovation

October CRN recruitment benefitted from activity on a high recruiting meningitis prevention study. Whilst this wave of recruitment to the study has ended recruitment projections to year end are satisfactory.

UHS remains in the top 5 organisations for weighted CRN recruitment, latest reportable figure as 2nd in January 2018.

University Hospital Southampton NHS Foundation Trust

Integrated KPI Board Report

covering up to

Apr 2019

Executive Sponsor - Jane Hayward, Director of Transformation
Jane.Hayward@uhs.nhs.uk

Report Guide

University Hospital Southampton NHS
NHS Foundation Trust

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 it's 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 -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 it's 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 it's target.

May 2019

Improve Patient Journeys

University Hospital Southampton NHS Foundation Trust

		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Monthly Target	YTD
IPJ1	Non Elective LOS Rolling 12 months			7.1												6.5	-	-
IPJ2	Delayed transfers of care (CQC Calculation)			7.8%												6.0%	<=3.50%	6.01%
IPJ3	Extended LOS Census average (Patients with LOS >=21days)			270												257	211	-
IPJ4	Outliers	in development																
IPJ5	Adult midday bed occupancy			94.8%												94.9%	90-95%	-
IPJ6	Empty AMU beds at 8am (daily census average)	in development																
IPJ7	Overnight ward moves with a reason marked as non-clinical			28												65	-	-
IPJ8	Last minute cancelled operations not readmitted within 28 days			8												6	-	-

May 2019

Improve Patient Journeys

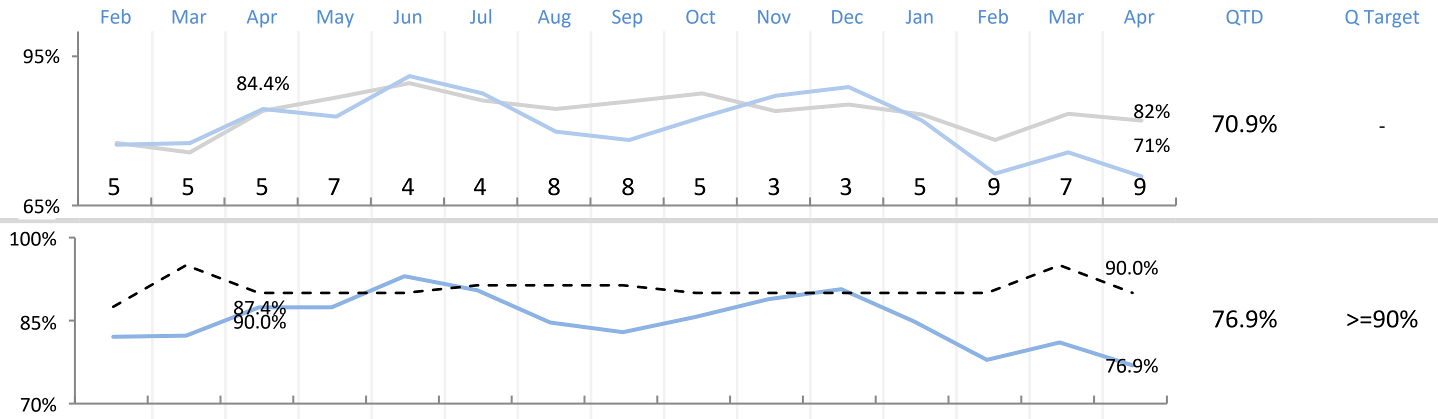
University Hospital Southampton NHS Foundation Trust

Percentage of patients spending less than 4 hours in ED

IPJ9 SGH Main ED (Type 1 and UCH)

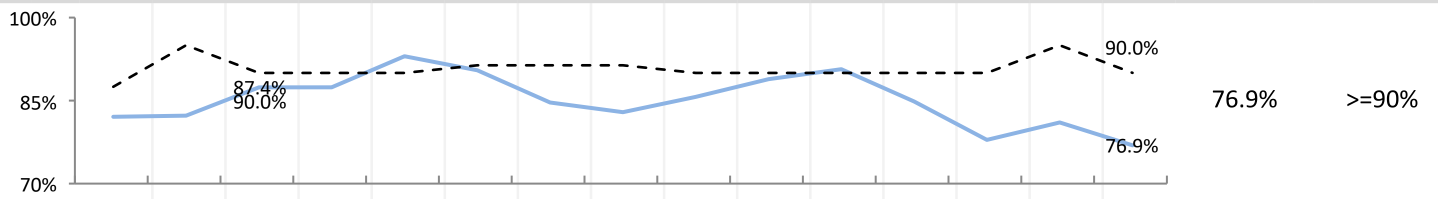
Major Trauma Centres (Type 1)

Rank of 11->



QTD	Q Target
70.9%	-

IPJ9 UHS Total

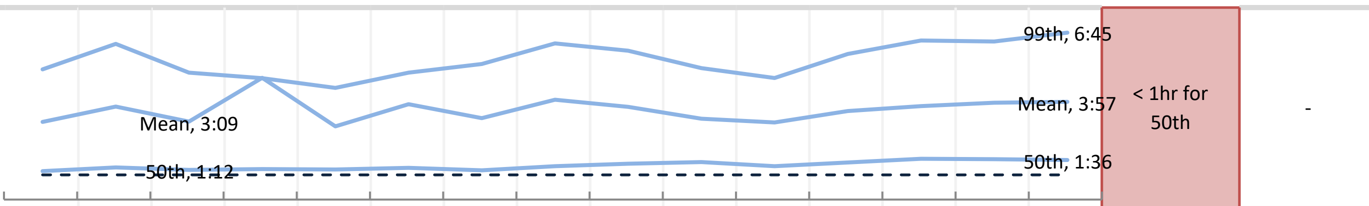


QTD	Q Target
76.9%	>=90%

IPJ10 Same Day Emergency Care (SDEC) — Metric in development

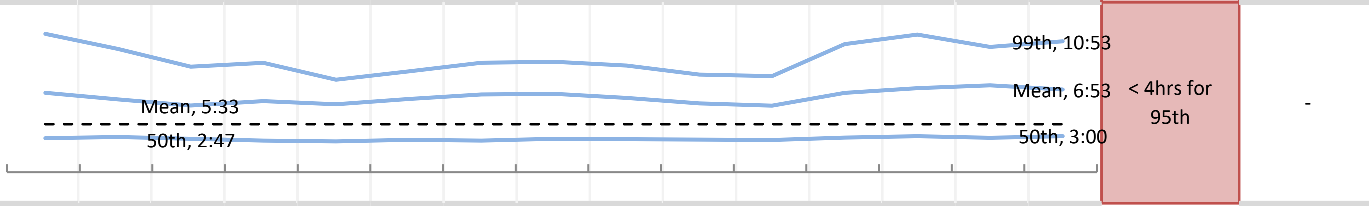
IPJ11 Time to initial assessment - 95th Centile UHS Total — Metric in development — -

IPJ12 Time to treatment - Percentiles UHS Total



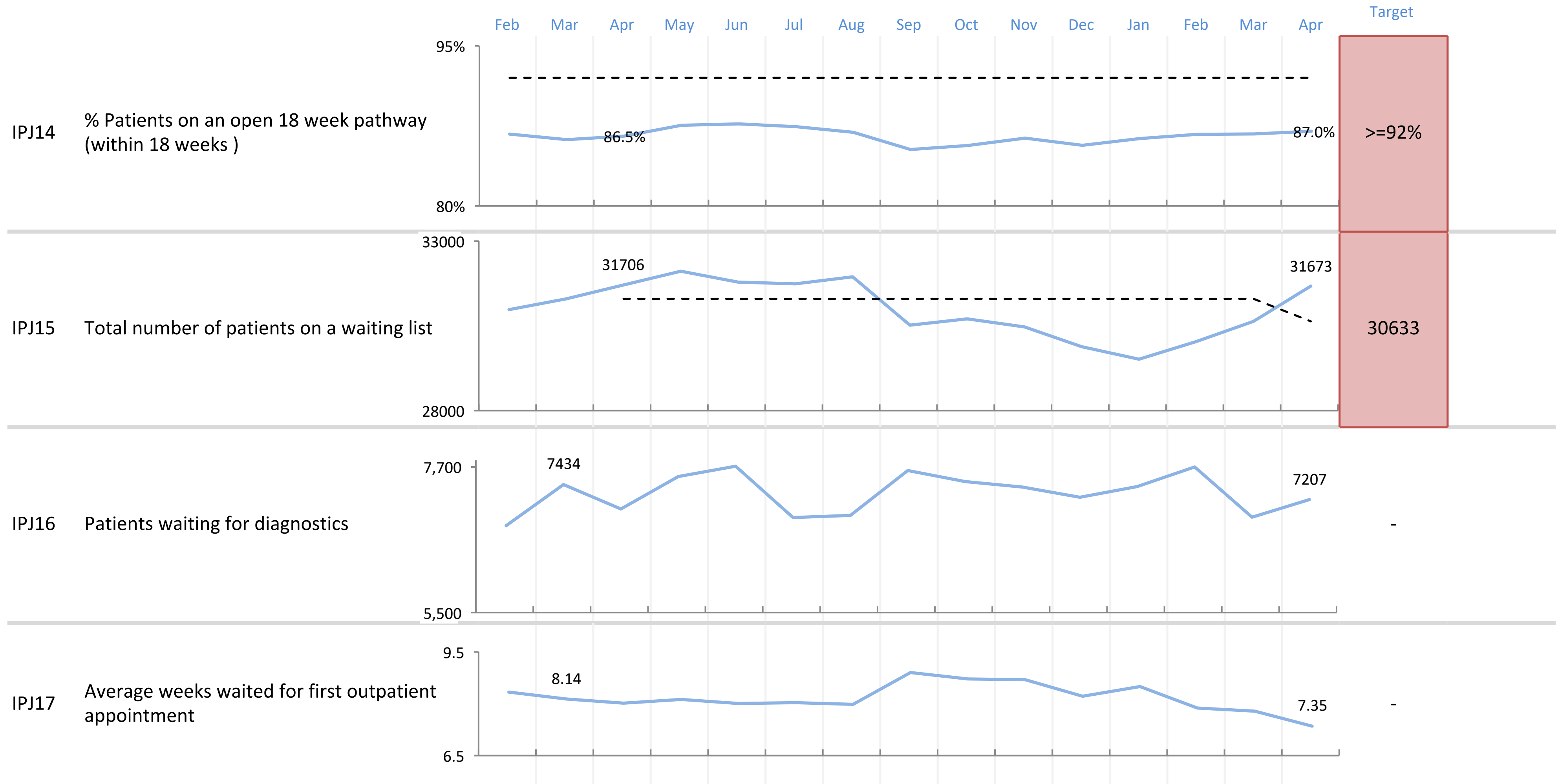
< 1hr for 50th — -

IPJ13 Total time spent in ED - Percentiles UHS Total



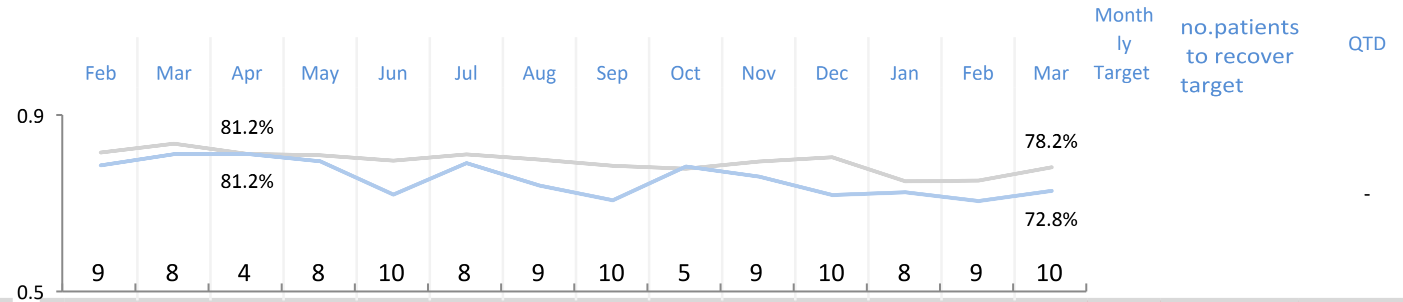
< 4hrs for 95th — -

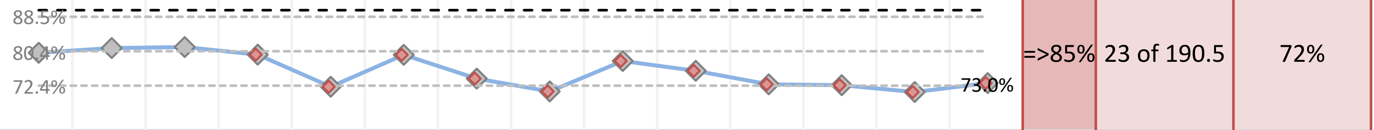
Current Data | Benchmark | Previous Year | Target



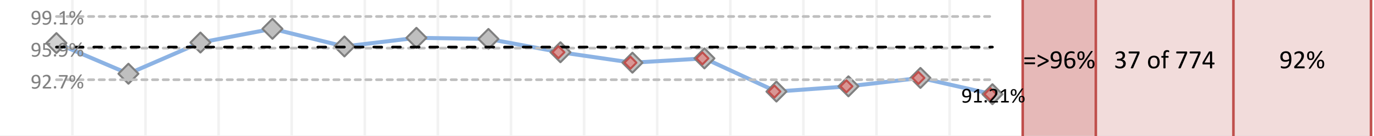
Current Data
Benchmark
Previous Year
Target

		Monthly Target	no.patients to recover target	QTD
62 Day Performance Benchmark				
IPJ18	Teaching Hospitals vs. UHS Total (Rank(of 10)->)			-
IPJ19	62 day cancer wait performance	=>85%	23 of 190.5	72%
IPJ20	31 day cancer wait performance	=>96%	37 of 774	92%
IPJ21	Urgent GP referrals seen in 2 weeks	=>93%	0 of 1658	93%
IPJ22	Snapshot of waits > 104 days	-	-	-
IPJ23	28 Day Metric	Metric in development		

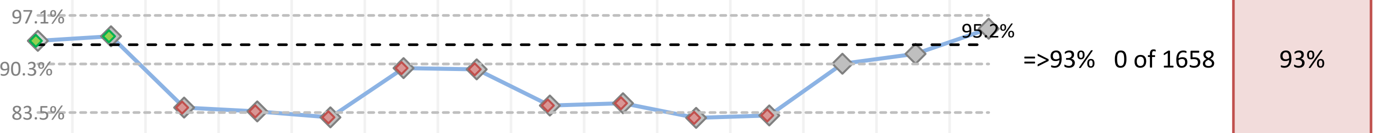




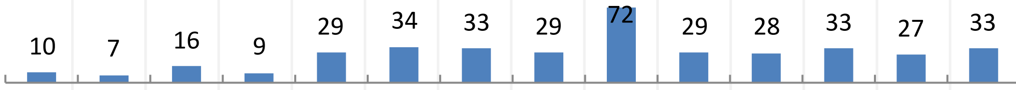
3 of 13 tumour sites achieved 62 day target in April.



5 of 13 tumour sites achieved 31 day target in April.



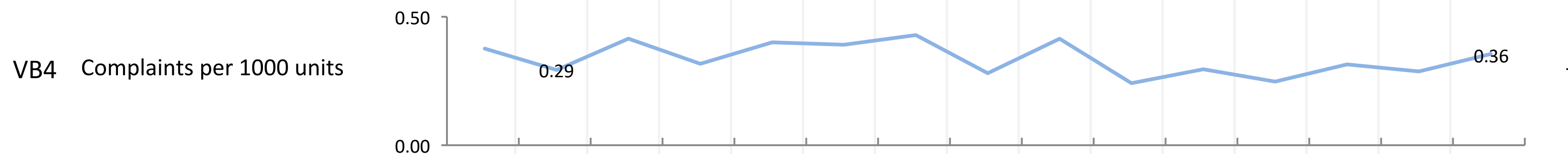
11 of 13 tumour sites achieved 2 week target in April.



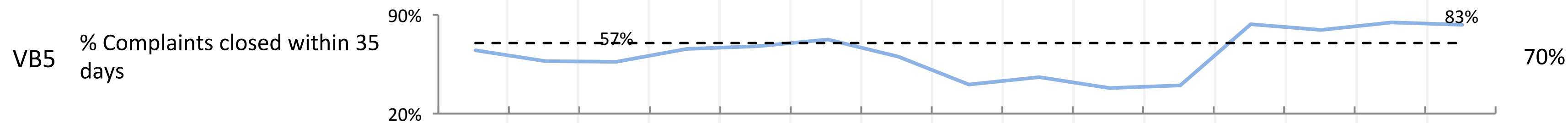
Metric in development

		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Monthly Target	YTD	YTD Target
VB1	YTD variance vs. financial control total (£m)	in development																	
VB2	Delivery of the capital programme	in development																	
VB3	CIP delivery	in development																	
VB4	Complaints per 1000 units																-		
VB5	% Complaints closed within 35 days																70%		

VB4 Complaints per 1000 units

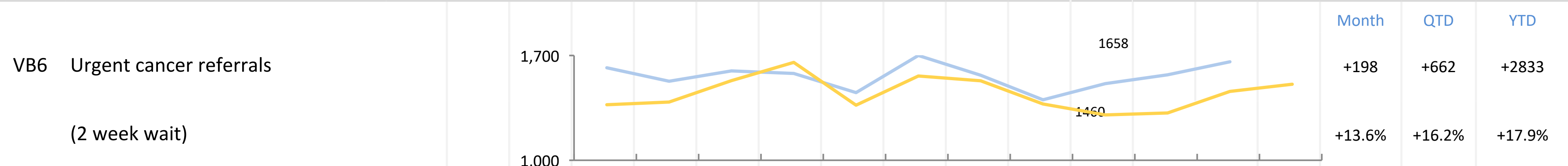


VB5 % Complaints closed within 35 days



VB6 Urgent cancer referrals

(2 week wait)



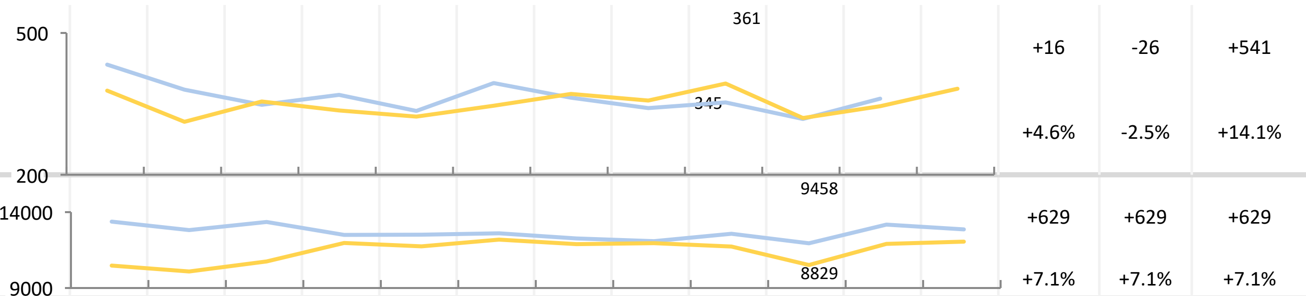
	Month	QTD	YTD
	+198	+662	+2833
	+13.6%	+16.2%	+17.9%

Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr Month QTD YTD

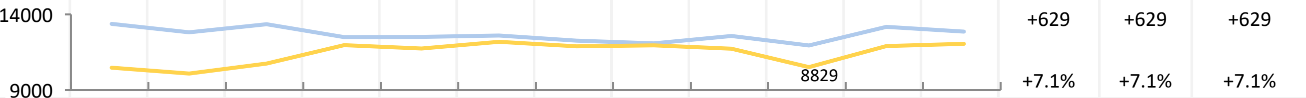
Current Data · Benchmark · Previous Year · Target

VB7 Number of first cancer treatments

(i.e. 31 day activity)



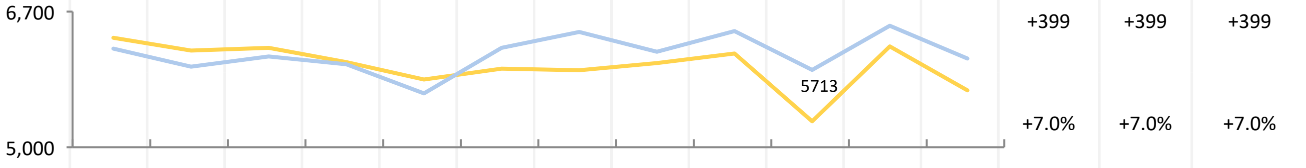
VB8 Total ED Attendances



VB8: Lymington MIU included from August 2017.

VB9 Non-elective Spells

(incl. CDU)



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.

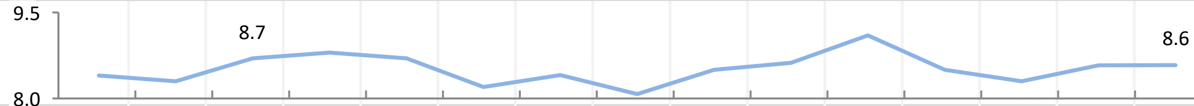
VB10 Face to Face OPA

in development

VB11 Non-Face to Face OPA

in development

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



VB12 The CHPPD (care hours per patient day) for ward based areas in the Trust has remained stable in April to Registered Nurse 3.8 (previously 3.8) Health Care Assistant 3.4 (previously 3.4) overall 7.3 (previously 7.2). The total CHPPD in the Trust has remained stable since last month at 5.4 (previously 5.2) for registered nurses, 3.2 (previously 3.3) for unregistered and overall 8.6 (previously 8.6).

VB13 Red Flag staffing incidents in development

May 2019

Supporting Healthy Lives

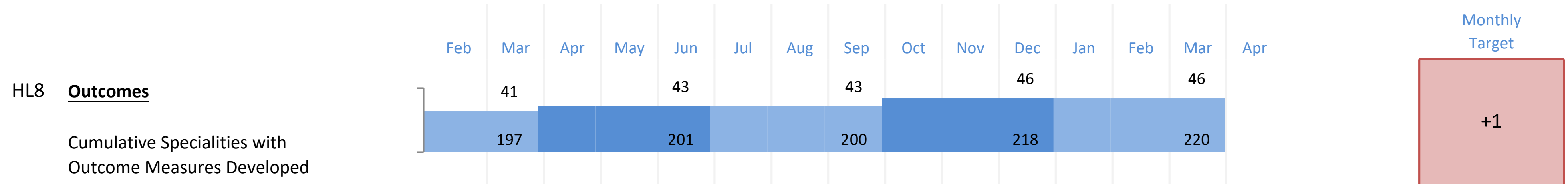
University Hospital Southampton NHS Foundation Trust

		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Monthly Target	YTD	YTD Target
HL1	Cummulative Clostridium difficile (Confirmed lapse in care)															4 / 3	5	3	<=5
HL2	Number of pressure ulcers causing moderate/severe harm															1			
HL3	Medication Errors (severe/Moderate)															2	<=3	2	<=36
HL4	Serious Incidents Requiring Investigation (SIRI)		2												3		-	47	-
HL5	Number of overdue SIRIs		3												7			0	-

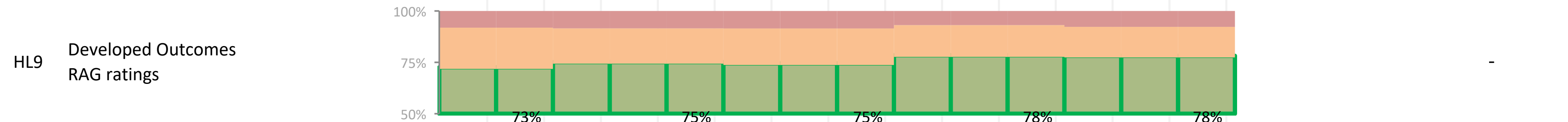
Of the 7 overdue SIRI's; 1 is a HSIB case (Incident logged in August), Several were complex investigations that have required significant Input from a number of clinicians to seek agreement in the root cause and actions , these have all now been closed.

