

## Agenda Trust Board – Open Session

<b>Date</b>	30/01/2020
<b>Time</b>	9:00 - 11:45
<b>Location</b>	Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH
<b>Chair</b>	Peter Hollins
<b>Apologies</b>	David Bennett

- 1**  
9:00 **Chair's Welcome, Apologies and Declarations of Interest**  
To note apologies for absence, and to hear any declarations of interest relating to any item on the Agenda.
- 2** **Minutes of Previous Meeting held on 9 January 2020**
- 3** **Matters Arising and Summary of Agreed Actions**  
To discuss any matters arising from the Minutes, and to agree on the status of any actions assigned at the previous meeting.
- 4** **QUALITY, PERFORMANCE and FINANCE**  
Quality includes: clinical effectiveness, patient safety, and patient experience
  - 4.1** **Staff Story**  
9:15 To receive feedback from patients, carers, or other stakeholders about their experience of the Trust's services.
  - 4.2** **Briefing from Chair of Quality Committee for review (Oral)**  
9:30 Tim Peachey, Non-Executive Director
  - 4.3** **Briefing from Chair of Audit and Risk Committee for review (Oral)**  
9:35 Simon Porter, SID/Non-Executive Director
  - 4.4** **Briefing from Chair of Strategy & Finance Committee for review (Oral)**  
9:40 Jane Bailey, Non-Executive Director
  - 4.5** **Integrated Performance Report for Month 9 review**  
9:45 To review the Trust's performance as reported in the Integrated Performance Report and the Quarterly Patient Safety Report.  
Sponsor: Jane Hayward, Director of Transformation & Improvement
  - 4.6** **Finance Report for Month 9 for review**  
10:30 Sponsor: David French, Chief Financial Officer

- 5 STRATEGY and BUSINESS PLANNING**
- 5.1 Change Champions for decision**  
10:40 Sponsor: Gail Byrne, Director of Nursing & Organisational Development  
Attendees: Tristan Chapman, Director of Improvement & Partnerships, David Young, Head of Leadership Development and Change Champions
- 6 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL**
- 6.1 Feedback from Council of Governors' meeting 23 January 2020 (Oral)**  
11:00 Sponsor: Peter Hollins, Trust Chair
- 6.2 Register of Seals, and Chair's Actions for ratification**  
11:05 In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Delegation.  
Sponsor: Peter Hollins, Trust Chair
- 6.3 Board Assurance Framework 2019-20 Quarter 3 Report and Next Steps for review**  
11:10 To receive the Quarter 3 report on the Board Assurance Framework and update on Risk Appetite and Principal Risks for 2020/21  
Sponsor: Paula Head, Chief Executive  
Attendee: Audley Charles, Interim Company Secretary
- 6.4 Board Committee Terms of Reference - Current Position for review (Oral)**  
11:30 Sponsor: Peter Hollins, Trust Chair  
Attendee: Audley Charles, Interim Company Secretary
- 7 Any other Business**  
11:40 To raise any relevant or urgent matters that are not on the agenda
- 8 To note the date of the next meeting: 26 March 2020, in the Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH**
- 9 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.”
- 10 Items circulated to the Board for reading**  
31 December 2019  
Press Release: Liver expert says alcohol withdrawal symptoms ‘to blame’ for workplace anxiety  
17 January 2020  
Press Release: Senior doctor says perfect school attendance for children with chronic conditions “unfair and unrealistic”

20 January 2020

Press Release: Southampton surgeons showcase state-of-the-art surgical robot

22 January 2020

Press Release: Researchers find drug used widely to treat eye condition has “no benefit”

**10.1 Guardian of Safe Working Hours Quarter Report**

Sponsor: Derek Sandeman, Medical Director

**11 Follow-up discussion with governors**

11:45

**12 Clinical Visit**

12:00

**13 Lunch**

13:15

## Minutes Trust Board – Open Session

<b>Date</b>	09/01/2020
<b>Time</b>	9:00 - 10:54
<b>Location</b>	Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH
<b>Chair</b>	Peter Hollins (PTH)
<b>Present</b>	Jane Bailey (JB) Non-Executive Director (NED) Gail Byrne (GB) Director of Nursing & Organisational Development Cyrus Cooper (CC) NED Jenni Douglas-Todd (JD-T) Senior Independent Director/NED Keith Evans (KE) NED Designate Simon Porter (SP) /NED Paula Head (PH) Chief Executive David French (DAF) Chief Financial Officer Jane Hayward (JH) Director of Transformation & Improvement Joe Teape (JT) Chief Operating Officer
<b>Attendees</b>	*Steve Harris (SH) Director of Human Resources *Audley Charles (AC) Interim Company Secretary & Associate Director of Corporate Affairs *Duncan Linning-Karp (DL-K) Divisional Director of Operations 3 Governors 2 Members of staff  *Denotes non-voting member/attendee
<b>Apologies</b>	David Bennett, NED Derek Sandeman, Medical Director
<b>Minutes</b>	Tracey Burt, PA to Trust Chair and CEO

- 1 Chair's Welcome, Apologies and Declarations of Interest**

The Chair welcomed members and attendees, including Keith Evans, NED Designate. He noted that that was the first Trust Board JD-T had attended as Deputy Chair/SID.

There were no interests declared in relation to items on the agenda.
- 2 Minutes of Previous Meeting held on 28 November 2019**

The minutes were confirmed as an accurate record subject to the following updates/amendments:-

  - DL-K and JMCA to be denoted as non-voting attendees.
  - PTH advised that as the Trust Board minutes for 28.11.2019 had only just been re-issued, any subsequent observations would be accepted by email.

**RESOLVED:** The minutes were **approved** as an accurate record subject to the changes indicated.

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

The Action log was reviewed and updated as follows:

- **Annual Litigation & Insurance Review – Action 116.** An update would be taken to the March Quality Committee and to Board on the 26th March 2020.
- **Patient Mis-identification – Action 117.** This would be taken to the April Quality Committee and an update provided to the Board on the 30th April 2020.
- **Research and Development Strategy – Action 118.** A tentative date had been scheduled for this to be discussed at a Board Study Session.
- **Shared Research and Development Mission – Action 119.** A meeting between the Vice Chancellor and Chair of Council of the University of Southampton, PTH and PH had been arranged for the 14th February.
- **Staff suffering violence – Action 127.** SH advised that he had met the staff (and their managers) who had presented at the Trust Board. On reflection he felt that whilst there was a range of relevant policies/procedures in the organisation, they did not link together well. The issue would be reviewed at the People Committee which was due to operate from February 2020 under the chairmanship of JD-T. An update would be given at the April Board.

**ACTION:** *SH/GB to update the April Board.*

- **Patient experience and waiting times – Action 130.** JH advised that information on cancer waiting times would be provided to the Board on the 30th January.

**ACTION:** *JH to update Board on the 30th January.*

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## **QUALITY, PERFORMANCE and FINANCE**

4.1

### **Patient Story**

A patient and her husband shared their experience of the Trust's services following her diagnosis with ovarian cancer in March 2019. They praised the nursing staff but expressed disappointment about communication and the service provided by the physios. They also mentioned expensive car parking, poor food, the lack of empathy/support provided by stoma nurses and being given the wrong medication.

PTH thanked them for attending and sharing their experience.

**ACTION:** *GB to advise the couple of actions taken in relation to their observations.*

#### 4.2 **Briefing from Chair of Strategy & Finance Committee for review**

Jane Bailey, Non-Executive Director, summarised the items discussed at the Strategy & Finance Committee held on the 6th January and highlighted the following:-

- whole system updates had been discussed and the impacts they would have on the Trust's future capacity and resourcing.
- the current financial position and the Cost Improvement Programme had been considered. It had been a challenging month but the papers and issues were clear and there was nothing specifically that needed to be flagged to the Board.
- the forecast outturn had been considered and would be discussed during the Closed Board.

#### 4.3 **Integrated Performance Report for Month 8 for review**

JH, Director of Transformation and Improvement, introduced the report.

##### **Improving patient journeys**

- JD-T asked whether anything had been done differently to support administrative staff who had to contact patients regarding the cancellation of operations. PH advised that matrons had been providing support to admin teams and patients having their operations cancelled on the day of surgery were being contacted/seen by senior staff.
- PTH noted that it had been a difficult period for delayed transfers of care and asked whether the Trust could encourage other organisations to do more. PH advised that this was a national issue and whilst additional funding had been provided by government, it was not sufficient to match demand. Local councils had been trying different things but lack of staffing was a key issue for many care providers.

JT advised that there had been between 80 and 100 delayed transfers of care during the period and whilst some issues were within the gift of UHS, there were also capacity and external factors and all aspects of the process needed to be speeded up.

**ACTION:** *JH advised that delayed transfers of care would be discussed at a Quality Committee.*

- PTH asked what was driving referral to treatment time performance and where the Trust would be if demand had not increased in the way it had. JH advised that there had been some quite successful programmes to reduce demand this year but the greatest difference had been the Trust's inability to deliver additional outpatient clinics and theatre lists.

She noted that West Hants CCG had been doing work on initial triage to reduce demand.

### **Key Performance Indicators (KPI) report**

PTH suggested that the icons were removed as they were not adding value. This was agreed.

(IPJ1-L) Non elective LOS - it was noted that the line was very flat and that this was one of the Trust's most important metrics.

(IPJ16-N) %Patients on an open 18 week pathway - the impact this wait had on patients was a concern.

(HL1-N) Cumulative Clostridium difficile - the increase in numbers was noted. GB advised that this was due to increased testing because of the norovirus outbreak, rather than higher levels of C. difficile being present.

(HL12) Crude Mortality Rate – PTH noted the sharp increase and asked whether this should be a matter of concern.. TP advised that this metric was particularly sensitive to coding issues.

(HL14-L) Maternity FFT negative score – the score was noted and GB suggested that there was some fatigue with the collection of data. The Trust would be working with a new survey supplier.

(HL15-L) Staff Sickness Absence - it was noted that this was increasing and that other workforce metrics were not being met.

(LE7-L) NIHR CRF/BRC publications year on year growth – JB noted the decline and the impact this might have on the Trust obtaining the next BRC research grant. CC advised that an advisory panel would be coming to the Trust on January 22nd and would provide an indication of the likely bid success.

Estates – DAF noted the drop off in these graphs and advised that a new Head of Maintenance had recently started work at the Trust.

KE asked which were the most important KPIs and this was debated briefly.

**RESOLVED:** The Board **noted** the report.

## **4.4**

### **Staff Strategy 6-month Progress Report for review**

The report was presented by SH, Director of Human Resources and the following points were highlighted:-

- in Spring 2018 the Trust had agreed a five-year Staff Strategy which now needed to be refreshed to align with new UHS goals, the clinical strategy and to meet the requirements of the National NHSI People Plan.

- the staff sickness absence rate was still below the National average but had increased and was an indication of the pressure staff were under.
- appraisal rates had dropped but the Trust was working to improve the quality of appraisals.
- there had been significant strides made in the recruitment of overseas nurses which had helped to reduce agency spend.

Following national advice from the BMA regarding pensions, UHS had written to all consultants providing contractual assurance. PH suggested a pragmatic approach as staff reviewed their work/life balance and advised that other solutions to demand/capacity issues would be needed.

GB advised that because of demand/capacity issues and the opening of more areas, registered nurses had been moved around the Trust. They were now spread more thinly which may result in the need for extended agency use.

She also advised that the running of a kindness and civility campaign across the Trust was being considered. There was also to be a calendar of events to celebrate nursing.

JD-T advised that the new People Committee would meet for the first time in February. Terms of Reference would be signed off and the Committee name confirmed.

JB asked whether any themes relating to low staff morale had been picked up through the staff survey. SH advised that the HR Business Partners had run some sessions with staff in areas identified and the Change Champions had also picked up on hot spots.

CC noted the growing strain on medical train and suggested that this should be monitored.

**RESOLVED:** The Board **noted** the report.

#### 4.5

#### **Finance Report for Month 8 for review**

The Finance Report for Month 8 (November) was presented by DAF, Chief Financial Officer. It had been expected that the month would be profitable as winter pressures had not set in and most staff were at work but a surplus of £0.6m was delivered against a planned surplus of £3.1m.

This was largely due to the impact of norovirus which meant that significant elective capacity was lost, as beds were occupied by non-elective patients. The Trust was also unable to admit new patients to empty beds due to infection being present in bays.

The other significant factor was CIP delivery which was £3.1m against a plan of £3.7m. The CIP plan had required length of stay reductions which would have enabled cost savings through bed closures. The engagement of PwC to support the Trust's 'Always Improving - Inpatients' programme would help with length of stay improvements during the coming months.

Year to date the Trust had a £4.4m surplus excluding PSF and a £7m surplus including PSF which was within £0.1m of Plan. DAF was confident that the Trust would achieve the Q3 surplus plan which would trigger Q3 PSF of £3.8m. It was unlikely, however, to achieve the Q4 plan which would require an £11m surplus. The forecast year end surplus was £2-5m which represented a £12-15m downside.

The four key factors affecting the Trust's financial out-turn for the year were:-

- the length of the norovirus outbreak and the impact of flu.
- the impact of high non-elective activity off-setting profitable elective capacity.
- CIP, in particular, length of stay reductions.
- the outcome of negotiations with CCGs who were challenging coding and counting.

**RESOLVED:** The Board **noted** the report.

## **5 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL**

### **5.1 Amendments to the Trust's Constitution for approval**

The paper was presented by PTH. Board members were advised that there was an error on page 3, section 1.1 which should state that were 6 voting Executive Directors, including the CEO.

#### **Change to Section 4.2: Composition of the Board of Directors**

Following discussion the Remuneration and Appointment Committee had approved the appointment of a new Executive Director. A Director of People, who would be a voting member of the Board, would be appointed and the recruitment process was underway.

It was therefore proposed that the Trust's Constitution be amended to read that the Board of Directors would comprise:-

4.2 The Trust's Board of Directors is to comprise;

4.2.1 A non-executive chair

4.2.2 Not less than five or more than seven each of executive and non-executive directors

4.2.3 The numbers of executive and non-executives shall be equal

4.2.4. The Chairman has a casting vote in the event of a tie

#### **Change to Sections 13.1 and 13.6: Arrangements for the appointment of the Lead Governor and Deputy Lead Governor**

The Constitution did not state how those appointments should be made and the arrangement outlined on page 3 of the paper was proposed for adoption.

**RESOLVED:** The Board **approved** the proposed amendments to the Trust's Constitution.

5.2

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

DAF suggested that the fee agreed with PricewaterhouseCoopers be removed from the Trust's records, so that it was not subject to FoI requests as it was commercially sensitive.

**RESOLVED:** The Board **approved** the removal.

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**Any other Business**

**Thanks**

- Steve Erskine, Chair, Hampshire Hospitals had spent Christmas Day at UHS with his mother and had thanked staff for the "terrific treatment" she had received.
- PTH noted that that was the last formal Board meeting that SP would attend as a NED. He thanked him for all his work on the Board and for his contributions to the Strategy and Finance Committee and the Audit Committee.

**Register of Interests**

- JD-T asked for an amendment to be made to the register.

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**To note the date of the next meeting: 30 January 2020, in the Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH**

*There being no further business the meeting was closed at 10.54 hrs*

List of action items

Agenda item	Assigned to	Deadline	Status
Trust Board – Open Session 31/10/2019 4.3 Briefing from Chair of Audit and Risk Committee for review (Oral)			
116.	Annual Litigation & Insurance Review	<ul style="list-style-type: none"> <li>● Charles, Audley</li> <li>● Peachey, Tim</li> </ul>	26/03/2020 <span style="float: right;">■ Pending</span>
<p><i>Explanation action item</i>            TP to ensure nature of claims against the Trust is picked up through the Quality Committee and provide a periodic summary to Board.</p> <p>Acknowledged at the November Board and the Interim Company Secretary to discuss with Tim Peachey a Formal Report to be presented to the March Quality Committee, after which the Chair will update the Board in his briefing.</p> <p>An update will be brought to the March Board after the Annual Business Cycle for the Quality Committee has been approved.</p>			
Trust Board – Open Session 31/10/2019 4.5 Integrated Performance Report for Month 6 for review			
117.	Patient Mis-identification	<ul style="list-style-type: none"> <li>● Byrne, Gail</li> <li>● Peachey, Tim</li> </ul>	30/04/2020 <span style="float: right;">■ Pending</span>
<p><i>Explanation action item</i>            The Quality Committee to review progress on eliminating the possibility of patient mis-identification in 6 months' time and feed back to the Board.</p> <p>This to be incorporated into the Quality Committee agenda for 27/04/19, with an update to Board.</p>			
Trust Board – Open Session 31/10/2019 4.5 Integrated Performance Report for Month 6 for review			
118.	Research and Development Strategy	<ul style="list-style-type: none"> <li>● Hollins, Peter</li> <li>● Sandeman, Derek</li> </ul>	07/04/2020 <span style="float: right;">■ Pending</span>
<p><i>Explanation action item</i>            Identify an opportunity to discuss R&amp;D strategy during a Board Study Session.</p> <p>Item tentatively scheduled for the April Board Study Session.</p>			

Trust Board – Open Session 31/10/2019 4.5 Integrated Performance Report for Month 6 for review				
119.	Shared Research and Development Mission	● Head, Paula	30/01/2020	■ Pending
<p><i>Explanation action item</i>            Arrange a joint meeting of the UHS and UOS Boards.</p> <p>Meeting arranged for 14 February 2020.</p>				
Trust Board – Open Session 28/11/2019 3 Matters Arising and Summary of Agreed Actions				
127.	Staff Stories - Staff members suffering violence	● Byrne, Gail ● Harris, Steve	30/04/2020	■ Pending
<p><i>Explanation action item</i>            SH to consider the need for a specific procedure as part of his review until resolved and GB to inform staff members involved of the outcome.</p> <p>This issue would be reviewed at the People Committee which was due to operate from February 2020 under the chairmanship of JD-T. An update would be given at the April Board.</p>				
<p><i>Explanation Harris, Steve</i>            SH has now met with the staff members, and also held a separate meeting with the line manager and the matron from the area. The meetings were productive.</p> <p>In summary it is concluded that there need to be revision to existing policy and practice, and an increase in the existing support provided to staff, particularly when injured at work through violence.</p> <p>The areas identified were:</p> <ul style="list-style-type: none"> <li>• Ensuring compassionate and fair application of trust policy (particularly sickness) when colleagues are injured in the line of duty</li> <li>• Increasing the levels of support and deploying these rapidly for those who are physically injured, and ensuring metal injury is prevented or supported if this occurs</li> <li>• Increasing support and awareness of PTSD</li> <li>• Formalising a fast tacking programme to ensure staff can receive clinical treatment at UHS, and potentially other NHS organisations, in a timely way to help support them back to work sooner.</li> <li>• Rapid application of temporary injury allowances where appropriate.</li> </ul>				

Trust Board – Open Session 28/11/2019 4.5 Integrated Performance Report for Month 7 for review				
130.	Patient Experience and Waiting Times	● Hayward, Jane	30/01/2020	■ Pending
<p><i>Explanation action item</i>  The Board requested that positive assurance in relation to patient experience and waiting times be provided in the opening narrative of the next reports.</p> <p>JH advised that information on cancer waiting times would be provided to the Board on 30th January 2020.</p>				
Trust Board – Open Session 09/01/2020 4.1 Patient Story				
145.	Patient Story	● Byrne, Gail	30/01/2020	■ Pending
<p><i>Explanation action item</i>  GB to advise the couple of actions taken in relation to their observations.</p>				
Trust Board – Open Session 09/01/2020 4.3 Integrated Performance Report for Month 8 for review				
146.	Improving Patient Journeys	● Hayward, Jane	30/01/2020	■ Pending
<p><i>Explanation action item</i>  JH advised that delayed transfers of care would be discussed at the Quality Committee.</p> <p>Update: The Complex Discharge Quarter Report will be reviewed at the Quality Committee on 27 January 2020.</p>				

<b>Report to the Trust Board of Directors dated Thursday, 30 January 2020</b>			
<b>Title: Integrated Performance Report 2019/20 Month 9</b>			
<b>Category</b>	Quality, Performance, and Finance		
<b>Agenda item</b>	4.5		
<b>Sponsor</b>	Director of Transformation and Improvement		
<b>Author</b>	Trust Performance Manager		
<b>Provenance</b>	The Integrated Performance Report is reviewed monthly by the Board of directors		
<b>Classification</b>	This Report is unclassified.		
<b>Purpose and recommendation</b>	The paper is presented for REVIEW.		
<b>Relevant strategic goals</b>	✓ 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.
<b>Assurance framework links</b>	<ul style="list-style-type: none"> <li>• BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways</li> <li>• BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6</li> <li>• BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme</li> <li>• BAF04 – Reduced access to resources compromises the quality of services</li> <li>• BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care</li> <li>• BAF06 – Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services</li> <li>• BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care</li> <li>• BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual</li> <li>• BAF09 – Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider</li> <li>• BAF10 – Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status</li> </ul>		
<b>Impact assessments</b>	n/a		
<b>Other standards affected</b>	n/a		

# Integrated KPI Board Report Digest

## Improving patient Journeys

December was a challenging month for UHS across both the elective and non-elective pathways. While the norovirus outbreak from November largely abated, we continued to spend a significant number of days on Black Alert and a high number of elective cancellations.

Non elective length of stay increased slightly from 6.38 in November to 6.41 in December. This is the second month in a row we have had an increase following a reducing trend for the previous 38 months. Delayed transfers of care increased in December to 7.3% against a target of 3.5% which is the highest figure since definition changes made in August 2018. Although we are not achieving the percentage target year to date we have delivered 1067 more complex discharges when compared to last year reflecting the additional complexity and volume of patients we are treating. We have continued to work closely with system partners and we are working together to ensure we have additional capacity in the winter months. The wider system has put in 15 additional beds, as well as a home care service, and UHS opened the first tranche of winter beds at Princess Anne (a 26 bedded medical ward, a net increase of 14 beds).

The COO team have stated to work with the Integrated Discharge Bureau to improve the escalation framework for DTOCs, and are also convening a summit with the system to look at what more can be done, including how risk is more appropriately spread across the system at times of heightened pressure.

Adult bed occupancy has been consistently higher this autumn compared to last autumn at around 94%. Adult bed occupancy last year was 86.4%, this year it was 93.2% in December. We have had a 7.8% growth in emergency attendances and a 3.4% increase in non-elective spells (year to date) accounting for the additional inpatients this summer. The Always Improving Inpatients project started in late November with a plan to reduce LOS by 12% by March 2020. Teams have been engaging in the project well. This is being rolled out in phases so will not deliver a 12% reduction overall in LOS but will be focused on key areas. While early anecdotal reports have been positive, we are not expecting data showing any improvements until February.

ED performance improved in December from the low of November. For the month, type 1 performance in December was 76.3% and we ranked 3<sup>rd</sup> of 8 Major Trauma Centre peers (8<sup>th</sup> being worst). Local delivery system performance was at 86.6% in December against a local target of 90.0%. The key issues remain the same, poor bed flow (particularly for medicine and medicine for older people) and internal processing and capacity within the Emergency Department.

A new clinically led action plan is being developed with the department and will be ready by the end of January. While performance obviously remains important, the current overcrowding within the department, patient experience and outcomes are the driving factor in our improvements.

The key improvements focus on:

- Internal processing and standardisation within the Emergency Department
- Pull from receiving specialties (including developing new pathways, e.g. for #NOF)
- The potential to expand SDEC
- A longer term strategy on the future of the Emergency Department, including the estates (and the Emergency Village)
- What more the system can do to reduce attendances and improve discharges
- Mental Health
- GP streaming

As part of the budget setting process we are also looking at what additional investment the Emergency Department needs and how this will support both performance and safety.

The percentage of patients on an open Referral to treatment pathway (waiting list) who have waited less than 18 weeks in December is at 79.5%. Patients waiting over 18 weeks increased by 337. The overall waiting list increased in size by 87 patients over December. Capacity in OPs and theatres was reduced due to December bank holidays.

Neurology, Ophthalmology and ENT all had increased volume of > 18 week waits in the referral category, these are patients who have not yet been seen. Ophthalmology, dermatology and colorectal all had increased numbers of patients in the still on pathway category (these patients have been seen but not yet had a definitive treatment) and gynaecology, urology and ENT all increased their number of > 18 week patients waiting for surgery.

#### **52 week breaches**

- In December 22 patients had not received a definitive treatment within 52 weeks.
- The main areas of concern remain ENT, benign urology and paediatric orthopaedics. There are specific plans in place for these specialties whilst other care groups with lower volumes are carefully tracking all long waiting patients.

Work is ongoing to improve pathways across all RTT areas and a range of plans are in development as part of our plans for 2020-21. Some examples of these include:-

### **Neurology.**

- In January the team commenced a 200 day rapid improvement project with the aim of reducing patients requiring Outpatient appointment by up to 28% per annum.
- If achieved, assuming referrals do not increase, this would balance demand and capacity it would not however reduce the backlog, further plans would need to be developed for this.