HL6	Maternity/Neonatal KPI	in development
HL7	Antibiotic usage	in development
	Number of high harm falls	in development

		Monthly Target
HL8	**Outcomes** Cumulative Specialities with Outcome Measures Developed	+1



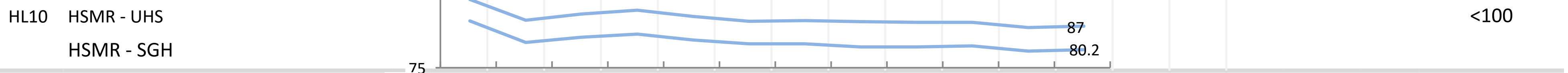
HL9	Developed Outcomes RAG ratings	-



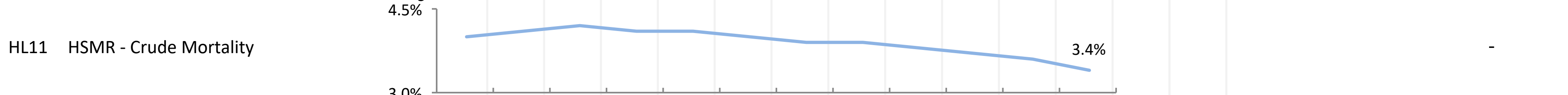
Of those graded as red, these relate to: Emergency surgery - post op assessment by elderly care, Theatres - Compliance with stop points for safety in theatres, Diabetes mealtimes and choice and IV insulin (although the IV insulin was deemed appropriate therefore no risk), Rheumatology – Compliance with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

HSMR & SHMI

HL10	HSMR - UHS	<100
	HSMR - SGH	

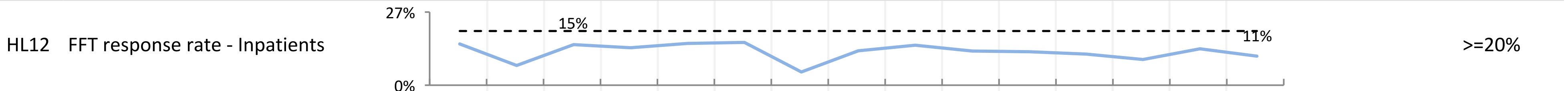


HL11	HSMR - Crude Mortality	-



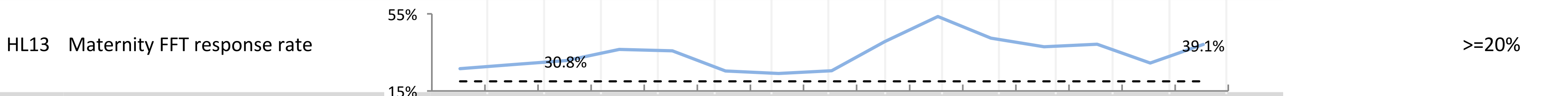
HSMR performance remains low due to continued low values from several specialties. Neurosurgery and General Medicine remain higher than benchmark.

HL12	FFT response rate - Inpatients	>=20%



	FFT Negative Score - Inpatients	<=5%

HL13	Maternity FFT response rate	>=20%



	Maternity FFT Negative Score	<=5%

Current Data | Benchmark | Previous Year | Target

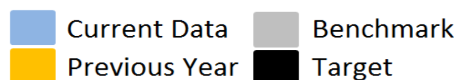
May 2019

Supporting Healthy Lives

University Hospital Southampton NHS
NHS Foundation Trust

	Indicator	Chart (Feb–Apr)	Monthly Target
HL14	Staff - Sickness absence - Rolling 12-months	3.65% / 3.25%; 3.54% (Apr); 3.33% (Apr)	<=3.4%
HL15	Percentage of patients screened for alcohol and smoking	100% / 85%; 96% (Apr)	>80%
HL16	Percentage of patients screened and found to have either moderate or high alcohol dependence given relevant advice or referral	100% / 80%; 84% (Apr)	>90%
HL17	Percentage of patients screened for smoking and found to smoke that were given brief advice or a medication offer	100% / 60%; 83% (Apr)	>90%
HL18	Number of staff trained in QI	in development	
HL18	Number of people trained in human factors	in development	
HL19	Number of fully accredited wards	in development	

Chart months: Feb, Mar, Apr, May, Jun, Jul, Aug, Sep, Oct, Nov, Dec, Jan, Feb, Mar, Apr



		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Monthly Target
EW1	Staff - Turnover - Rolling 12-months			13.3%												12.6%	<=12%
EW2	Staff - Appraisals completed (non-medical) - Rolling 12-months			81.55%												87.29%	=>92%
EW3	Nursing Vacancies (Registered Nurse only in clinical wards)			19.02%												18.25%	<=15.00%
EW4	Staff FFT - % of staff recommend UHS as a place to work. (Quarterly)		78%			80%			78%						78%		>=76%
EW5	Staff FFT response rate	in development															
EW6	Black & Minority Ethnic Band 7+ Percentage			7.5%												8.3%	-

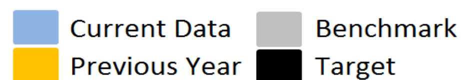
EW6 UHS has a target of 15% Band 7+ BME staff by 2023.

May 2019

Being Agile in Meeting People's Needs

University Hospital Southampton NHS Foundation Trust

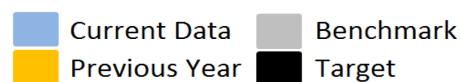
	Measure	Chart labels (Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr)	Monthly Target	R-3M
BA1	Number of Help desk requests and percentage completed on time	Requests (axis 1000–2500): 1624; 1766. Percentage (axis 50%–90%): 85%; 73.5%; 81.1%	- / >85%	- / 83.5%
	Reactive Maintenance			
BA2	Unresolved help desk requests	Axis 500–1500: 1000; 992; 719	<1000	675
BA3	Unresolved help desk requests (over 30 days old)	Axis 0–600: 200; 365; 200	<200	176
BA4	Number of defect work orders and percentage completed on time	Orders (axis 1300–2500): 85%; 1939; 2141. Percentage: 98.1%; 86.1%; 74.13%; 85.2%	- / >85%	- / 86.4%
	Preventative Maintenance			
BA5	Number of statutory and mandatory maintenance jobs planned and percentage completed on time	Jobs (axis 50–200): 57; 179. Percentage: 102.2%; 99.0%; 95.80%; 97.8%	- / >95%	- / 98.8%
BA6	Estates capital spend vs plan	in development		



		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Monthly Target	
BA7	Number of computers		7557			7627			7652			7899						
BA8	Average age of computers (years)		4.0			3.9			3.9			3.9						
BA9	Percentage specimens requested through eQUEST - rolling 3M		89.9%												90.2%		>=95%	-
BA10	Percentage specimens available for acknowledgment through eQUEST - rolling 3M		91.3%												92.1%		>=95%	-

Reactive Maintenance

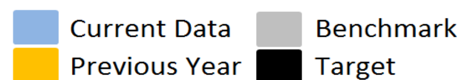
BA11	digiRounds patient records accessed															125777



		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Monthly Target

eQuest Results Alerts Sent

Ref	Measure	Chart labels
BA12	Decision support notifications (email alerts)	9147
BA13	Medxnote	7988
BA14	InfoQlik (Daily) Activity	22.8; 42.4
BA15	Sap BI (Daily) Activity	33.9
BA16	My Medical Record - UHS patient registrations	204; 261
BA17	My Medical Record - UHS patient logins	737; 1,125

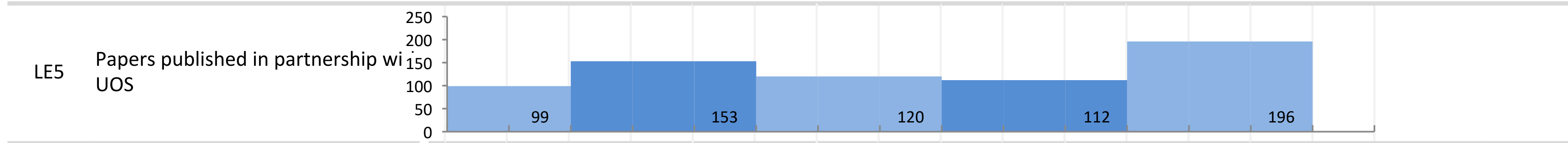


CRN Recruitment

		Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	YTD	YTD Target
LE1	Participants Recruited												1503			1103	14949	18091
LE2	Weighted Recruitment												7775				74733	75272
LE3	Weighted National Ranking - All Studies	1	1	6	4	3	2	3	5	4	2	2	2				-	Top 5
LE4	Specialties Recruiting			55	53	53										68	-	tbc

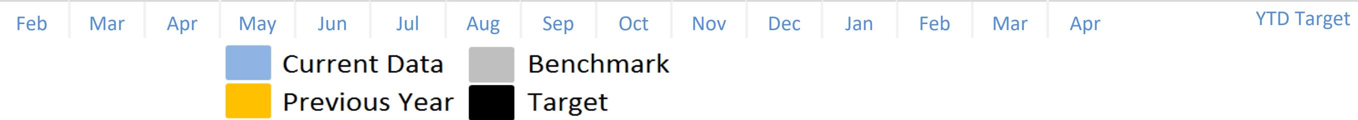
The number of research active UHS specialties has been introduced as a new metric this year in response to implementing the new research strategy and the aim for all specialties to be research active. Having identified whether a specialty is research active or not, we are now trying to understand levels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

LE5 Papers published in partnership with UOS

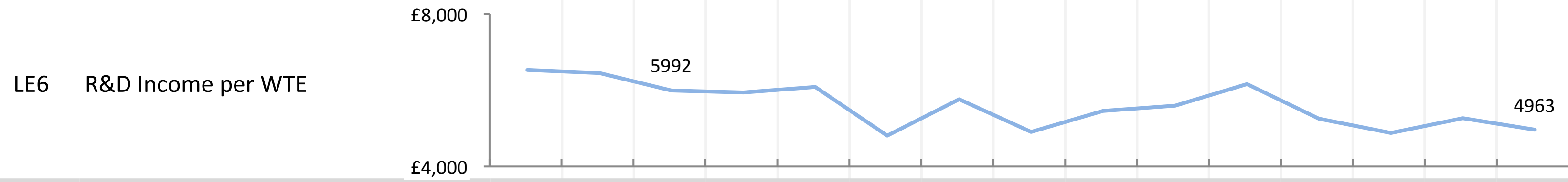


Number of BRC papers published are in line with expectations and more detailed analysis is informing the next BRC bid preparations.

Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr YTD Target



LE6 R&D Income per WTE



LE7 Quality of practice experience for doctors in training (annual report with quarterly qualitative updates)

No risk

LE8 Number of Apprenticeship Starts

in development

Current Data
Benchmark
Previous Year
Target

Quarter 4 Infection Prevention Summary Report

Category		Q4 RAG	YTD RAG	Action /Comment
Targets:	MRSA bacteraemia reduction	G	A	1 MRSA BSI contaminant attributable to UHS in Q2.. No UHS-attributable clinically significant MRSA BSI. 3 clinically significant MRSA BSI attributable to CCG admitted to UHS.
	Clostridium difficile infection reduction	A	G	40 attributable CdI cases in 2018-19 against an annual limit of 42 cases. 10 cases in Q4. Change to attribution definitions from April 2019 will set a new limit of 64 cases for next year.
	Prudent antibiotic prescribing	R	R	CQUIN target met for meropenem usage, failed for use of WHO-ACCESS drugs, TBC for total antibiotic usage. Each target carries a £65K premium.
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 - April 2019

Report notes

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

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

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

Enhanced Care (also known as Specialling)
Occurs when patients in an area require more focused care than we would normally expect. In these cases extra, unplanned staff are assigned to support a ward. If enhanced care is required the ward may show as being over filled.
If a ward has an unplanned increase or decrease in bed availability the ward may show as being under or over filled, even though it remains safely and appropriately staffed.

CHPPD (Care Hours Per Patient Day)
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.

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	CHPPD Registered midwives/ nurses	CHPPD unregistered staff	CHPPD Overall	Comments
C4 (Solent ward)	Day	1345.2	1270.7	1003.3	1181.8	94.5%	117.8%	3.8	3.6	7.4	Safe staffing levels maintained.
C4 (Solent ward)	Night	1034.3	996.8	690.0	946.8	96.4%	137.2%				Safe staffing levels maintained.
C6	Day	2723.9	2578.3	126.7	263.5	94.7%	207.9%	7.2	1.0	8.2	Safe staffing levels maintained.
C6	Night	1982.3	1906.3	0.0	362.0	96.2%	Shift N/A				Safe staffing levels maintained.
C6 (Teenage Cancer Trust unit)	Day	695.9	623.1	354.2	142.0	89.5%	40.1%	8.0	1.1	9.1	Safe staffing levels maintained; Beds flexed to match staffing.
C6 (Teenage Cancer Trust unit)	Night	651.8	564.3	0.0	22.3	86.6%	Shift N/A				Safe staffing levels maintained; Beds flexed to match staffing.
D2	Day	1315.4	1271.6	1270.5	1120.3	96.7%	88.2%	4.1	3.7	7.7	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
D2	Night	987.5	990.0	1018.5	920.0	100.3%	90.3%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
D3	Day	1594.7	1542.9	762.9	853.9	96.8%	111.9%	4.1	2.5	6.6	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
D3	Night	1001.5	1037.0	675.0	694.7	103.5%	102.9%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
Surgical high dependency unit	Day	2107.7	1834.3	358.9	422.4	87.0%	117.7%	19.4	4.2	23.5	Safe staffing levels maintained; Beds flexed to match staffing.
Surgical high dependency unit	Night	2028.0	1805.3	343.3	358.5	89.0%	104.4%				Safe staffing levels maintained; Beds flexed to match staffing.
Cardiac intensive care unit	Day	5212.9	4890.0	1195.0	643.3	93.8%	53.8%	24.8	2.9	27.7	Safe staffing levels maintained; Beds flexed to match staffing.
Cardiac intensive care unit	Night	5075.0	4640.3	834.0	462.0	91.4%	55.4%				Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit A	Day	4420.3	4236.3	936.8	696.0	95.8%	74.3%	30.5	4.5	35.0	Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit A	Night	4146.3	4085.9	686.5	533.3	98.5%	77.7%				Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit B	Day	3975.5	3476.0	445.8	425.7	87.4%	95.5%	35.3	3.7	39.0	Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit B	Night	3774.0	3365.7	345.0	299.0	89.2%	86.7%				Safe staffing levels maintained; Beds flexed to match staffing.

Neuro intensive care unit	Day	4689.0	4449.8	771.1	480.2	94.9%	62.3%	26.2	2.6	28.9	Safe staffing levels maintained; Beds flexed to match staffing.
Neuro intensive care unit	Night	4106.5	3763.0	630.0	346.5	91.6%	55.0%				Safe staffing levels maintained; Beds flexed to match staffing.
E5A	Day	1223.0	975.4	659.0	848.5	79.8%	128.8%	3.3	2.6	6.0	Safe staffing levels maintained; Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers.
E5A	Night	685.0	644.0	345.8	437.8	94.0%	126.6%				Safe staffing levels maintained; Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers.
E5B	Day	1351.3	1075.4	795.0	982.5	79.6%	123.6%	3.6	2.7	6.3	Safe staffing levels maintained; Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers.
E5B	Night	688.8	689.8	345.0	322.0	100.1%	93.3%				Safe staffing levels maintained; Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers.
E8	Day	2208.4	1668.1	1588.0	1784.7	75.5%	112.4%	3.2	3.9	7.1	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
E8	Night	1023.5	1000.3	905.0	1420.0	97.7%	156.9%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F11	Day	2080.2	1352.2	785.8	742.9	65.0%	94.5%	4.4	2.9	7.3	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F11	Night	968.5	873.0	345.0	713.5	90.1%	206.8%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F6	Day	2159.7	1714.7	629.0	1017.7	79.4%	161.8%	3.4	2.3	5.7	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F6	Night	1025.5	982.3	678.5	805.5	95.8%	118.7%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F5	Day	1929.7	1229.2	932.0	1423.7	63.7%	152.8%	3.0	3.2	6.2	Safe staffing levels maintained; Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers.
F5	Night	1033.0	940.8	690.0	885.0	91.1%	128.3%				Safe staffing levels maintained; Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers.
Acute medical unit	Day	3153.3	4014.8	3956.8	4336.2	127.3%	109.6%	5.0	4.8	9.8	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
Acute medical unit	Night	3452.0	3296.3	1908.0	2581.0	95.5%	135.3%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
D5	Day	1279.4	1077.2	1538.3	1638.0	84.2%	106.5%	2.3	3.3	5.6	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
D5	Night	1030.5	787.0	925.0	1124.5	76.4%	121.6%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
D6	Day	1083.2	1054.5	1472.5	1507.7	97.3%	102.4%	2.5	3.6	6.1	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
D6	Night	689.8	730.8	910.5	1046.0	105.9%	114.9%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
D7	Day	688.8	834.3	1069.3	1087.0	121.1%	101.7%	3.3	3.1	6.4	Safe staffing levels maintained.
D7	Night	691.5	742.5	345.0	385.0	107.4%	111.6%				Band 4 staff working to support registered nurse numbers.
D8	Day	1076.8	1054.8	1452.7	1411.0	98.0%	97.1%	2.5	3.2	5.7	Safe staffing levels maintained.
D8	Night	851.0	714.5	912.5	883.0	84.0%	96.8%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
D9	Day	1413.5	1137.3	1517.3	1658.8	80.5%	109.3%	2.3	3.6	5.8	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
D9	Night	1035.5	721.0	737.5	1251.0	69.6%	169.6%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
E7	Day	1074.5	1004.3	1207.0	1386.8	93.5%	114.9%	2.8	3.6	6.5	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
E7	Night	685.0	768.0	671.5	910.5	112.1%	135.6%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
Respiratory high dependency unit	Day	2178.5	1460.2	336.0	558.2	67.0%	166.1%	12.2	4.3	16.4	Safe staffing levels maintained; Staffing appropriate for number of patients.
Respiratory high dependency unit	Night	2024.8	1340.5	344.5	422.0	66.2%	122.5%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Staffing appropriate for number of patients.

C5	Day	1050.5	839.0	771.8	674.7	79.9%	87.4%	3.7	2.5	6.2	Safe staffing levels maintained.
C5	Night	690.0	679.0	345.0	345.0	98.4%	100.0%				Safe staffing levels maintained.
D10	Day	1089.0	890.8	1297.0	1213.5	81.8%	93.6%	2.9	3.7	6.6	Safe staffing levels maintained.
D10	Night	690.0	655.5	690.0	736.0	95.0%	106.7%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
F7	Day	720.4	738.0	1246.4	1219.5	102.4%	97.8%	2.4	3.1	5.6	Safe staffing levels maintained.
F7	Night	691.0	725.5	690.0	655.5	105.0%	95.0%				Safe staffing levels maintained.
G5	Day	1087.3	1017.3	1629.2	1893.3	93.6%	116.2%	2.0	3.6	5.6	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
G5	Night	690.0	632.5	690.0	1000.5	91.7%	145.0%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
G6	Day	1012.0	1017.8	1711.3	1975.5	100.6%	115.4%	2.2	3.9	6.2	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
G6	Night	678.5	690.0	1030.0	1035.0	101.7%	100.5%				Safe staffing levels maintained.
G7	Day	670.2	680.3	1434.8	1396.0	101.5%	97.3%	3.3	6.2	9.6	Safe staffing levels maintained.
G7	Night	690.0	690.0	1036.0	1190.8	100.0%	114.9%				Safe staffing levels maintained.
G8	Day	1046.1	1068.3	1686.2	1674.5	102.1%	99.3%	2.1	3.2	5.3	Safe staffing levels maintained.
G8	Night	691.5	680.0	1030.0	1020.0	98.3%	99.0%				Safe staffing levels maintained.
G9	Day	1066.3	1070.1	1841.0	1727.0	100.4%	93.8%	2.3	3.6	5.8	Safe staffing levels maintained.
G9	Night	689.5	689.5	1115.5	1045.8	100.0%	93.7%				Safe staffing levels maintained.
Paediatric high dependency unit	Day	1561.2	1175.7	0.0	0.0	75.3%	Shift N/A	12.6	0.0	12.6	Non-ward based staff supporting areas; Safe staffing levels maintained.
Paediatric high dependency unit	Night	1035.0	993.3	0.0	0.0	96.0%	Shift N/A				Safe staffing levels maintained.
Paediatric medical unit	Day	2315.0	1449.5	348.0	665.0	62.6%	191.1%	5.9	3.0	8.9	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Skill mix swaps undertaken to support safe staffing across the Unit.
Paediatric medical unit	Night	1936.0	1178.5	323.5	654.5	60.9%	202.3%				Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
Paediatric assessment unit	Day	1269.0	1103.0	446.0	371.0	86.9%	83.2%	12.2	2.5	14.8	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
Paediatric assessment unit	Night	1042.5	987.0	93.5	64.0	94.7%	68.4%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
Paediatric intensive care unit	Day	5985.0	5018.5	696.0	321.3	83.9%	46.2%	26.0	1.7	27.7	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
Paediatric intensive care unit	Night	5520.0	5026.3	517.5	345.0	91.1%	66.7%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
Piam Brown ward	Day	2974.0	3101.2	112.0	174.0	104.3%	155.4%	13.3	0.5	13.8	Safe staffing levels maintained; Additional beds open in the month.
Piam Brown ward	Night	1035.0	1271.8	0.0	0.0	122.9%	Shift N/A				Safe staffing levels maintained; Additional beds open in the month.
E1	Day	2064.7	1565.4	679.3	374.8	75.8%	55.2%	7.0	1.8	8.7	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; safe staffing levels maintained.
E1	Night	1414.0	1299.3	345.0	345.0	91.9%	100.0%				Safe staffing levels maintained.
G2	Day	753.2	729.7	0.0	0.0	96.9%	Shift N/A	8.8	0.1	8.9	Safe staffing levels maintained.
G2	Night	719.0	719.0	0.0	11.8	100.0%	Shift N/A				Safe staffing levels maintained.
G3	Day	2290.0	1789.0	1186.3	886.3	78.1%	74.7%	6.8	2.8	9.6	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
G3	Night	1650.0	1359.0	660.0	396.0	82.4%	60.0%				Beds flexed to match staffing; Safe staffing levels maintained.
G4	Day	2392.0	2043.9	1183.0	815.0	85.4%	68.9%	7.4	2.5	9.9	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
G4	Night	1628.0	1553.5	661.5	408.0	95.4%	61.7%				Safe staffing levels maintained.

Bramshaw women's unit	Day	1370.0	1245.4	1252.9	983.8	90.9%	78.5%	3.3	2.8	6.1	Non-ward based staff supporting areas; Safe staffing levels maintained.
Bramshaw women's unit	Night	690.0	693.8	690.0	690.0	100.5%	100.0%				Safe staffing levels maintained.
Neonatal unit	Day	4882.3	3411.4	810.0	530.0	69.9%	65.4%	6.4	1.0	7.4	Safe staffing levels maintained; Cots adjusted to match staffing.
Neonatal unit	Night	3817.0	3513.8	660.0	530.0	92.1%	80.3%				Safe staffing levels maintained; Cots adjusted to match staffing.
Maternity service	Day	8046.3	7687.0	3359.0	2378.3	95.5%	70.8%	5.5	1.8	7.4	Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Maternity service	Night	5112.8	4928.8	2084.0	1834.0	96.4%	88.0%				Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Cardiac high dependency unit	Day	4765.7	4160.7	1368.0	1016.5	87.3%	74.3%	14.0	3.2	17.1	Additional beds open in the month; Beds flexed to match staffing.
Cardiac high dependency unit	Night	3693.5	3595.4	671.0	734.9	97.3%	109.5%				Additional beds open in the month; Additional staff used for enhanced care - Support workers; Beds flexed to match staffing.
Coronary care unit	Day	1942.3	1600.5	697.3	961.5	82.4%	137.9%	6.5	3.8	10.2	Band 4 staff working to support registered nurse numbers.
Coronary care unit	Night	1320.0	1241.5	330.0	685.8	94.1%	207.8%				Band 4 staff working to support registered nurse numbers.
D4	Day	1851.5	1071.8	828.0	1211.5	57.9%	146.3%	2.7	2.9	5.6	Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit; 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.
D4	Night	773.0	714.1	660.0	697.0	92.4%	105.6%				Safe staffing levels maintained; Staff moved to support other wards.
E2	Day	1564.0	1039.2	675.5	943.5	66.4%	139.7%	3.4	2.6	6.0	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
E2	Night	693.0	711.0	330.0	353.0	102.6%	107.0%				Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month.
E3	Day	2740.3	2091.0	1228.3	1813.3	76.3%	147.6%	2.9	2.7	5.5	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
E3	Night	1333.0	1388.3	1320.0	1415.3	104.1%	107.2%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
E4	Day	2135.8	1632.9	729.7	817.5	76.5%	112.0%	4.2	2.5	6.7	Band 4 staff working to support registered nurse numbers.
E4	Night	984.8	939.7	660.0	744.7	95.4%	112.8%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - RNs.
F4 Car	Day	318.0	87.5	214.5	72.0	27.5%	33.6%	0.2	0.2	0.4	Safe staffing levels maintained; Staffed with T+0 and cardiac nurses to ensure safe staffing during transition period returning winter pressure cardiac ward back to T+O footprint.
F4 Car	Night	154.0	22.0	77.0	33.0	14.3%	42.9%				Safe staffing levels maintained.
Acute stroke unit	Day	1469.5	1571.0	2476.0	2438.0	106.9%	98.5%	3.1	5.1	8.2	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
Acute stroke unit	Night	985.0	933.0	1474.0	1654.5	94.7%	112.2%				Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
Regional transfer unit	Day	1831.0	1152.5	376.5	765.5	62.9%	203.3%	9.6	7.4	17.0	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
Regional transfer unit	Night	648.0	567.5	671.0	573.0	87.6%	85.4%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
E Neuro	Day	1867.7	1587.0	1018.8	1489.7	85.0%	146.2%	3.5	4.0	7.5	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
E Neuro	Night	1320.0	988.0	990.0	1445.0	74.8%	146.0%				Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
Hyper acute stroke unit	Day	1113.5	1052.1	405.0	691.9	94.5%	170.8%	7.1	5.4	12.5	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
Hyper acute stroke unit	Night	660.0	726.3	660.0	653.0	110.0%	98.9%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
D neuro	Day	1883.3	1644.5	1590.8	1910.8	87.3%	120.1%	3.6	4.7	8.3	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
D neuro	Night	1308.0	1155.0	1408.0	1671.0	88.3%	118.7%				Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.

F4 Neuro	Day	1547.4	1542.9	571.5	1288.2	99.7%	225.4%	4.0	3.7	7.8	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
F4 Neuro	Night	1006.0	968.0	990.0	1029.0	96.2%	103.9%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
Brooke ward (trauma and orthopaedics)	Day	1142.5	919.8	535.5	656.5	80.5%	122.6%	3.4	2.7	6.0	Staffing appropriate for number of patients; Safe staffing levels maintained by sharing staff resource.
Brooke ward (trauma and orthopaedics)	Night	1025.0	689.5	347.0	630.0	67.3%	181.6%				Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
Trauma Assessment Unit	Day	539.3	463.0	340.5	546.3	85.9%	160.4%	5.3	5.5	10.8	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
Trauma Assessment Unit	Night	330.0	385.0	330.0	325.3	116.7%	98.6%				Skill mix swaps undertaken to support safe staffing across the Unit; Increased night staffing to support raised acuity.
F1	Day	2398.4	1896.1	1467.6	2061.4	79.1%	140.5%	3.8	4.3	8.1	Safe staffing levels maintained by sharing staff resource; Patient requiring 24 hour 1:1 nursing in the month.
F1	Night	1723.7	1596.4	1035.0	1878.2	92.6%	181.5%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource.
F2	Day	1620.8	1271.8	1323.8	2007.8	78.5%	151.7%	2.8	4.7	7.5	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource.
F2	Night	990.0	852.5	988.5	1531.8	86.1%	155.0%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource.
F3	Day	1587.8	1111.5	2305.0	1926.8	70.0%	83.6%	2.7	4.9	7.6	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource.
F3	Night	990.0	771.8	1975.5	1552.3	78.0%	78.6%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained by sharing staff resource.
F4	Day	1441.8	1114.8	1223.5	889.5	77.3%	72.7%	3.8	3.1	6.9	Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource.
F4	Night	990.0	688.3	658.2	581.7	69.5%	88.4%				Staff moved to support other wards; Safe staffing levels maintained by sharing staff resource.

University Hospital Southampton NHS
NHS Foundation Trust

2019/20 Finance Report - Month 1

Report to:	**Board of Directors** **May 2019**
Title:	**Finance Report for Period ending 30/04/2019**
Author:	**Gavin Hawkins, Assistant Director of Finance**
Sponsoring Director:	**David French, Chief Financial Officer**
Purpose:	**Standing Item**
	The Committee is asked to note the report

Executive Summary:

In Month and Year to date Highlights:

1. In April 2019, the Trust delivered a deficit of £2.9m, £0.1m worse than Plan. The planned deficit in April was driven by the impact of the Easter holidays and the impact of the non-consolidated element of the Agenda for Change pay award. Under the single oversight framework, the Trust has delivered a score for Finance and Use of Resources of '3'.

2. When non-recurrent items are excluded , the deficit was £3.4m, £0.5m worse than Plan, driven primarily by below-Plan CIP performance. The Board should note that £11m of currently unidentified CIP is assumed in the Plan to be delivered in the second half of the year. If CIP was phased equally through the year, the CIP shortfall would have been £1m higher.

3. The main themes seen in M1 were:
   - Income was £1.1m better than Plan, predominantly related to high non-elective activity.
   - Pay was on Plan in month, primarily driven by a reduction in agency expenditure compared to recent months.
   - Other expenditure was over Plan, linked to undelivered CIP
   - Total CIP delivery was £0.7m, £1.3m below the Plan expectation of £2.0m

4. The cash position was £10m above Plan at £63m. 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 £2.5m below M1 planned position
   - Accounts payable balances remain higher than anticipated

Finance: I&E Summary

Total clinical income was £1.1m above Plan, £0.5m of which related to QIPP and was offset in expenditure.

Non Elective activity was £1.2m above Plan, offset by Elective (£0.6m) and Critical Care (£0.6m) which were below Plan. £0.35m of income over-performance is related to a non-recurrent timing as described on slide 3.

Pay was above Plan on substantive headcount, offset by below Plan agency spend, an improved position from March 2019. The total Pay bill for April 2019 was £0.9m higher than in March 2019 however £1.6m relates to the 2019/20 Agenda for Change pay award.

Overall CIP delivery was £1.3m behind Plan with only £0.7m delivered vs a Plan of £2.0m.

Overall: Red

Metric	2019/20		
	YTD Actual	YTD Metric	YTD Plan
Capital service cover rating	0.30	4	4
Liquidity rating	19.66	1	1
I&E Margin Rating	-3.13%	4	4
I&E Margin Variance Rating	-3.13%	1	1
Agency Variance from ceiling	47.44%	1	1
Use of Resources Average Metric		2.20	2.20
Use of Resources Final Metric		3	3

		Current Month			Year to Date				Full Yr		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m		**Plan** £m	Ave Done £m	To Do £m
NHS Income:	Clinical	49.1	50.2	1.1	49.1	50.2	1.1	G	630.6	50.2	52.8
	Pass-through Drugs & Devices	9.1	8.5	-0.6	9.1	8.5	-0.6	R	115.2	8.5	9.7
Other income	Other Income excl. PSF	9.4	9.4	-0.0	9.4	9.4	-0.0	A	105.0	9.4	8.7
Total income		**67.6**	**68.1**	**0.5**	**67.6**	**68.1**	**0.5**	G	**850.8**	**68.1**	**71.2**
Costs	Pay-Substantive	39.6	39.9	0.4	39.6	39.9	0.4	A	461.0	39.9	38.3
	Pay-Bank	1.9	2.0	0.1	1.9	2.0	0.1	R	22.8	2.0	1.9
	Pay-Agency	1.1	0.6	-0.5	1.1	0.6	-0.5	G	14.1	0.6	1.2
	Drugs	1.0	1.2	0.2	1.0	1.2	0.2	R	14.2	1.2	1.2
	Pass-through Drugs & Devices	9.1	8.5	-0.6	9.1	8.5	-0.6	G	115.2	8.5	9.7
	Clinical supplies	5.5	5.7	0.2	5.5	5.7	0.2	A	65.5	5.7	5.4
	Other non pay	9.3	9.8	0.5	9.3	9.8	0.5	R	105.1	9.8	8.7
Total expenditure		**67.5**	**67.8**	**0.4**	**67.5**	**67.8**	**0.4**	A	**797.9**	**67.8**	**66.4**
EBITDA		**0.1**	**0.2**	0.1	**0.1**	**0.2**	0.1	G	**52.9**	0.2	4.8
EBITDA %		0.2%	0.4%	0.1%	0.2%	0.4%	0.1%		6.2%		
	Depreciation	1.8	2.1	0.3	1.8	2.1	0.3	R	22.6	2.1	1.9
	Non Operating Income/Expenditure	1.1	1.0	-0.1	1.1	1.0	-0.1	G	13.3	1.0	1.1
Control Total Surplus / (Deficit)		**-2.8**	**-2.9**	**-0.1**	**-2.8**	**-2.9**	**-0.1**	A	**17.1**	**-2.9**	**1.8**
Memo - Other technical items:											-
Provider Sustainability Funding		0.6	0.6	-	0.6	0.6	-	G	12.7	0.6	1.1

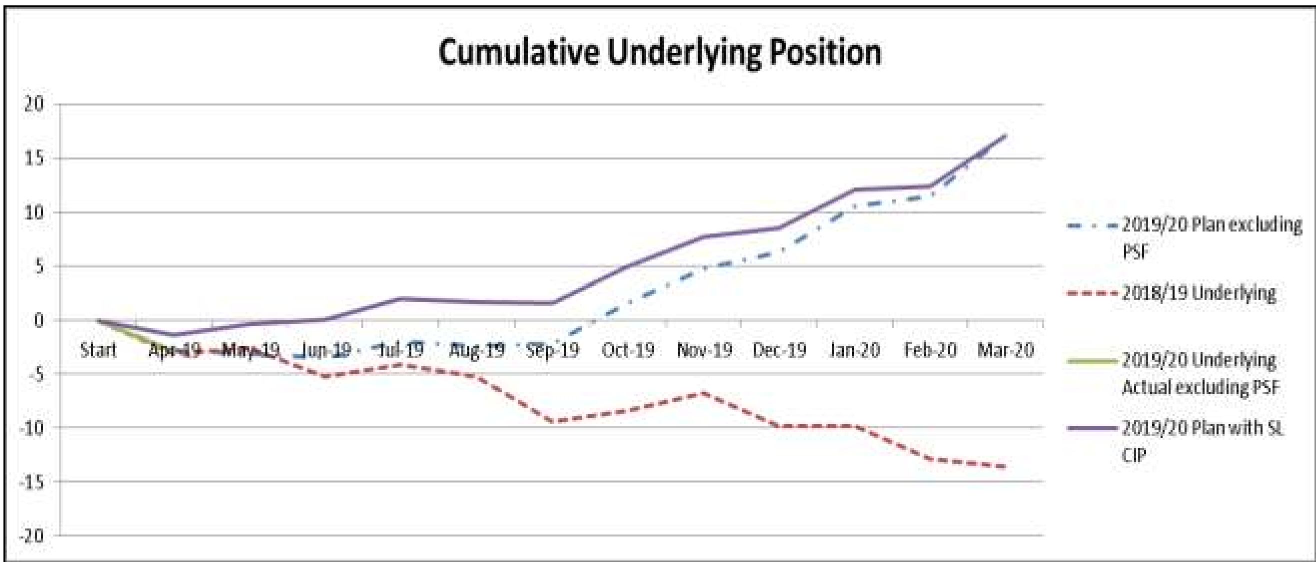
Underlying Run Rate Position

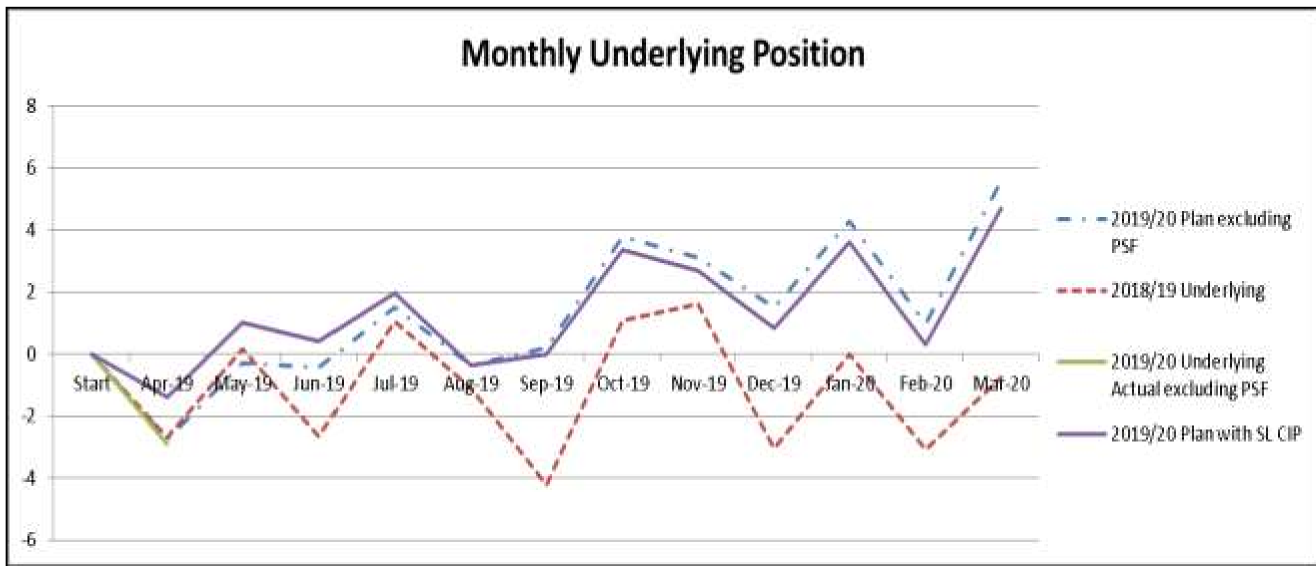
This graph shows the actual underlying position compared to the NHSI Plan.

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 £1.0m higher, thus increasing the shortfall from £0.5m to £1.5m

The finance team have agreed a contract payment phasing that is later than assumed in the Plan, which gives a £0.35m benefit per month for the first 6 months. This benefit unwinds from month 7 onwards so is a timing difference only.

All figures exclude PSF.





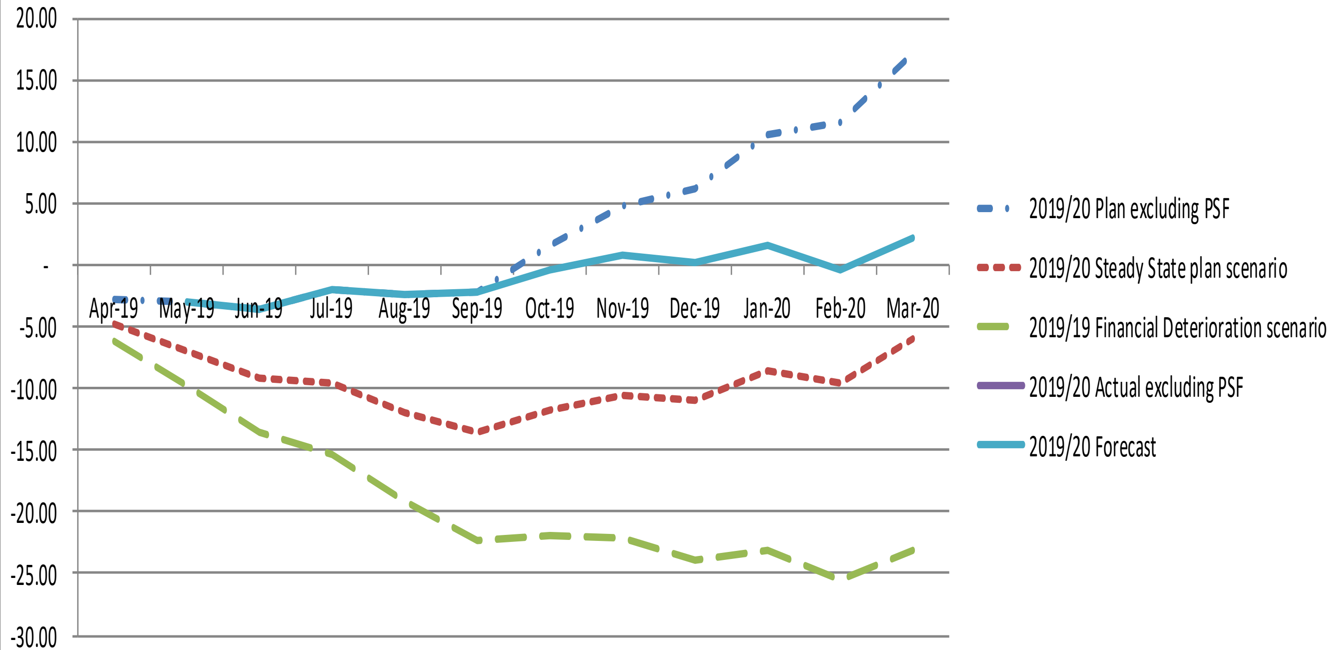
Underlying Run Rate Position

This graph is intended to show a forward-look of the expected financial position against the potential scenarios shared with Trust Board as part of the planning process.

Currently the forecast is based on M1 estimates and is therefore highly uncertain.

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

All figures exclude PSF.

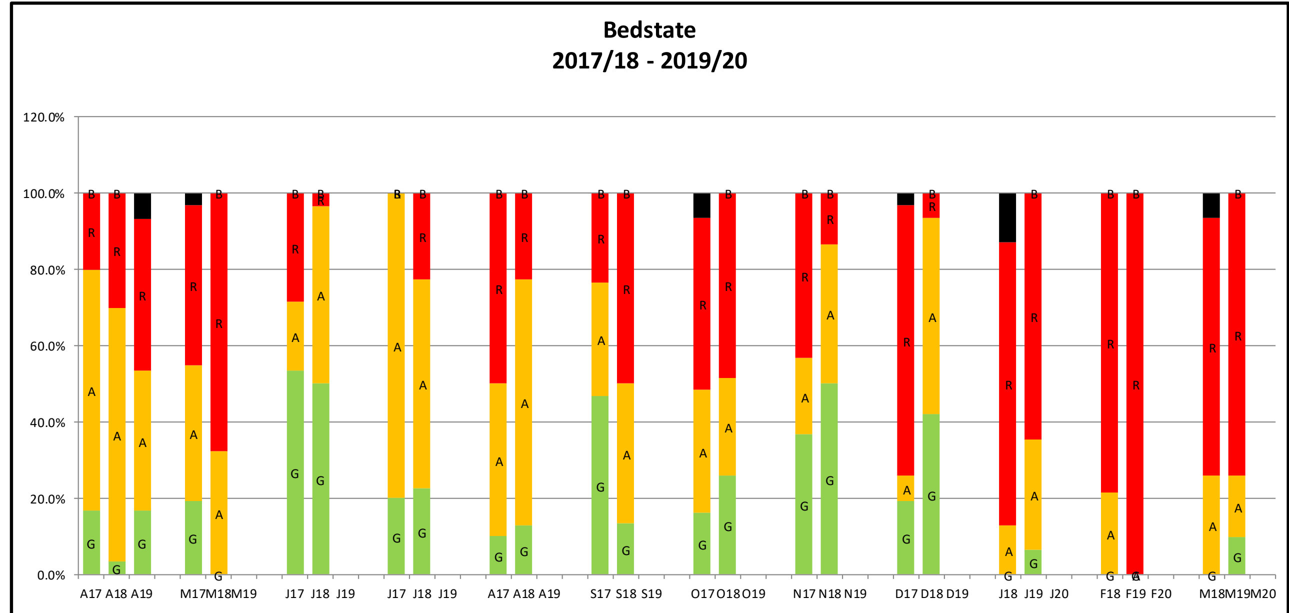


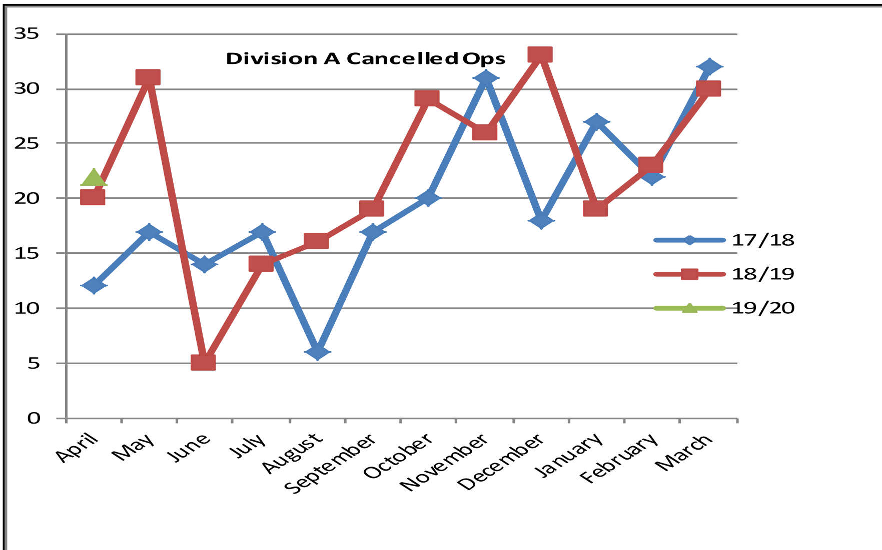
Bedstate – 3yr Comparison

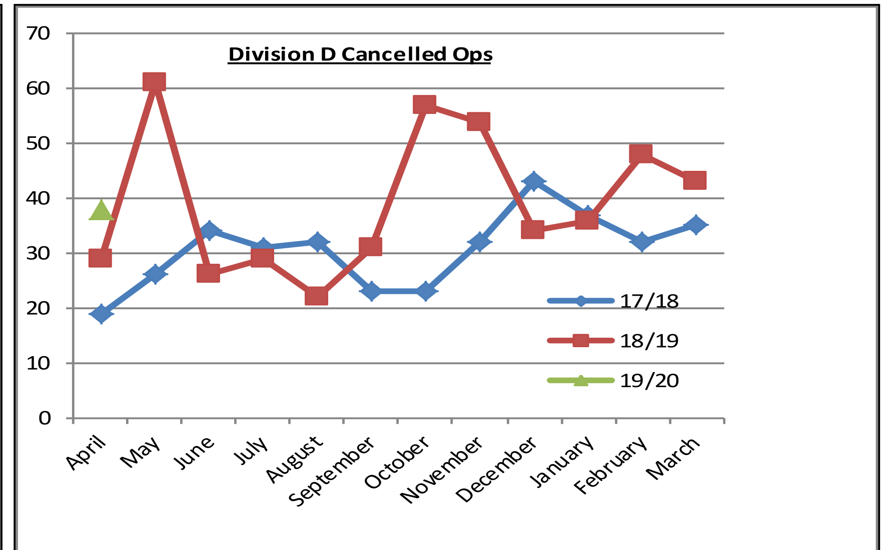
Bed state information for April 2019 highlight periods of Black Alert, which occurred particularly due to an outbreak of norovirus.

The resulting bed closures did impact on bed flow and ED performance in the month. Clinical activity was estimated to be above Plan for Non-elective (+£1.2m) and below Plan for Elective (-£0.6m).

On the day cancellations for non-clinically reasons shown below for Divisions A & D are lower than March 2019 but higher than April last year.







Clinical Income

The chart shows estimated clinical income for April.

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

Outpatient activity was above planned levels in the month.