### **Ophthalmology**

- There is additional capacity via an insourcing model at Lymington hospital from February 2020, delivering 1,400 additional outpatient appointments.
- There will be a new consultant in eye casualty from March 2020 adding additional 219 clinic slots per annum and 252 cataract operating slots.

### **ENT**

- We are planning to operate on 75 long waiting patients by the end of March either in the private sector or by the use of an insourcing company. This would remove the long waiting benign work which is displaced due to the high ENT cancer demand.
- There are ongoing discussions with CCGs about stopping some referrals to UHS for benign ENT work which would then take place at alternative locations.

### **Urology**

- In January the team are undertaking benign long waiting kidney stone work in the private sector; It is expected to remove 14 longer waiting benign patients from the waiting list.
- There is space in the newly developed urology day unit, with the appointment of an Associate specialist for kidney stone work this should treat an additional 32 patients from the waiting list by the end of March.

The ENT & Ophthalmology operating work streams are being supported by additional NHSI funding which was secured in December.

### **Gynaecology**

- The gynaecology theatres have been refurbished this winter, the re-opening has been delayed due to validation of the air handling system. The service will continue to use theatre K in the meantime and will maintain access to theatre k when gynaecology are back and operating in their own footprint.
- UHSFT has access to one theatre at Southampton treatment centre, the service has been asked to review their use of the STC and are due to report back with actions against all of their 52 week breach risk in light of this additional capacity being made available.

### **Paediatric Orthopaedics.**

- All patients at risk of not being treated within 52 weeks now have dates for surgery.
- A sustainable plan for paediatric trauma is required and will form part of the overall discussion around theatre capacity.

**Diagnostics** 6 week diagnostic performance did not achieve the target at 2.51% against a target of  $\leq 1\%$  with increased beaches in all modalities apart from Neurophysiology. Plans are in place to increase endoscopy capacity with sessions in Lymington and, subject to consultant's agreement, an increase in weekend sessions at UHS. CT scanning will bring additional capacity on site from January to mitigate the delay in the build of the E level CT scanner which was delayed due to estates work required in the courtyard building and the allocation of University space.

For all the improvement actions above a full understanding on how they will impact on the target is being undertaken and a revised trajectory for the Board will be developed in March 2020.

Average weeks waited for first outpatient appointment sits at 8.8 which are higher than the same time 12 months ago.

49.5% of patients are still waiting for their first OP appointments and in high demand areas this is being addressed through transformation work. In the short term the lack of WLI remains a problem in delivering increased OP sessions. Overall, however the number of patients waiting for first OPs decreased by 110.

The RTT data recording has been validated by an external company called the Source Group. The company validated 12,000 UHS records and their report shows that only 3% of pathways being missed for clock stops against an average of 8% nationally. This shows a high level of accuracy in our data reporting. Three Care Groups are now undergoing a deep dive during the final week of validation as they are outliers against UHS peers.

### **Cancer**

- 62 day cancer metric for December is at 76.1%. This is the pre validation figure & is higher than the pre validation forecast for the last 3 months. November closed at 76.3% which was an increase on October's position of 3.71%.
- 31 day metric is currently at 70.69% for December. This is a pre validated increase of 2.27% on November's closing figure of 68.42%.
- 2 week GP referral cancer waiting time performance remains high, achieving target for the ninth month in a row.

The NHSI team have been working with the five large tumour groups over the past 2 weeks and are presenting their in depth diagnostic work week commencing 27/1/20. This work will support the development of targeted action plans based on validated information and real patient pathways. The resulting plans should then be sustainable and relevant rather than quick fix and assumption based. This will be reported to the Board in March 2020.

## **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.

The Model hospital in association with the GIRFT team has now published up to date clinical metrics for 7 surgical Specialties, these will be updated at regular intervals in the year for trust to monitor and review.

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

The latest national data (October 2019) showed a median CHPPD for similar size (clinical output) trusts as 5.3 for registered nurses and 8.7 overall, UHS was at 5.6 and 8.9 respectively that month.

For the last 12 months the trust has achieved the target for complaints closed within 35 days, in November we achieved 86% against a target of 70%.

## **Supporting healthy lives**

C.difficile cases were above limit in December with 7 against a limit of 6. We are above the limit of cases year to date with 49 cases against a year to date limit of 46.

No medicines safety incidents with moderate harm were reported in December.

Patients screened for risky behaviours in December (alcohol consumption and smoking) remain stable well above target (currently 99% against a target >80%). Of those found to have moderate or high alcohol dependence 86% were given relevant advice or a referral to specialist

services in December, this performance is stable not achieving the target 90% (last achieved December 2018). Of those found to smoke who were given advice or offered medication performance in December was 96%, above the target 90%.

### **Building an expert and inclusive workforce**

This month staffing remains amber overall because some key targets have been missed for staff turnover and appraisals. A small increase in CHPPD can be attributed to a decrease in patient numbers due to the Christmas period and the amount of nursing hours remaining stable. Rolling sickness absence rates are continuing to increase and are now over 0.16% over the target of 3.4% a, underpinned by a higher rate of sickness absence during the summer compared to 2018. Reporting of sickness will transition to statistical control process from February.

UHS has seen improvements in rates of employment for BAME Band 7+ to 9%. Additionally, the position for the following is stable: statutory and mandatory training compliance (with 7 of 12 measures meeting target).

In UHS ward-based areas, total nursing staff vacancies have increased by 0.69% since last month Registered nurse vacancies in ward-based areas have again decreased this month (by -0.63% since last month) and is below the target of 15%. These changes are due to 24 Overseas nurses having acquired their PINs and promotion of RNs, however there have also been staff lost due to relocation of staff and reduction in contracted hours mainly following return from maternity leave, .

The total CHPPD rate in the Southampton General has increased from last month to RN 5.7 (previously 5.6), HCA 3.5 (previously 3.4) overall 9.2 (previously 9.0). The CHPPD for ward based areas (excluding Critical care units) in the Trust has increased from last month to RN 4.2 (previously 4.1) HCA 3.5 (previously 3.5) overall 7.7 (previously 7.6).

### **Being agile in meeting people's needs**

Estates helpdesk requests completed on time did not achieve target in December (10<sup>th</sup> month in a row), currently at 77.2%. Unresolved help desk requests remain below target, in December we had 838 against a target <1000. Unresolved requests over 30 dropped to 289 against the target <200. Percentage defect work orders completed on time did meet the target >85% in November at 92.8%.

Since introducing eQuest requesting in theatres in SGH we have seen a surge in histo requests being placed directly. In total the number of specimens being acknowledged is increasing.

UHS patient logins to My Medical Record dropped significantly in December. Cumulative patient registrations is at 21,727. The plan is to increase to 100,000 registrations by the end of this year. At the current rate of increase this will not be achieved. Mr Dave Berry, Chair of the MyMR steering group, will review this and a new MyMR strategy is being developed.

## **Leading edge research, education and innovation**

In Q3 2019/20 UHS was ranked 9<sup>th</sup> for non-weighted and 6<sup>th</sup> for weighted CRN recruitment against a target of being in the top 10 and top 5 respectively. Whilst we are still meeting target for non-weighted recruitment in terms of ranking our performance against our NIHR CRN target is significantly down, largely due to one large musculoskeletal study (5k participants) unlikely to hit target but also impacted by capacity constraints within clinical trials pharmacy. Our weighted recruitment is currently not meeting target, and again is also down against our NIHR CRN target which reflects in part that many of our more complex interventional clinical trials have been impacted by the capacity constraints within clinical trials pharmacy (see below for how these have been addressed)

In Q3 UHS are currently ranked 13<sup>th</sup> for contract commercial study recruitment, which whilst an improvement against previous recent performance (up from 16<sup>th</sup>), is still not meeting our target of being in the top 10, so we will continue our specific focus on improving our commercial performance.

Comparative CRN recruitment performance by specialty was on target in Q3 2019/20 with 52% specialties ranking as predicted (in the top 5 or top 10 based on prior performance).

Proportion of commercial studies closing in 18/19 FY on time and to recruitment target ended the year below the 80% target at 71%, however this was an improvement on the 17/18 performance of 57%. In Q3 2019/20 this metric is currently at 65%, and we anticipate a further improvement by year end, with an ambition that we will meet the 80% target.

Proportion of non-commercial studies closing on time and to recruitment target in Q3 is currently at 65% and again we anticipate that this will improve significantly by year end, such that Wessex will meet its 80% target.

Clinical study set up and recruitment (in particular for the commercial portfolio) has been impacted by capacity constraints across the research infrastructure and by pressures within the clinical services, in particular with regards to pharmacy capacity to set up and deliver clinical trials. Capacity constraints within clinical trials pharmacy have been addressed in the longer term by a business case to double staffing levels, which was approved by TIG in November 2020 and the initial round of recruitment has recruited additional pharmacy staff due to start in the new year. In the shorter term the clinical trials pharmacy team have been working closely with the R&D office to streamline processes, and work together against a prioritised pipeline of studies in set up.

The year to date NIHR CRF & BRC publications in 2019/2020 is 329 currently (14.5% less than same time last year), related to a loss of clinical academic staff. This is a major concern for our next BRC and CRF applications and actions are currently in progress that will require Trust support in due course.

# Integrated KPI Board Report

covering up to

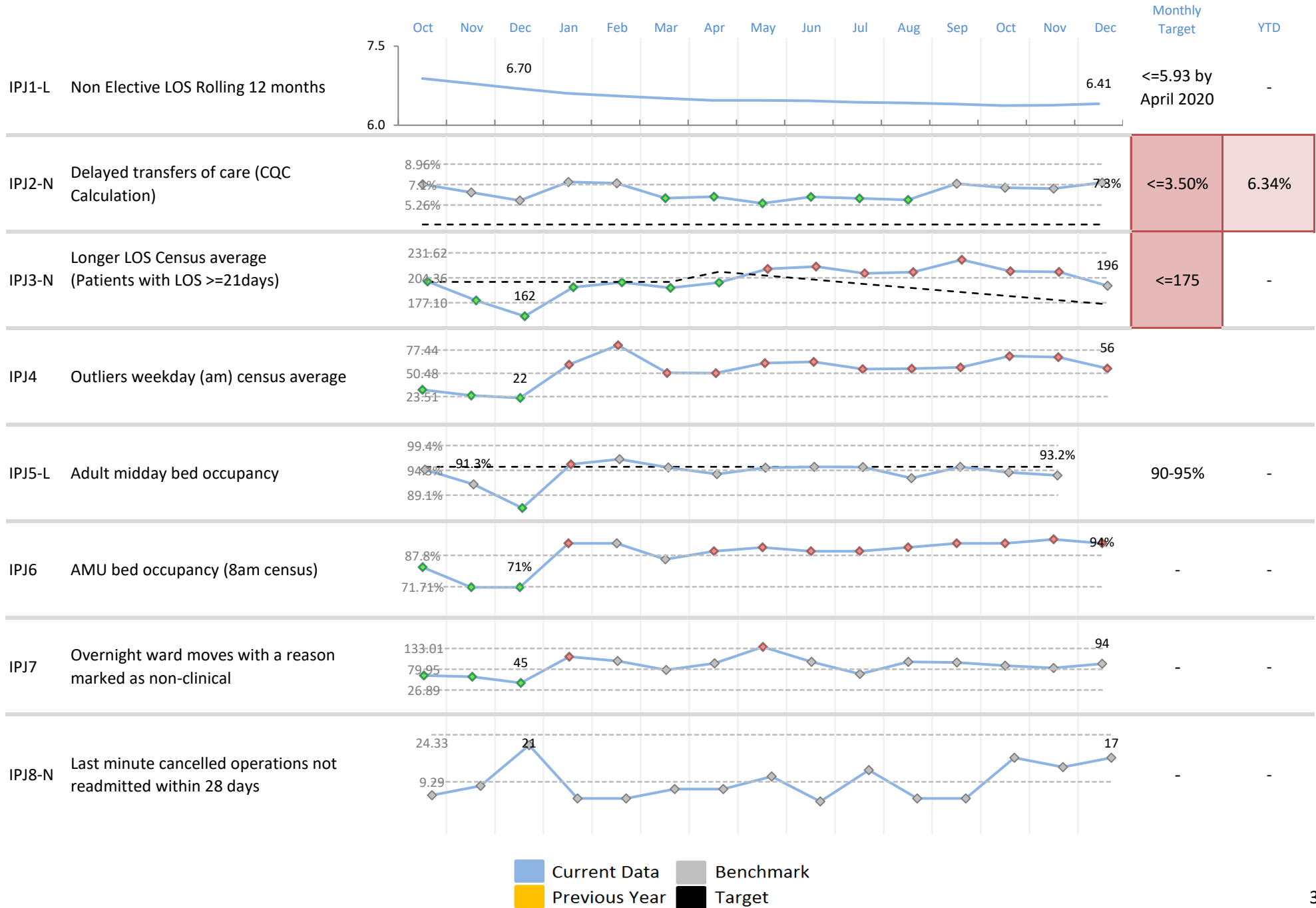
Dec 2019

Executive Sponsor - Jane Hayward, Director of Transformation

[Jane.Hayward@uhs.nhs.uk](mailto:Jane.Hayward@uhs.nhs.uk)

# Report Guide

Chart Type	Example	Explanation
Cumulative Column		A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year		A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly.
Line Benchmarked		The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month).
Line Percentiles		A line percentiles chart is used to represent the distribution of a variable. The 50th percentile shows the median value, we also show the 5th, 25th (lower quartile), 75th (upper quartile) and 95th centiles.
Control Chart		A control chart shows movement of a variable in relation to its control limits (the 3 lines = Upper control limit, Mean and Lower control limit). When the value shows special variation (not expected) then it is highlighted green (leading to a good outcome) or red (leading to a bad outcome). Values are considered to show special variation if they <ul style="list-style-type: none"> <li>-Go outside control limits</li> <li>-Have 6 points in a row above or below the mean,</li> <li>-Trend for 6 points,</li> <li>-Have 2 out of 3 points past 2/3 of the control limit,</li> <li>-Show a significant movement (greater than the average moving range).</li> </ul>
Variance from Target		Variance from target charts are used to show how far away a variable is from its target each month. Green bars represent the value the metric is achieving better than target and the red bars represent the distance a metric is away from achieving its target.

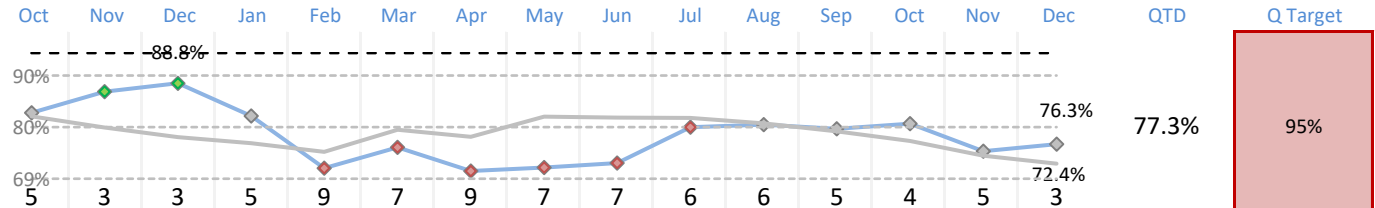


**Percentage of patients spending less than 4 hours in ED**

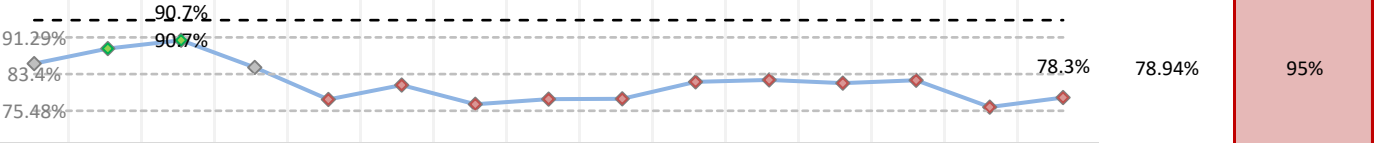
IPJ9-N SGH Main ED (Type 1 and UCH)

Major Trauma Centres (Type 1)

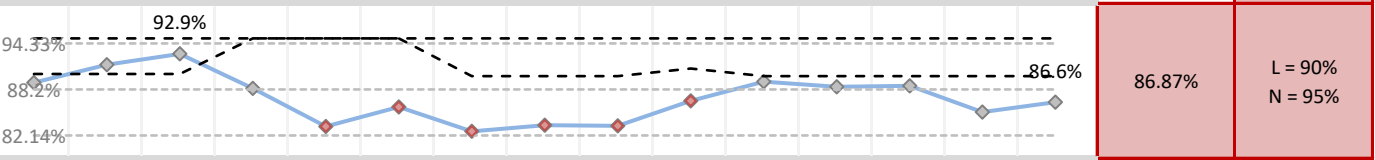
Rank of 11, (8 from May 19 onwards)->



IPJ10-N UHS Total (includes SGH all types and Lymington until Jul 19)



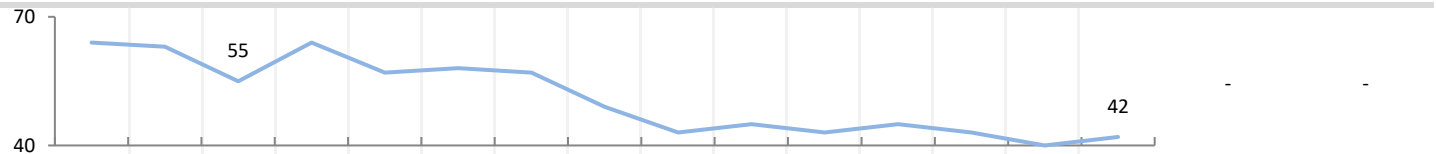
IPJ11-N Local Delivery System L/N



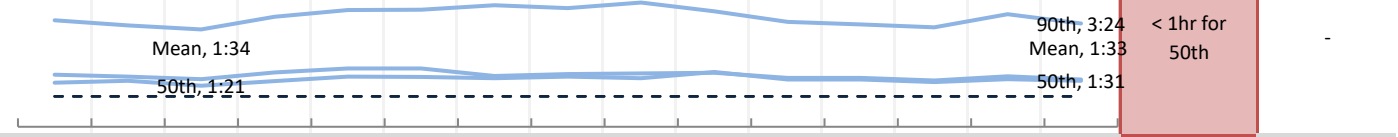
IPJ12 Same Day Emergency Care (SDEC)

Awaiting national data definition

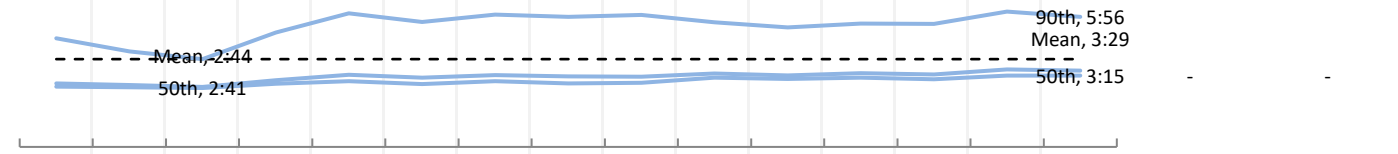
IPJ13-N Time to initial assessment - 95th Centile UHS Total



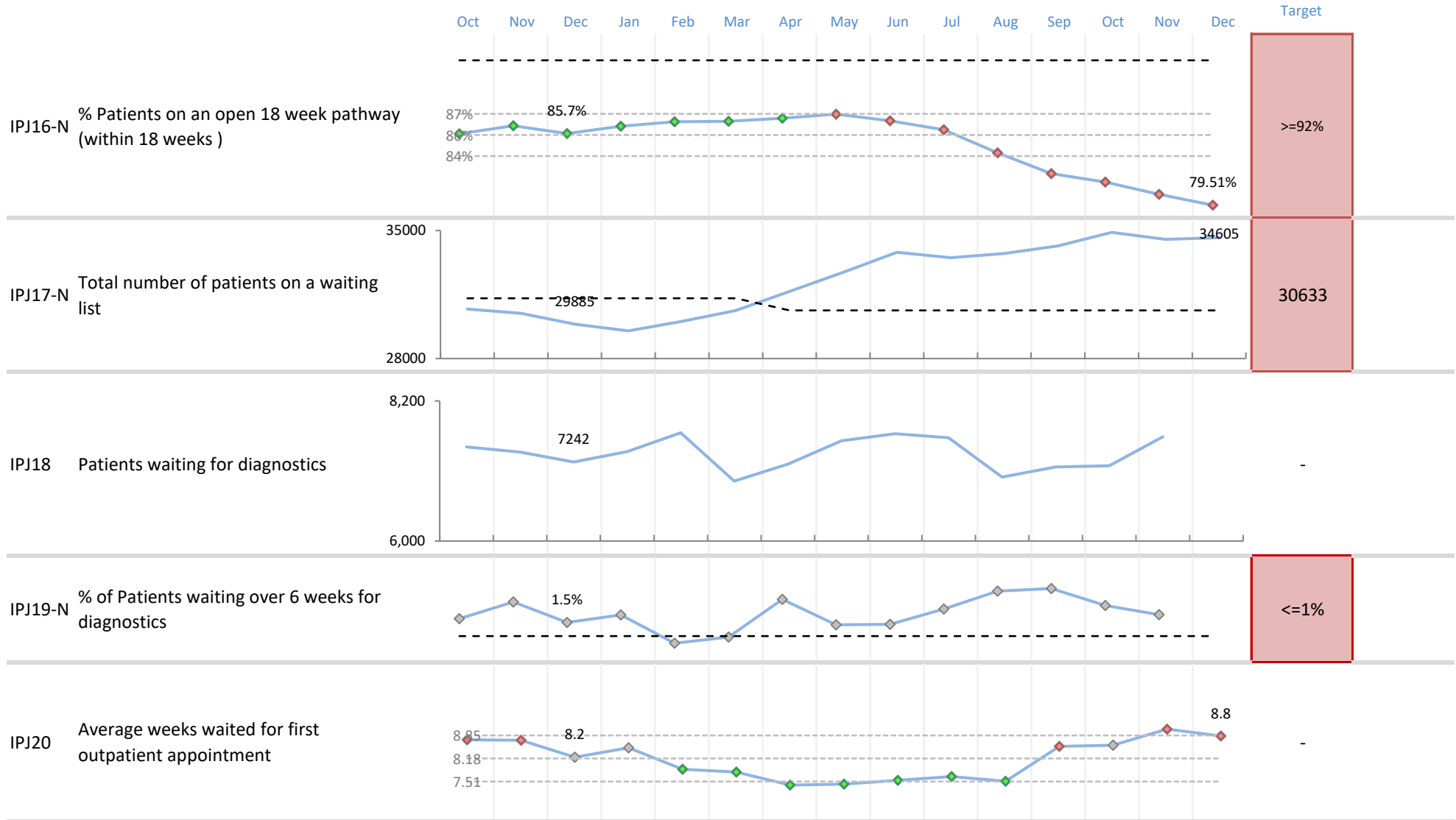
IPJ14-N Time to treatment - Percentiles UHS Total



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



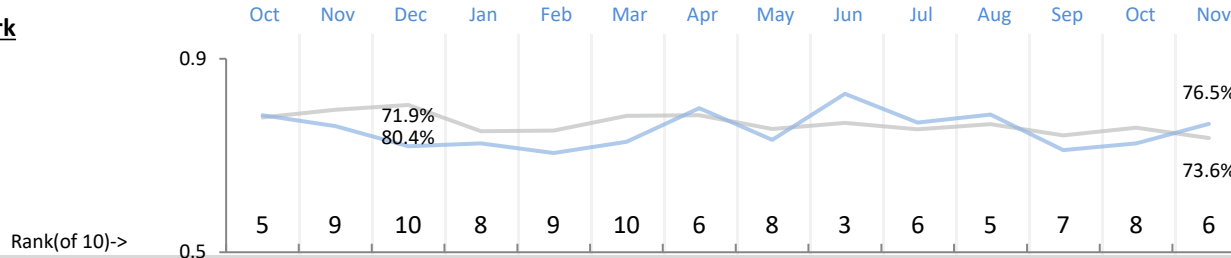
■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target



■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target

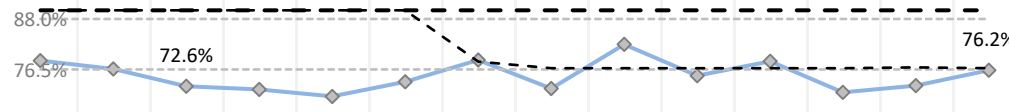
### 62 Day Performance Benchmark

IPJ21 Teaching Hospitals vs. UHS Total



IPJ21 The national average for this metric in November was 79.36% with UHS ranked 106th out of 155 organisations.