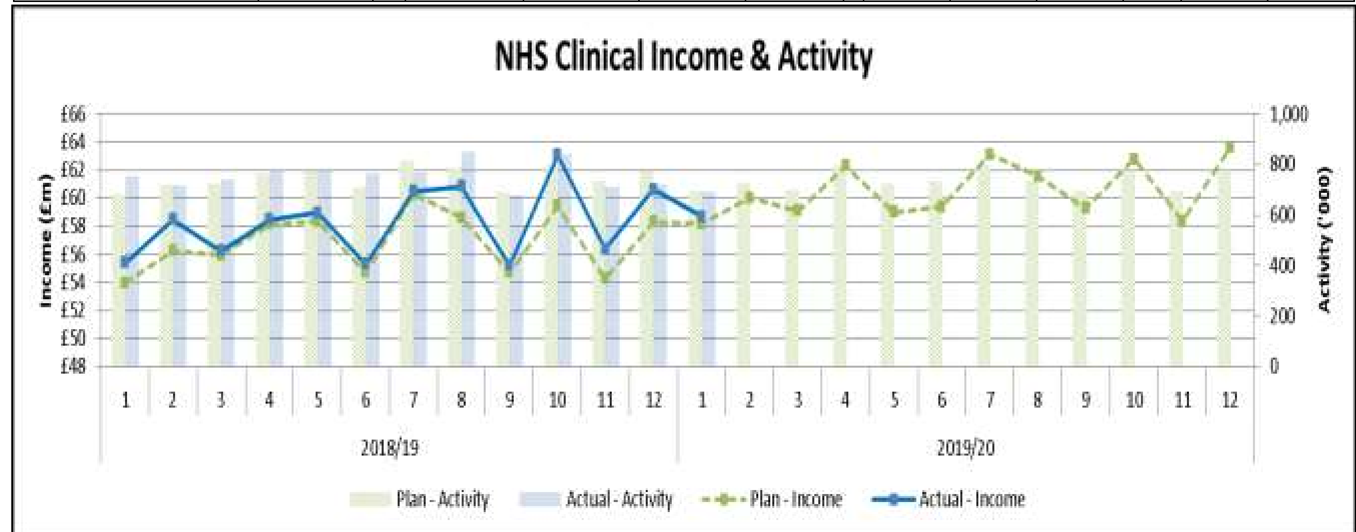
Within Other Activity, Critical Care was below Plan by £0.6m.

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

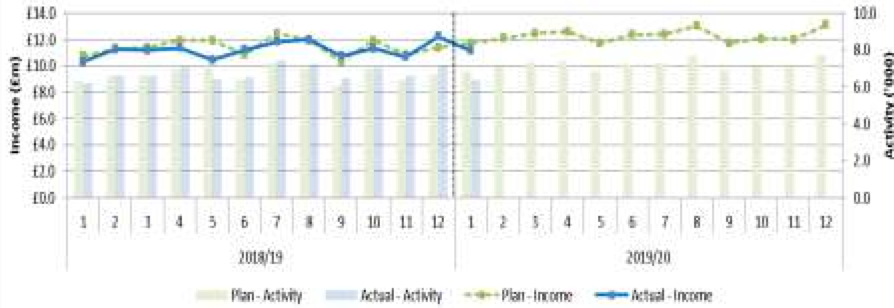
The Trust continues to provide for commissioner challenges and CQUIN failure which will be resolved as data and reports become available.

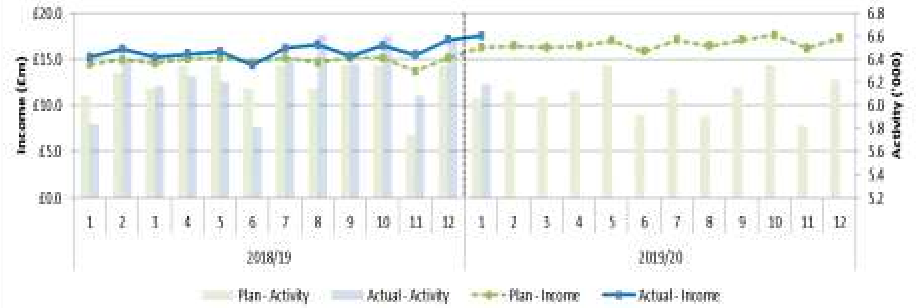
A trend analysis of income and activity for each POD is shown on the following pages.

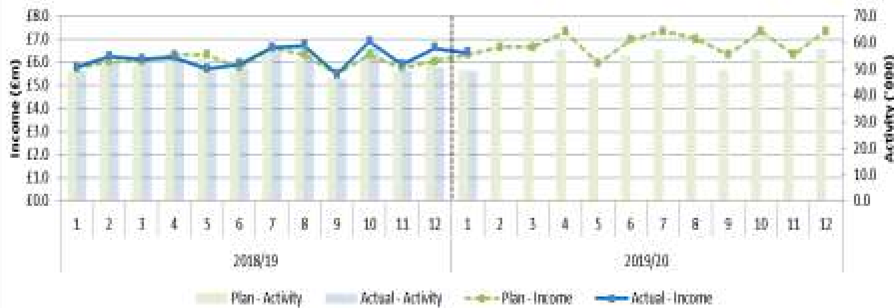
	2018/19	2019/20				2019/20			Monthly Run Rate	
POD GROUP	YTD Actuals £000s	Annual Plan £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	Done	To Do
NHS Clinical Income										
Elective Inpatients	£10,326	£147,507	£11,738	£11,173	(£565)	£11,738	£11,173	(£565)	£11,173	£12,394
Non-Elective Inpatients	£15,211	£200,096	£16,301	£17,528	£1,227	£16,301	£17,528	£1,227	£17,528	£16,597
Blended payment adjustment	£0	£0	£0	(£355)	(£355)	£0	(£355)	(£355)	(£355)	£32
Outpatients	£5,794	£81,746	£6,336	£6,416	£80	£6,336	£6,416	£80	£6,416	£6,848
Other Activity	£9,188	£128,124	£10,506	£9,955	(£551)	£10,506	£9,955	(£551)	£9,955	£10,743
CQUIN	£1,168	£8,311	£693	£693	£0	£693	£693	£0	£693	£693
Blocks & Financial Adjustments	£1,102	£4,908	£384	£1,080	£696	£384	£1,080	£696	£1,080	£348
Other Exclusions	£3,992	£47,129	£3,711	£3,711	£0	£3,711	£3,711	£0	£3,711	£3,947
Subtotal NHS Clinical Income	*£46,781*	*£617,820*	*£49,668*	*£50,201*	*£533*	*£49,668*	*£50,201*	*£533*	*£50,201*	*£51,602*
Pass-through Exclusions	£8,631	£115,237	£9,074	£8,518	(£556)	£9,074	£8,518	(£556)	£8,518	£9,702
QIPP	(£33)	(£6,463)	(£539)	£0	£539	(£539)	£0	£539	£0	(£588)
Total NHS Clinical Income	**£55,378**	**£726,594**	**£58,203**	**£58,719**	**£516**	**£58,203**	**£58,719**	**£516**	**£108,920**	**£112,318**
Non NHS Clinical Income										
Private Patients		£5,887	£666	£339	(£328)	£666	£339	(£328)	£339	£504
CRU		£2,500	£208	£215	£7	£208	£215	£7	£215	£208
Overseas Chargeable Patients		£1,412	£118	£162	£44	£118	£162	£44	£162	£114
Total Non NHS Clinical Income		**£9,799**	**£992**	**£716**	**(£276)**	**£992**	**£716**	**(£276)**	**£716**	**£826**
Grand Total	**£55,378**	**£736,393**	**£59,195**	**£59,435**	**£4,444**	**£59,195**	**£59,435**	**£240**	**£109,636**	**£113,143**



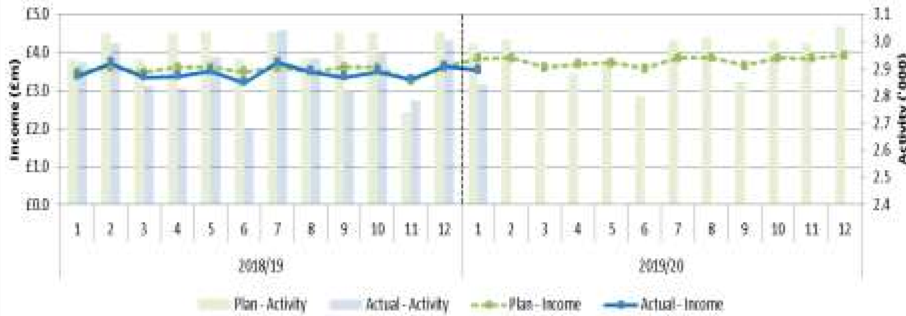
Clinical Income

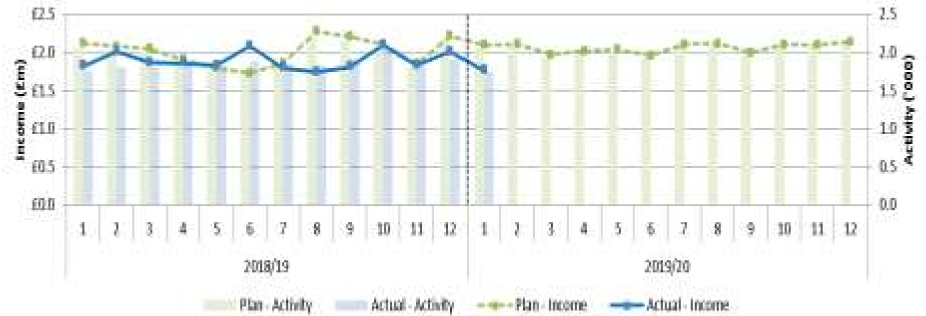


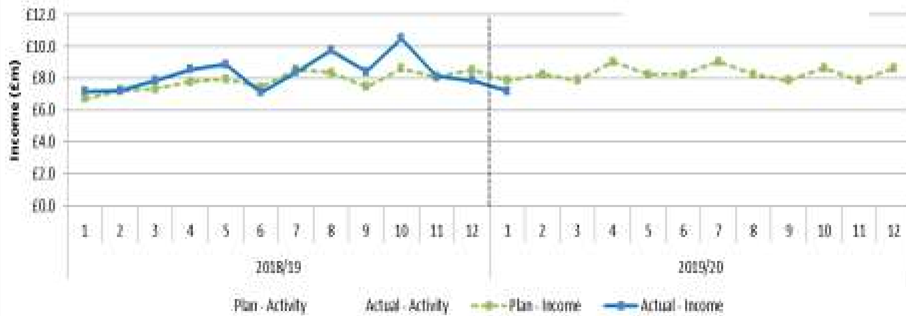




Clinical Income







WTEs

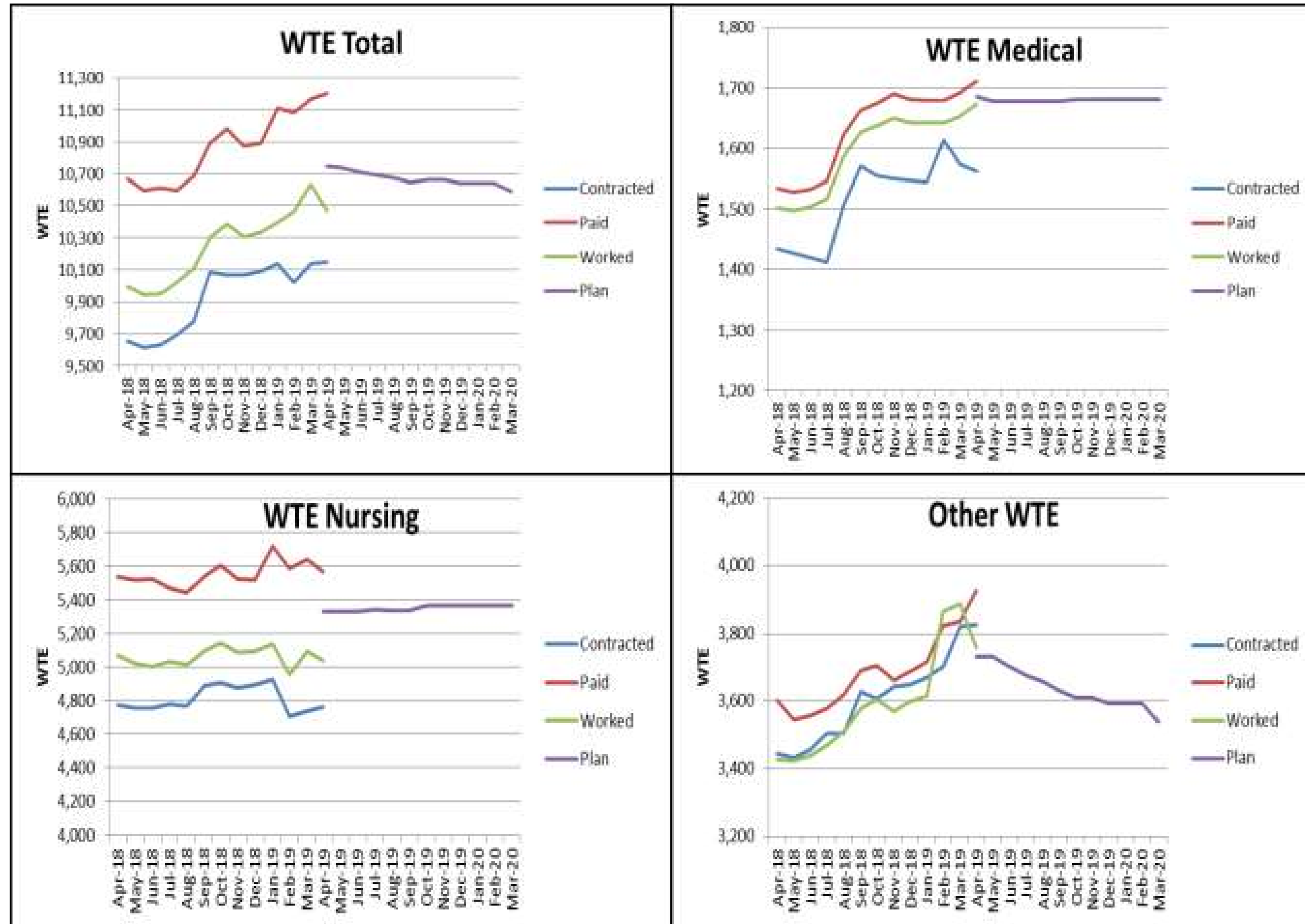
Overall WTE paid continues to rise across all staff groups.

Contracted is substantive staff in post.

Worked is amount staff have worked in the month, including flexible additional hours.

Paid reflects the amount worked but includes the enhanced rates within the WTE e.g. weekend working

Other Plan includes pay CIP that is yet to be allocated to a staffing group or remains unidentified.



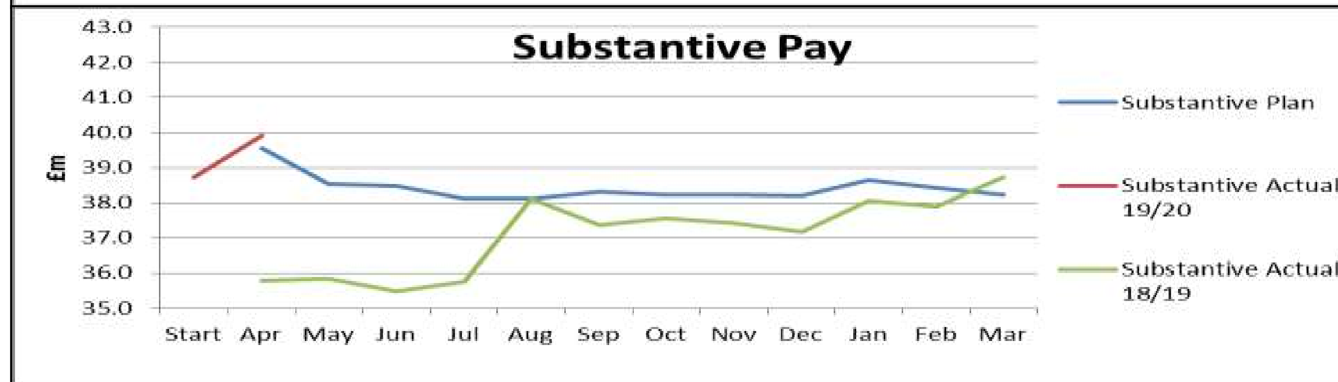
Substantive Pay Costs

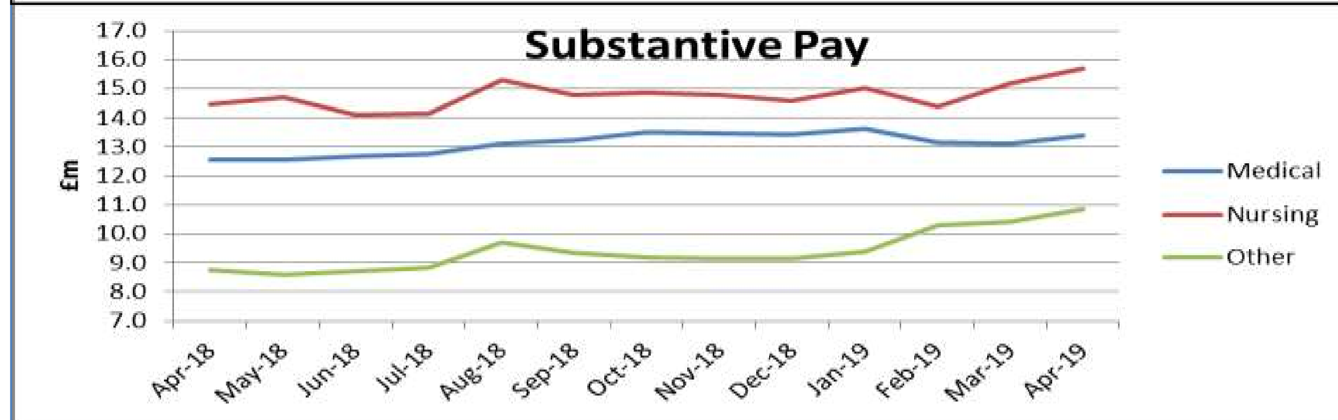
Overall pay increased in April 2019 by £1.6m due to the AfC pay award.

In 2018/19, pay budgets did not include the full pay award as this was funded separately by the DH in other income. This started to be paid in August 2018.

Budgets have been re-set using 2018/19 actual expenditure, including 2018/19 and 2019/20 pay award.

Total pay including temporary staffing was on Plan for M1, with over-spend on substantive off-set by under spend in agency. However, budgeted CIP gets more challenging as we go through the financial year.





Temporary Staff Costs

Overall agency spend in April 2019 was £0.6m, £0.6m lower than March 2019 and £0.5m lower than the NHSI agency cap for 2019/20.

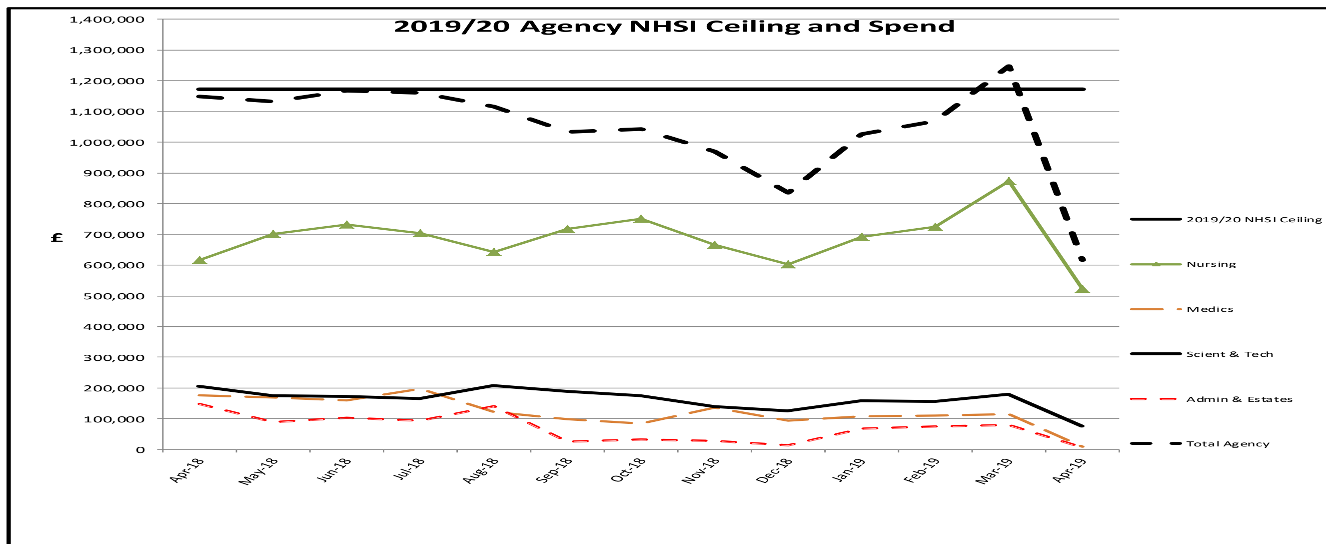
The reduction in agency was seen in all staff groups although the majority of the reduction was in nursing & midwifery.

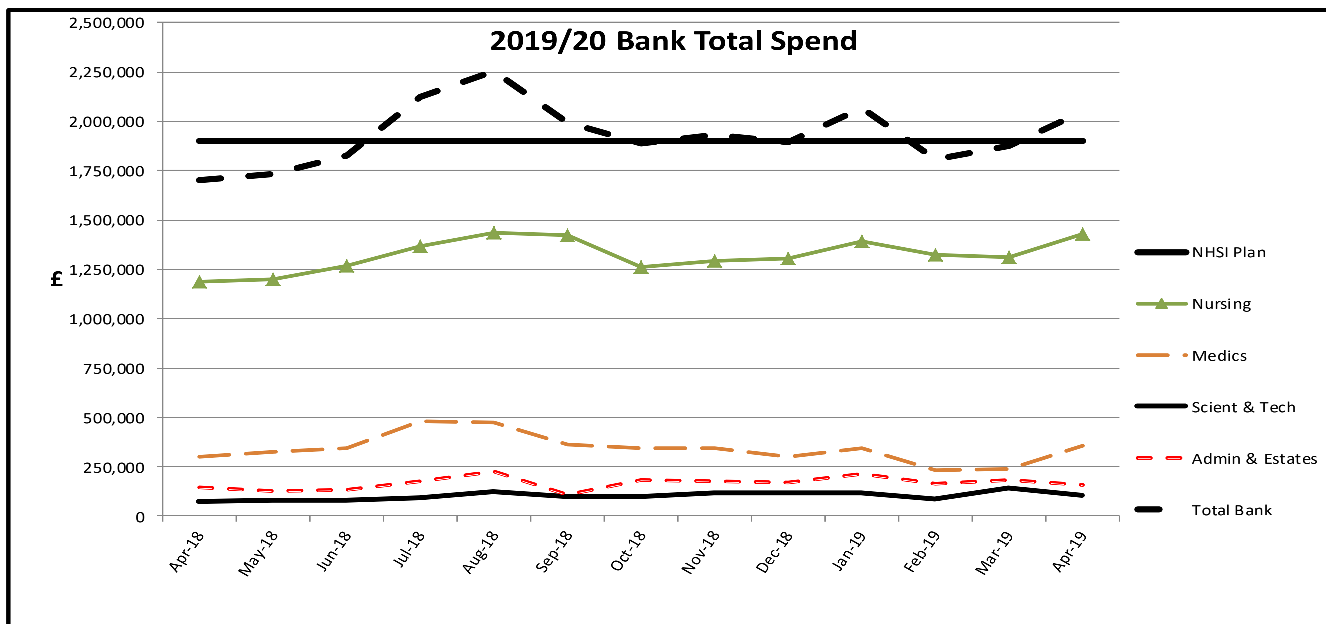
All Divisions reported a reduction in total temporary staff expenditure from March with Divisions A & B seeing the largest reduction.

Expenditure on Thornbury reduced by £60k to only £20k in April 2019.

Expenditure on bank staff was £2.05m in April 2019, £0.15m more than that spent in March 2019 and £0.15m more than Plan for April 2019.

In overall terms expenditure on flexible staffing was £0.3m lower than Plan in April 2019.





2018/19 Finance Report - Month 12

University Hospital Southampton NHS
NHS Foundation Trust

Cost Improvement Programme

CIP identification at M1 is £33.4m of a target of £40m, 84%.

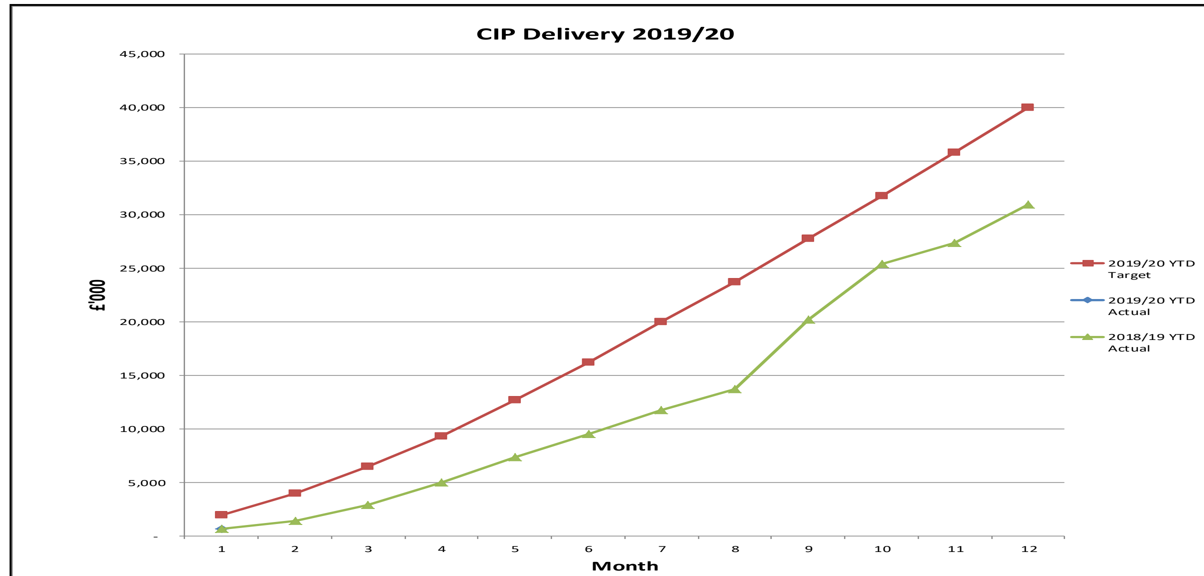
CIP delivery in April 2019 was £0.7m against a target of £2m. This is in-line with April 2018 delivery.

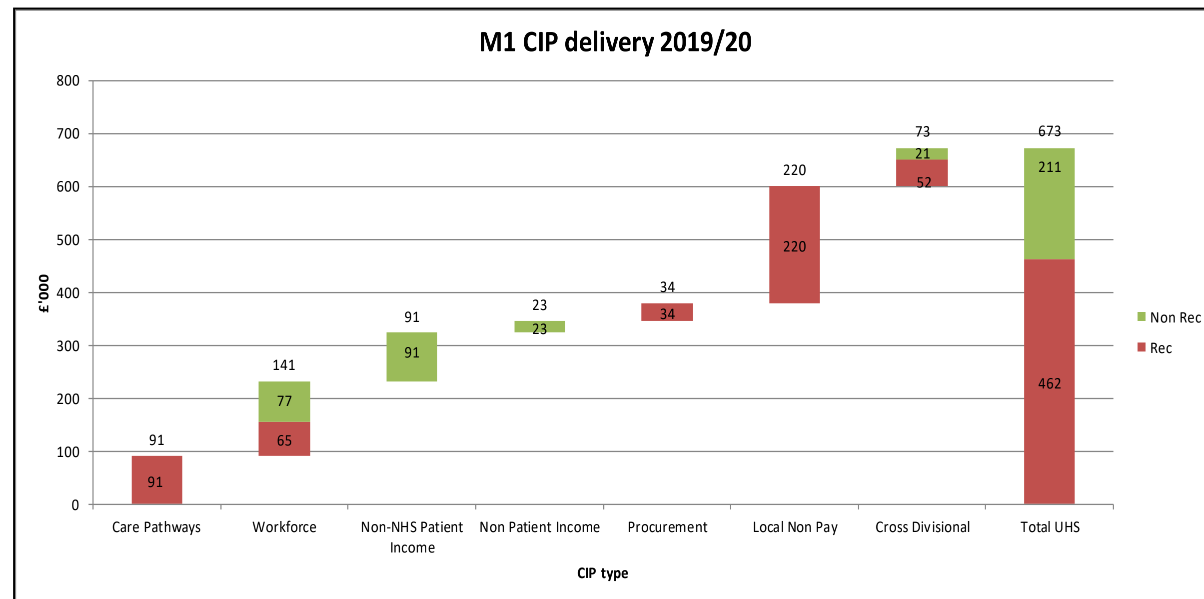
Significant proportions of the in-month delivery was based on £0.2m non-pay delivery and £0.1m of workforce. Non-recurrent scheme delivery was £0.3m, 49%.

Areas for focus in 2019/20 are increasing the profile of cost out CIP and recurrent schemes. The Trust will also need to increase pace of CIP delivery to recover the £1.3m shortfall in M1.

Improved governance structures have been developed. This includes implementation of a fortnightly savings board chaired by the CEO, implementation of a fortnightly Delivery board attended by nursing, medical and managerial leads at a divisional level and increasing divisional meetings from monthly to fortnightly.

There has also been an increase on focus on run rate at these meetings to improve understanding and actions required to improve the financial position.





Cash

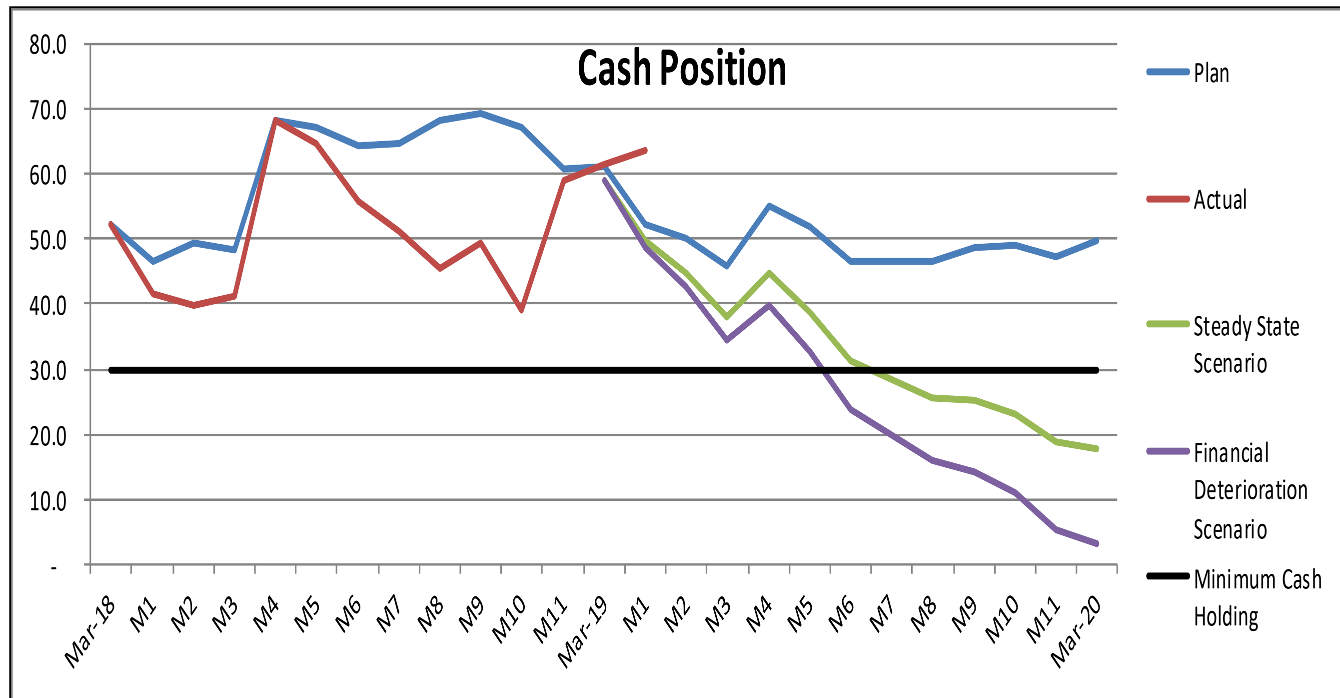
The cash balance was £10m above Plan in M1. This was primarily due to:

1) Receivables balances from end of year clearing earlier than anticipated in Plan. Payables balances remain higher than anticipated.

2) Year-end position finishing £2.5m above the forecast from which the cash Plan was derived

3) Capital expenditure £2.5m below Plan in M1.

We are anticipating receipt of £19.8m PSF from 2018/19 in M3 or M4, depending on the release date from HM Treasury.



Capital Expenditure

Spend was disappointingly lower than Plan in M1. This includes £0.7m funding for Radiotherapy equipment turn-key works assumed to be spent in M1, although many schemes have spent less than assumed in the Plan.

NHSI are flagging significant concerns over the national CDEL expenditure in Provider Plans, with budgets of £5.8bn vs. treasury spending limit of £3.8bn.

We are already forecasting circa £9m slippage in expenditure, of which £6m has been committed to NHSI.

Slippage includes:

£2m steam project – assumed unlikely to be in 2019/20 depending on source of funding.

£3m STP funding (digital outpatients / maternity) – due to process to release capital and therefore commencement of project

£4m of internal scheme slippage, including £1.1m on eye theatres (slipped) and £1.6m on neonatal expansion (tender prices above budget meaning delay in project commencement)

Scheme	Month Plan £000's	Month Actual £000's	Month Var £000's	Year to Date Plan £000's	Year to Date Actual £000's	Year to Date Var £000's	Full Year Plan £000's
Childrens Hospital	0	50	50	0	50	50	1,893
ED Adult Resus	0	0	0	0	0	0	1,509
IT Schemes	620	429	(191)	620	429	(191)	7,450
Wave 3 STP Digital	368	0	(368)	368	0	(368)	4,422
Strategic Maintenance	333	283	(50)	333	283	(50)	4,000
Medical Equipment Panel	175	2	(173)	175	2	(173)	2,100
GICU Expansion inc Front Vertical Extension	338	249	(89)	338	249	(89)	13,614
Refurbish Eye Theatre	0	0	0	0	0	0	1,177
Energy Efficiency	0	0	0	0	0	0	2,223
Neonatal Expansion	0	0	0	0	0	0	2,309
New Theatres E level	524	279	(245)	524	279	(245)	3,637
Urology Day Unit	42	40	(2)	42	40	(2)	2,173
Steam Project	50	17	(33)	50	17	(33)	2,126
Princess Anne Theatre Ventilation	216	32	(184)	216	32	(184)	580
Spend to Save	92	62	(30)	92	62	(30)	1,104
Radiotherapy Equipment	658	5	(653)	658	5	(653)	658
Divisional / Donated Equipment	71	100	29	71	100	29	1,350
Decorative Improvements / Staff Fund	52	10	(42)	52	10	(42)	625
North Wing Courtyard	139	14	(125)	139	14	(125)	669
Other Projects	487	200	(287)	487	200	(287)	3,028
Total Excluding Finance Leases	**4,165**	**1,772**	**(2,393)**	**4,165**	**1,772**	**(2,393)**	**56,647**
Finance Leases-IISS	484	423	(61)	484	423	(61)	5,815
Finance Leases-Other	167	0	(167)	167	0	(167)	2,000
Total Capital Expenditure	**4,816**	**2,195**	**(2,621)**	**4,816**	**2,195**	**(2,621)**	**64,462**
Donated Asset Additions	0	0	0	0	0	0	(3,043)
Total Net CDEL Expenditure	**4,816**	**2,195**	**(2,621)**	**4,816**	**2,195**	**(2,621)**	**61,419**

Statement of Financial Position

The receivables balance reduced by £2.1m since year-end, reflecting income accruals over the period being settled.

Payables balances have risen since year-end. The back-log of outstanding payments continues to be addressed.

Statement of Financial Position	2018/19 Actuals £m	2019/20 Last Mth Actuals £m	This Mth Actuals £m	YTD Act £m	YTD Plan £m	YTD Var £m	Full Year Plan £m
Fixed Assets	366.8	11.6	0.0	366.4	363.9	2.4	403.7
Inventories	16.5	0.2	(0.4)	16.1	16.2	(0.1)	16.2
Receivables	106.1	8.5	(2.1)	104.1	84.4	19.6	75.5
Cash	61.5	2.6	2.0	63.5	52.4	11.1	49.8
Payables	(110.5)	1.7	(2.2)	(112.6)	(98.8)	(13.8)	(82.7)
Current Loan	(3.3)	(0.0)	(0.0)	(3.3)	(4.6)	1.3	(4.6)
Current PFI and Leases	(7.0)	0.3	(0.2)	(7.2)	(4.4)	(2.7)	(4.4)
Net Assets	**430.3**	**24.9**	**(2.9)**	**426.9**	**409.2**	**17.8**	**453.5**
Non Current Liabilities	(18.4)	(0.2)	(0.0)	(18.5)	(18.3)	(0.2)	(18.3)
Non Current Loan	(14.6)	0.3	0.3	(14.3)	(13.0)	(1.3)	(12.0)
Non Current PFI and Leases	(33.0)	(0.5)	0.5	(32.5)	(34.3)	1.8	(34.6)
Total Assets Employed	**364.2**	**24.5**	**(2.1)**	**361.6**	**343.6**	**18.1**	**388.7**
Public Dividend Capital	211.0	0.1	0.0	211.0	212.0	(1.0)	223.7
Retained Earnings	119.4	16.1	(2.1)	116.8	106.1	10.7	139.5
Revaluation Reserve	33.8	8.4	0.0	33.8	25.5	8.4	25.5
Other Reserves	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Total Taxpayers' Equity	**364.2**	**24.5**	**(2.1)**	**361.6**	**343.6**	**18.1**	**388.7**

NHS
University Hospital Southampton
NHS Foundation Trust

Cover sheet for a report to the Trust Board of Directors dated Thursday, 30 May 2019			
Title: Informatics Report			
Category	Strategy and Business Planning		
Agenda item	4.8		
Sponsor	Director of Transformation and Improvement		
Author	Adrian Byrne		
Provenance	Report to Trust Board		
Classification	This Report is unclassified.		
Purpose	The paper is presented for DISCUSSION. This is bi-monthly report on progress with informatics programme, regularly reported due to breadth of projects and impact on the business		
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	• CRR10 - Do not respond with the necessary organisational changes in design and operation sufficient to remain a competent NHS Provider • CRR011 - The Trust lacks capacity and agility to respond to the changing environment		
Impact assessments	n/a		
Other standards affected	n/a		

1. Overview

1.1. The trust, as a part of the Global Digital Exemplar (GDE) programme, will achieve a high level of digital maturity on the HIMSS EMRAM [model]. Part of this is achieved by becoming a paperless organization in line with overall national objectives (see PHC 2020 and NHS long term plan [Chapter 5]). This will improve productivity, safety, efficiency and communication between teams within the Hospital and across the patient pathway.

1.2. The original GDE submission requirement on digital maturity was the equivalent of HIMSS Level 7, this is the highest level of digital maturity and part of the GDE success criteria.

1.3. An initial HIMSS assessment has taken place and the Trust has been evaluated as level 2 overall with level 5 in some areas, notably critical care. During the GDE programme the assessment of HIMSS has changed to require much more widespread adoption. In fact it looks for a consistent baseline rather than areas of excellence. The UHSGDE programme has therefore re-based its immediate ambition to get to a solid level 5, and this is being discussed with the national team at NHSD. This leaves the bulk of complex decision support to be implemented from 20/21onwards. This paper sets out what we need to achieve this.

1.4. It is recognised that it is important to receive digital user feedback. A major survey was undertaken last year of the consultant body and this has been built into the development of the new draft Digital Strategy, similarly there is a junior doctor's forum regularly feeding back their views. In 19/20 we will work with KLAS [ARCH collaborative] to undertake a more systematic feedback exercise and feed this into the regular reports.

1.5. The digital strategy development work was presented to the digital board. A revised version will return in June for consideration and then presented to Trust Board. As the Trust is now developing its clinical strategy we need to ensure the digital strategy aligns with it.

2. Analysis and Discussion

Regular Reporting – update on progress towards HIMSS and GDE Milestones

2.1. HIMSS level 5 will require nurses and AHPs need to undertake 90% of clinical noting through direct data entry. The current baseline is less than 50%. The Chief Nursing Information Officer is a key role in making this happen. The Digital Board decided to proceed with a post to be funded from informatics capital in the first year. In 19/20 UHS will implement the first stage of this plan, initially scanning in much of the form data, but moving to increased direct digital data entry, becoming more structured and coded over time. The implementation of the Electronic Document Management System from Hyland OnBase this year is therefore a major step in this process.

2.2. The pace of moving towards HIMSS 6/7 will largely be determined by level of investment. It has been estimated (work in progress), that around £14m will be required over the next 2-3 Yrs to achieve the outstanding HIMSS requirement shown by gap analysis.

Level 6	Cost
AHP devices	£500,000
Nursing ward devices	£360,000
e-Forms	£1,200,000
Information security	£100,000
Closed loop drug admin inpatient	£750,000
Closed loop ED	£750,000
Closed loop milk	£150,000
SNOMED full implementation	£250,000
Single Sign On	£500,000
Total level 6	£4,560,000

Level 7	Costs
Analytics	£2,000,000
Complete EMR	£2,000,000
Reconfig with Orion	£500,000
Privacy & secrutity investment	£100,000
Total level 7	£4,600,000

Total investment for 6 & 7	£9,160,000

Staffing	
2020/2021	£2,000,000
2021/2022	£2,000,000
2022/2023	£1,000,000
Total	£5,000,000
Total post March 2020 investment	£14,160,000

It is clear therefore that the current plan and committed funding under GDE will not take the trust above HIMSS level 5. The funding needed is included in the digital strategy which will be presented to Trust Board.

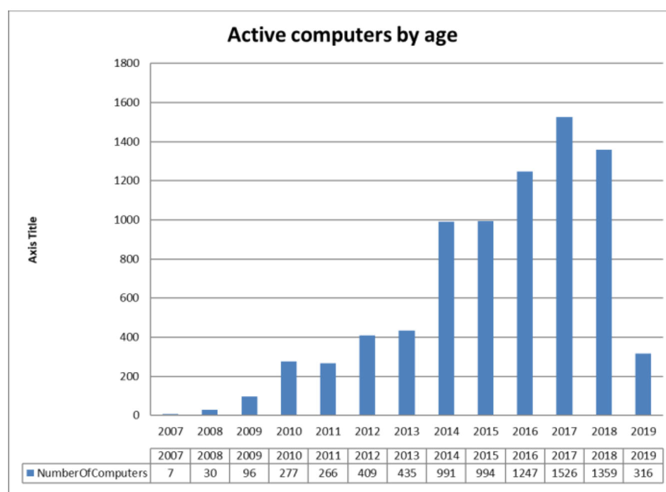
2.3 The next GDE milestone is in September 2019 and we are currently rated amber for the delivery of the programme. This reflects some concern around our suppliers' ability to deliver components within the overall portfolio. Internally there is a high level of confidence that the objectives will be met. For this milestone we are required to evidence delivery of 30 digital projects as well as evidence our performance across a range of areas including blueprinting, working with our fast follower, contribution to the national digital agenda and support of our STP. Assurance visits by NHS Digital will be undertaken in July and August. The achievement of this milestone will bring in a £1million capital payment. UHS will not need to achieve a green rating to achieve this milestone, as the complexities in projects will continue to flag up in the NHSD risk model. Tasks in hand to be completed will achieve the workplan and payment based on progress to date although there is also a high level of commitment throughout the summer months to a tightening regime of assurance.

2.4 The Business Intelligence investment business case has been considered by TIG and will be reviewed again next month. This is a GDE milestone and linked to £1m of national funding.

Other Risks and Issues

2.5 Microsoft –UHS currently spends around £150k pa revenue on the gap between what we "own" and what we "rent". The licences we own (Office 2010) will fall out of support in 2020. Based on local analysis from the Hampshire Hospitals business case, and Bytes consultancy, a move to MS Office 365 on a subscription model will be somewhere between £3-4m over a three year period [and ongoing] (£1.1-£1.3m pa). This will be discussed further at the digital board.

2.6 Aligned with the Microsoft action and in light of the discussions around junior doctor experience, we have been looking at ways to keep the desktop and laptop estate up to date (3/4/5 Yr refresh). This has been improved over the last two years with significant assistance from GDE capital. 7,000 devices on the network requiring refresh at four years is presenting a significant cost pressure to the organization. This is built into the draft digital strategy.



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
NumberOfComputers	7	30	96	277	266	409	435	991	994	1247	1526	1359	316

Recent/Other Developments

2.7 We have recently hosted a number of visits including Hadley Beeman who is Chief Technology Advisor for the Secretary of State.

2.8 We are developing an automated service that will invite patients to My Medical Record on receipt of a referral. An increased number of records will support benefits such as paperless initiatives (switching off all letters to patients) and recruitment to clinical trials whilst easing the admin burden for clinical teams currently registering patients. This will be piloted in late May before being switched on for all referrals in June. This also supports a September GDE milestone to have 50,000 live patient records on My Medical Record

What is coming up in the next period, not already mentioned:

2.9 Work on the My Medical Record project for Maternity (My Maternity Record) has started and will be available for pilot work during the summer across the Acute Alliance

2.10 The Pathology consortium will review the proposed consortium LIMs systems with Dorset NHS Trusts.

2.11 The Business Intelligence business case will be presented to TIG in June 2019

2.12 The outpatients My Medical Record case will be presented to TIG in June 2019

2.13 The digital strategy will be presented to TEC and Board in July 2019

3. Recommendation

3.1. To note the report and progress

3.2. To note the impact and forthcoming pressure on the environment particularly Microsoft and the need to refresh desktop devices

NHS
University Hospital Southampton
NHS Foundation Trust

<table>
<tr><td colspan="4">Cover sheet for a report to the Trust Board of Directors dated Thursday, 30 May 2019</td></tr>
<tr><td colspan="4">Title: Update on Progress on Staff Strategy</td></tr>
<tr><td>Category</td><td colspan="3">Quality, Performance, and Finance</td></tr>
<tr><td>Agenda item</td><td colspan="3">4.9</td></tr>
<tr><td>Sponsor</td><td colspan="3">Director of Nursing and Organisational Development</td></tr>
<tr><td>Author</td><td colspan="3">Steve Harris - Director of HR, and Jo Mountfield - Director of Training, Education and Workforce</td></tr>
<tr><td>Provenance</td><td colspan="3">The objectives have been considered at:

• HR Performance Board and TDW Management Board
• Trust Executive Committee

There is ongoing engagement in partnership with the Trade Unions locally (JSSC and LCNC) and staff equality network groups as required.</td></tr>
<tr><td>Classification</td><td colspan="3">This report is intended for internal use and is not for publication.</td></tr>
<tr><td>Purpose</td><td colspan="3">The paper is presented for APPROVAL.

In Spring 2018 a five-year Staff Strategy (2018 - 2023) was agreed by TEC and Trust Board. TEC supported the objectives for HR and TDW during its meeting on 15 May 2019.

The purpose of this report is to:
• To summarise progress on year 1 of the UHS Staff Strategy.
• Set out year 2 of the UHS Staff Strategy, based on a set of integrated objectives for HR and TDW for 19/20.
• To seek approval for the areas of focus.