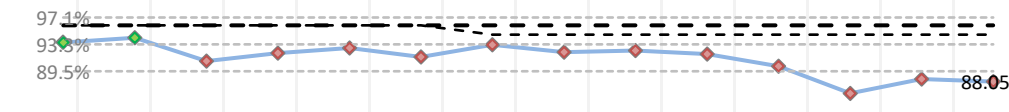
IPJ22- NL 62 day cancer wait performance



N=> 90%	N = 23	74%
L=> 77%	L= 1 of 170.5	

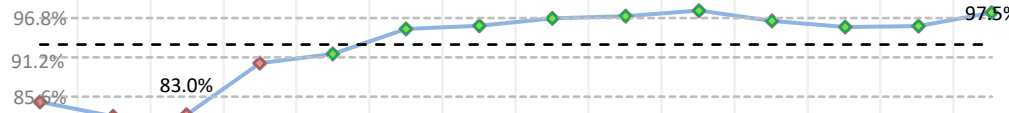
1 of 13 tumour sites achieved 62 day target in July.

IPJ23- NL 31 day cancer wait performance



N=> 96%	N=70	88%
L=> 95%	L=58 of 879	

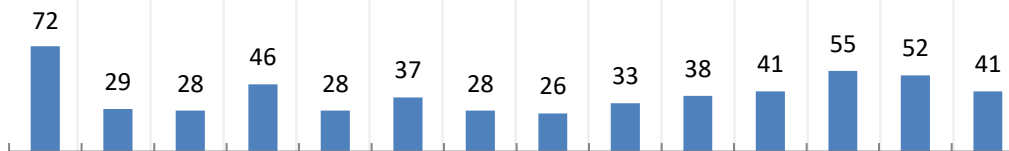
IPJ24-N Urgent GP referrals seen in 2 weeks



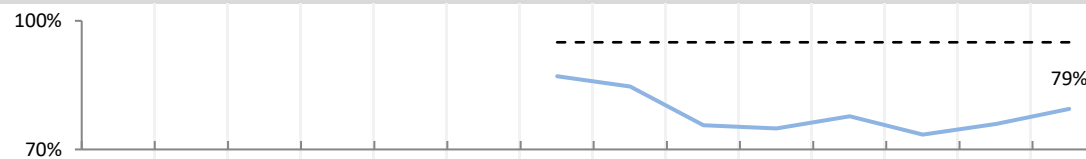
=>93%	0 of 1544	97%
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12 of 13 tumour sites achieved 2 week target in July.

IPJ25 Snapshot of waits > 104 days

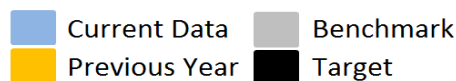


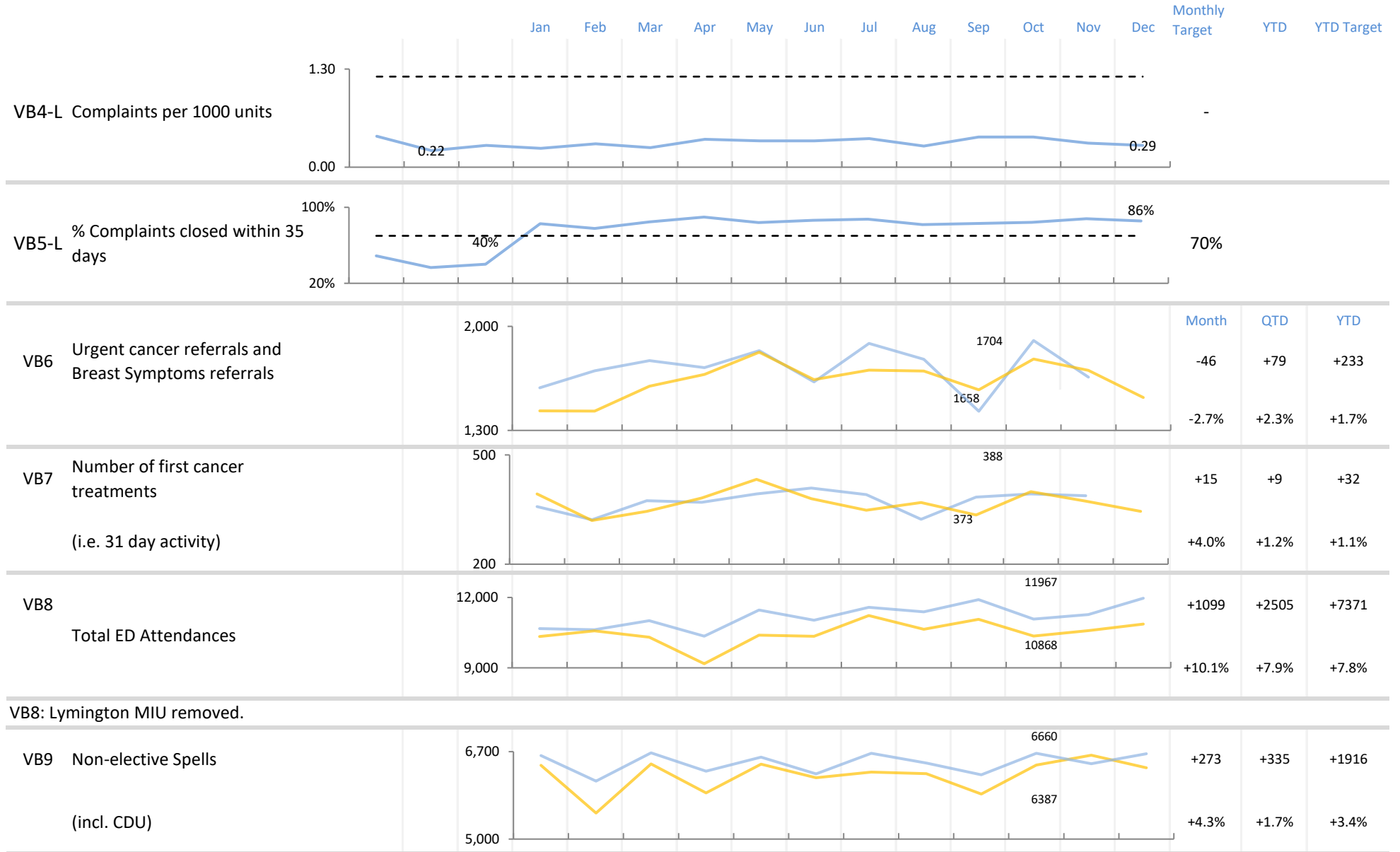
IPJ26 28 Day Faster Diagnosis



=>95%	231 of 1484	78%
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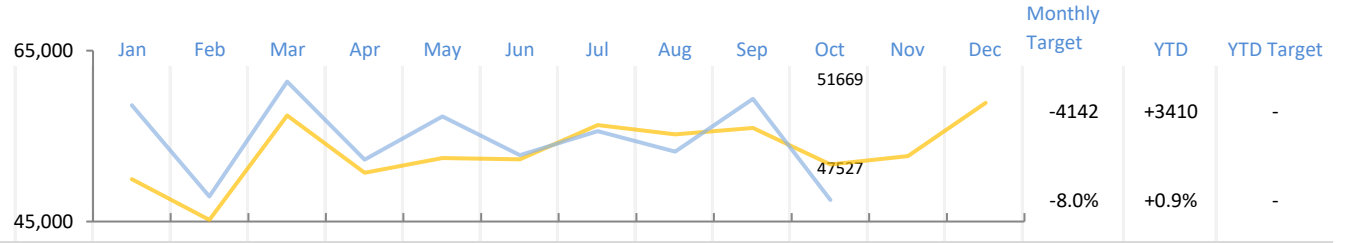
IPJ26 - this KPI is being shadow monitored by UHS in preparation for national submissions beginning April 2020. There is no update this month





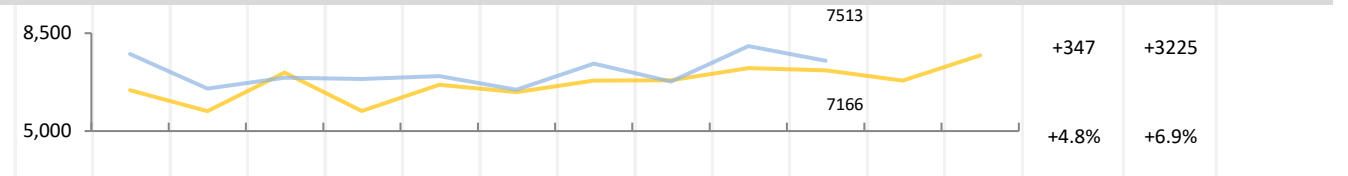
■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target

VB10 Face to Face OPA

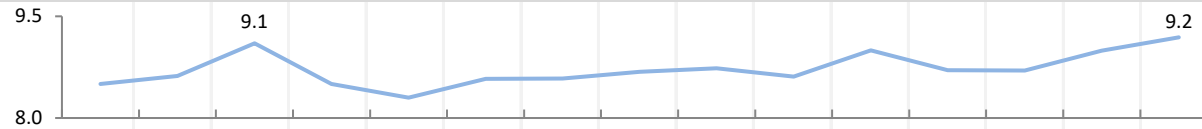


VB10/VB11: This currently excludes mymedical record contacts.

VB11 Non-Face to Face OPA

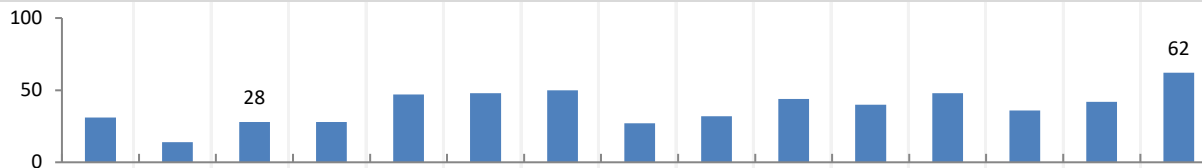


VB12 Total nursing staff all inpatient areas - Care hours per patient day (CHPPD)

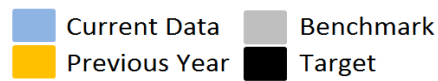
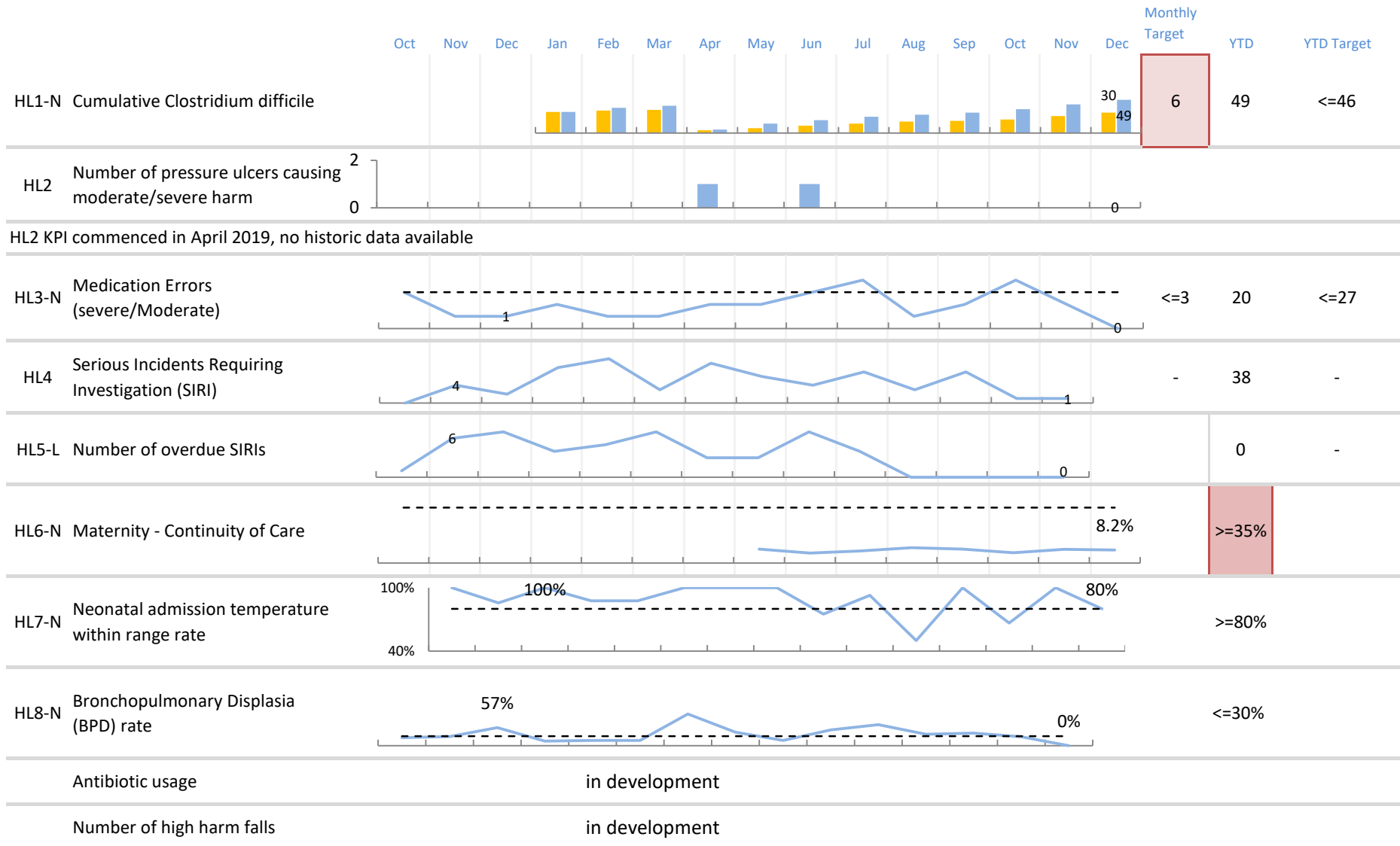


The total CHPPD rate in the Southampton General has increased from last month to RN 5.7 (previously 5.6), HCA 3.5 (previously 3.4) overall 9.2 (previously 9.0). The CHPPD for ward based areas (excluding Critical care units) in in the Trust has increased from last month to RN 4.2 (previously 4.1) HCA 3.5 (previously 3.5) overall 7.7 (previously 7.6)

VB13 Red Flag staffing incidents

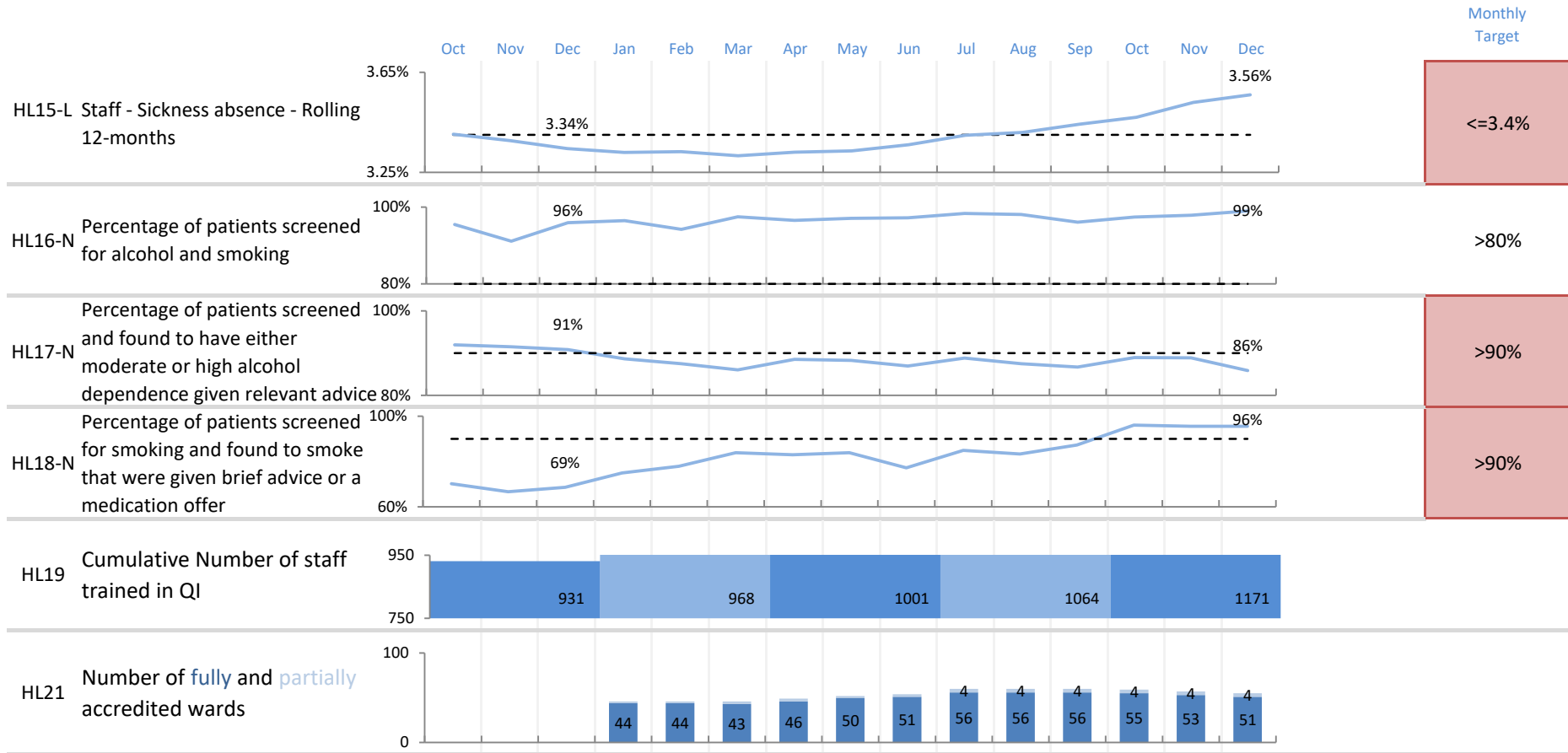


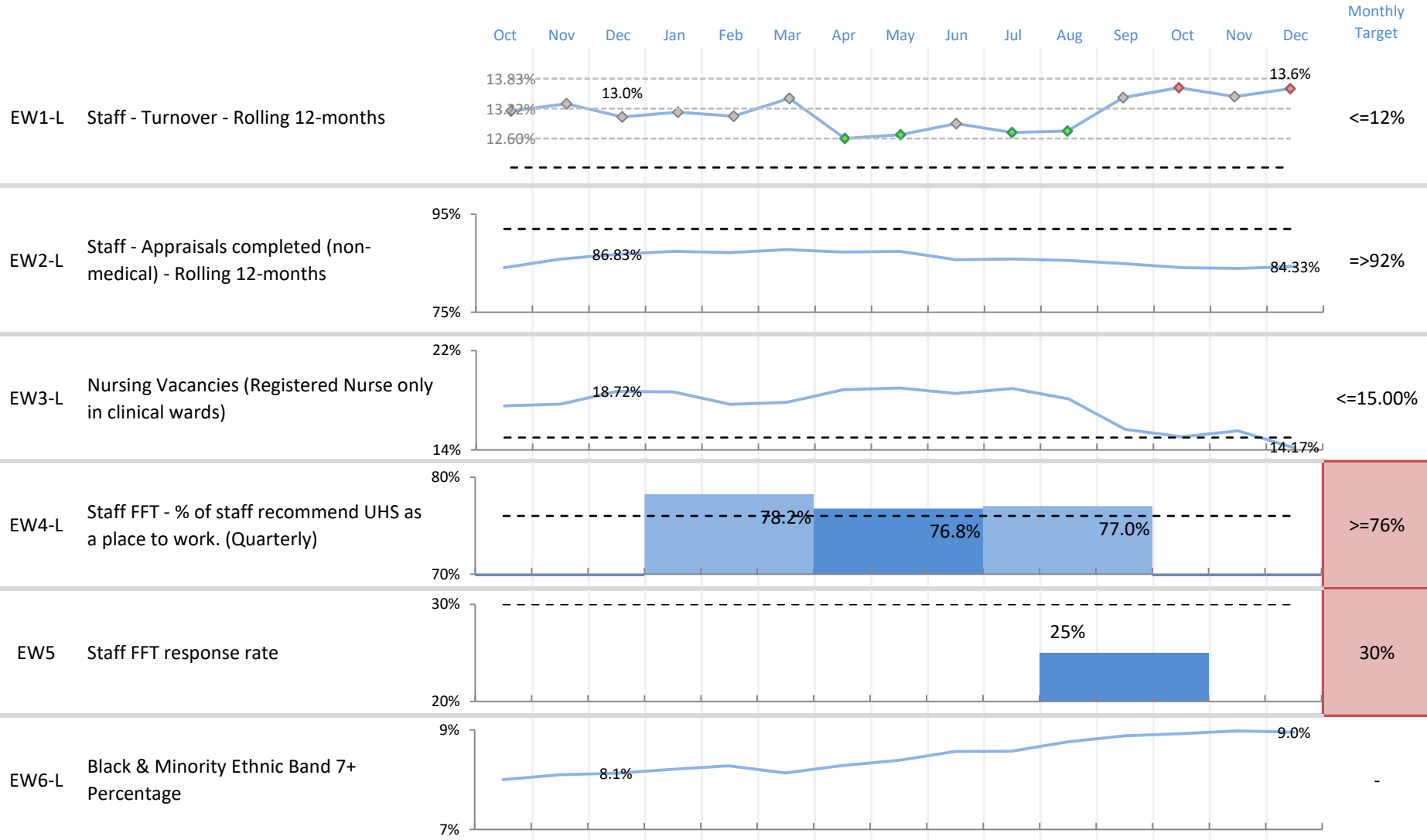
■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target



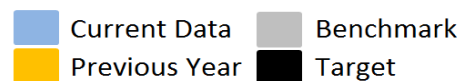


■ Current Data    ■ Benchmark  
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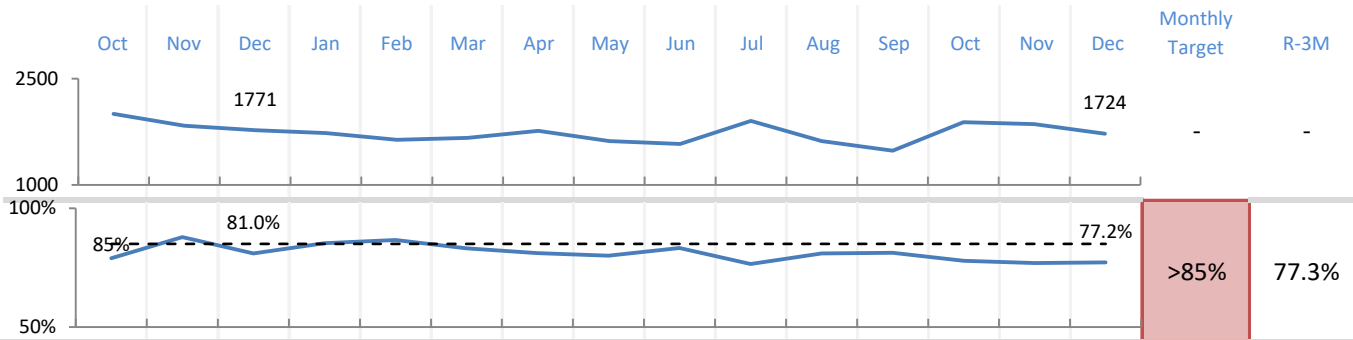


EW6 UHS has a target of 15% Band 7+ BME staff by 2023.