Trust Board is recommended to:
• Note the summary progress against year 1 of the Staff Strategy.
• Approve the summary objectives for 2019/20.</td></tr>
<tr><td rowspan="2">Relevant strategic goals</td><td>☐ Goal 1: Improving patient journeys.</td><td>✓ Goal 2: Delivering value-based health and care.</td><td>☐ Goal 3: Supporting healthy lives.</td></tr>
<tr><td>✓ Goal 4: Building an expert and inclusive workforce.</td><td>☐ Goal 5: Being agile in meeting people’s needs.</td><td>✓ Goal 6: Creating leading-edge research, education, and innovation.</td></tr>
<tr><td>Assurance framework links</td><td colspan="3">• CRR03 - Do not achieve the financial targets resulting in a shortfall in cash to deliver the capital programme.CRR06 - There are capacity and capability gaps in the workforce leading to an inability to deliver safe and timely care.
• CRR08 - Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care.
• CRR09 - Lack of inclusion and diversity results in the inability to get the best from every individual.
• CRR012 - Lack of ability to offer translational research leads to an inability to maintain cutting edge teaching hospital status.</td></tr>
<tr><td>Impact assessments</td><td colspan="3">UHS Staff Strategy aims to positively impact supply of current and future labour, engagement and culture and the experience of individuals from diverse</td></tr>
</table>

	backgrounds. An equality impact assessment has been undertaken as part of the report to TEC in May 2019.
Other standards affected	• CQC Well lead domain • NHSI use of resources assessment - use of workforce resources.

1 Introduction and purpose:

1.1. The UHS Staff Strategy sets out the priorities for workforce issues until 2023. The strategy will be updated during 2019, in conjunction with the production of the new long term strategy for UHS.

1.2. This paper summarises key progress areas, and challenges for HR and TDW for 2018/19. It also outlines the broad areas of focus for 2019/20.

1.3. The existing areas of focus in the UHS Staff Strategy are:

- Planning for, attracting, retaining, and deploying the best staff, by creating the culture and work environment that makes UHS an employer of choice.
- Delivering the UHS culture through our values, and embedding this into all of our day to day work.
- Continuing to invest in education and training opportunities for our staff, including leadership development.
- Focusing on the staff and students of the future, by developing our education and training capability for clinical and non-clinical staff.
- Ensuring that our leaders and staff understand, and deliver our equality, diversity and inclusivity agenda.
- Prioritising excellent communication that allows the voice of our staff to be heard, and acted upon.
- Working with our education stakeholders to offer excellent learning, and placement opportunities to bring high calibre people into roles in the hospital.

2 Progress in 2018/19:

2.1 Key performance indicators were established in the staff strategy and approved by Board. Summary progress against these is outlined in Appendix A.

2.2 Key progress in HR can be summarised as follows for (2018/19):

- Sustaining positive NHS staff survey results, with UHS staff engagement the 3rd highest for University Teaching Hospitals. UHS is joint 7th best Trust for staff engagement.
- Delivering against further utilisation of new markets for registered nursing, including trips to Australia in November 2018, and March 2019. Actions set in place to increase the pace of overseas new starters.
- The launch of a new appraisal system, which has been well received, and has shown an improvement in the quality of appraisals in 2018 staff survey results. There has also been an increase in the quantity of appraisals being conducted, with the Trust moving towards its target of 92%.
- A sustained decrease in sickness absence rates to below target (now 3.33%) following the introduction of a new policy in November 2017, jointly agreed with Staff side. UHS now has one of the lowest sickness absence rates in the acute sector.
- Delivering a total in year agency spend £1.15m under the NHSI ceiling.
- An increase in Health Care Assistants through a weekly central recruitment programme to reach Trust budgeted establishment levels. Agency spend has reduced for HCA's by £500k compared to 17/18.
- Highest ever influenza vaccination level with 70% (68% in 2017/18) of front line staff receiving the vaccine. This has resulted in 75% of the CQUIN being achieved.
- Successful implementation of the new 2018 Agenda for Change pay deal for over 8,000 staff, including back pay in August 2018.
- Continued growth in the use of digital media to support increased awareness of the UHS brand, through the #ThinkUHS campaign. A boost in traffic and expansion of digital content to the UHS Careers website. A digital reach of over 3 million people.

2.3 Progress and key highlights from training, development and workforce for 2018/19 include:

- A significant growth in apprenticeships from 57 to 200, and a successful start to the Nurse Apprentice programme for the first cohort of 50 in 2018/9, across 2 University providers.

- Continued focus on talent management at care group level, including a new programme for CGCL's and Finance Senior Managers. Delivery of a further inclusive leadership development programme for BAME staff.
- Outstanding GMC survey results (2nd in the country for equivalent acute Trusts) and positive feedback from the 2018 Wessex HEE GMC visit.
- Further embedded and exploited SafeCare (acuity and dependency assessment) as part of the rostering system, helping to support safe staffing; Hospital Heroes runner up achieved for Patient Safety through this work.
- Workforce Systems monthly payroll checks saved the Trust circa £75k in overpayments.
- Positive OFSTED visit to the Trust Apprenticeship centre.
- Training to more than 500 staff in the appraisal conversation improved the reported discussion of values within appraisals to 40% from 28%.
- Multiple careers events and work experience opportunities successfully delivered.
- Increased the number of HEI partners for Nursing undergraduate training, and worked to develop contemporary NMC compliant curricula and consistent quality assurance processes with all of them.
- National representation to support agreement and implementation of National Education and training tariff guidance.
- Hosting of GP Lead Employer Programme for 80 employees across the region.
- National representation to support agreement and implementation of National Education and training tariff guidance, which comes into effect in April 2019.
- A well received and highly successful Hospital Heroes event in March 2019.

2.4 Challenges and risks still remain as follows:

- Registered Nursing vacancy levels remain high at (17.8%), although offset by over recruitment to Nursing support roles. The national shortage of Registered Nursing still continues. The pipeline for overseas recruits for UHS is showing improvement in pace and volume, but is placing pressure on recruitment resources for managing accommodation, education in Divisions, and ward based support.
- A loss in Consultant capacity, due to taxation issues associated with the NHS pension scheme, with no current alternative viable local solutions. There is no tangible progress or response from national bodies. The issue is impacting RTT, cancer targets and diagnostic capacity.
- An increase in pressure, and a noted deterioration nationally (including UHS) in health and wellbeing scores in the national staff survey.
- No real increase in satisfaction of BAME and disabled staff, despite an increase in BAME staff at Band 7 and above, from 7.1% to 8.3% against a target of 15% by 2023.
- Reduction in course availability for key AHP staff, including Therapeutic Radiographers and Operating Department Practitioners, which will impact on recruitment in years to come.
- Continued reduction in placement tariff funding, particularly for Undergraduate Medical which reduced to £11.4m in 2018/19 from £13.9m in 2017/18. Health Education England are reforming the currencies for payment of education and training tariffs, which are anticipated to come into effect from April 2020. Further national work is required to influence and mitigate any associated income risks.
- Continuing lack of Undergraduate provision for Healthcare Scientists.
- Resource and capacity limits (both financial and human) affect progressing talent management to delivery at scale.
- The increasing number of late pay claims from the organisation, up by more than 20% compared to 2017/18, continues to require focussed corrective manual action by Workforce Systems, Finance and HR. The cost exceeds the value of the monthly payroll check savings, and diverts staff from driving forward other key development objectives.
- The number of apprenticeship starts does not meet the public sector target of 250, and there is a risk that some of the levy funding will be lost in 19/20 if uptake does not increase. There have also only been limited external hires.

3 Summary of objectives for 2019/20:

3.1 Detailed objectives have been shared with TEC, and were agreed on 15 May 2019.

3.2 A summary of the areas of focus is presented below for Trust Board. These prioritise activities centred on continuing to grow supply through recruitment programmes and through education, focusing on controlling and reducing workforce cost, particularly in temporary staffing.

- To refresh the UHS Staff Strategy to align with the new UHS strategy, in response to the NHS Long Term Plan.
- To support activities within the corporate CIP plan to reduce overall workforce costs and deliver the Trust target of £40m. To ensure appropriate quality assurance and safe staffing assessments, ensuring that these do not affect patient care and outcomes.
- To continue working to reduce Registered Nursing vacancies to 16%, underpinned by a range of recruitment and retention activities. To focus on other shortage niche areas, and participate in the NHS Improvement retention programme.
- To deliver against our NHS Improvement agency ceiling of £14.2m, and reduce overall temporary staffing costs to agreed targets in the CIP programme.
- To accelerate the pace of proactive workforce planning and deployment, in preparation for a move to competency based allocation of staff.
- To deliver against the NHSI Developing Workforce Safeguards, ensuring that all required staffing reviews are undertaken; and that there is a strong quality impact assessment and governance process in place for any proposed workforce changes.
- To increase participation rates in the UHS staff survey to above the NHS acute average of 46%.
- To focus on key areas of staff experience and engagement, including Administration and Clerical, Trust wide communications, Health and Wellbeing, and Equality, Diversity and Inclusion.
- To deliver flu vaccination levels in line with NHS national targets.
- To continue driving the UHS brand through a range of marketing activities, including targeted use of news, social media, and TV programmes to promote the Trust.
- To further refresh the employment relations investigation process to reduce complexity and timescale. To focus on mechanisms to support the prevention of issues, particularly within the medical workforce within available resources.
- In the absence of a national solution, consider proposals for a local solution to the national NHS pensions issue by 1 October 2019.
- To work with all Nursing undergraduate training HEI partners to revalidate new curricula incorporating ambitious new NMC standards, and achieve NMC approval.
- To fully roll out the new Collaborative Learning in Practice (CLiP) model for supervision and assessment of nursing students across all clinical areas to match the new NMC requirements for assessment.
- To further develop our careers offering, including growing our work experience programme, and increasing the use of, and recruitment to Apprenticeships. To drive up the number of external apprentice hires by 50%.
- To deliver against the NHSI Levels of Attainment for rostering and job planning, including introducing and implementing job planning for appropriate AfC staff; and bidding for national funding to support this, continuing to focus on improving and extending rostering capability and best possible outcomes across all staff groups.
- Implement the regional collaborative bank (for N&M) at UHS in conjunction with the STP, in order to deliver better bank fill and reduced costs, alongside less reliance on agency workers. Regional Bank go live date is presently set for October 2019.
- To develop e-learning and blended learning opportunities to support communication, and management and leadership programmes.
- To deliver talent reviews and succession planning for key middle management roles (clinical and non-clinical) in line with the agreed talent management strategy.
- To improve internal two way communication with all staff, including engagement in the creation of a new Vision, Mission and long term strategy for the Trust. To improve satisfaction with senior manager communication in the 2019 staff survey to above 50%.
- To embed the new national changes in Agenda for Change including the conclusion of the Band 1 transition and the introduction of linking appraisal performance to pay.

4 Alignment to new Trust goals:

4.1 As part of the creation of a new strategy for the Trust in response to the NHS Long Term Plan, Trust Board approved 6 new goals for the organisation. The goals map against core objectives in the people strategy are as follows:

<table>
<tr><th>UHS Long Term Goals</th><th>UHS Staff Strategy Core Goals</th></tr>
<tr><td>Improving Patient journeys (system focus, integration)</td><td>Delivering the UHS culture through our values, and embedding this into all of our day to day work.</td></tr>
<tr><td>Delivering value based health and care (value = quality / cost, sustainability)</td><td rowspan="3">Planning for, attracting, retaining, and deploying the best staff by creating the culture and work environment that makes UHS an employer of choice.

Delivering the UHS culture through our values, and embedding this into all of our day to day work.

Ensuring that our leaders and staff understand, and deliver our equality, diversity and inclusivity agenda.

Prioritising excellent communication that allows the voice of our staff to be heard, and acted upon.</td></tr>
<tr><td>Supporting healthy lives (prevention, wellbeing inequalities, outcomes and experience)</td></tr>
<tr><td>Building an expert, engaged and inclusive workforce (diversity, engagement, leadership)</td></tr>
<tr><td>Being agile in meeting people's needs (organisational elegance / design / flexibility)</td><td>Planning for, attracting, retaining, and deploying the best staff by creating the culture and work environment that makes UHS an employer of choice.</td></tr>
<tr><td>Creating leading edge research, education and innovation (research and outcomes)</td><td>Continuing to invest in education and training opportunities for our staff, including leadership development.

Working with our education stakeholders to offer excellent learning, and placement opportunities to bring high calibre people into roles in the hospital.</td></tr>
</table>

4.2 The revision of the staff strategy will ensure an alignment with these goals, and will refine long term priorities based on UHS priorities, the publication of NHSI people plan, and other relevant emerging workforce issues.

5 Next Steps:

5.1 Progress will be reported by HR and TDW at intervals (normally 6 months) to TEC and Trust Board as required. Resources required for delivery in excess of annual budgets will be subject to business cases able to demonstrate a suitable return on investment.

5.2 HR and TDW will work together to jointly refresh the 5 year staff strategy in line with the new strategy for UHS.

6 Recommendation:

Board is asked to:

- Note progress against year 1 of the Staff Strategy.
- Approve the core objectives.

Appendix A – Performance against Staff Strategy KPi's:

Goal	Measurement	UHS position at 31 March 2018	Best comparable Trust in the NHS at 31 March 2018	Target by 2023	Position at 31 March 2019	
Planning for, attracting, retaining, and deploying the best staff by creating the culture and work environment that makes UHS an employer of choice locally, nationally and internationally.	National staff survey results and FFT	74%	78%	80% of staff recommending UHS as a place to work.	74%	No change.
		7.4	7.6	A staff engagement score matching the best in the NHS for acute providers.	7.4 (new 1 - 10 scale)	No change.
	Industry standard comparator ratings	UHS not in top 100	No NHS acute Trusts in Times top 100	To be ranked in the Times national top 100 large employers in the UK.	Not started yet.	
	Workforce data	15.43% (17.8% in clinical wards)	TBC	A reduction in overall registered nursing vacancies to 12%.	17.8% for registered nurses	No change.
					12.1% for total nursing staff (inc HCA's)	Improvement.
		3.48%	3.3%	To sustain sickness absence at no greater than 3.3%.	3.32%	Improvement.
Ensuring that our leaders and staff understand, role model, and deliver our equality and diversity agenda.	Workforce data	7.5%	16.18%	15% of positions at Band 7 and above are occupied by BAME staff.	8.3%	Improvement.
	National staff survey results	4.03 BAME engagement	4.44 (1-5 scale)	BAME and disabled staff reporting the same experience as other staff groups in WRES and WDES data.	7.6 (new 1 - 10 scale)	No change.
		3.85 Disabled staff engagement	3.90 (1-5 scale)		7.1 (new 1 - 10 scale)	No change.
	WRES data WDES data	Below average compared to white or non-disabled comparators	WDES data to be nationally published by 2019		Not published yet. WDES not published yet.	
UHS to be in top 20% for all aspects of the national staff survey with regards to quality of non-mandatory training, development and education.	National staff survey results	Above average (Score of 4.12)	4.22	UHS to be in top 20%. (Score of 4.2)	Question removed at national level in 2018 survey. Reviewing new metric to include.	

UHS to provide high quality placements / attachment learning experiences for non- medical, medical undergraduates and post graduate medical trainees.	Evaluation and quality assurance reporting from all HEI's for which UHS provides non-medical learning experiences	All partner HEI's assessed UHS as a positive placement / attachment provider for all undergraduates	Data not available	Maintain HEI partner assessments of the quality of placements as positive.	Positive feedback from HEI and HEW annual review visit.	Improvement.
	GMC survey for post graduate medical trainees	Top five acute university teaching hospital		To maintain a top five positon in GMC.	2nd in GMC survey 2018	Improvement.
To continue to be rated as outstanding by the CQC in the 'well-led' domain.	CQC assessments	Outstanding in July 2017	Outstanding in well-led	To remain as outstanding in the 'well-led' domain.	Well led inspection in January 2019 rated UHS as 'Good for Well Led'	Reduction to Good.

Note – National Staff Survey scoring system changed in 2018 results. Scores changed from a scale of 1-5 to 1-10. Some of the historical comparison data is no longer available in the new format. It should also be noted that a key question has been removed regarding training, which underpinned one of the KPI's. A new suitable KPI is being established

<table>
<tr><td colspan="4">Report to the Trust Board of Directors dated Thursday, 30 May 2019</td></tr>
<tr><td colspan="4">Title: Self-certification FT Licence Condition G6</td></tr>
<tr><td>Category</td><td colspan="3">Corporate Governance, Risk, and Internal Control</td></tr>
<tr><td>Agenda item</td><td colspan="3">5.1</td></tr>
<tr><td>Sponsor</td><td colspan="3">Chief Executive</td></tr>
<tr><td>Author</td><td colspan="3">Interim Company Secretary</td></tr>
<tr><td>Provenance</td><td colspan="3">The Executive Team considered this report on 24 May 2019.</td></tr>
<tr><td>Classification</td><td colspan="3">This Report is unclassified.</td></tr>
<tr><td>Purpose</td><td colspan="3">The paper is presented for APPROVAL.
NHS Foundation Trusts are required to make the following self-declaration in May each year:
Condition G6(2) requires NHS providers to have processes and systems that:
a. identify risks to compliance with the licence, NHS acts and the NHS Constitution; and,
b. guard against those risks occurring.
Condition G6(3) requires that providers must complete a self-certification after reviewing whether their processes and systems were implemented in the previous financial year and were effective.</td></tr>
<tr><td rowspan="2">Relevant strategic goals</td><td>☐ Goal 1: Improving patient journeys.</td><td>✓ Goal 2: Delivering value-based health and care.</td><td>☐ Goal 3: Supporting healthy lives.</td></tr>
<tr><td>☐ Goal 4: Building an expert and inclusive workforce.</td><td>☐ Goal 5: Being agile in meeting people's needs.</td><td>☐ Goal 6: Creating leading-edge research, education, and innovation.</td></tr>
<tr><td>Assurance framework links</td><td colspan="3">Strategic Goal 2: Delivering value-based health and care (value = quality/cost x sustainability)</td></tr>
<tr><td>Impact assessments</td><td colspan="3">There is no assessed negative impact on any inclusion, equality, or diversity in relation to race, religion, age, belief, gender, disability, or other protected characteristic.</td></tr>
<tr><td>Other standards affected</td><td colspan="3">Compliance with the Trusts FT Provider License, the FT Constitution, the Monitor FT Code of Governance, the NHSI Single Operating Framework, NHSR, and Care Quality Commission requirements.</td></tr>
</table>

Self-certification FT Licence Condition G6

Self-certification FT Licence Condition G6		30 May 2019
Report sponsor	Chief Executive	
Report author	Interim Company Secretary	

1. Background

1.1 NHS Improvement requires NHS Foundation Trusts to self-certify regarding FT Licence compliance after the end of each Financial Year.

1.2 The aim of the self-certification is for Trust Boards to assess whether they comply with these conditions. There is no process prescribed by NHS Improvement, but template certificates have been provided for Boards to sign.

1.3 The self-certification is no longer sent to NHS Improvement, but NHSI expects to conduct an audit of a selection of Trusts to check for evidence of self-certification. This paper serves as such evidence.

1. Discussion

1.1 The Board self-certification for G6 was compiled on 23 May 2018 following the Board's approval of the Annual Report, Annual Accounts, and Quality Report (Account). Together, these three elements of the Annual Report and Accounts set out audited and unaudited evidence of the Trust's compliance with the terms of Condition G6 that there are systems of risk management and internal control, which operated in the timeframe, and have been reviewed.

1.2 Coupled with the opinions of the Internal and External Auditor on quality, risk management, internal control, financial control, and the CQC's well-led report, there is sufficient evidence to demonstrate on-going compliance for Condition G6.

What is the Board confirming?

1.3 **For General Condition G6** – Systems for Compliance with Licence Conditions, the Board is required to respond "confirmed" or "not confirmed" to the following statement:

"Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution."

1.4 Note that licence condition G6 paragraph 2(b) requires that the ***systems and processes*** in place to identify risk to compliance with licence conditions are effective and regularly reviewed.

2. Evidence of Compliance

2.1 The Board should consider the following sources of evidence:

(a) Relevant papers relating to corporate governance, risk management, and internal control presented to the Board of Directors during the year

(b) Relevant papers presented to Trust Board standing committees:

(i) Quality Committee

(ii) Strategy and Finance Committee

(iii) Audit and Risk Committee

(c) The Risk Management Strategy, Board Assurance Framework, and Risk Registers

(d) CQC registration, rated "Good" overall, and recognised as "well-led"

(e) Ongoing accreditation with NHS Resolution

(f) NHS improvement Single Oversight Framework segmentation

(g) Formal, audited opinions from External Auditors in relation to:

(i) Annual Governance Statement

(ii) Annual Accounts

(iii) Quality Account

(h) Formal findings by the Trust's Internal Audit programme on relevant topics including:

(i) Risk Management

(ii) Data Security and Protection Toolkit and GDPR

(iii) IT Audit

(iv) Safeguarding

(v) Cancer Patient Management

(vi) Follow-up

2.2 Additionally, in the light of quality, performance, and financial challenges arising mid-year, the Chief Executive commissioned the following reviews of the systems for governance, risk management, and internal control in 2018/19:

(a) An external review of Organisational Governance and Performance by Deloitte LLP

(b) A review of Board Performance conducted by the Chairman and Company Secretary, with independent external moderation and assurance by Dr Mike More, Chair of Cambridge University Hospitals NHS FT.

(c) A review of Financials, conducted by Simon Porter, Senior Independent Director

3. Recommendation

3.1 Considering the full annual cycle of Board business completed in the Financial Year 2018/19, the Head of Internal Audit Opinion, the Report by the External Auditor on the Quality Report (Account), and the wider sources of evidence set out in the Annual Report and Accounts, and Board reports received in 2018/19, the Board is recommended to self-certify that there are ***systems and processes*** in place to identify risk to compliance with licence conditions which were operated in 2018/19 and are effective and regularly reviewed.

University Hospital Southampton NHS Foundation Trust

Cover sheet for a report to the Trust Board of Directors dated Thursday, 30 May 2019			
Title: Register of Seals and Chair's Actions			
Category	Corporate Governance, Risk, and Internal Control		
Agenda item	5.2		
Sponsor	Company Secretary		
Author	Charlie Helps		
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	The paper is presented for RATIFICATION. 1. Signing and sealing undertaken in accordance with SFIs 2. Chair's actions for ratification		
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	All		
Impact assessments	N/A		
Other standards affected	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

1.1 **Call-off Contract** for General ICU and Vertical Extension between University Hospital Southampton NHS Foundation Trust (the Customer) and UHS Estates Limited (the Supplier). Seal number 170 on 29 April 2019.

1.2 **Call-off Contract** for Children's Emergency and Trauma Department including Resus between University Hospital Southampton NHS Foundation Trust (the Customer) and UHS Estates Limited (the Supplier). Seal number 171 on 29 April 2019.

1.3 **Deed of Novation** between Brymor Construction Limited (Continuing Party), University Hospital Southampton NHS Foundation Trust (Outgoing Party) and UHS Estates Limited (Incoming Party) relating to a contract for the construction of a Paediatric Emergency and Trauma Department Ward at Southampton General Hospital dated 14 May 2018. Seal number 172 on 30 April 2019.

1.4 **Agreement** between University Hospital Southampton NHS Foundation Trust (the Employer) and ARB Mechanical Engineering Limited (the Contractor), executed as a Deed by the Employer, relating to Princess Anne Hospital – New Car Park Ventilation and Heating Plant, University Hospital Southampton (the Works). Seal number 173 on 3 May 2019.

1.5 **Duty of Care Deed** between Stride Treglown Limited (the Consultant) and University Hospital Southampton NHS Foundation Trust (the Beneficiary) relating to the Masterplanning and Submission of Outline Planning at Adanac Park, Southampton (the Project). Seal number 174 on 15 May 2019.

2. Chair's Actions

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

2.1 **Single Tender Action** for the renewal of the Ascribe Patient Administration System (PAS) Contract from Ascribe Limited, for three years at a total cost of £1,210,989 excluding vat. Ascribe are the incumbent supplier of the trust-wide CaMIS patient administration system and Symphony Emergency Department system. They provide a managed service and have maintained costs at the same level as the previous three-year contract. Approved by the Chair on 13 May 2019.