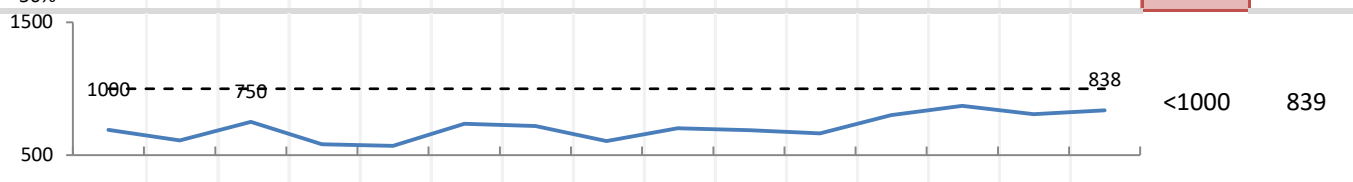
**Estates**

BA1-L Number of Help desk requests and percentage completed on time

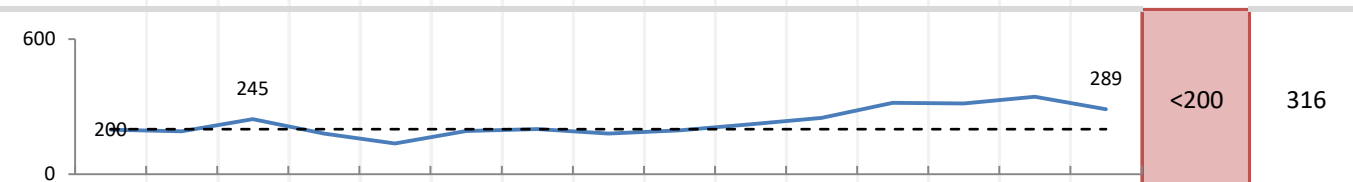


**Reactive Maintenance**

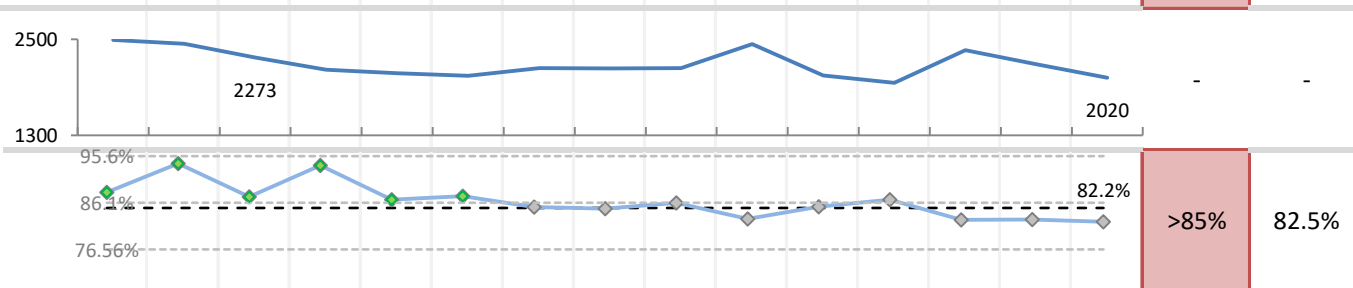
BA2-L Unresolved help desk requests



BA3-L Unresolved help desk requests (over 30 days old)

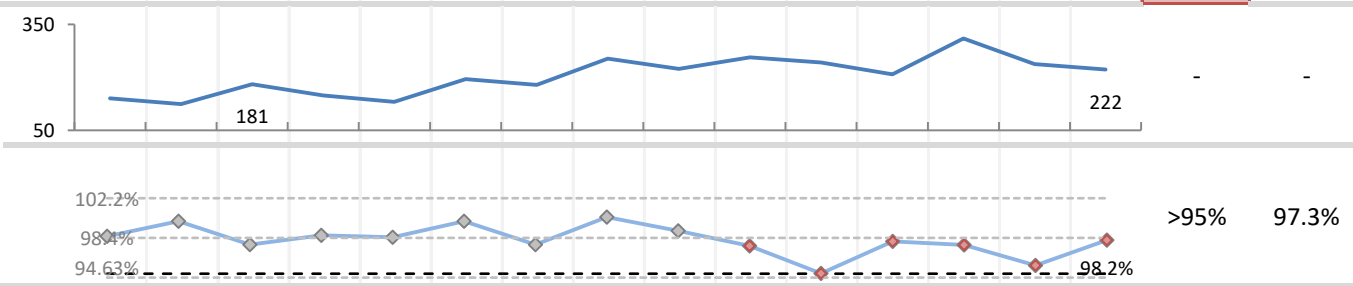


BA4-L Number of defect work orders and percentage completed on time



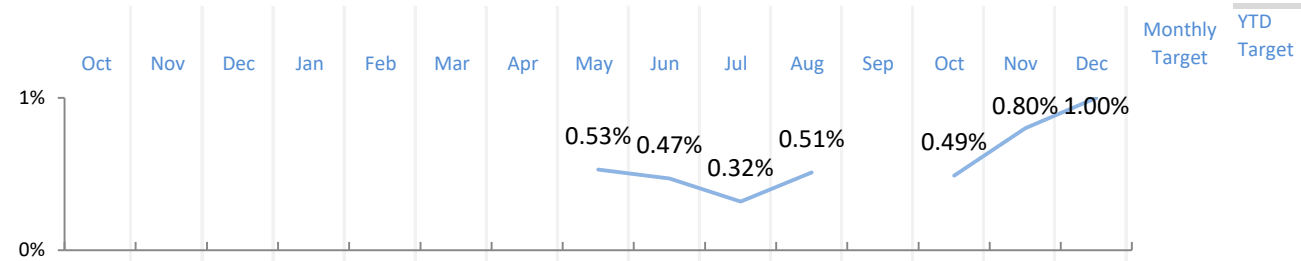
**Preventative Maintenance**

BA5-L Number of statutory and mandatory maintenance jobs planned and percentage completed on time



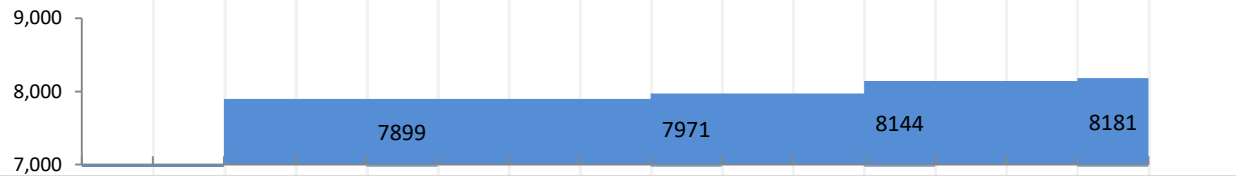
■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target

BA6 Monthly average unavailable toilets (%)

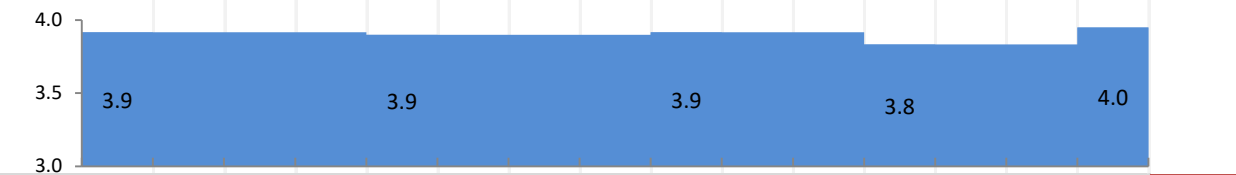


BA6 - This KPI is intended to be a proxy of the impact of maintenance work that is not completed on patients and staff.

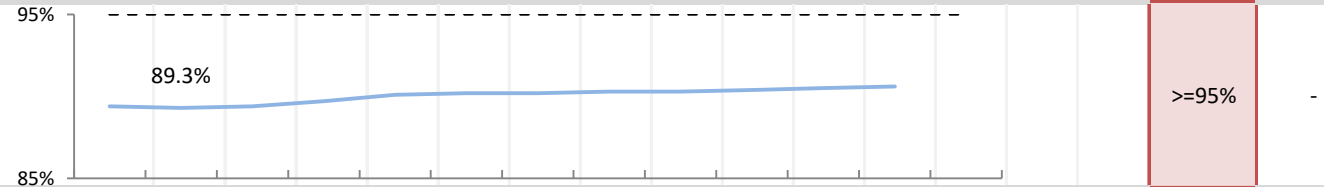
BA7 Number of computers



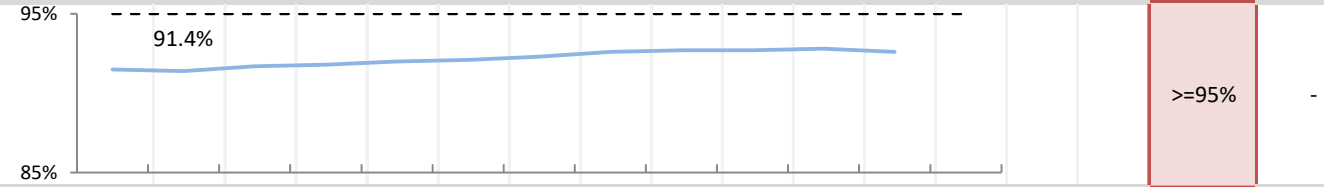
BA8 Average age of computers (years)



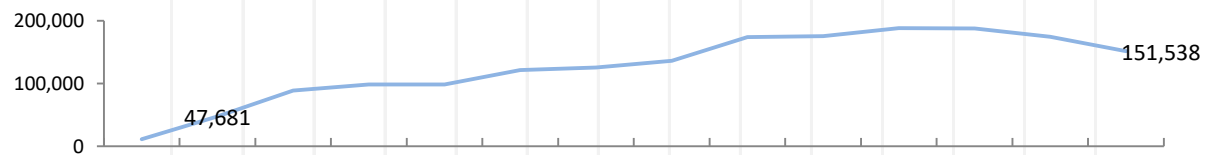
BA9-L Percentage specimens requested through eQUEST - rolling 3M



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

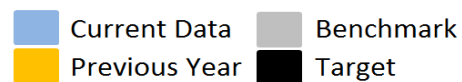
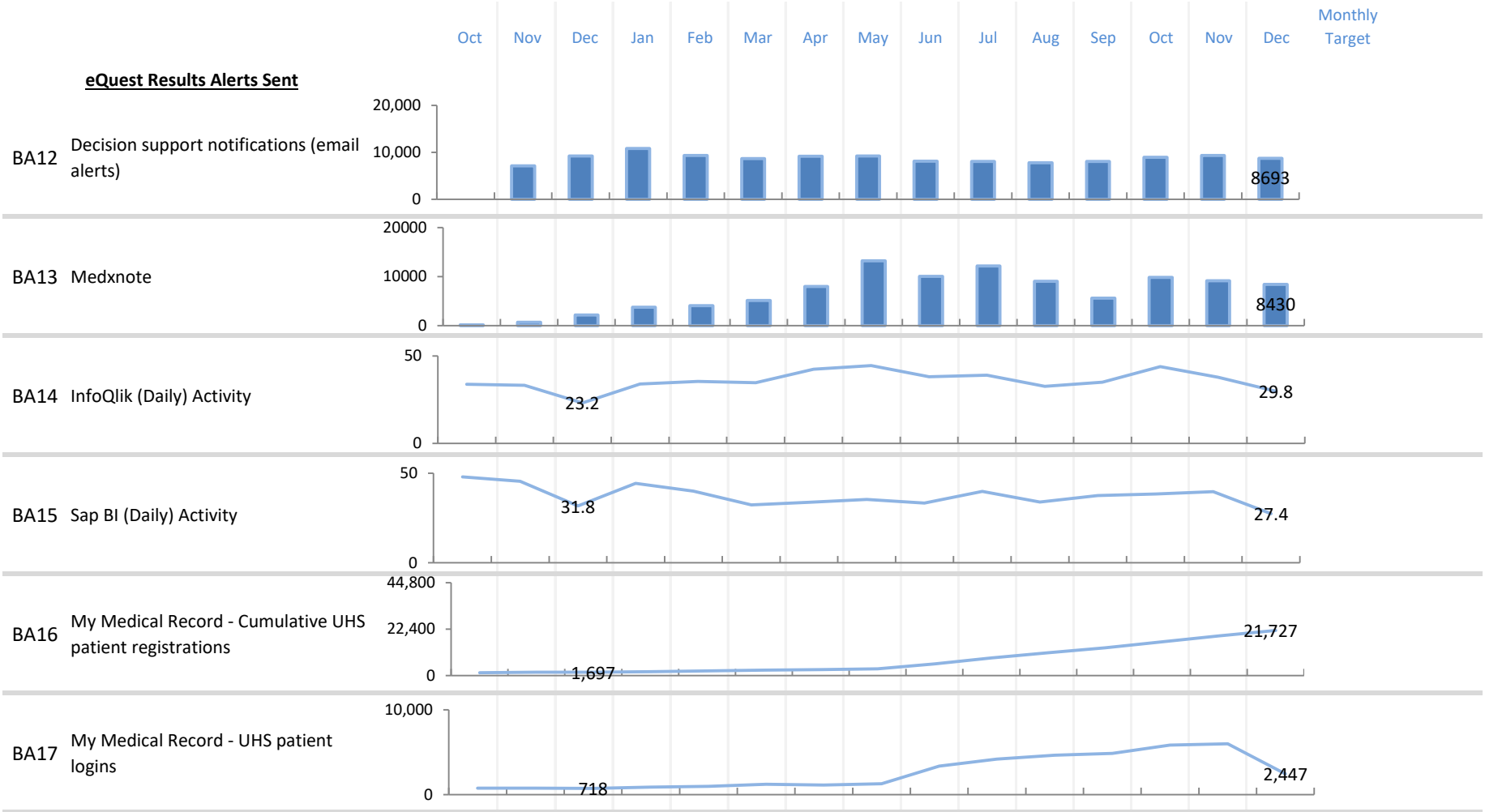


BA11 digiRounds patient records accessed

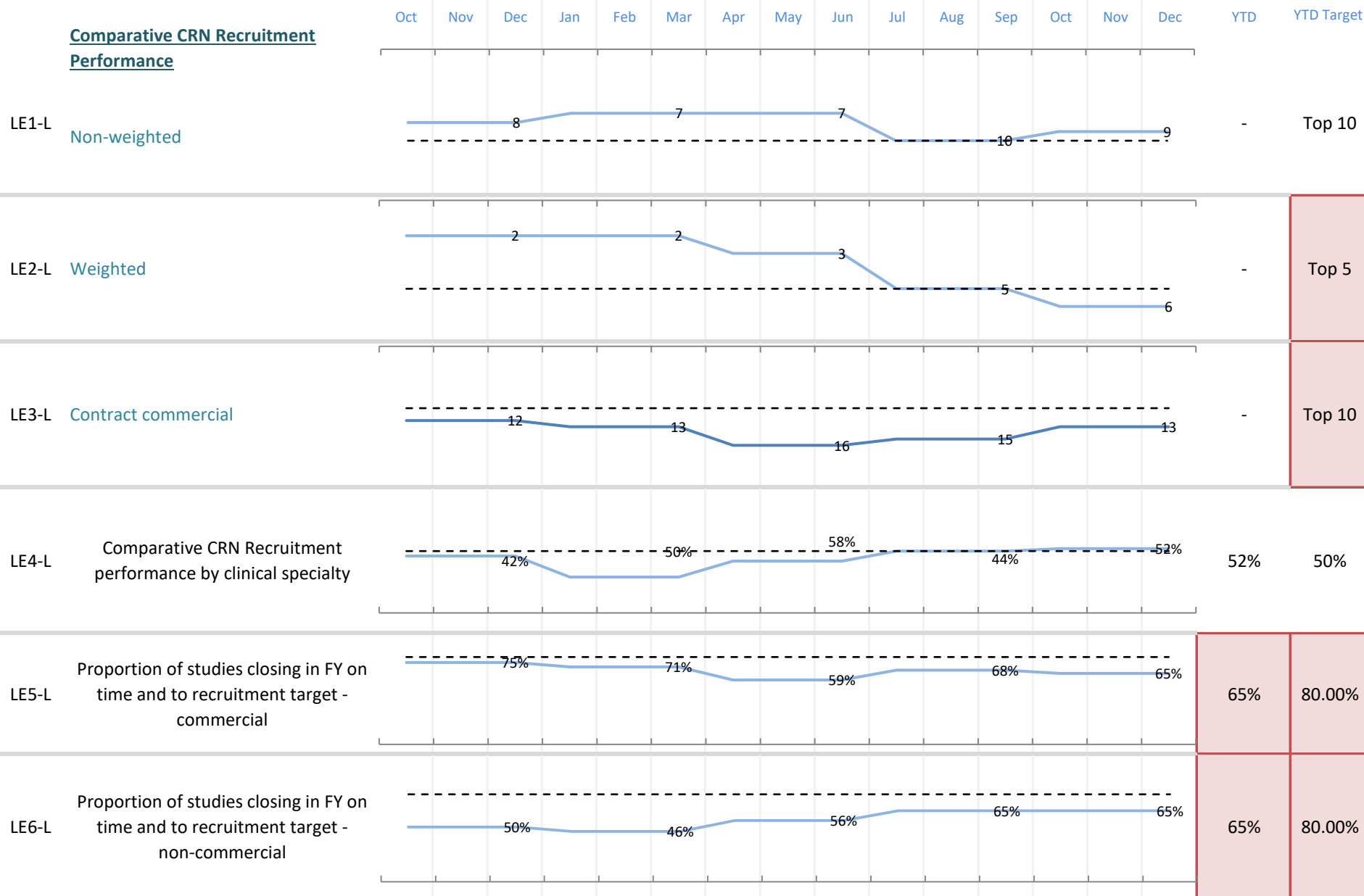


■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target

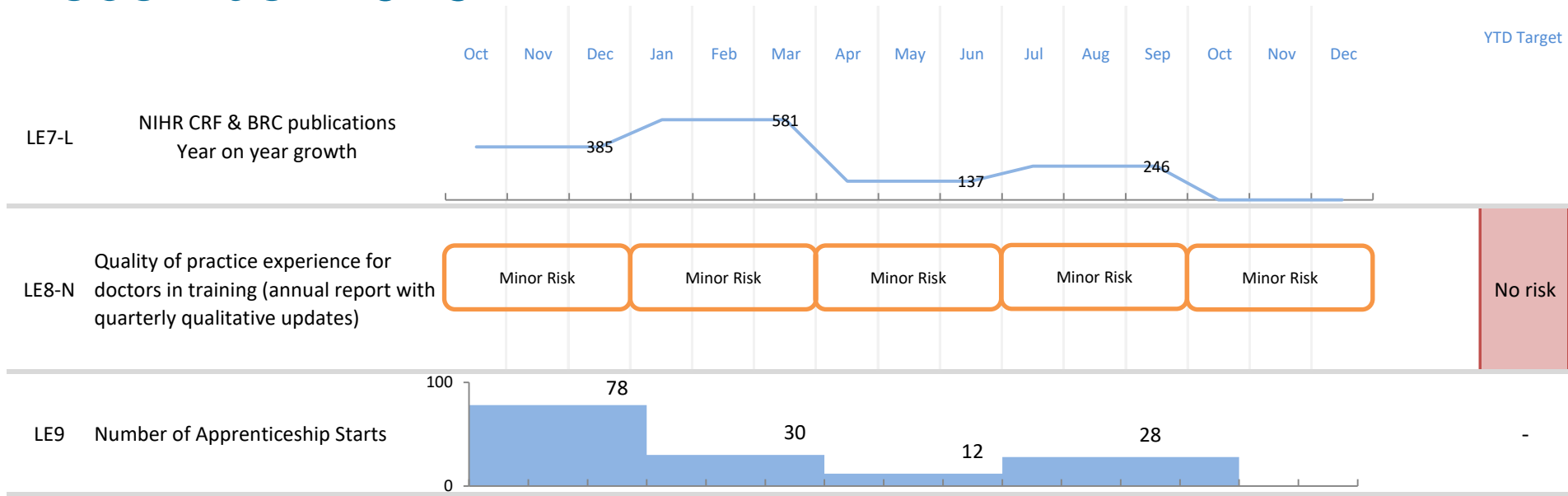
# December 2019



## Comparative CRN Recruitment Performance



■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target



■ Current Data    ■ Benchmark  
■ Previous Year    ■ Target

## Quarterly Patient Safety Report Sep 19 – Nov 19

- The NHS Patient Safety Strategy. Safer culture, safer systems, safer patients was released in July 2019. Link to document: [NHS safety strategy](#). UHS is developing our own UHS patient safety strategy planned launch April 2020. A safety culture workshop was held in early December.
- One Never Event was reported in this quarter. Discussions are ongoing with NHSE regarding the categorisation of a miss placed NG tube in a paediatric patient.
- There were 12 new SIRS cases and 1 Never event reported to SISG and 1 infection prevention SIRS During this period we report 1 new ophthalmology SIRS
- The trust has met the 95% target for VTE assessments since October 2019
- Work is continues to develop guidance to standardise the definition of harm for patients on RTT or cancer pathways who are waiting for treatment outside of agreed national standards, a paper has gone to Quality committee to approve process.
- RCA's completed for 12 hour trolley breeches in ED (these are predominately mental health patients) are now being clinically reviewed to ensure there are no clinical, patient safety or safeguarding concerns and that learning is identified where relevant.
- In relation to lying and standing blood pressure (BP) – Safetrack has been further support completion based on staff feedback by enforcing an antisocial hours logic and providing a 3 minute capture option. Reports available at local level for clinical leaders to monitor compliance. Education ongoing for lying and standing BPs including Health care assistant competencies.
- The pharmacy team have redesigned how they measure medicines reconciliation to ensure it captures all eligible patients and matches the updated national definition. The focused review of areas where rates are significantly lower than target has identified three key areas (child health, oncology and women's health). An action plan is being developed to resolve the shortfall in these areas.
- Southampton City CCG have funded a Acute Kidney Injury (AKI) nurse led follow up clinic as one of their 2019/2020 QUIPP. This is already supporting a reduction in readmissions and improve safety netting for those with AKI stage 2 and 3. Work is ongoing to make this service business as usual and widen out to include West Hampshire CCG patients.
- Incident report rates have continued to remain greater than the 35 per 100 bed days. Which is line with a positive reporting culture.
- Full time Falls lead in post until April 2020 Current focuses are QI development for the CQUIN and falls policy, review of the falls policy, especially head injury guidance and management, and Trust wide education development.
- In the first week of October UHS took part in a national NHSI audit to check the skin of every adult and child inpatient over 3 days. Results have been submitted to NHSI.
- UHS held a workshop to review the concept of adopting the principle of a patient safety zone in November. [Patient safety zone](#)
- Year to date we have had 4 deaths following high harm falls (1 Div A, 2 div B and 1 Div D)
- An in depth review of the increased incidence of pressure damage in CICU has demonstrated that this is reflective of the co-morbidities and acuity of the patients and not poor practice.
- 4 cases are being investigated where capacity and demand mismatch in the ED may have had a detrimental impact on patient outcomes. All cases are subject to a RCA.
  - Patient 1 63 year old arrested and could not be resuscitated.
  - Patient 2: 58 year old patient, who arrested and could not be resuscitated
  - Patient 3: 74 year old patient, transferred to GICU requiring intubation. Following clinical improvement was successfully extubated, transferred to medical ward and later discharged to mental health ward in Gosport.
  - Patient 4: 31 year old patient, with known significant comorbidities started on ECMO before being transferred to CICU, where she was started on hemofiltration. Patient did not show signs of clinical improvement, and a decision was made to withdraw treatment. Patient sadly died.

# Quarterly Patient Safety Report Sep 19 – Nov 19

## Patient safety dashboard

Work Stream	Indicator	Annual Target
High Harm Falls	High Harm Falls - Omissions or Deviations <sup>1</sup>	3
	Total High Harm Falls <sup>2</sup>	55
Pressure Ulcers	Category 3 and above pressure ulcers per 1000 bed days - Omissions or Deviations	30
	Category 2 pressure ulcers per 1000 bed days	156
VTE	% of patients that have a VTE risk assessment upon admission	>=95%
	% of patients that receive appropriate thromboprophylaxis (taken from Safety Thermometer)	>=95%
Safety Thermometer	Harm Free Care	>=95%
Medication Errors	A reduction in the number of medication related incidents that occur as a result of a failing in the discharge process	Reduction
	80% of medicine reconciliations within 48 hours of admission	80% reconciled
	Decrease of inappropriately omitted doses to less than 3%	<=3%
	MRSA post 48 hour cases	0
	C difficile cases	43
SIRIs	Never Events	0
	95% SIRIs Reported within 2 working days	>=95%
	SIRIs overdue by 60 days	0
Incident Reporting	Incidents per 1000 bed days	>35
	% of incidents identified as moderate and over	<=4%

Sep-19	Oct-19	Nov-19
3	0	0
6	4	4
0.21	0.10	0.05
0.29	0.27	0.18
92.64%	96.04%	95.57%
86.65%	90.67%	91.91%
97.84%	97.44%	98.01%
16	9	2
70%	71%	72%
2.75%	2.8%	2.86%
0	0	1
3	5	7
1	0	0
87.50%	91.67%	100.00%
0	0	0
39.71		
5.16%	4.79%	4.28%

QTD	YTD
0	11
9	36
0.08	0.11
0.23	0.27
95.81%	93.09%
91.29%	90.82%
97.72%	97.93%
N/A	N/A
70%	N/A
N/A	N/A
1	2
12	42
0	5
95.45%	93.88%
0	17
4.54%	3.96%

Sepsis Contract	90% of patients appropriately screened on admission in ED.	90%
	90% of patients with red flag sepsis in ED receive IVAB within 60 minutes of diagnosis.	90%
	90% of patients who meet criteria for sepsis screening were screened for sepsis for all acute inpatient wards.	90%
	90% of patients with red flag sepsis receive IVAB within 60 minutes of diagnosis.	90%

Q1	Q2
100%	100%
86%	80%
100%	100%
84%	74%

<sup>1</sup> 4 awaiting January panel decision

<sup>2</sup> 2 falls were classed as being catastrophic

Nursing and midwifery staffing hours - December 2019

Report notes

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

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

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

Enhanced Care (also known as Specialising)

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

CHPPD (Care Hours Per Patient Day)

This is a measure which shows on average how many hours of care time each patient receives on a ward/department during a 24 hour period from registered nurses and support staff - this will vary across wards and departments based on the speciality, interventions, acuity and dependency levels of the patients being cared for.

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

Over recent months some ward beds have temporarily changed speciality to support seasonal changes in demand - these bed changes are often swift in nature and for short periods of time so are not always reflected accurately in the data. These short notice changes are expected to continue into the Winter. In December there have been additional beds supported for Cardiovascular patients on Trauma and Orthopaedics and some of the cardiac wards are also affected by the moves. There has also been an additional ward opened within Medicine at the end of the month which is not yet reflected in the report.

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	Total bed occupancy	CHPPD Registered nurses	CHPPD unregistered staff	CHPPD Overall	Comments
C4 (Solent ward)	Day	1440.3	1359.7	1064.5	1315.5	94.4%	123.6%	565	4.0	4.3	8.4	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
C4 (Solent ward)	Night	1046.3	919.8	712.8	1138.0	87.9%	159.7%					Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
C6	Day	2848.2	2827.5	142.1	87.1	99.3%	61.3%	620	7.8	0.3	8.1	Safe staffing levels maintained; No requirement for Support workers.
C6	Night	2047.0	2028.3	0.0	90.5	99.1%	Shift N/A					Safe staffing levels maintained; No requirement for Support workers.
C6 (Teenage Cancer Trust unit)	Day	725.7	725.5	363.3	250.7	100.0%	69.0%	147	9.5	1.7	11.2	Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
C6 (Teenage Cancer Trust unit)	Night	682.8	672.3	0.0	0.0	98.5%	Shift N/A					Safe staffing levels maintained; No requirement for Support workers.
D2	Day	1316.1	1598.3	1217.5	824.4	121.4%	67.7%	529	4.9	3.1	8.0	Safe staffing levels maintained.
D2	Night	805.0	992.0	756.8	791.3	123.2%	104.6%					Safe staffing levels maintained; No requirement for Support workers.
D3	Day	1670.4	1624.4	725.3	937.5	97.2%	129.3%	621	4.3	2.7	7.0	Safe staffing levels maintained.
D3	Night	1047.5	1025.0	697.5	764.5	97.9%	109.6%					Safe staffing levels maintained; Increased night staffing to support raised acuity.
Surgical high dependency unit	Day	2199.4	1811.6	356.1	308.8	82.4%	86.7%	227	15.9	2.9	18.9	Safe staffing levels maintained; Beds flexed to match staffing.
Surgical high dependency unit	Night	2138.8	1807.8	351.5	351.5	84.5%	100.0%					Safe staffing levels maintained; Beds flexed to match staffing.
Cardiac intensive care unit	Day	5225.6	4698.1	1195.0	788.5	89.9%	66.0%	363	25.2	4.0	29.2	Safe staffing levels maintained; Beds flexed to match staffing.
Cardiac intensive care unit	Night	5248.0	4454.5	857.0	646.8	84.9%	75.5%					Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit A	Day	4596.6	4424.7	1187.1	623.7	96.3%	52.5%	354	24.7	2.9	27.6	Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit A	Night	4285.5	4325.4	712.8	390.8	100.9%	54.8%					Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit B	Day	4105.4	3800.5	371.9	335.2	92.6%	90.1%	277	27.0	1.9	28.9	Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit B	Night	3929.3	3678.1	356.5	195.5	93.6%	54.8%					Safe staffing levels maintained; Beds flexed to match staffing.
Neuro intensive care unit	Day	5208.2	4925.3	791.9	756.0	94.6%	95.5%	345	26.6	3.8	30.5	Safe staffing levels maintained; Beds flexed to match staffing.
Neuro intensive care unit	Night	4569.3	4260.8	630.0	567.0	93.2%	90.0%					Safe staffing levels maintained; Beds flexed to match staffing.
E5A	Day	1232.5	1094.1	631.4	792.9	88.8%	125.6%	504	3.5	2.6	6.0	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E5A	Night	702.0	645.0	356.5	499.5	91.9%	140.1%					Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E5B	Day	1422.5	1245.0	815.5	687.0	87.5%	84.2%	506	3.9	2.4	6.3	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E5B	Night	713.0	713.0	356.5	536.0	100.0%	150.4%					Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E8	Day	2270.7	1775.3	1808.0	1666.9	78.2%	92.2%	802	3.5	3.6	7.1	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E8	Night	1069.5	1046.5	1192.5	1189.5	97.8%	99.7%					Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F11	Day	1958.8	1468.0	808.9	993.3	74.9%	122.8%	498	4.4	4.0	8.4	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F11	Night	724.0	713.0	713.0	989.0	98.5%	138.7%					Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F6	Day	2288.8	1639.8	696.3	1319.7	71.6%	189.5%	753	3.4	3.0	6.4	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F6	Night	1058.7	930.9	713.0	902.5	87.9%	126.6%					Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F5	Day	1995.7	1419.5	966.5	1371.8	71.1%	141.9%	691	3.5	3.4	6.9	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F5	Night	1069.5	1027.0	713.0	954.2	96.0%	133.8%					Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
Acute medical unit	Day	3669.4	3799.7	3289.5	2974.2	103.6%	90.4%	1474	5.1	3.9	9.0	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
Acute medical unit	Night	3558.5	3728.5	2484.0	2799.3	104.8%	112.7%					Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D5	Day	1289.0	1367.4	1749.2	1482.5	106.1%	84.8%	844	2.8	2.9	5.7	Safe staffing levels maintained by sharing staff resource.
D5	Night	1058.8	995.3	946.5	1001.0	94.0%	105.8%					Safe staffing levels maintained.
D6	Day	1115.5	1167.0	1514.7	1366.0	104.6%	90.2%	727	2.7	3.1	5.8	Safe staffing levels maintained by sharing staff resource.
D6	Night	713.0	816.5	947.3	858.8	114.5%	90.7%					Safe staffing levels maintained.
D7	Day	735.5	796.0	1191.0	1019.9	108.2%	85.6%	462	3.3	3.4	6.7	Safe staffing levels maintained by sharing staff resource.
D7	Night	713.0	724.5	356.5	539.5	101.6%	151.3%					Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
D8	Day	1057.7	1247.8	1488.0	1419.8	118.0%	95.4%	714	3.1	2.9	6.0	Safe staffing levels maintained.
D8	Night	713.0	951.4	924.5	675.0	133.4%	73.0%					Skill mix swaps undertaken to support safe staffing across the Unit.
D9	Day	1276.3	1421.1	1691.5	1418.8	111.3%	83.9%	814	2.9	3.1	6.0	Safe staffing levels maintained by sharing staff resource.
D9	Night	1069.5	956.4	951.0	1094.0	89.4%	115.0%					Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
Respiratory high dependency unit	Day	1626.3	1341.9	309.7	446.3	82.5%	144.1%	202	13.2	3.8	17.0	Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing.
Respiratory high dependency unit	Night	1633.0	1323.3	356.5	321.0	81.0%	90.0%					Beds flexed to match staffing; Safe staffing levels maintained.
C5	Day	1034.8	899.9	1026.0	877.2	87.0%	85.5%	406	4.0	3.7	7.7	Safe staffing levels maintained.
C5	Night	713.0	713.5	356.5	633.5	100.1%	177.7%					Safe staffing levels maintained.
D10	Day	1117.5	1000.5	1314.8	1199.3	89.5%	91.2%	508	3.4	4.0	7.3	Safe staffing levels maintained by sharing staff resource.
D10	Night	713.0	715.0	713.0	816.5	100.3%	114.5%					Safe staffing levels maintained.

Nursing and midwifery staffing hours - December 2019

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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	Total bed occupancy	CHPPD Registered nurses	CHPPD unregistered staff	CHPPD Overall	Comments
F7	Day	735.8	732.7	1303.0	1316.6	99.6%	101.0%	569	2.5	3.5	6.0	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Additional beds open in the month.
F7	Night	713.0	696.5	694.5	690.5	97.7%	99.4%					Support workers used to maintain staffing numbers; Safe staffing levels maintained by sharing staff resource; Additional beds open in the month.
G5	Day	1098.5	1101.9	1877.0	1737.0	100.3%	92.5%	853	2.2	3.3	5.5	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
G5	Night	702.0	771.0	1069.5	1046.5	109.8%	97.8%					Support workers used to maintain staffing numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
G6	Day	1078.0	1217.7	1812.5	1825.7	113.0%	100.7%	792	2.5	3.6	6.1	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
G6	Night	701.5	724.5	1069.5	1024.0	103.3%	95.7%					Support workers used to maintain staffing numbers; Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards.
G7	Day	738.9	710.0	1434.5	1560.5	96.1%	108.8%	407	3.5	6.7	10.2	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Staffing plan set higher than national standards.
G7	Night	701.5	724.5	1069.5	1163.5	103.3%	108.8%					Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month; Staffing plan set higher than national standards.
G8	Day	1075.0	1233.3	1890.5	1518.7	114.7%	80.3%	855	2.3	3.1	5.4	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Staff moved to support other wards.
G8	Night	713.0	759.5	1069.5	1092.5	106.5%	102.2%					Support workers used to maintain staffing numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
G9	Day	1106.9	1188.9	1867.5	1609.7	107.4%	86.2%	790	2.5	3.3	5.9	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
G9	Night	713.0	818.1	1069.5	1023.5	114.7%	95.7%					Support workers used to maintain staffing numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
Paediatric high dependency unit	Day	1593.4	1121.5	0.0	0.0	70.4%	Shift N/A	194	11.3	0.0	11.3	Non-ward based staff supporting areas; Support workers used to maintain staffing numbers; Beds flexed to match staffing; Staffing Maintained.
Paediatric high dependency unit	Night	1069.5	1061.8	0.0	0.0	99.3%	Shift N/A					Safe staffing levels maintained.
Paediatric medical unit	Day	1824.5	1650.4	479.5	715.5	90.5%	149.2%	390	7.3	3.6	10.9	Safe staffing levels maintained.
Paediatric medical unit	Night	1364.0	1199.5	681.0	703.0	87.9%	103.2%					Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained.
Paediatric intensive care unit	Day	6163.9	5379.4	569.5	699.8	87.3%	122.9%	388	27.5	3.1	30.6	Non-ward based staff supporting areas; Safe staffing levels maintained.
Paediatric intensive care unit	Night	5726.0	5302.4	437.0	497.0	92.6%	113.7%					Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
Piam Brown ward	Day	3700.2	3149.7	118.3	137.8	85.1%	116.5%	346	13.0	0.4	13.4	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
Piam Brown ward	Night	1403.0	1348.3	0.0	0.0	96.1%	Shift N/A					Safe staffing levels maintained.
E1	Day	2091.5	1668.7	651.3	498.5	79.8%	76.5%	244	12.8	4.0	16.8	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
E1	Night	1426.0	1448.5	356.8	483.8	101.6%	135.6%					Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
G2	Day	788.5	761.5	0.0	0.0	96.6%	Shift N/A	167	9.1	0.0	9.1	Safe staffing levels maintained.
G2	Night	743.5	755.3	0.0	0.0	101.6%	Shift N/A					Safe staffing levels maintained.
G3	Day	2398.7	1594.2	1232.5	902.5	66.5%	73.2%	418	6.7	3.3	10.0	Non-ward based staff supporting areas; Staffing appropriate for number of patients; Beds flexed to match staffing.
G3	Night	1703.5	1209.3	682.0	466.0	71.0%	68.3%					Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Staffing appropriate for number of patients.
G4	Day	2444.0	2377.5	1201.8	883.8	97.3%	73.5%	463	9.2	2.7	11.9	Safe staffing levels maintained; Beds flexed to match staffing.
G4	Night	1702.5	1880.5	704.0	374.0	110.5%	53.1%					Safe staffing levels maintained; Beds flexed to match staffing; Patient requiring 24 hour 1:1 nursing in the month.
Bramshaw women's unit	Day	1233.5	1178.4	938.5	728.5	95.5%	77.6%	322	5.9	3.6	9.5	Safe staffing levels maintained; Beds flexed to match staffing.
Bramshaw women's unit	Night	713.0	713.0	460.0	425.5	100.0%	92.5%					Safe staffing levels maintained.
Neonatal unit	Day	7165.5	4776.0	1686.0	1031.0	66.7%	61.2%	779	11.0	2.6	13.6	Number of cots adjusted to support safe staffing; Non-ward based staff supporting areas.
Neonatal unit	Night	5448.0	3797.0	1364.0	957.0	69.7%	70.2%					Number of cots adjusted to support safe staffing; Safe staffing levels maintained by sharing staff resource.
Maternity service	Day	8492.2	7800.5	3151.0	2290.2	91.9%	72.7%	2356	5.3	1.6	7.0	Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Maternity service	Night	5324.3	4793.5	2046.0	1548.8	90.0%	75.7%					Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Cardiac high dependency unit	Day	4984.2	4250.0	1402.5	1234.2	85.3%	88.0%	537	14.8	3.6	18.4	Band 4 staff working to support registered nurse numbers; Additional beds open in the month; Staff moved to support other wards.
Cardiac high dependency unit	Night	3773.0	3691.8	682.0	705.0	97.8%	103.4%					Band 4 staff working to support registered nurse numbers; Additional beds open in the month; Staff moved to support other wards.
Coronary care unit	Day	1572.8	1472.8	879.0	1066.3	93.6%	121.3%	405	6.8	4.9	11.7	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
Coronary care unit	Night	1350.2	1292.4	880.0	917.3	95.7%	104.2%					Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
D4	Day	1880.9	1357.8	960.0	1181.0	72.2%	123.0%	572	3.7	3.7	7.4	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
D4	Night	799.0	762.8	660.0	948.0	95.5%	143.6%					Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
E2	Day	1593.2	1213.4	781.2	933.5	76.2%	119.5%	499	3.8	3.3	7.1	Band 4 staff working to support registered nurse numbers.
E2	Night	709.8	701.3	341.0	715.8	98.8%	209.9%					Safe staffing levels maintained by sharing staff resource.
E3 Green	Day	1644.7	1055.5	1088.3	1444.0	64.2%	132.7%	682	2.5	3.4	5.9	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
E3 Green	Night	683.3	639.5	682.0	858.3	93.6%	125.8%					Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
E3 Blue	Day	1222.5	979.7	974.3	1005.0	80.1%	103.2%	504	3.2	3.6	6.8	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
E3 Blue	Night	682.0	639.0	682.0	822.5	93.7%	120.6%					Band 4 staff working to support registered nurse numbers; Increased night staffing to support raised acuity.
E4	Day	1739.5	1569.2	858.7	1024.0	90.2%	119.2%	540	4.8	3.0	7.8	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
E4	Night	1023.0	1034.3	429.0	584.5	101.1%	136.2%					Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.

Nursing and midwifery staffing hours - December 2019

Report notes

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

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

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

Enhanced Care (also known as Specialising)

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

CHPPD (Care Hours Per Patient Day)

This is a measure which shows on average how many hours of care time each patient receives on a ward/department during a 24 hour period from registered nurses and support staff - this will vary across wards and departments based on the speciality, interventions, acuity and dependency levels of the patients being cared for.

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

Over recent months some ward beds have temporarily changed speciality to support seasonal changes in demand - these bed changes are often swift in nature and for short periods of time so are not always reflected accurately in the data. These short notice changes are expected to continue into the Winter. In December there have been additional beds supported for Cardiovascular patients on Trauma and Orthopaedics and some of the cardiac wards are also affected by the moves. There has also been an additional ward opened within Medicine at the end of the month which is not yet reflected in the report.

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	Total bed occupancy	CHPPD Registered nurses	CHPPD unregistered staff	CHPPD Overall	Comments
Acute stroke unit	Day	1534.0	1564.7	2799.5	2791.5	102.0%	99.7%	849	2.9	5.4	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.
Acute stroke unit	Night	1023.0	913.0	1723.0	1760.0	89.2%	102.1%					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	1247.5	850.2	382.0	481.0	68.2%	125.9%	176	7.8	6.8	14.6	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	682.0	517.0	682.0	715.0	75.8%	104.8%					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.
E Neuro	Day	1907.0	1731.3	1060.0	1471.8	90.8%	138.8%	749	4.1	3.8	7.9	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.
E Neuro	Night	1364.0	1375.0	1034.0	1342.0	100.8%	129.8%					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.
Hyper acute stroke unit	Day	1581.2	1333.2	383.5	587.9	84.3%	153.3%	269	8.1	5.1	13.2	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	1353.0	838.0	333.5	795.5	61.9%	238.5%					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.
D neuro	Day	1967.5	1765.3	1971.0	1997.3	89.7%	101.3%	783	3.9	4.7	8.6	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	1363.5	1323.5	1704.2	1682.2	97.1%	98.7%					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.
SPI F4 Neuro	Day	1624.5	1336.5	682.5	1309.5	82.3%	191.9%	626	3.6	3.9	7.5	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.
SPI F4 Neuro	Night	1034.0	924.0	1022.5	1105.3	89.4%	108.1%					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	1145.0	1099.0	566.0	578.0	96.0%	102.1%	528	3.5	2.3	5.8	Safe staffing levels maintained by sharing staff resource; Safe staffing levels maintained.
Brooke ward (trauma and orthopaedics)	Night	1069.5	736.0	356.5	632.5	68.8%	177.4%					Safe staffing levels maintained; Safe staffing levels maintained by sharing staff resource.
Trauma Assessment Unit	Day	516.0	621.4	378.0	492.3	120.4%	130.2%	169	5.9	5.1	11.0	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained by sharing staff resource.
Trauma Assessment Unit	Night	341.0	374.0	341.0	363.0	109.7%	106.5%					Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
F1	Day	2435.6	2052.0	1946.4	2266.2	84.3%	116.4%	949	3.9	4.5	8.4	Additional staff used for enhanced care - Support workers; Additional staff used for enhanced care - RNs; Skill mix swaps undertaken to support safe staffing across the Unit.
F1	Night	1782.5	1657.2	1763.0	1966.3	93.0%	111.5%					Additional staff used for enhanced care - Support workers; Additional staff used for enhanced care - RNs; Skill mix swaps undertaken to support safe staffing across the Unit.
F2	Day	1695.0	1458.6	2010.7	1982.5	86.1%	98.6%	761	3.0	4.6	7.6	Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit; Patient requiring 24 hour 1:1 nursing in the month.
F2	Night	1022.8	846.8	1331.0	1527.0	82.8%	114.7%					Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit; Patient requiring 24 hour 1:1 nursing in the month.
F3	Day	1637.0	1488.0	1911.3	2006.3	90.9%	105.0%	727	3.4	5.0	8.3	Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit; Patient requiring 24 hour 1:1 nursing in the month.
F3	Night	1023.3	957.3	1364.0	1595.0	93.5%	116.9%					Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit; Patient requiring 24 hour 1:1 nursing in the month.
F4	Day	1489.5	1383.0	1266.4	832.2	92.8%	65.7%	524	4.0	2.9	6.9	Safe staffing levels maintained by sharing staff resource; Skill mix swaps undertaken to support safe staffing across the Unit.
F4	Night	1024.0	695.0	682.0	691.8	67.9%	101.4%					Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month.

<b>Report to the Trust Board of Directors dated Thursday, 30 January 2020</b>			
<b>Title: Finance Report 2019-20 Month 9</b>			
<b>Category</b>	Quality, Performance, and Finance		
<b>Agenda item</b>	4.6		
<b>Sponsor</b>	Chief Financial Officer		
<b>Author</b>	Gavin Hawkins, Assistant Director of Finance		
<b>Provenance</b>	This monthly paper provides an update on our financial position This paper is discussed at TEC, S&FC and Trust Board on a monthly basis.		
<b>Classification</b>	<b>This Report is unclassified.</b>		
<b>Purpose and recommendation</b>	The paper is presented for DISCUSSION. The purpose of this paper is to give an update on the financial position of the Trust through the year.		
<b>Relevant strategic goals</b>	<input type="checkbox"/> Goal 1: Improving patient journeys.	<input checked="" type="checkbox"/> Goal 2: Delivering value-based health and care.	<input type="checkbox"/> Goal 3: Supporting healthy lives.
	<input type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
<b>Assurance framework links</b>	<ul style="list-style-type: none"> <li>• BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6</li> <li>• BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme</li> <li>• BAF04 – Reduced access to resources compromises the quality of services</li> </ul>		
<b>Impact assessments</b>	Not specified		
<b>Other standards affected</b>	Not specified		

**2019/20 Finance Report - Month 9**

<b>Report to:</b>	<b>Board of Directors &amp; Strategy &amp; Finance</b>
	<b>December 2019</b>
<b>Title:</b>	<b>Finance Report for Period ending 31/12/2019</b>
<b>Author:</b>	<b>Gavin Hawkins, Assistant Director of Finance</b>
<b>Sponsoring Director:</b>	<b>David French, Chief Financial Officer</b>
<b>Purpose:</b>	<b>Standing Item</b>
	<b>The Board is asked to note the report</b>

**Executive Summary:**

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

1. In December 2019, the Trust delivered a surplus of £1.9m, £0.4m better than Plan. Year to date the Trust is reporting a £6.3m surplus which is on Plan. Under the single oversight framework, the Trust has delivered a score for Finance and Use of Resources of '1'.
2. When non-recurrent items are excluded the year to date position is a £2.2m surplus. Non-recurrent items include a reclaim of VAT paid on agency nursing invoices in 18/19.
3. The main themes seen in M9 were :
  - Clinical income was on Plan at £52.3m with elective (£0.5m) continuing to be below Plan, offset by non-elective (£0.4m) performance net of blended adjustment. Non-elective over-performance has reduced against run rate.
  - However, clinical income was below the level required to deliver on CIP schemes, with just £0.6m awarded.
  - Total CIP delivery was £1.5m behind Plan at £2.4m for the month predominately due to lower than planned income scheme delivery highlighting our reliance on income CIP schemes. Currently the Trust is £4.1m behind Plan year to date.
  - Pay was £0.4m worse than Plan in month mainly due to identified but undelivered CIP.
4. The cash position was £26.6m above Plan at £75.3m. The above Plan position has primarily been driven by:
  - Cash start point better than assumed at the time the cash plan was agreed
  - Additional PSF for 18/19 over and above that assumed at the point the Plan was finalised
  - Accounts Receivable position better than assumed in Plan
5. The Trust has officially changed its year-end forecast position for 2019/20 to a surplus of £5m. This decision was taken post discussion at Trust Board and has been communicated to NHSE/I post our Q3 results. A more detailed paper describing the rationale for this movement has been circulated to inform this decision.



## Finance: I&amp;E Summary

Total clinical income was on Plan in the month. Plan for December was low compared to previous months as it was set based on historic trends. As expected elective activity was below Plan (£0.5m) and non-elective activity above (£0.4m) however the variance from Plan was not as great as it has been or expected.

Total pay was £0.4m over Plan in the month (£0.6m over in November) due to undelivered CIP in the main. Actual expenditure on pay was £0.3m lower in December compared to November related to bank & agency.

Total non-pay excl. pass through drugs & devices was £1.3m above Plan linked to entirely to R&D expenditure offset by other income.

Overall CIP delivery was £1.5m worse than Plan with £2.4m delivered in the month. The level of income CIP was 50% lower that it has been and is the main reason for the shortfall to Plan in month. See slide 12 for further detail.