NHS
University Hospital Southampton
NHS Foundation Trust

<table>
<tr><td colspan="4">Cover sheet for a report to the Trust Board of Directors dated Thursday, 30 May 2019</td></tr>
<tr><td colspan="4">Title: Emergency Planning & Business Continuity Annual Report 2018/19</td></tr>
<tr><td>Category</td><td colspan="3">Corporate Governance, Risk, and Internal Control</td></tr>
<tr><td>Agenda item</td><td colspan="3">5.3</td></tr>
<tr><td>Sponsor</td><td colspan="3">Chief Operating Officer</td></tr>
<tr><td>Author</td><td colspan="3">Sandra Hodgkyns, Head of Security /Emergency Planning</td></tr>
<tr><td>Provenance</td><td colspan="3">The report was previously approved at Trust Executive Committee 15th May 2019.
Partnerships with Local Health Resilience Partnership and Category One responders (SCAS Fire and Police) and other bodies including, Public Health England, CCG and NHSE, other hospitals external to the region.</td></tr>
<tr><td>Classification</td><td colspan="3">Choose a classification for confidentiality.</td></tr>
<tr><td>Purpose</td><td colspan="3">The paper is presented for APPROVAL.
To update the Trust Board, on the work of the Emergency Planning Response and Resilience (EPRR)Team from 1st April 2018 -31st March 2019.
Our role is to ensure that the Trust meets its requirements under the Civil Contingencies Act 2004, (CCA 2004) namely
• Ensuring the trust has Major Incident /HIMP Plans
• Providing Major Incident Training for the Tactical and Strategic Commanders and Duty Managers
• Supporting Strategic and Tactical Command in their role in the event of a Major Incident or HIMP
• meeting and maintaining our assurance levels in Emergency Planning/Resilience Response and Chemical Biological, Radiological, Nuclear, explosion (CBRNe) responses</td></tr>
<tr><td rowspan="2">Relevant strategic goals</td><td>✓ Goal 1: Improving patient journeys.</td><td>✓ Goal 2: Delivering value-based health and care.</td><td>✓ Goal 3: Supporting healthy lives.</td></tr>
<tr><td>☐ Goal 4: Building an expert and inclusive workforce.</td><td>☐ Goal 5: Being agile in meeting people’s needs.</td><td>☐ Goal 6: Creating leading-edge research, education, and innovation.</td></tr>
<tr><td>Assurance framework links</td><td colspan="3">The Emergency Planning and Business Continuity met the required standard of Substantial in the national EPRR Core Standard.</td></tr>
<tr><td>Impact assessments</td><td colspan="3">What impact have you assessed through conducting an impact assessment, if applicable (e.g. equality, quality, finance, Data Protection, etc.)</td></tr>
<tr><td>Other standards affected</td><td colspan="3">• “Substantial” in the national EPRR Core Standard</td></tr>
</table>

1. Introduction or Background

1.1EPRR Assurance: The annual review of EPRR Core Standards was successful again in 2018 with a “Substantial” rating being attained and approved by our Commissioners and NHSE EPRR. (Appendix A rating guide)

1.2 Business Continuity (BC) and Reports: These have continued to be worked on through the year.

1.3 The Emergency Planning Team have continued to support others with their training, and EPRR, including supporting the Isle of Wight Trust and providing training for their Exec Team and On Call Managers.

1.4 Incidents – We had one Major Incident declared within the Trust – a significant power failure in November 2018.

2. Analysis and Discussion

2.2*EPRR Core Standards Assurance*: Tabulated below are the fully compliant and partially compliant standards. These partially compliant standards have been reviewed with the CCG and they are satisfied with our actions.

Core Standards	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Governance	6	6	0	0
Duty to risk assess	2	2	0	0
Duty to maintain plans	14	14	0	0
Command and control	2	1	1	0
Training and exercising	3	2	1	0
Response	7	7	0	0
Warning and informing	3	3	0	0
Cooperation	4	4	0	0
Business Continuity	9	8	1	0
CBRN	14	13	1	0
Total	64	60	4	0

Deep Dive	Total standards applicable	Fully compliant	Partially compliant	Non compliant
Incident Coordination Centres	4	0	0	0
Command structures	4	0	0	0
Total	8	0	0	0

2.3 *Business Continuity and Reports*: The Emergency Planning Team have continued to work with Divisions around their Business Continuity Plans using "EPRR off the shelf" templates, produced by Public Health England (PHE).

2.4 *Training (*Trust) there have been a number of training exercises within the Trust, both in and outside of 'core hours'.

a) UHS held a Grand SIM and completed the Trust wide three-yearly exercising requirements, an Emergo Exercise, Exercise Pendulum. The scenarios included a firearm threat and a simulated fire.
b) In line with our requirements under the CCA 2004 we have undertaken COMMEX. This is our Major Incident communication exercise testing that we are required to undertake every quarter. The system will continue to be tested in line with requirements throughout 2019/20

c) We have continued to provide Loggist training to Duty Managers and have trained Administrators and CCG colleagues.

2.5 *Team Training*: During 2018/9 we provided our EPRR knowledge and training skills to Isle of Wight Trust and supported them to improve their EPRR Annual Core Standards, polices and procedure. We have also attended Table tops at Broadmoor Hospital, Royal Berks Hospital and HHFT, as facilitators or participants.

2.6 *Incidents:* The main incident was the November 2018 power failure. The report has been presented to TEC. In March 2019, there was a power failure in Neuro, this was caused by a Circuit breaker for non-essential power failing.

2.7 It is hoped that we will be able to integrate the Security Control Team within the locality of the Emergency Planning Office on B- Level, which will enable more practical ways of working in Major Incident or Business Continuity Incidents

3. Recommendation

To consider and approve this annual report.

4. Appendices

- Appendix A – Rating Guide

Appendix A Rating Guide

EPRR ASSURANCE CORE STANDARDS COMPLIANCE LEVELS

Compliance Level	**Evaluation and Testing Conclusion**
Full	Arrangements are in place the organisation is fully compliant with all core standards that the organisation is expected to achieve. The Board has agreed with this position statement.
Substantial	Substantial Arrangements are in place however the organisation is not fully compliant with one to five of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed.
Partial	Partial Arrangements are in place however the organisation is not fully compliant with six to ten of the core standards that the organisation is expected to achieve. A work plan is in place that the Board has agreed
Non Complaint*	Non-compliant* Arrangements in place do not fully address 11 or more core standards that the organisation is expected to achieve. A work plan has been agreed by the Board and will be monitored on a quarterly basis in order to demonstrate future compliance.

University Hospital Southampton NHS
NHS Foundation Trust

Cover sheet for a report to the Trust Board of Directors dated Thursday, 30 May 2019			
Title: Learning from Deaths 2018-19 Quarter 4 Report			
Category	Quality, Performance, and Finance		
Agenda item	Information Item		
Sponsor	Medical Director		
Author	Mark Green, Head of Bereavement Care		
Provenance	Previously reported to Quality Governance Steering Group		
Purpose	The paper is presented for the Board for INFORMATION Since 2014 IMEG and TMRG have been undertaking reviews of inpatient deaths. Deaths deemed to have been 'probably avoidable' (>50%) for 2017/18 accounted for 1% of all deaths, lower than reported historically, and this downward trend has continued throughout 2018/19		
Relevant to Board goals	✓ Goal 1 – Trusted on Quality	✓ Goal 2 – Delivering for Taxpayers	✓ Goal 3 – Excellence in Healthcare
Board Assurance Framework links			
Equality Impact Assessment	What impact have you assessed through conducting the Equality Impact Assessment? None		
Other standards affected			

1 Introduction

In March 2017 the DH published *National guidance on learning from deaths.* From April 2017, Trusts have been required to collect information on deaths, reviews, investigations and resulting quality improvements; and report to its public board meeting via a quarterly paper. This includes assigning an avoidability score to all those deaths reviewed. Whilst there is no requirement to review all deaths, rather only those where concerns are raised by relatives; unexpected deaths; deaths of patients with either a learning disability or a severe mental illness; or deaths in a speciality or treatment group where an alarm has been raised (for example, an elevated mortality rate), we have been undertaking a 'hot review' of all deaths via our Internal Medical Examiner Group (IMEG) process.

2 Key Issues

- UHS introduced the Internal Medical Examiner Group (IMEG) in September 2014, prior to the national drive.
- The group examines all deaths, going beyond the national guidelines and has progressively increased the scope to include
  - All inpatient adult deaths
  - Death in the Emergency Department
  - A paediatric mortality review process.
- The review identifies potential avoidable factors as well as aspects of good care to feedback to the clinical teams.

- The bereavement care team attends IMEG and focuses support where the clinical team discuss issues that might have been specifically stressful for the relatives. This allows a proactive approach to supporting those likely to have stress or conflict complicating their grief.
- In all cases Duty of Candour is discussed where appropriate ensuring that the clinical teams make early contact with the families.
- The proportion of avoidable features identified has reduced over the years and is believed to be a marker of improved care supported by the following observations
    - HSMR has fallen across all hospital sites.
    - The Trust Mortality Review Group is not identifying issues missed by IMEG and supports the findings.
    - The introduction of IMEG dramatically reduced the number of complaints with care concerns that were not previously identified. This volume has not increased.
    - Junior Dr feedback suggests that the process has changed their practice and it is likely that care is improving as a consequence of IMEG. We additionally share learning with the teams but when relevant to the hospitals through OWL. However the direct hot feedback to the clinical team is possibly the most powerful influence.
- All deaths which are required to be reported to HM Coroner are now referred electronically.

3 Enclosed

Appendix 1 IMEG and mortality review data for Q1 – 2018/19 (updated)

Appendix 2 IMEG and mortality review data for Q2 – 2018/19 (updated)

Appendix 3 IMEG and mortality review data for Q3 – 2018/19 (updated)

Appendix 4 IMEG and mortality review data for Q4 – 2018/19

Appendix 5 IMEG and mortality review data combined for 2018/19

Appendix 6 Paediatric mortality review data for Q1 – 2018/19 (updated)

Appendix 7 Paediatric mortality review data for Q2 – 2018/19 (updated)

Appendix 8 Paediatric mortality review data for Q3 – 2018/19 (updated)

Appendix 9 Paediatric mortality review data for Q4 – 2018/19

Appendix 10 Paediatric mortality review data combined for 2018/19

Appendix 11 Rolling 12 month HSMR

4 Data Analysis

Reviews and data analysis for Q1, Q2 and Q3 2018/19 have been updated.

In the fourth quarter of this year, 613 deaths were reviewed at IMEG. Of these, 4 cases were of patients who had a learning disability. No definitely or probably (>50%) avoidable deaths were identified

For the whole of 2018/19, of the 2286 deaths reviewed, only two were deemed to have been probably avoidable (>50%), with a third, paediatric case, falling into this category (see below). There were a further 31 cases where it was felt that the deaths were possibly avoidable (<50:50).

Whilst there is no national requirement to report paediatric deaths at trust board level, it seems appropriate to demonstrate that we are providing a similar level of scrutiny for patients of all ages within the trust. We have therefore included details of the number of paediatric death reviews undertaken by the Child Death and Deterioration Group (CDAD). Of the cases reviewed, one was deemed to have been probably avoidable.

5 Next Steps

Introduction of a non-statutory Medical Examiner Service within acute hospital Trusts began on 1st April 2019. A business has been prepared for the Trust's Medical Director setting out the requirements of delivering this service. The introduction of the new service has necessitated the Medical Examiner of the day spending greater time reviewing each case and, where applicable, completing cremation form 5. The income from this will be used to support the service. However, with this increased commitment, there has been a reduction in the number of Consultants able to undertake reviews and additional resource needs to be identified in order to ensure there is sufficient cover available every day and that this cover is sustainable. There has also been an increase in time spent supporting the changes by the bereavement care team and a significant increase in administration which has yet to be properly resourced.

We will continue to work with partners. The process has been shared and adopted by Solent and we are looking at joint learning and will look to support and move investigations with other providers.

6 Learning

There are several learning points that have been identified from those cases which have been the subject to a Root Cause Analysis. These have been actioned with individuals, teams or trust-wide, either in the form of education and training; or by reviewing existing processes or implementing new practices.

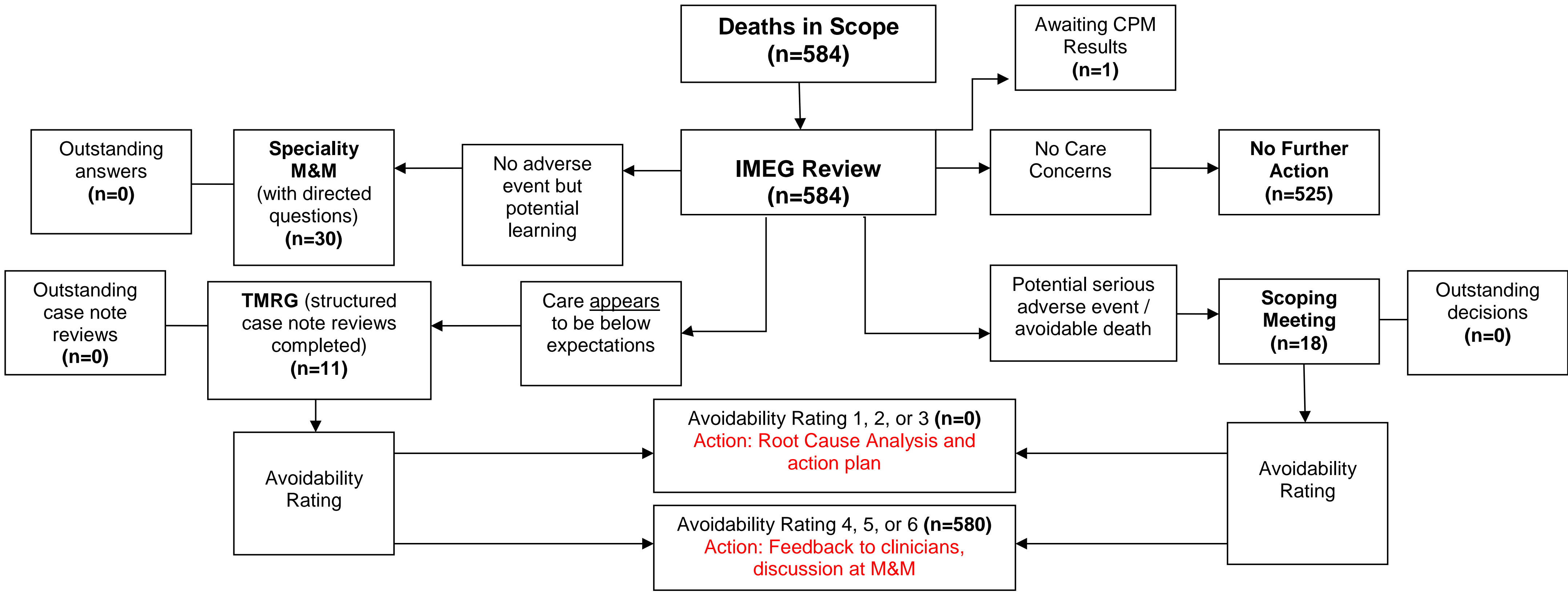
Main areas of failing identified in RCA	
Human factors	3
Involve other specialties	1
Process	5
System	2
Communication	7
Documentation	6
Anticipatory care plans	2

7 Recommendation

It is recommended that Trust Board continues to support the evolution of mortality review within UHS.

Appendix 1

IMEG and mortality review process (Q1 – 2018/19)



Avoidability Rating (non-LeDeR deaths)

1. Definitely avoidable **= 0**
2. Strong evidence of avoidability **= 0**
3. Probably avoidable (more than 50:50) **= 0**
4. Possibly avoidable, but not very likely (< 50:50) **= 8**
5. Slight evidence of avoidability **= 31**
6. Definitely not avoidable **= 541**

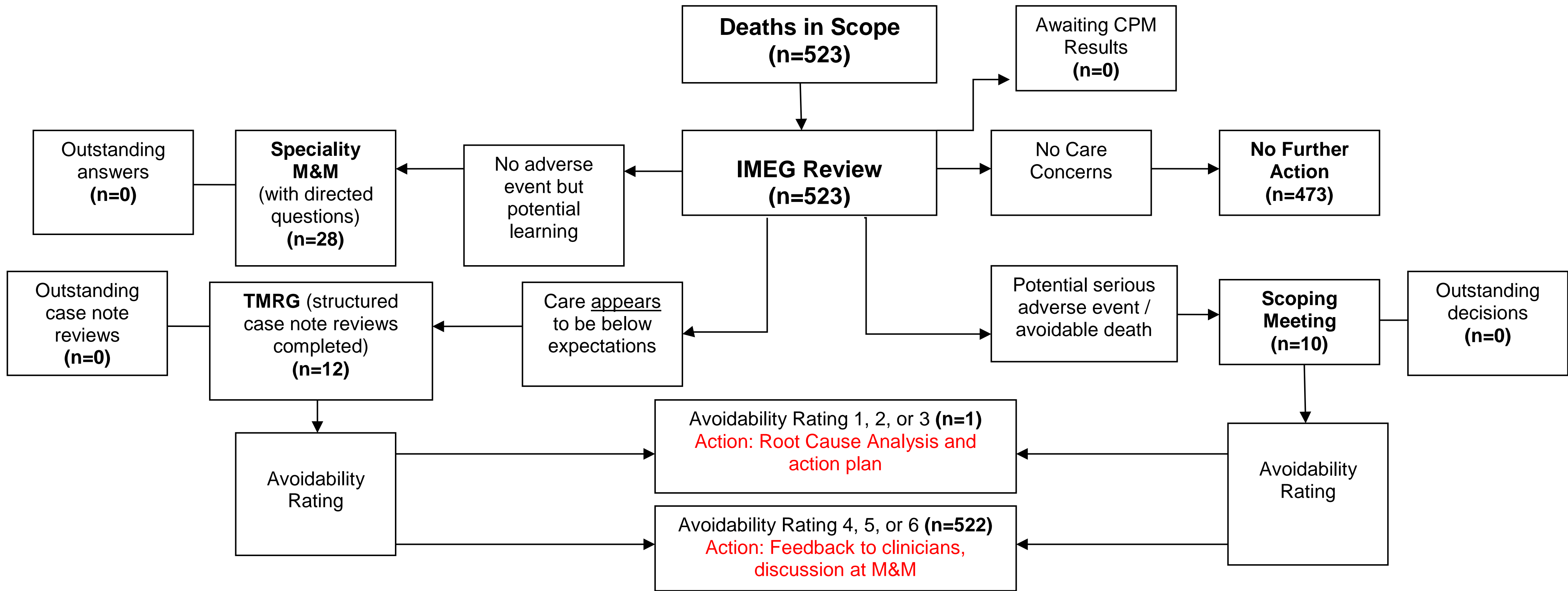
LeDeR deaths

Total LeDeR deaths = 3 (all cases subject to additional review captured within 'scoping' data)

Avoidability Rating – **>3** (for all cases)

Appendix 2

IMEG and mortality review process (Q2 – 2018/19)



Avoidability Rating (non-LeDeR deaths)

1. Definitely avoidable = **0**
2. Strong evidence of avoidability = **1**
3. Probably avoidable (more than 50:50) = **0**
4. Possibly avoidable, but not very likely (< 50:50) = **11**
5. Slight evidence of avoidability = **19**
6. Definitely not avoidable = **492**

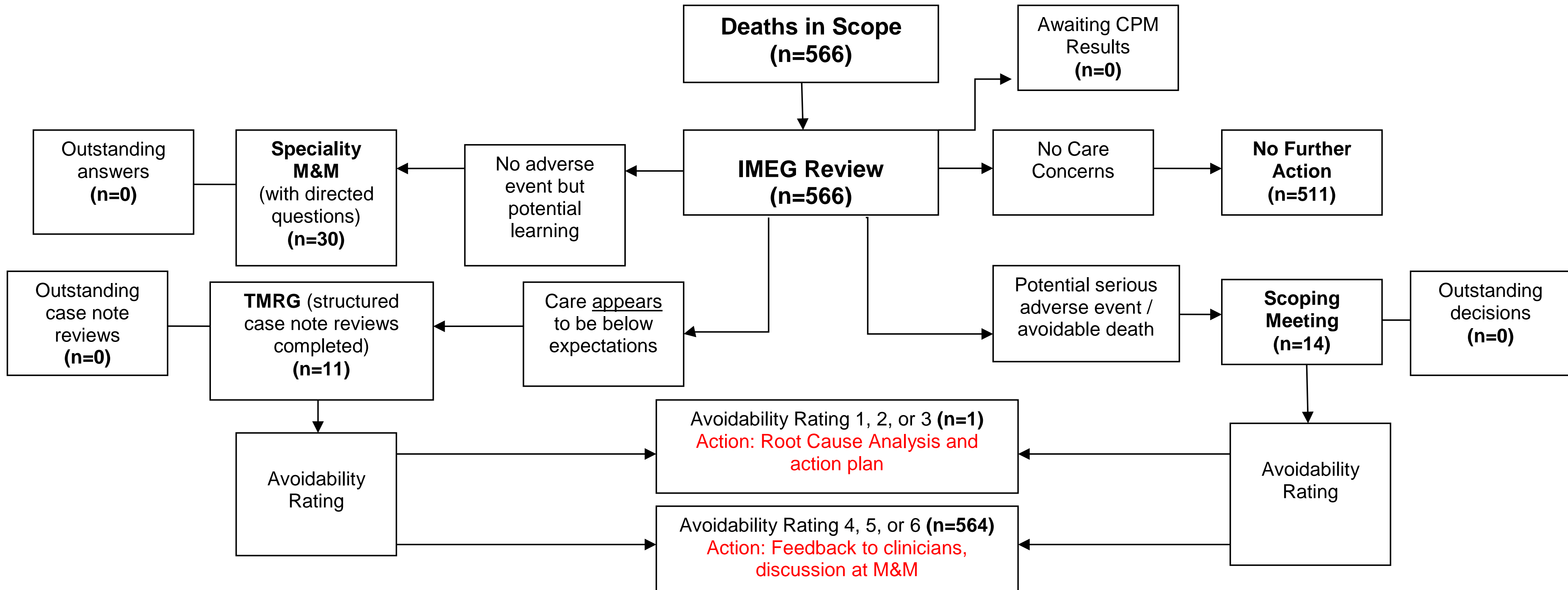
LeDeR deaths

Total LeDeR deaths = **0** (all cases subject to additional review captured within 'scoping' data)

Avoidability Rating –

Appendix 3

IMEG and mortality review process (Q3 – 2018/19)



Avoidability Rating (non-LeDeR deaths)

1. Definitely avoidable **= 0**
2. Strong evidence of avoidability **= 0**
3. Probably avoidable (more than 50:50) **= 1**
4. Possibly avoidable, but not very likely (< 50:50) **= 7**
5. Slight evidence of avoidability **= 21**
6. Definitely not avoidable **= 536**

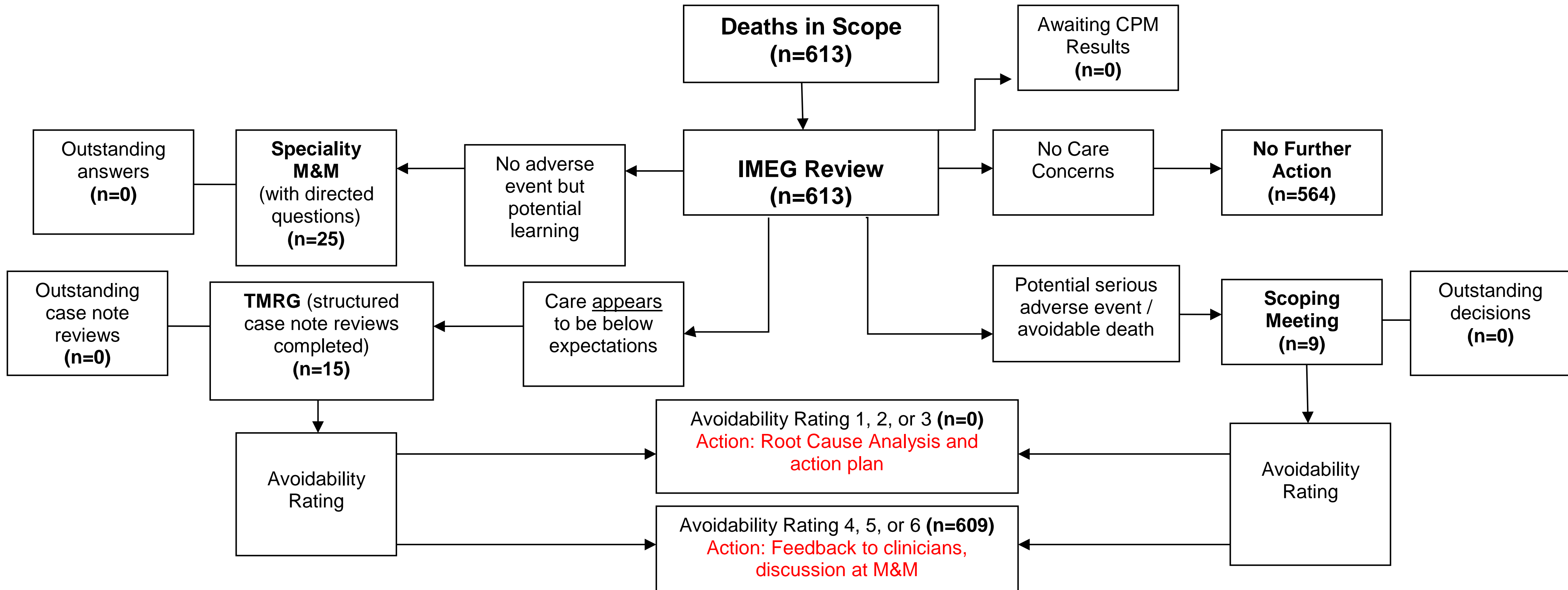
LeDeR deaths

Total LeDeR deaths = **1** (all cases subject to additional review captured within ‘scoping’ data)