Metric	2019/20		
	YTD Actual	YTD Metric	YTD Plan
Capital service cover rating	2.38	2	2
Liquidity rating	21.63	1	1
I&E Margin Rating	2.23%	1	1
I&E Margin Variance Rating	-0.03%	2	1
Agency Variance from ceiling	52.81%	1	1
<b>Use of Resources Average Metric</b>		1.40	1.20
<b>Use of Resources Final Metric</b>		1	1

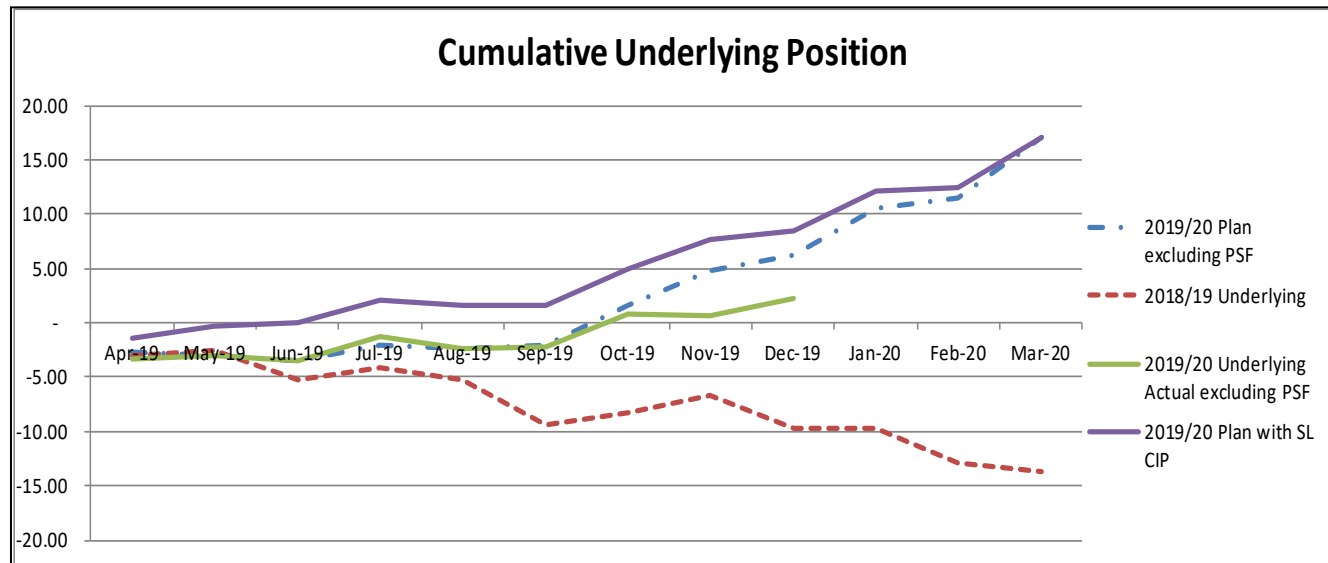
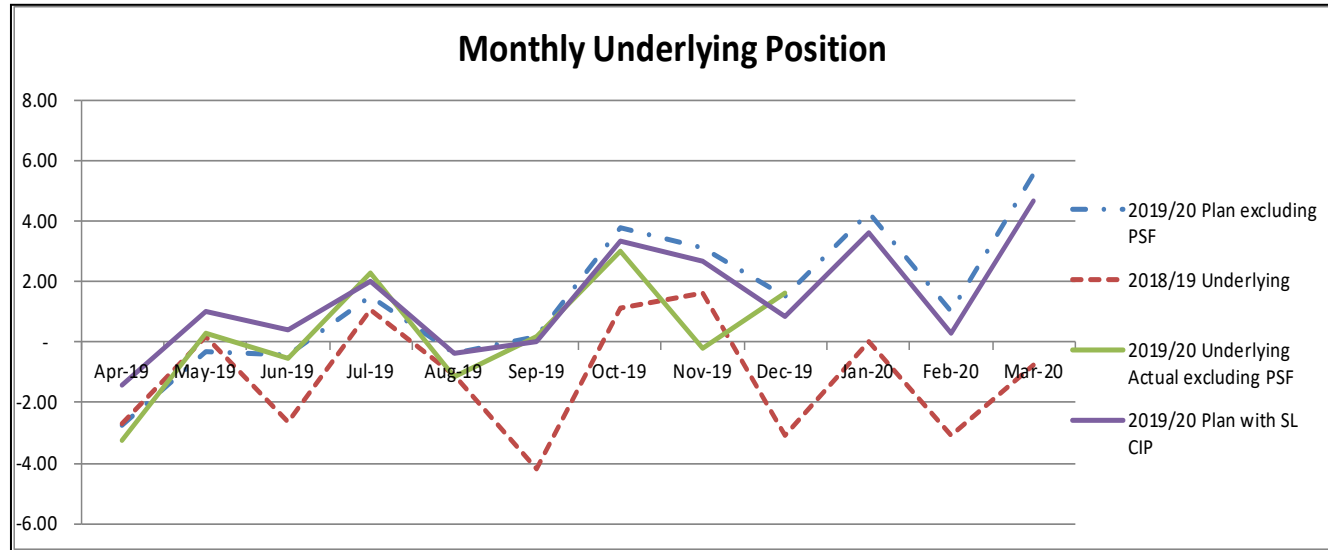
	Current Month			Year to Date			Full Yr	Ave Done £m	To Do £m	
	Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m			
NHS Income: Clinical	52.3	52.3	(0.0)	476.8	473.0	3.9	A	630.6	52.6	52.6
Pass-through Drugs & Devices	8.8	8.2	0.6	83.4	84.2	(0.8)	G	115.2	9.4	10.4
Other income Other Income excl. PSF	10.5	12.7	(2.1)	89.4	93.2	(3.8)	G	105.0	10.4	3.9
<b>Total income</b>	<b>71.6</b>	<b>73.1</b>	<b>(1.6)</b>	<b>649.6</b>	<b>650.3</b>	<b>(0.7)</b>	<b>G</b>	<b>850.8</b>	<b>72.3</b>	<b>66.8</b>
Costs Pay-Substantive	39.1	39.9	0.8	351.2	356.0	4.7	A	461.0	39.4	35.0
Pay-Bank	1.9	2.0	0.0	17.4	19.4	2.0	R	22.8	2.2	1.1
Pay-Agency	1.1	0.7	(0.4)	10.2	5.0	(5.2)	G	14.1	0.6	3.0
Drugs	1.1	1.6	0.5	10.5	12.0	1.5	R	14.2	1.3	0.7
Pass-through Drugs & Devices	8.8	8.2	(0.6)	83.4	84.2	0.8	A	115.2	9.4	10.4
Clinical supplies	5.4	4.7	(0.7)	53.6	52.3	(1.3)	G	65.5	5.8	4.4
Other non pay	9.6	11.1	1.5	90.0	88.3	(1.7)	G	105.1	9.8	5.6
<b>Total expenditure</b>	<b>67.0</b>	<b>68.1</b>	<b>1.1</b>	<b>616.4</b>	<b>617.2</b>	<b>0.8</b>	<b>A</b>	<b>797.9</b>	<b>68.5</b>	<b>60.2</b>
<b>EBITDA</b>	<b>4.6</b>	<b>5.0</b>	<b>(0.4)</b>	<b>33.2</b>	<b>33.1</b>	<b>0.1</b>	<b>A</b>	<b>52.9</b>	<b>3.7</b>	<b>6.6</b>
<b>EBITDA %</b>	<b>6.4%</b>	<b>6.8%</b>	<b>(0.4%)</b>	<b>5.1%</b>	<b>5.1%</b>	<b>0.0%</b>		<b>6.2%</b>		
Depreciation	1.9	2.0	0.0	17.0	17.8	0.9	R	22.6	2.0	1.6
Non Operating Income/Expenditure	1.1	1.1	0.0	10.0	9.0	(1.0)	G	13.3	1.0	1.4
<b>Control Total Surplus / (Deficit)</b>	<b>1.5</b>	<b>1.9</b>	<b>(0.4)</b>	<b>6.3</b>	<b>6.3</b>	<b>(0.0)</b>	<b>G</b>	<b>17.1</b>	<b>0.7</b>	<b>3.6</b>
<i>Memo - Other technical items:</i>										
<i>Prior Period Adjustment - PSF 2018/19</i>		-	0.0		0.9	(0.9)	G			
<i>Provider Sustainability Funding</i>	1.3	1.3	0.0	8.2	8.2	0.0	G	12.7	0.9	1.5

Underlying Run Rate Position

These graphs show the actual underlying position was on Plan in the month and is still £4m off Plan year to date.

It also shows an alternative presentation of the Plan phasing assuming that the £40m CIP target is delivered equally each month through the year.

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

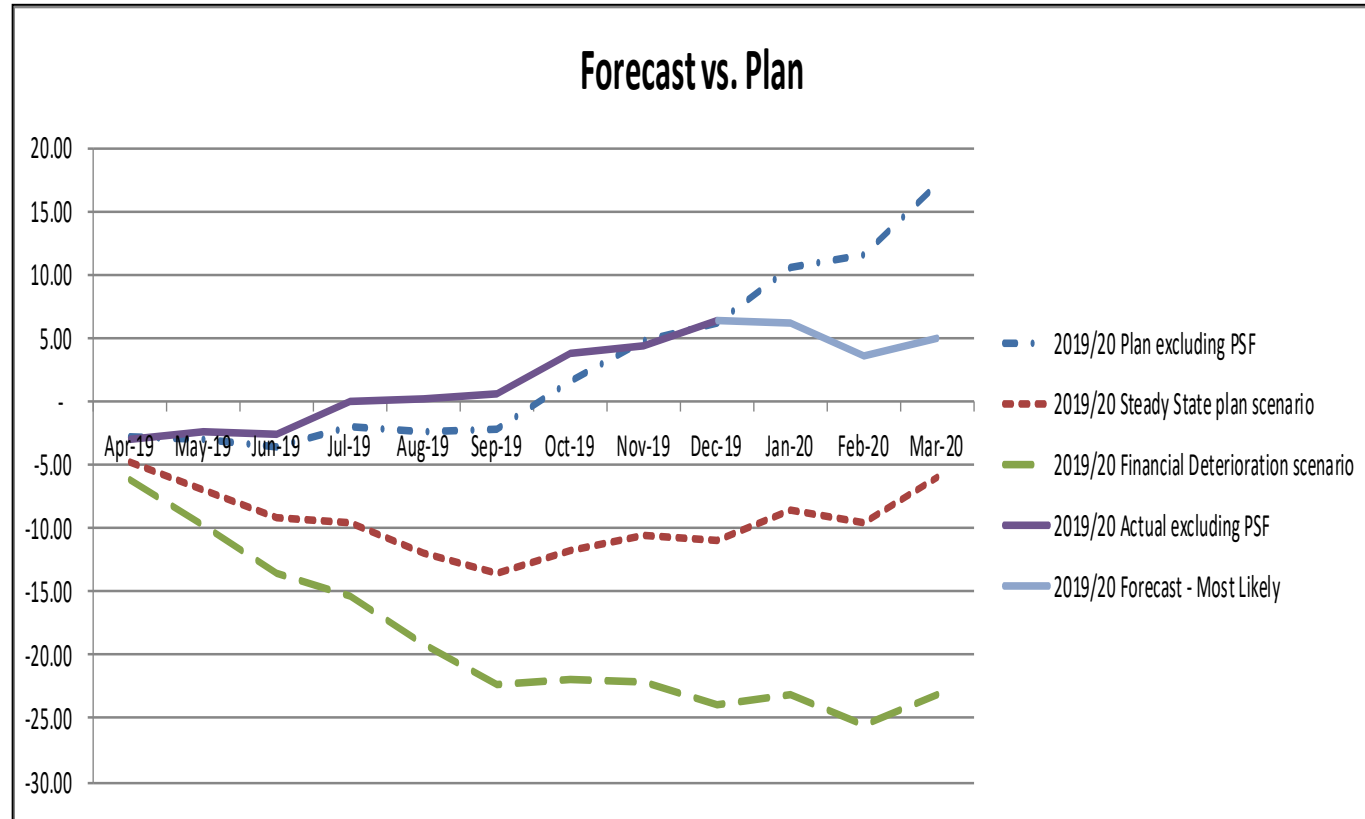


Underlying Run Rate Position

This graph shows the surplus position to Q3, comparison to Plan and the Q4 forecast for 2019/20.

The forecast position for 2019/20 is a £5m surplus excluding PSF as discussed at the previous S&FC & Trust Board

The main reasons for our forecast movement were outlined in a separate paper to both S&FC and TB.

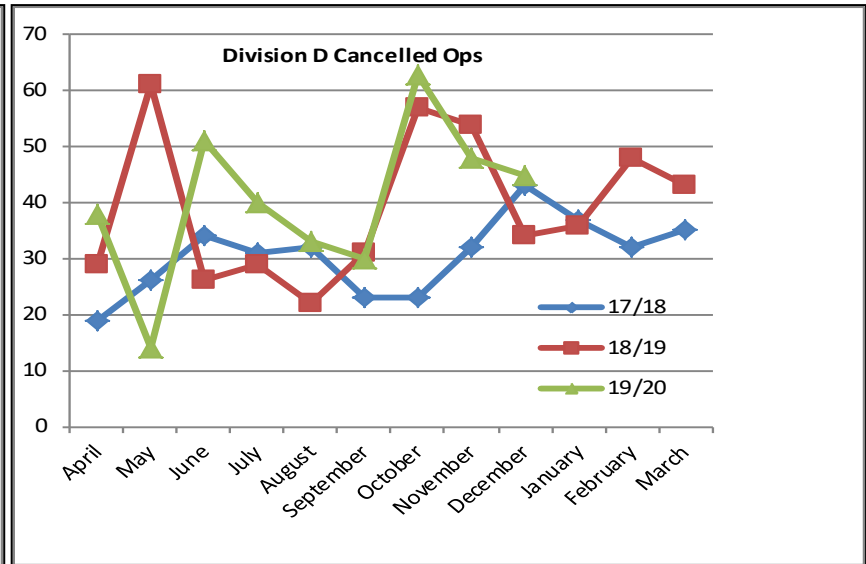
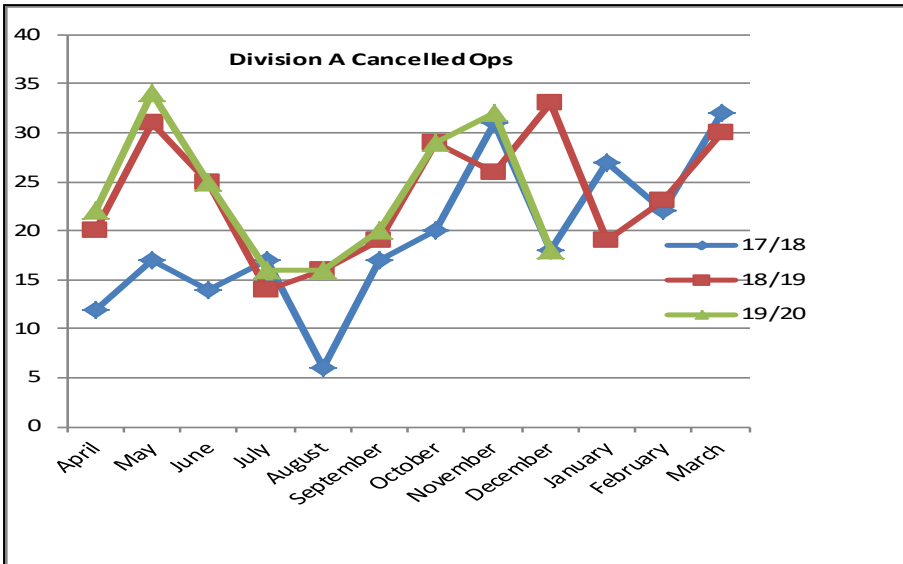
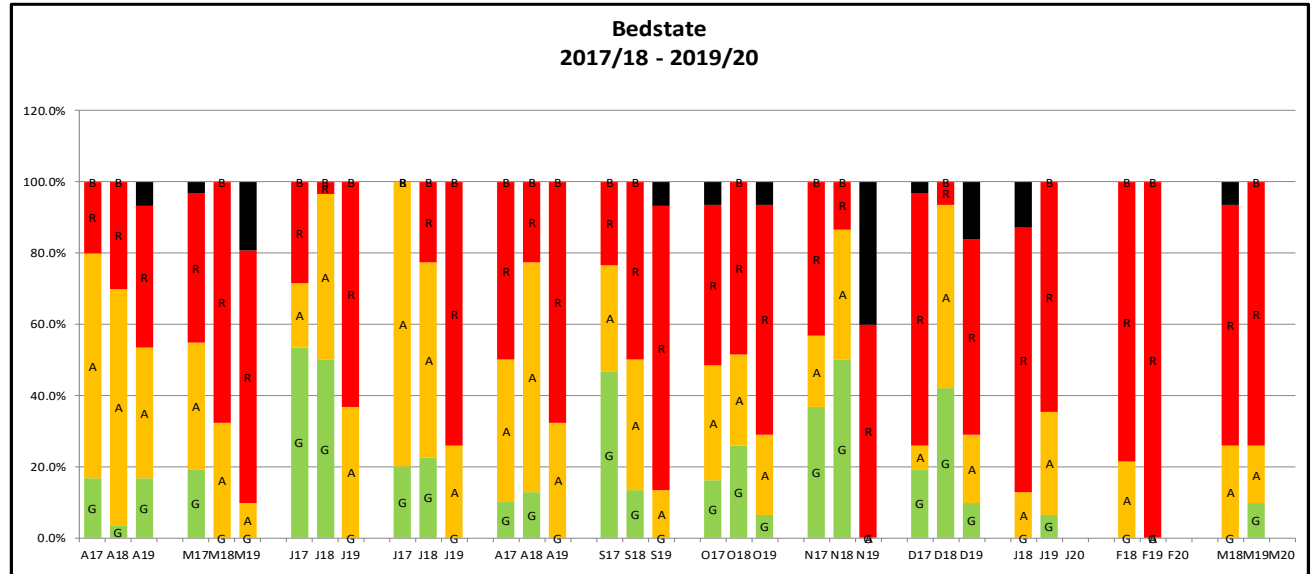


Bedstate – 3yr Comparison

The bed state data for December 2019 shows that for approximately 70% of the time the Trust’s bed status was either black or red. This is similar to December 2018 although there were fewer incidences of black alert in December 2018.

The winter bed plan to provide additional capacity is now planned to come on line in January 2020 due to estates works being required.

On the day cancellations for non-clinical reasons are shown below for Divisions A & D.



(Fav Variance) / Adv Variance

Clinical Income

The chart shows estimated clinical income in December 2019.

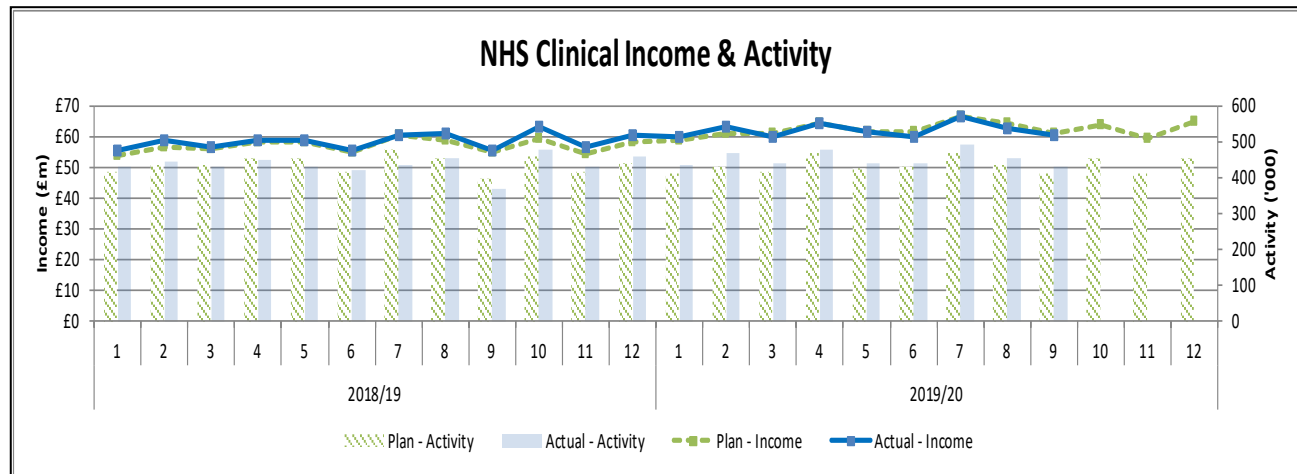
Non-elective inpatient activity was above planned levels and a provision has been taken against the impact of the blended payment system for emergency care. Elective inpatient income was below planned levels in the month.

Outpatient activity was at planned levels in the month.

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

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

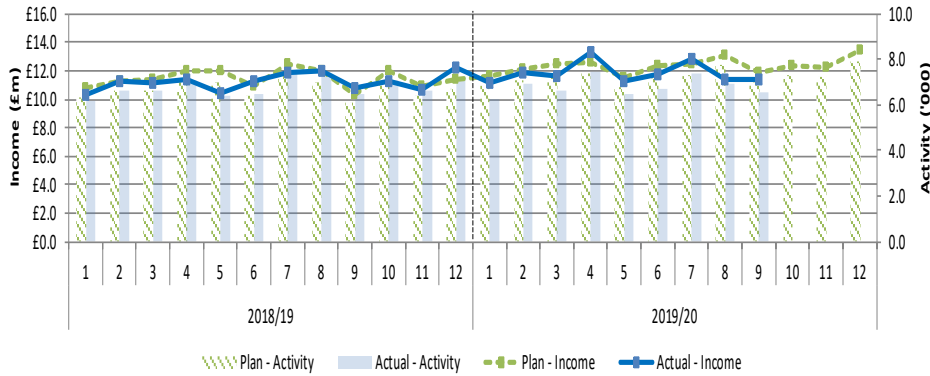
POD GROUP	2018/19	2019/20				2019/20			Monthly Run Rate	
	YTD Actuals £000s	Annual Plan £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	Done	To Do
<b>NHS Clinical Income</b>										
Elective Inpatients	£100,437	£148,045	£110,015	£106,591	£3,424	£11,867	£11,366	£502	£11,843	£13,818
Non-Elective Inpatients	£140,449	£199,870	£148,768	£162,365	(£13,598)	£17,099	£17,904	(£805)	£18,041	£12,502
Blended payment adjustment	£0	£0	£0	£(3,288)	£3,288	£0	(£380)	£380	(£365)	£1,096
Outpatients	£54,841	£81,626	£60,483	£62,249	(£1,766)	£6,382	£6,339	£43	£6,917	£6,459
Other Activity	£86,248	£129,745	£96,554	£97,350	(£796)	£10,610	£10,806	(£195)	£10,817	£10,798
CQUIN	£11,017	£8,375	£6,239	£6,396	(£157)	£684	£693	(£9)	£711	£659
Blocks & Financial Adjustments	£2,965	£18,753	£17,275	£3,353	£13,922	£1,654	£1,244	£410	£373	£5,133
Other Exclusions	£3,051	£46,419	£37,479	£37,918	(£439)	£3,962	£3,965	(£4)	£4,213	£2,834
Prior month adjustment	£0	£0	£0	£0	£0	£0	£316	(£316)	£0	£0
<b>Subtotal NHS Clinical Income</b>	<b>£399,008</b>	<b>£632,832</b>	<b>£476,812</b>	<b>£472,935</b>	<b>£3,878</b>	<b>£52,259</b>	<b>£52,254</b>	<b>£6</b>	<b>£52,548</b>	<b>£53,299</b>
Pass-through Exclusions	£86,475	£115,237	£83,402	£84,164	(£762)	£8,781	£8,196	£585	£9,352	£10,358
<b>Total NHS Clinical Income</b>	<b>£485,484</b>	<b>£748,069</b>	<b>£560,214</b>	<b>£557,099</b>	<b>£3,115</b>	<b>£61,040</b>	<b>£60,449</b>	<b>£591</b>	<b>£61,900</b>	<b>£63,657</b>
<b>Non NHS Clinical Income</b>										
Private Patients		£6,362	£4,871	£3,541	£1,329	£558	£366	£193	£393	£940
CRU		£2,500	£1,872	£1,904	(£32)	£208	£229	(£21)	£212	£199
Overseas Chargeable Patients		£1,412	£1,062	£1,206	(£144)	£118	£209	(£91)	£134	£69
<b>Total Non NHS Clinical Income</b>		<b>£10,274</b>	<b>£7,805</b>	<b>£6,651</b>	<b>£1,154</b>	<b>£884</b>	<b>£804</b>	<b>£80</b>	<b>£739</b>	<b>£1,208</b>
<b>Grand Total</b>	<b>£485,484</b>	<b>£758,343</b>	<b>£568,019</b>	<b>£563,750</b>	<b>£4,269</b>	<b>£61,924</b>	<b>£61,253</b>	<b>£671</b>	<b>£62,639</b>	<b>£64,864</b>



Clinical Income

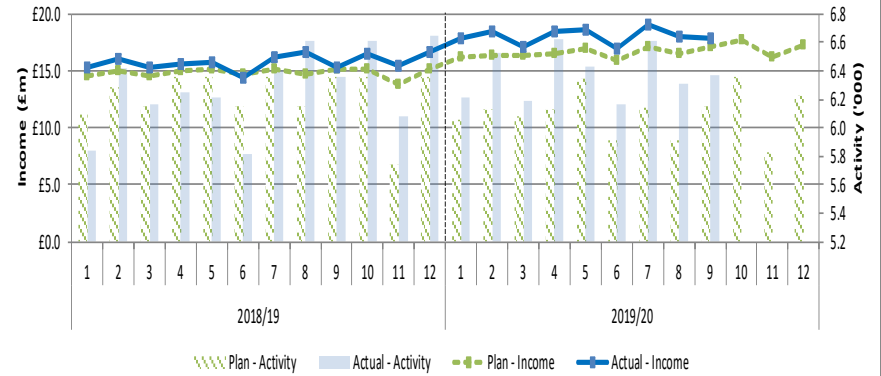
Elective spells

In month -475 activity, -£501,620  
YTD -3,126 activity, -£3,423,992



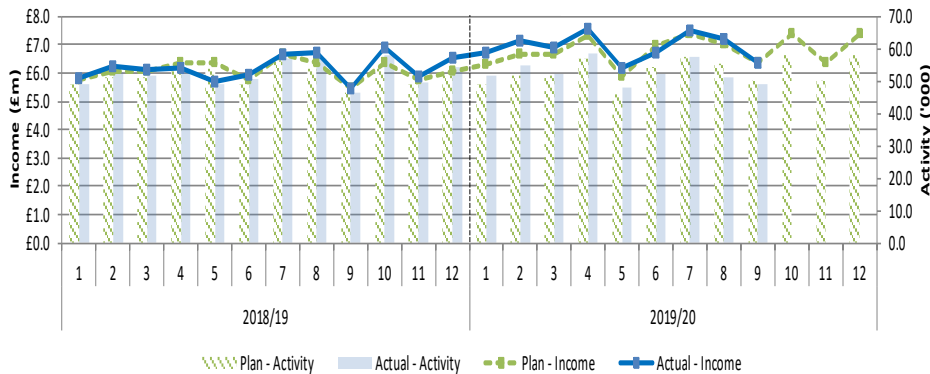
Non elective spells

In month +220 activity, +£804,824  
YTD +2,589 activity, +£13,597,941



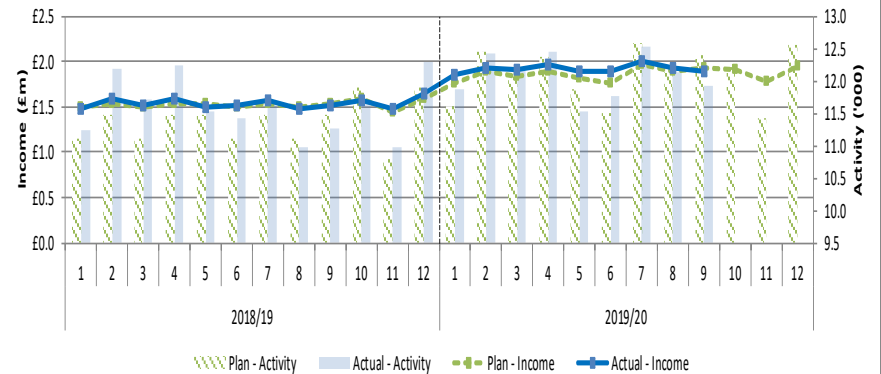
Outpatients

In month -792 activity, -£42,909  
YTD +3,521 activity, +£1,766,089



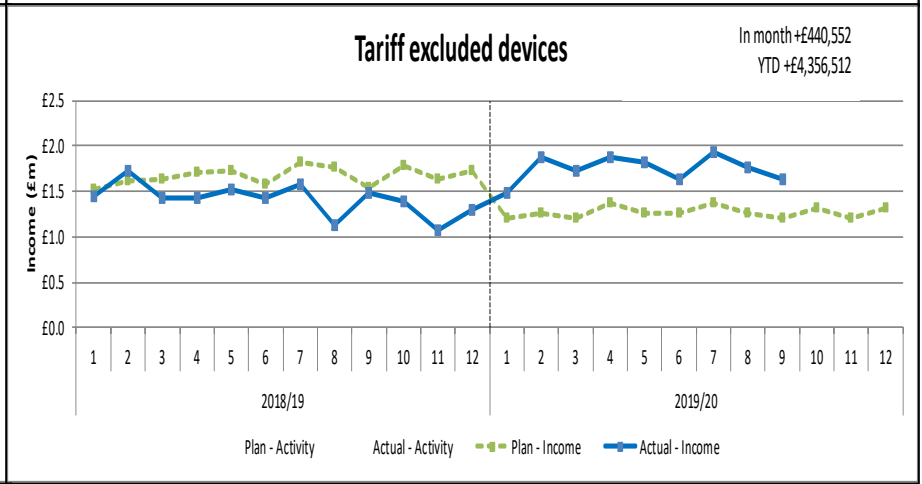
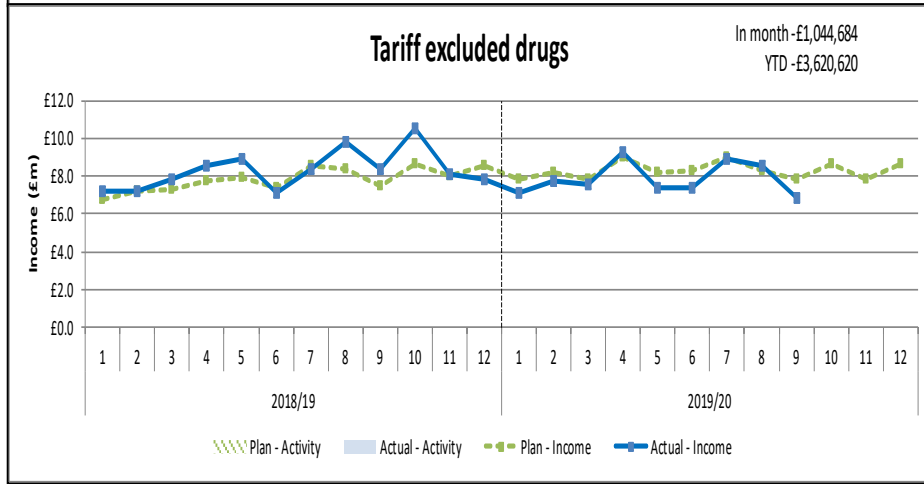
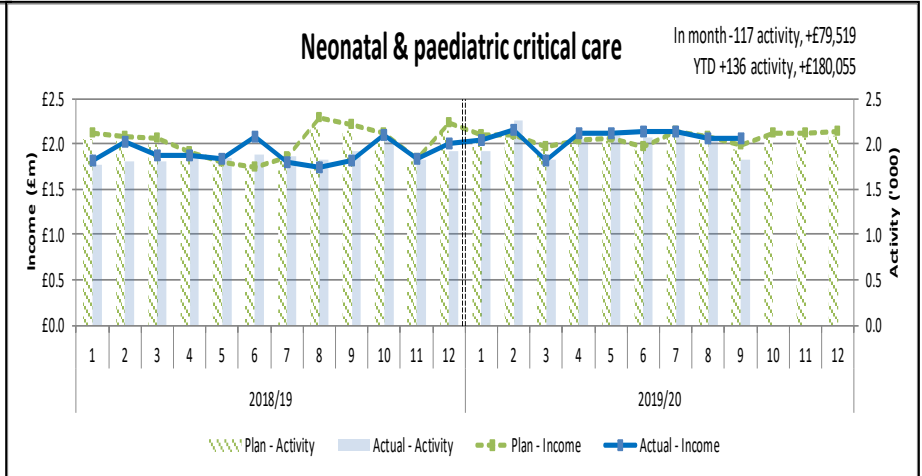
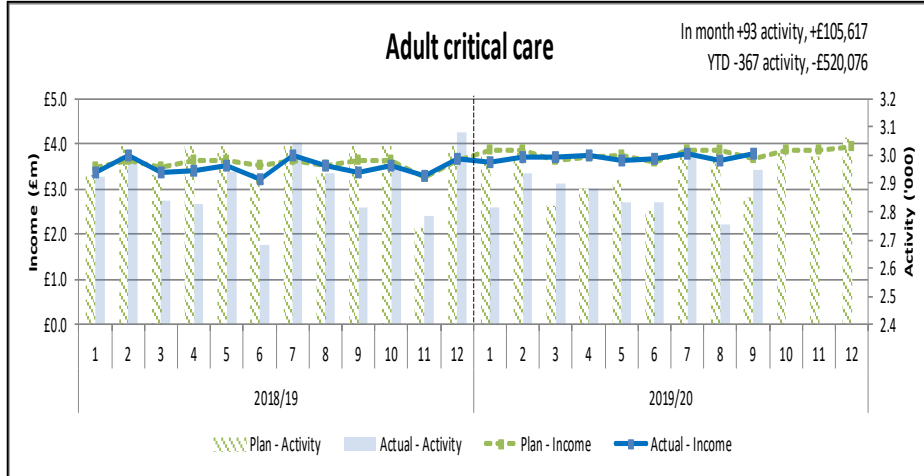
A&E

In month -471 activity, -£37,725  
YTD -180 activity, +£508,658



Note: A&E includes impact of Children's ED pathway change from M7

Clinical Income



Substantive Pay Costs

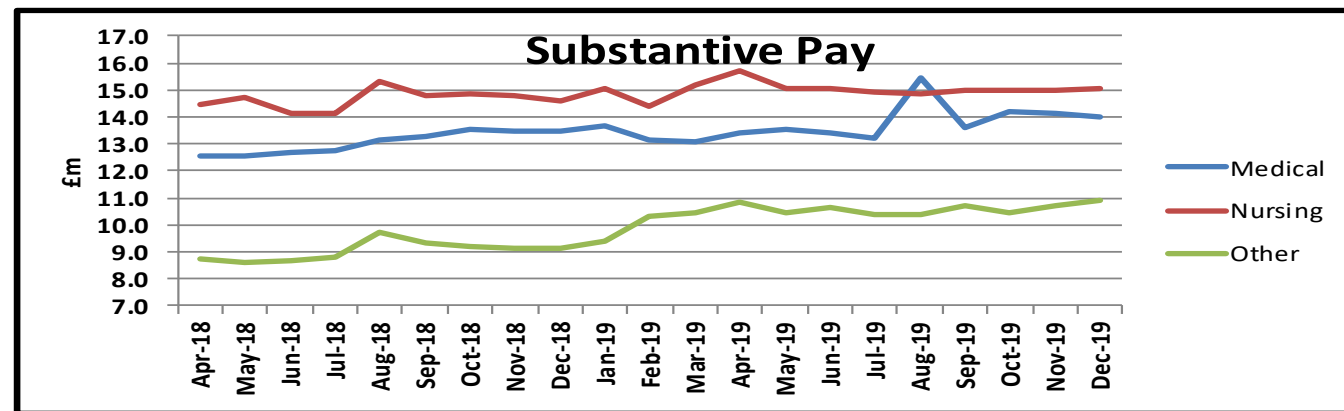
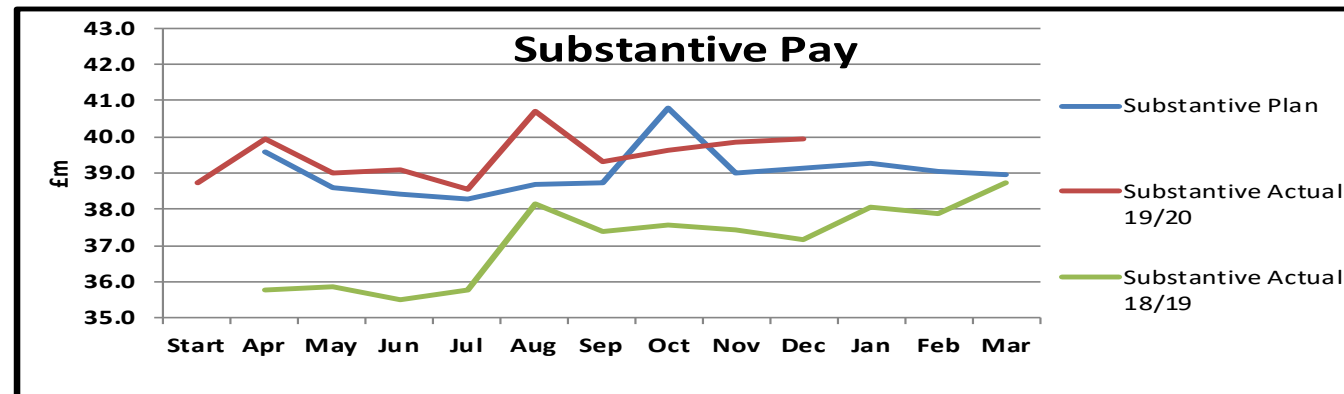
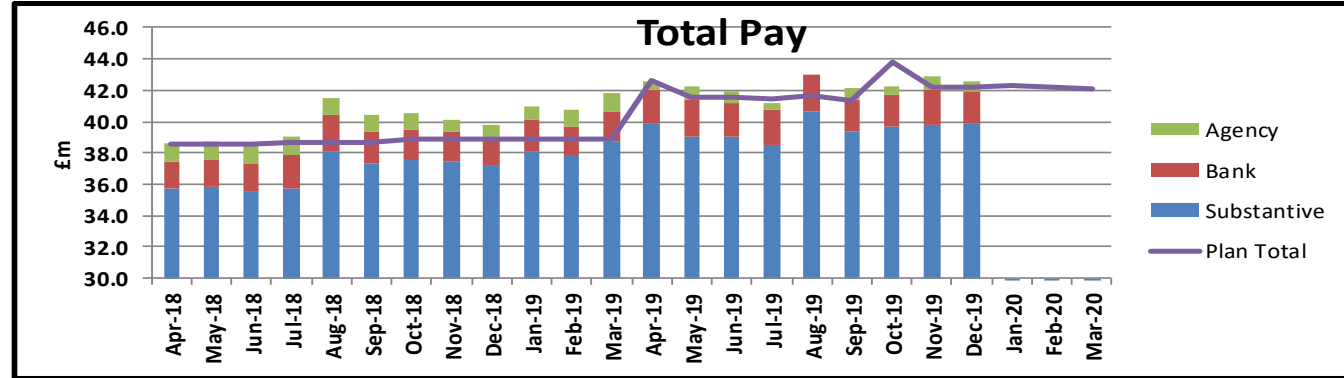
Total pay expenditure in December 2019 was £42.6m, £0.3m less than that spent in November 2019. The average for 2019/20 is £42.4m after adjusting for one-offs.

Pay spend in the month includes winter pressures initiatives.

The £0.3m net reduction in expenditure is in flexible staffing with an increase seen in substantive.

In terms of position vs Plan in the month was £0.4m (normalised) adverse which is £0.2m lower than in November 2019 and relates to undelivered CIP.

Recruitment Control Panel (RCP) is still meeting weekly to validate new and replacement posts.



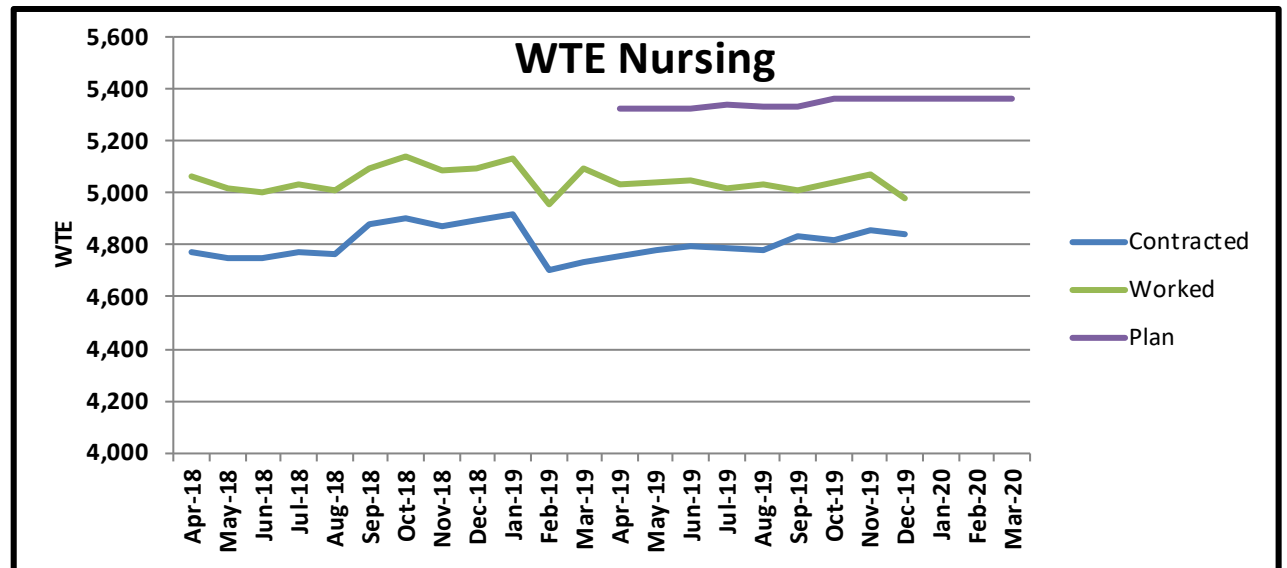
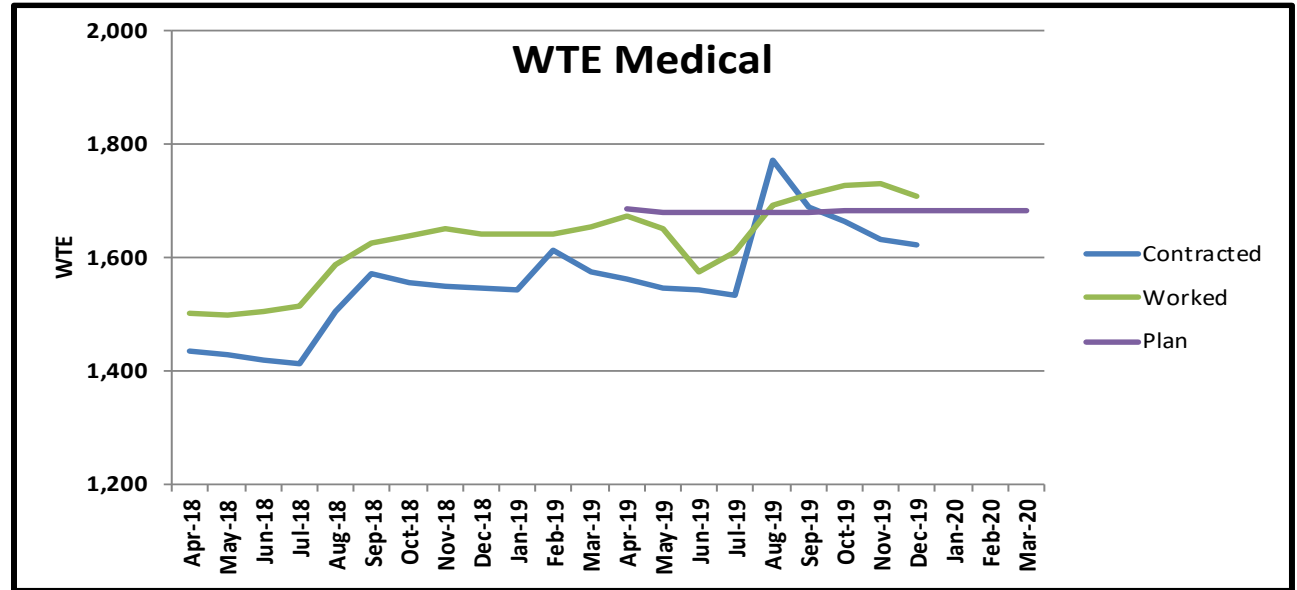
WTE Information

WTE information presented focuses on total medical and nursing registered and unregistered.

The information compares plan vs worked and contracted.

Highlights:

- 1) Plan for both medical & nursing is flat.
- 2) Overall medics highlight a vacancy position of 50wtes when comparing Plan to contracted numbers although recognise this masks position on junior doctors vs consultants. This is unchanged from November 2019.
- 3) Nursing numbers did change slightly with vacancies increasing by approx 30wtes to 530wte. Its is expected all NQNs who started in October 2019 are now in the numbers with a constant flow of overseas nurses still in the pipeline.



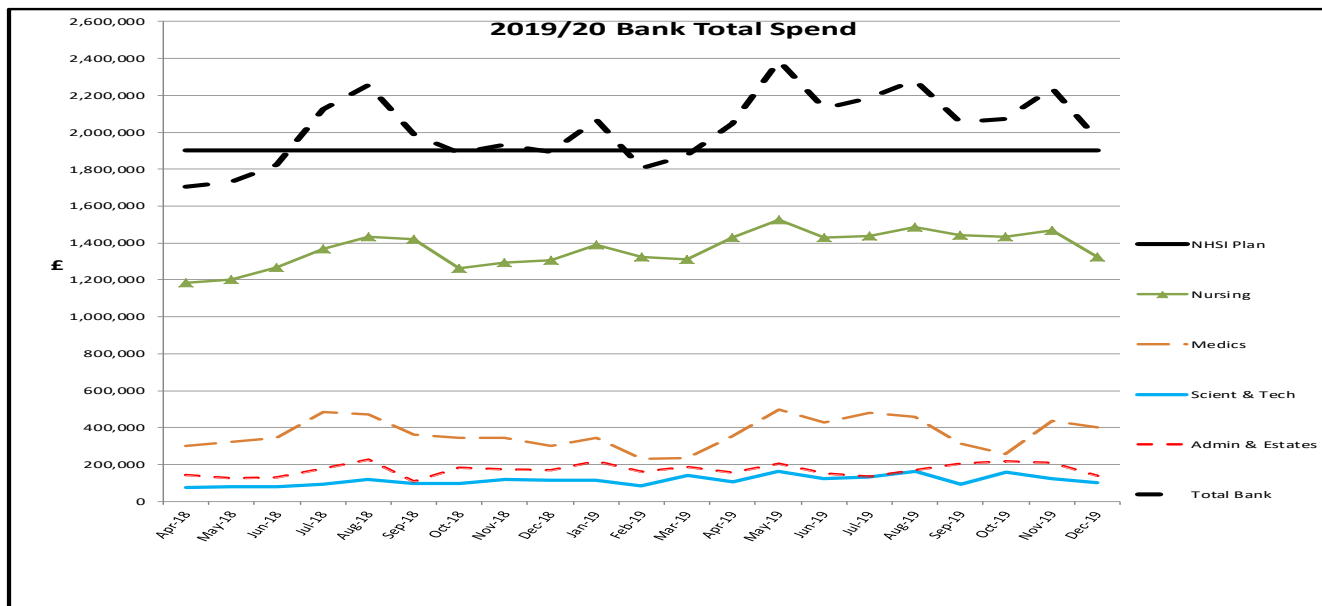
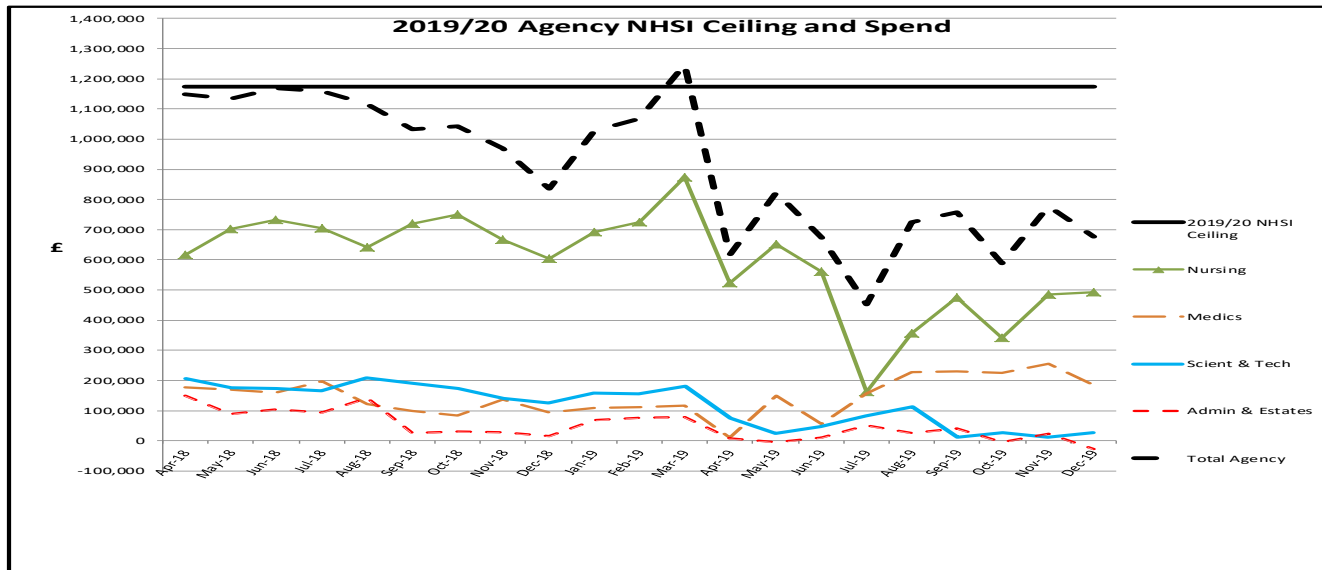
Temporary Staff Costs

Overall agency spend in December 2019 was £0.7m, £0.1m lower when compared to November 2019.

Expenditure on Thornbury reduced by £38k in December 2019 at £64k. This compares to £40k spent in December 2018.

Expenditure on bank staff was £2m in December 2019m, some £0.3m less than November 2019.

In overall terms, expenditure on flexible staffing was £0.4m lower than Plan in December 2019.



Cost Improvement Programme

CIP delivery in December 2019 was £2.4m against a Plan of £3.9m.