Avoidability Rating – **>3**

Appendix 4

IMEG and mortality review process (Q4 – 2018/19)



Avoidability Rating (non-LeDeR deaths)

1. Definitely avoidable **= 0**
2. Strong evidence of avoidability **= 0**
3. Probably avoidable (more than 50:50) **= 0**
4. Possibly avoidable, but not very likely (< 50:50) **= 5**
5. Slight evidence of avoidability **= 15**
6. Definitely not avoidable **= 589**

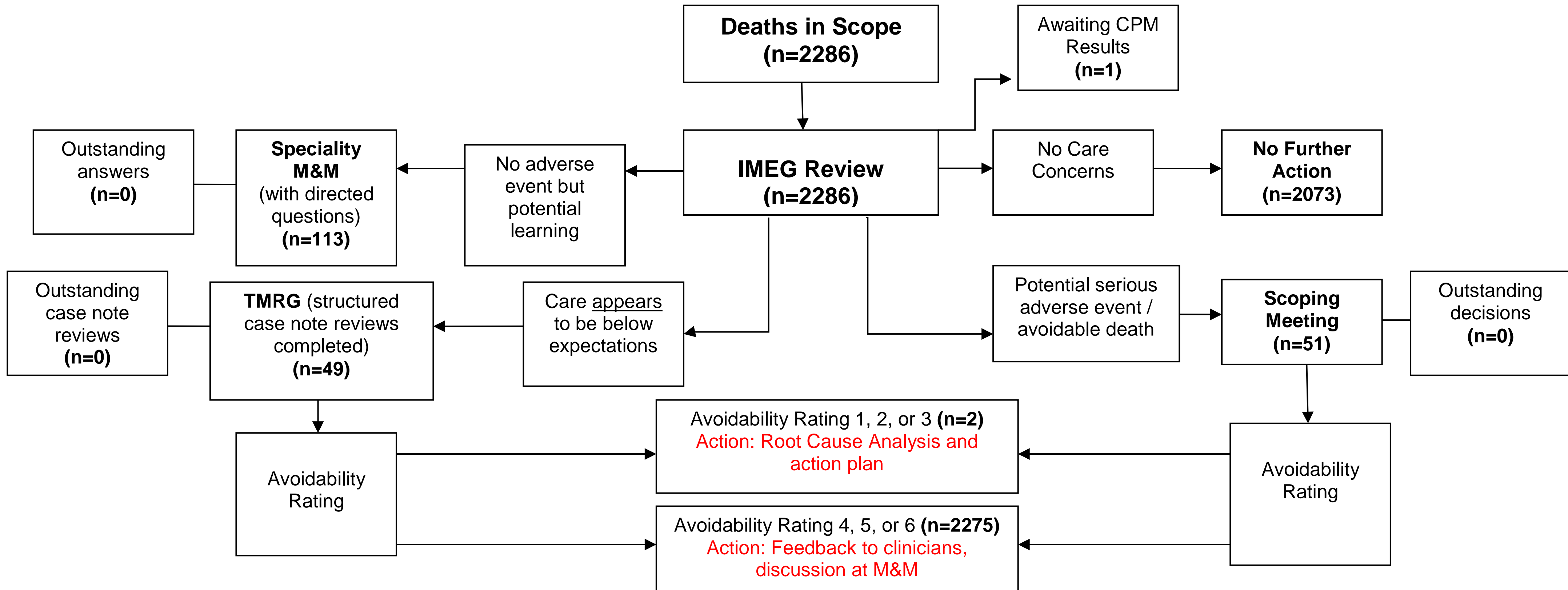
LeDeR deaths

Total LeDeR deaths = **4** (all cases subject to additional review captured within 'scoping' data)

Avoidability Rating – **>3** (for both)

Appendix 5

IMEG and mortality review process (Full Year – 2018/19)



Avoidability Rating (non-LeDeR deaths)

1. Definitely avoidable **= 0**
2. Strong evidence of avoidability **= 1**
3. Probably avoidable (more than 50:50) **= 1**
4. Possibly avoidable, but not very likely (< 50:50) **= 31**
5. Slight evidence of avoidability **= 86**
6. Definitely not avoidable **= 2158**

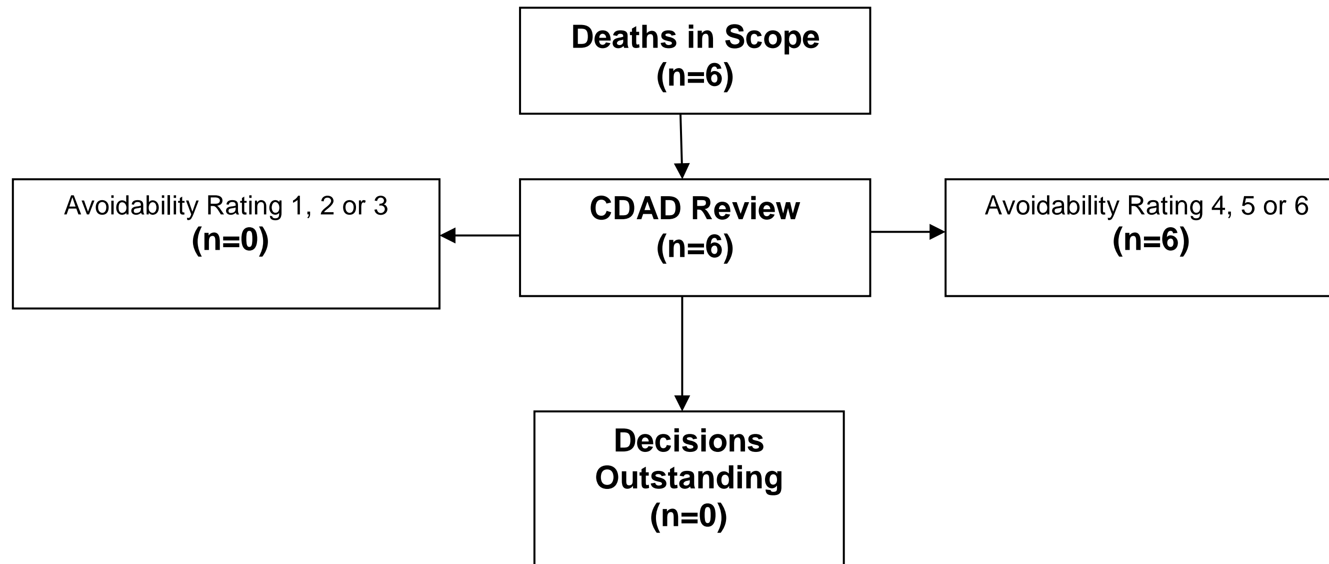
LeDeR deaths

Total LeDeR deaths = **8** (all cases subject to additional review captured within 'scoping' data)

Avoidability Rating - **>3** (for all cases)

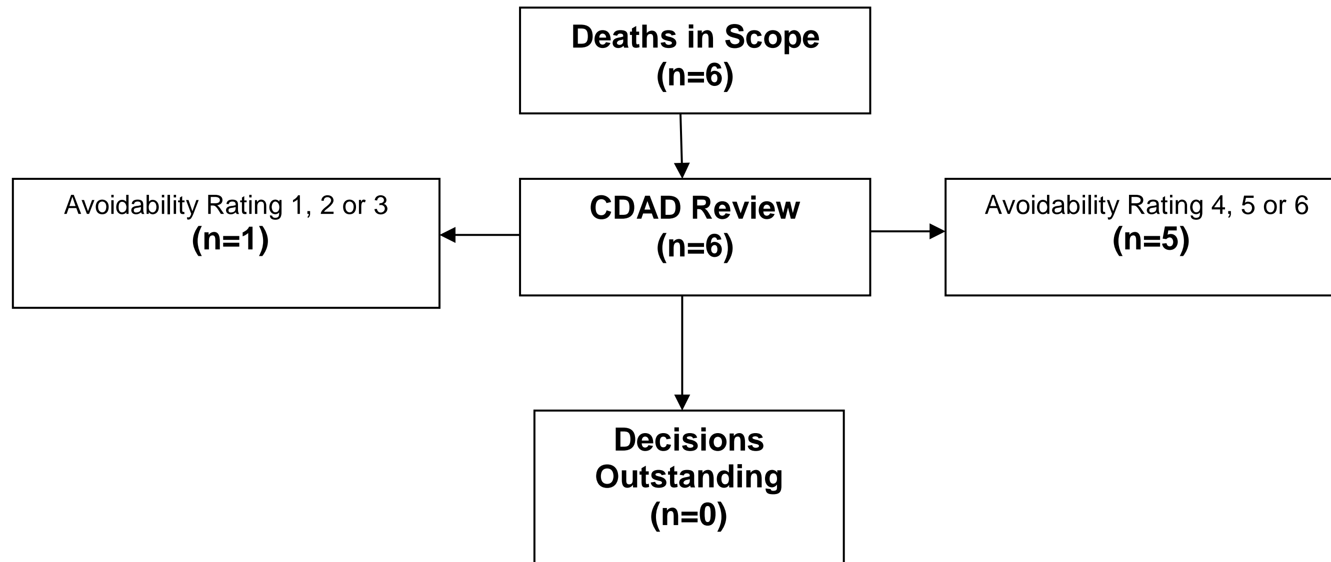
Appendix 6

Paediatric mortality review process (CDAD) (Q1 – 2018/19)



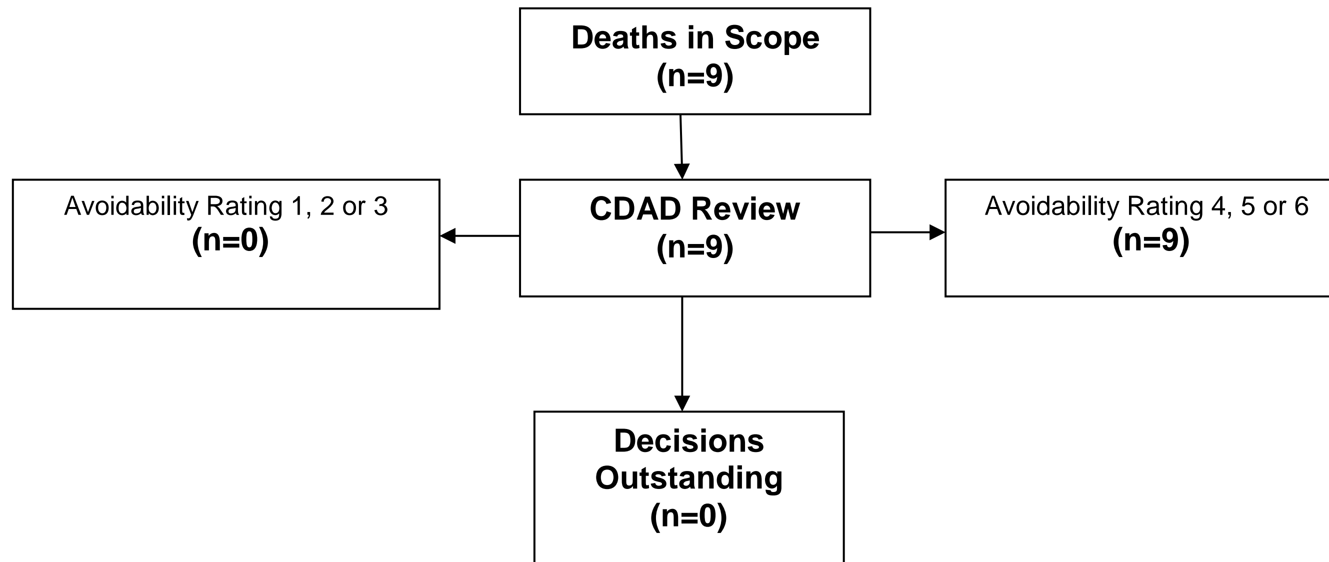
Appendix 7

Paediatric mortality review process (CDAD) (Q2 – 2018/19)



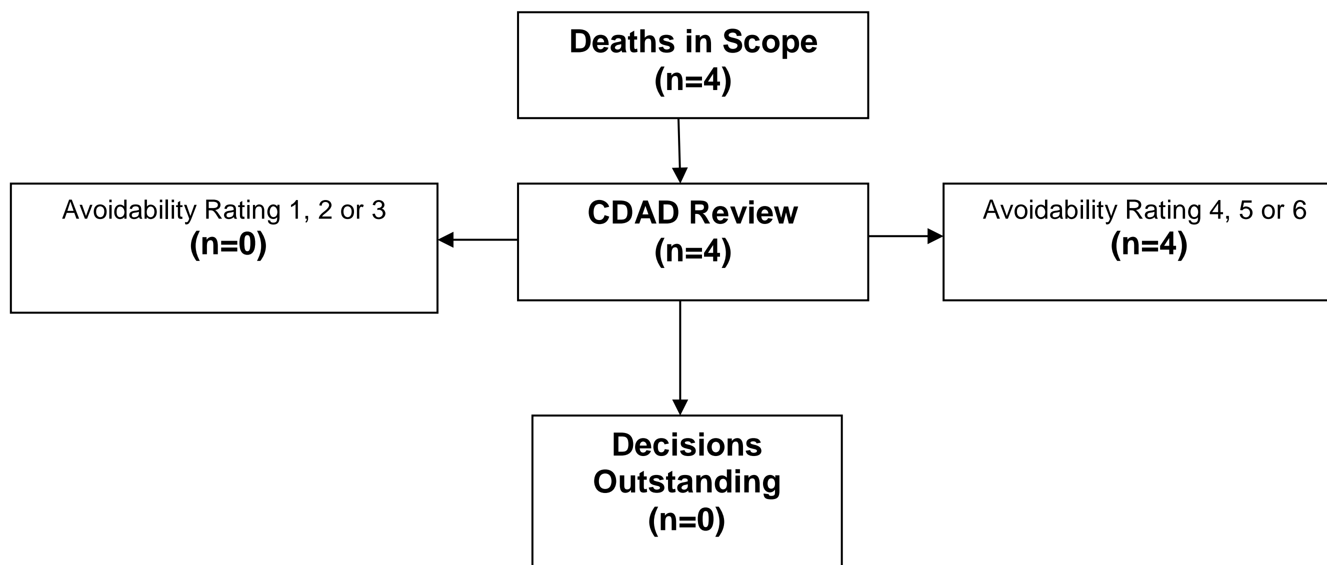
Appendix 8

Paediatric mortality review process (CDAD) (Q3 – 2018/19)



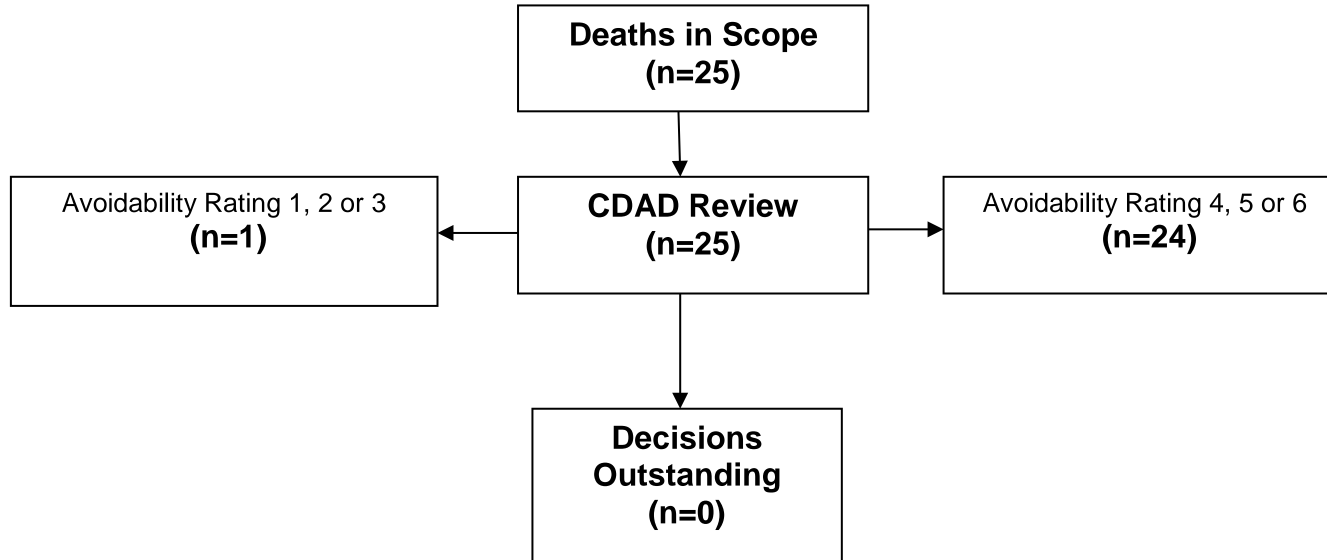
Appendix 9

Paediatric mortality review process (CDAD) (Q4 – 2018/19)



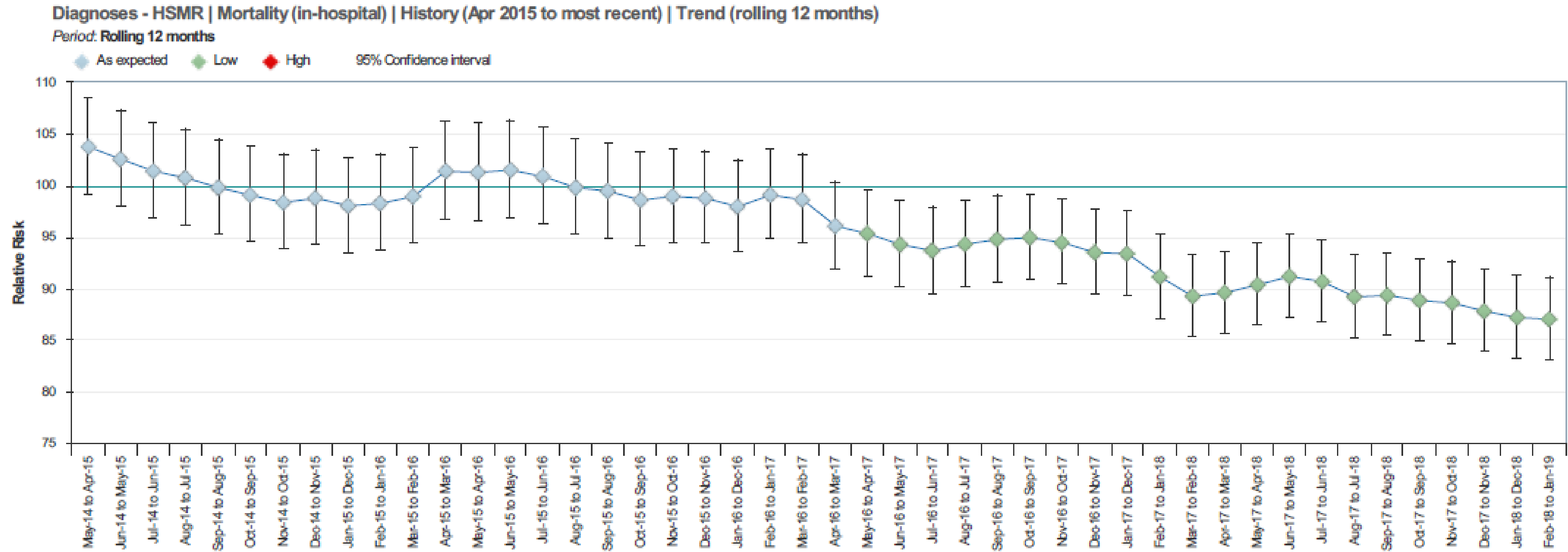
Appendix 10

Paediatric mortality review process (CDAD) (Full Year – 2018/19)



Appendix 11

Rolling 12 month HSMR trend for the last 5 years (May 2014 to January 2019)



University Hospital Southampton NHS Foundation Trust: Learning from Deaths Dashboard - March 2018-19

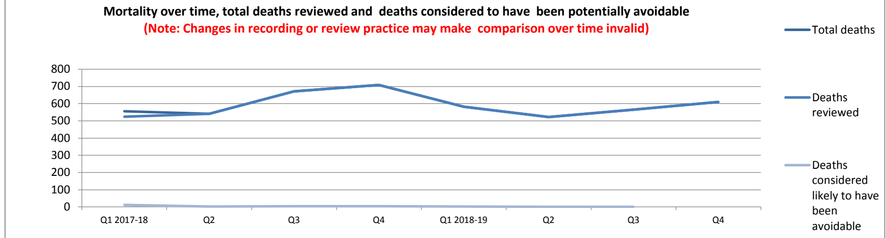
Description:
The suggested dashboard is a tool to aid the systematic recording of deaths and learning from care provided by NHS Trusts. Trusts are encouraged to use this to record relevant incidents of mortality, number of deaths reviewed and cases from which lessons can be learnt to improve care.

Summary of total number of deaths and total number of cases reviewed under the Structured Judgement Review Methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable (does not include patients with identified learning disabilities)

Total Number of Deaths in Scope		Total Deaths Reviewed		Total Number of deaths considered to have been potentially avoidable (RCP<=3)	
This Month	Last Month	This Month	Last Month	This Month	Last Month
194	199	194	199	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
609	565	609	565	0	1
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
2278	2476	2278	2445	2	23

Time Series:	Start date	2017-18	Q1	End date	2018-19	Q4



Total Deaths Reviewed by RCP Methodology Score

Score 1 Definitely avoidable			Score 2 Strong evidence of avoidability			Score 3 Probably avoidable (more than 50:50)		
This Month	0	0.0%	This Month	0	0.0%	This Month	0	0.0%
This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%	This Quarter (QTD)	0	0.0%
This Year (YTD)	0	0.0%	This Year (YTD)	1	0.0%	This Year (YTD)	1	0.0%

Score 4 Probably avoidable but not very likely			Score 5 Slight evidence of avoidability			Score 6 Definitely not avoidable		
This Month	2	1.0%	This Month	3	1.5%	This Month	189	97.4%
This Quarter (QTD)	5	0.8%	This Quarter (QTD)	15	2.5%	This Quarter (QTD)	589	96.7%
This Year (YTD)	31	1.4%	This Year (YTD)	86	3.8%	This Year (YTD)	2158	94.8%

Summary of total number of learning disability deaths and total number reviewed under the LeDeR methodology

Total Number of Deaths, Deaths Reviewed and Deaths Deemed Avoidable for patients with identified learning disabilities

Total Number of Deaths in scope		Total Deaths Reviewed Through the LeDeR Methodology (or equivalent)		Total Number of deaths considered to have been potentially avoidable	
This Month	Last Month	This Month	Last Month	This Month	Last Month
0	3	0	3	0	0
This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter	This Quarter (QTD)	Last Quarter
4	1	4	1	0	0
This Year (YTD)	Last Year	This Year (YTD)	Last Year	This Year (YTD)	Last Year
8	18	8	18	0	0

Time Series:	Start date	2017-18	Q1	End date	2018-19	Q4