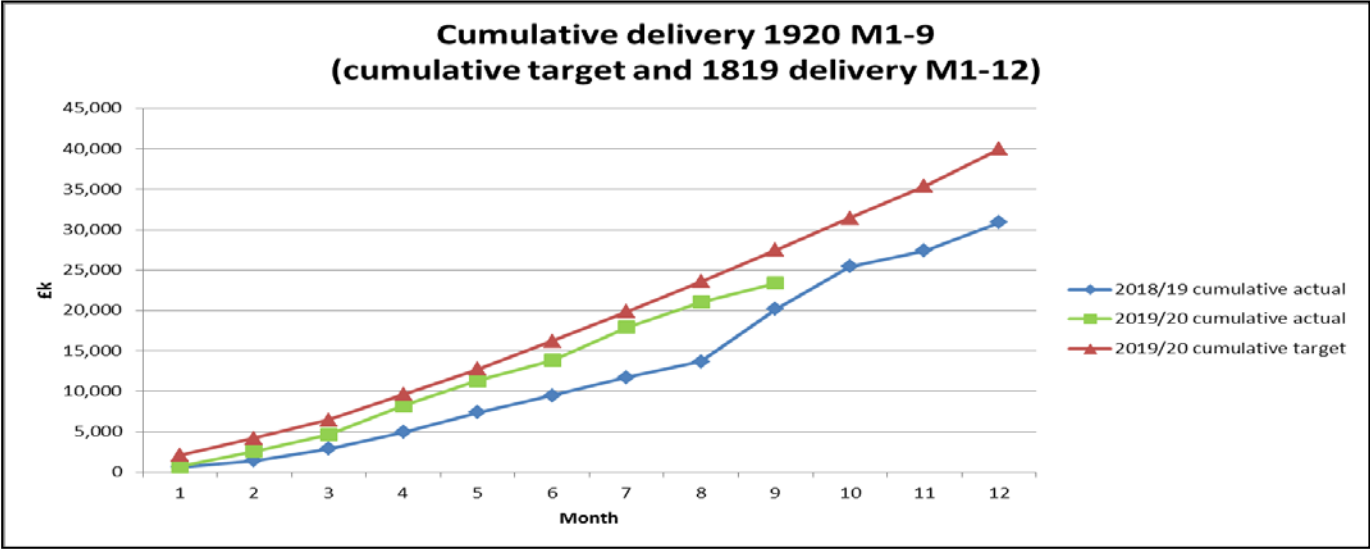
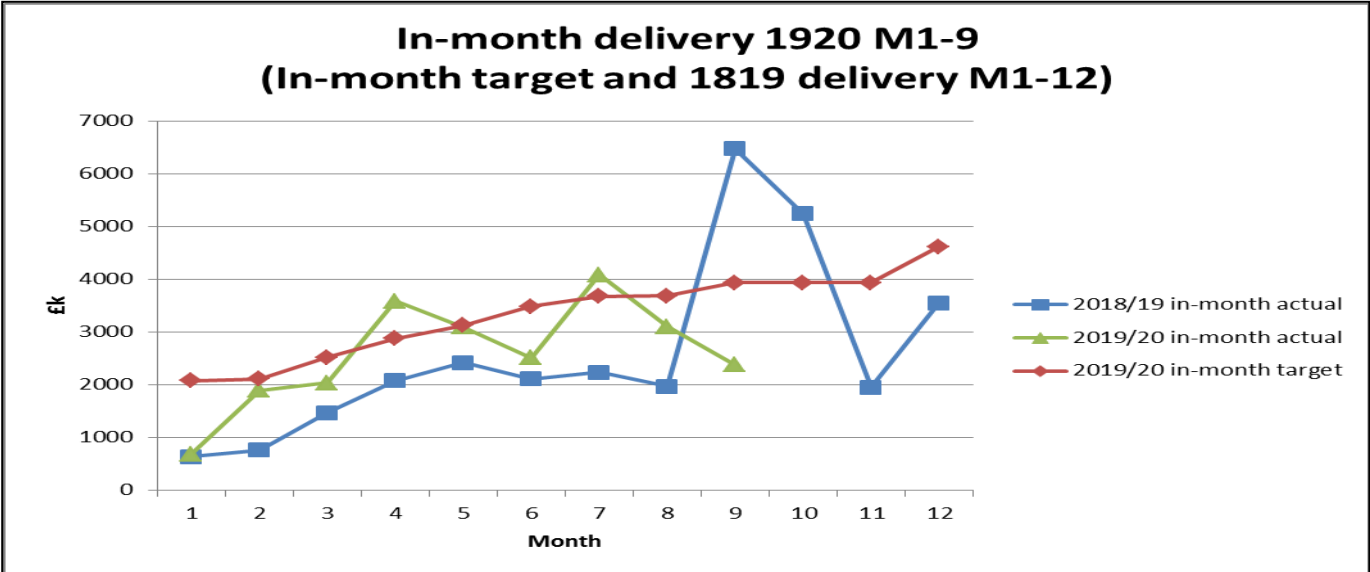
Income CIP scheme award was the lowest it has been since Q1 at only £0.6m. This is due to lower than expected clinical income in December 2019.

Year to date the Trust is £4.1m behind Plan for 2019/20 although monthly delivery is tracking higher than that previously delivered.

Compared to YTD M9 in 2018/19 the Trust has delivered an additional £3.2m in 2019/20.

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

Going forward Care Groups continue to be asked to highlight risks and any mitigations to discuss at the CIP meetings with Execs to firm up the delivery for 2019/20.



## Cost Improvement Programme

The Trust has identified CIP of £41.8m vs £40m target.

Of the total identified, £29.2m/70% is planned to be recurrent and £12.5m/30% non-recurrent. When the full year effect (FYE) of schemes are included the recurrent delivery for 2019/20 is approx £35.4m, although the FYEs are being reviewed currently.

Focus in the next 4 weeks is on:

- Ensuring delivery of identified schemes to avoid any slippage
- Reviewing non-recurrent schemes for opportunities to make recurrent
- Continuing to discuss risks and mitigations of any identified schemes.
- Identification of schemes for 2020/21.

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

Division/ Directorate	CIP Target £k	Total CIP £k	Gap £k	Identification %	Red £k	Identification exc. red £k	Identification exc. red %
Division A	8,998	8,759	239	97%	1,381	7,378	82%
Division B	7,954	8,117	(163)	102%	1,695	6,422	81%
Division C	6,569	7,396	(827)	113%	2,642	4,754	72%
Division D	8,428	9,846	(1,418)	117%	816	9,030	107%
<b>Total Clinical Services</b>	<b>31,949</b>	<b>34,118</b>	<b>(2,169)</b>	<b>107%</b>	<b>6,534</b>	<b>27,584</b>	<b>86%</b>
Chief Finance Officer	377	809	(432)	215%	0	809	215%
Estates Facilities & Capital Development	1,892	1,897	(5)	100%	0	1,897	100%
Transformation	163	287	(124)	176%	0	287	176%
Chief Operating Officer	379	388	(9)	102%	0	388	102%
Human Resources	312	405	(93)	130%	50	355	114%
Informatics	453	300	153	66%	0	300	66%
Clinical Governance	173	112	61	65%	0	112	65%
Training, Development & Workforce	248	241	7	97%	0	241	97%
Chief Executive	54	25	29	46%	0	25	46%
<b>Trust HQ Total</b>	<b>4,051</b>	<b>4,464</b>	<b>(413)</b>	<b>110%</b>	<b>50</b>	<b>4,414</b>	<b>109%</b>
Central Schemes	4,000	3,198	802	80%	1,637	1,561	39%
<b>UHS Total</b>	<b>40,000</b>	<b>41,780</b>	<b>(1,780)</b>	<b>104%</b>	<b>8,221</b>	<b>33,559</b>	<b>84%</b>

	Workforce	Length of stay	NHS income	Other income	Non Pay	Total
Trust total identified £k	6,761	5,057	17,106	5,271	7,585	41,780
<b>Recurrent £k</b>	<b>1,155</b>	<b>5,057</b>	<b>15,870</b>	<b>1,689</b>	<b>5,489</b>	<b>29,260</b>
Recurrent %	17%	100%	93%	32%	72%	70%
<b>Non Recurrent £k</b>	<b>5,606</b>	<b>0</b>	<b>1,236</b>	<b>3,582</b>	<b>2,096</b>	<b>12,520</b>
Non Recurrent %	83%	0%	7%	68%	28%	30%

Cash

The cash balance was £75.3m at the end of December 2019, £26.6m above Plan. This is primarily due to:

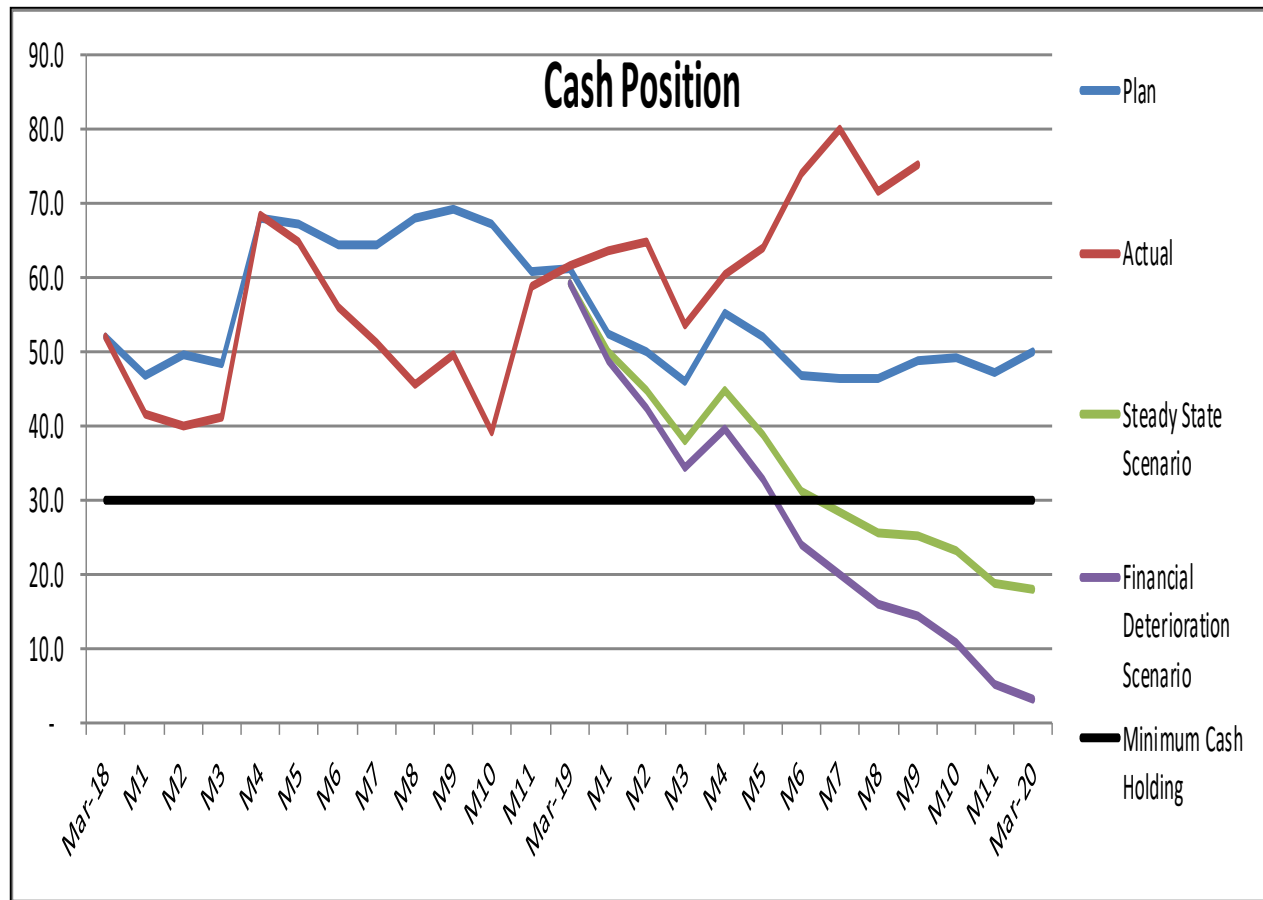
1) Working capital position better than plan by circa £10m. The Accounts Receivable position is better than Plan due to improvements in negotiated payment arrangements with Commissioners. The Accounts Payable balance remains higher than anticipated due to delays in invoice payment, although overdue invoices continue to reduce.

2) Year-end cash position from 18/19 finishing above the level assumed at the point the Plan was set (circa £3m).

3) Receipt of PSF bonuses for 18/19 £9.5m in excess of the level assumed in the Plan.

4) Net spend on property, plant and equipment (through capital expenditure and lease interest and principal payments) £1.9m less than Plan.

The latest cash forecast is currently being reviewed to inform our 2020/21 plan and capital prioritisation process.



## Capital Expenditure

(Fav Variance) / Adv Variance

Scheme	Month			Year to Date			Full Year		
	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's	Revised Plan £000's	Latest Forecast £000's	Variance £000's
Childrens Hospital	100	(15)	(115)	933	614	(319)	1,196	1,174	(22)
ED Adult Resus	150	188	38	975	571	(404)	1,501	1,017	(484)
IT Schemes	600	601	1	5,543	4,647	(896)	7,220	6,697	(523)
Wave 3 STP Digital	0	0	0	0	0	0	26	0	(26)
Strategic Maintenance	300	54	(246)	3,154	2,891	(263)	4,000	4,000	0
Medical Equipment Panel	800	33	(767)	1,522	768	(754)	2,100	2,100	0
GICU Expansion	832	535	(297)	5,922	4,879	(1,043)	12,122	11,132	(990)
Refurbish Eye Theatre	0	2	2	40	22	(18)	60	115	55
Energy Efficiency	250	309	59	950	612	(338)	1,473	1,667	194
New Theatres E level	200	33	(167)	3,036	1,571	(1,465)	3,236	3,600	364
Urology Day Unit	93	3	(90)	2,177	1,856	(321)	2,177	2,047	(130)
Steam Project	0	(0)	(0)	103	119	16	103	611	508
Princess Anne Theatre Ventilation	20	319	299	341	355	14	355	355	0
Spend to Save	155	98	(57)	370	261	(109)	847	660	(187)
Radiotherapy Equipment	0	21	21	834	752	(82)	834	921	87
Divisional / Donated Equipment	150	82	(68)	812	471	(341)	1,350	1,373	23
ED offices and minors space	0	0	0	0	0	0	0	600	600
CT, MR & Mammography	0	0	0	0	0	0	0	592	592
Decorative Improvements / Staff Fund	80	36	(44)	501	119	(382)	741	449	(292)
Other Projects	105	783	678	3,583	3,969	386	4,472	5,083	611
<b>Total Excluding Finance Leases</b>	<b>3,835</b>	<b>3,081</b>	<b>(754)</b>	<b>30,796</b>	<b>24,474</b>	<b>(6,322)</b>	<b>43,813</b>	<b>44,193</b>	<b>380</b>
Finance Leases-ISS	200	42	(158)	2,337	2,458	121	4,880	6,436	1,556
Finance Leases-Other	0	0	0	3,173	3,135	(38)	3,433	3,433	0
<b>Total Capital Expenditure</b>	<b>4,035</b>	<b>3,123</b>	<b>(912)</b>	<b>36,306</b>	<b>30,067</b>	<b>(6,239)</b>	<b>52,126</b>	<b>54,062</b>	<b>1,936</b>
Donated Asset Additions	(263)	(263)	0	(2,367)	(2,367)	0	(2,796)	(2,796)	0
<b>Total Net CDEL Expenditure</b>	<b>3,772</b>	<b>2,860</b>	<b>(912)</b>	<b>33,939</b>	<b>27,700</b>	<b>(6,239)</b>	<b>49,330</b>	<b>51,266</b>	<b>1,936</b>
<b>Memo:</b>									
Internal Funding							31,738	31,268	(470)
External Funding							12,075	12,925	850
<b>Total</b>							<b>43,813</b>	<b>44,193</b>	<b>380</b>

Capital Expenditure was £0.9m behind Plan in month. This was mainly driven by an underspend on medical equipment of £0.8m which had been phased assuming a lump sum spend would occur in month. This will now be deferred into quarter 4 and relates to the purchase of ventilators. Strategic maintenance spend was also underspent by £0.2m in month relating to a slowdown in contractor work over the Christmas period.

Year to date an underspend of £6.2m prevails due mainly to project slippage and unplanned variations in the spend profile of projects. A significant acceleration is however expected within quarter 4 with several key projects moving into more cost intensive phases such as GICU. Spend is therefore forecast at £23.5m in the last quarter including leases. This will be monitored closely throughout the last three months in order to assess confidence of delivery.

## Statement of Financial Position

(Fav Variance) / Adv Variance

Payables balances have stabilised since year-end.

The back-log of outstanding payments continues to be addressed. The number of unpaid invoices continues to reduce but remains a critical issue to resolve for the accounts payable team. The reduction has slowed due to temporary staff turnover.

Statement of Financial Position	2018/19 Actuals £m	2019/20			
		YTD Plan £m	YTD Act £m	YTD Var £m	Full Year Plan £m
Fixed Assets	372.4	390.2	376.7	(13.4)	403.7
Inventories	16.5	16.2	15.4	(0.8)	16.2
Receivables	105.9	74.6	89.0	14.4	75.5
Cash	61.5	48.7	75.3	26.7	49.8
Payables	(110.5)	(84.9)	(105.2)	(20.3)	(82.7)
Current Loan	(3.3)	(4.6)	(3.4)	1.1	(4.6)
Current PFI and Leases	(7.0)	(4.4)	(7.0)	(2.6)	(4.4)
<b>Net Assets</b>	<b>435.6</b>	<b>435.9</b>	<b>440.8</b>	<b>5.0</b>	<b>453.5</b>
Non Current Liabilities	(18.2)	(18.3)	(18.0)	0.3	(18.3)
Non Current Loan	(14.6)	(12.8)	(12.1)	0.7	(12.0)
Non Current PFI and Leases	(33.0)	(34.4)	(32.4)	2.0	(34.6)
<b>Total Assets Employed</b>	<b>369.8</b>	<b>370.4</b>	<b>378.3</b>	<b>8.0</b>	<b>388.7</b>
Public Dividend Capital	211.0	221.2	211.0	(10.2)	223.7
Retained Earnings	125.0	123.7	133.5	9.8	139.5
Revaluation Reserve	33.8	25.5	33.8	8.4	25.5
Other Reserves	0.0	0.0	0.0	0.0	0.0
<b>Total Taxpayers' Equity</b>	<b>369.8</b>	<b>370.4</b>	<b>378.3</b>	<b>8.0</b>	<b>388.7</b>

<b>Report to the Trust Board of Directors dated Thursday, 30 January 2020</b>			
<b>Title: Change Champions</b>			
<b>Category</b>	Quality, Performance, and Finance		
<b>Agenda item</b>	5.1		
<b>Sponsor</b>	Director of Nursing and Organisational Development		
<b>Author</b>	UHS Change Champions; Tristan Chapman; David Young		
<b>Provenance</b>	The change champions reported the initial findings of their work to Trust Board and will report back their conclusions following TEC		
<b>Classification</b>	This Report is unclassified.		
<b>Purpose and recommendation</b>	The paper is presented for DECISION. Members of trust Board are asked to support a second phase of 'Change Champions' to complete the work started and assist the Trust on issues which require a cultural change (above and beyond management action)		
<b>Relevant strategic goals</b>	✓ 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.
<b>Assurance framework links</b>	<ul style="list-style-type: none"> <li>• BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways</li> <li>• BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6</li> <li>• BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme</li> <li>• BAF04 – Reduced access to resources compromises the quality of services</li> <li>• BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care</li> <li>• BAF06 – Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services</li> <li>• BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care</li> <li>• BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual</li> <li>• BAF09 – Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider</li> <li>• BAF10 – Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status</li> </ul>		
<b>Impact assessments</b>	Quality		
<b>Other standards affected</b>	<ul style="list-style-type: none"> <li>• CQC Well-led Framework, staff survey</li> </ul>		

# Change Champions

## 1. Introduction

In May 2019 we launched the 'UHS Change Champions' as part of work to develop a strategic plan for UHS. The purpose was to understand and incorporate the staff perspective of UHS in 2019 in our strategic planning and have a strong 'staff voice' in our strategy.

The model for change champions was built from learning at other hospitals throughout the region, NHSI guidance and OD best practice. Following a formal recruitment process 15 members of staff were appointed, comprising a cross-section of Trust staff. They included:

- clinical and non-clinical
- different levels of seniority
- multi-professional.

These change champions engaged with a diverse cross section of the workforce to identify what was important to people, the challenges they face and their hopes for the future and gave a 2 day per month commitment to this work. Their remit was clearly defined:

1. To understand what mattered to UHS staff right now
2. To set a mission statement for UHS
3. To engage staff the UHS strategic plan.

## 2. Process

Every month the team has a 'contact day' for project planning, updates and training, and a 'flexible day' to undertake the focus groups and other activities associated with the role. Commencing the first phase, the change champions organised focus groups; 1:1 meetings and surveys to engage a selection of their colleagues in this task.

Training included:

- Group facilitation
- Presenting with impact
- Change management
- Strategic Planning

Change champions engaged with approximately 20 – 50 colleagues each and conducted a staff survey.

They collated their feedback and presented to the Trust Board, UHS senior leaders forum and fed back to their colleagues.

### 3. Findings

The team asked staff why they chose to work at UHS and why they stay here.

Theme	Count <sup>1</sup>	Sub themes (count)
Staff are proud to work at UHS	7	“A great organisation” / Reputation (4)
They feel part of a great team	16	Teamwork (5) Friendship (2) Culture (9)
Delivering clinical excellence	7	Experience (2) Clinical Excellence (5)
Able to treat any patient, 24/7, 365 days a year	3	Specialist centre
Research and innovation	3	
A good local employer	11	Location (5) Employee benefits (2) Opportunities (2) Job/income (2)
Investing in people and their development	8	Training (4) Professional development (4)
Job satisfaction	4	To make a difference (2)

They also asked what the issues that mattered to them right now were.

Theme	Count	Sub themes (Count)
Ever increasing demand	8	Time pressure (4)
Staff shortages	9	Levels (4) Retention (2) Lack of time (2)
Financial pressure	3	
Lack of resources	5	IT (2)
Environmental standards	10	Parking (2) Green space (2) Poor environment (4) Lack of space (2)
Examples of Poor Management	13	Lack of staff voice / involvement (2) Communication (2)

<sup>1</sup> Repetition of theme identified by staff groups

Don't promote inclusion (1)  
 Unfair recruitment practice (2)  
 Feel under-valued (3)  
 Unclear identity (1)

#### 4. Taking action

The team used staff feedback to set the mission statement:

**University Hospital Southampton**  
**Together we care, innovate and inspire**

In September the change champions presented their initial findings and the draft mission statement to the Board, the latter being formerly adopted. The group identified three areas of work:

- Estates
- Communications
- People and Culture

#### 5. Recommendations

The team worked with corporate departments to define a number of opportunities to respond to staff feedback. These were both quick wins and priorities to pursue.

		Action taken to date	Further actions to take
1.	Communicate the full range of travel options for staff and students	<ul style="list-style-type: none"> <li>• Publication of the Travel Promise has taken place alongside the revalidation process</li> </ul>	<ul style="list-style-type: none"> <li>• Ensure continued publication of travel options at key touch points with staff</li> </ul>
2.	Honest, frequent and multi-channel communication	<ul style="list-style-type: none"> <li>• An external communication team review has been conducted and additional short term corporate senior communications lead approved</li> <li>• Workplace and use of other social media channels continues to grow</li> </ul>	<ul style="list-style-type: none"> <li>• The Trust is recruiting to a new Director of Communications to lead the develop of coms strategy at UHS</li> <li>• Setting clearer expectations on the role of local managers in cascade of communications</li> <li>• A review of Core Brief and Staff brief</li> <li>• Explore other channels of communication: core &amp; non-core</li> </ul>
3.	Improve basic IT functionality	<ul style="list-style-type: none"> <li>• Windows 10 rollout</li> <li>• CAMIS server upgrade to increase 'load times'</li> </ul>	<ul style="list-style-type: none"> <li>• PC replacement programme (&gt; 5 years old)</li> <li>• Training digital champions</li> </ul>

4.	Create pleasant and accessible outdoor spaces for patients and staff	<ul style="list-style-type: none"> <li>• New garden spaces</li> <li>• Hoarding visually improved</li> </ul>	<ul style="list-style-type: none"> <li>• Separation of smoking areas</li> <li>• Increasing staff seating spaces</li> <li>• Feast outdoor space</li> <li>• 'Web Cam' for UHS birds of prey</li> </ul>
5.	Support equality and inclusion at UHS	<ul style="list-style-type: none"> <li>• The Trust Board committed to a target of 15% of staff at Band 7 and above from BAME background by 2023. It has moved from 7% to 8.9% in 1.5 years.</li> <li>• Re-launch of the Trust BAME network with growing attendance and energy</li> <li>• Update of recruitment training</li> </ul>	<ul style="list-style-type: none"> <li>• Implementation of new policies in 2020 to mandate training on recruitment to panel members, more use of independent panel members and measurement of outcomes of recruitment</li> <li>• Communicate and follow-up policy implementation</li> </ul>
6.	Installation of water coolers accessible to staff and patients	<ul style="list-style-type: none"> <li>• £20k budget for water coolers provided</li> <li>• Exploration of potential new supplier</li> <li>• Site survey underway</li> </ul>	<ul style="list-style-type: none"> <li>• Tendering process for new supplier</li> </ul>
7.	A positive approach to flexible working	<ul style="list-style-type: none"> <li>• Advertisement of alternative types of contract (night only, term time) growing to seek new target employees</li> </ul>	<ul style="list-style-type: none"> <li>• Targeting areas of low reporting of flexible working in 2019 staff survey results</li> <li>• Further support &amp; guidance for managers &amp; their staff when considering flexible hours</li> <li>• Targeted communication when applicable</li> <li>• Provide positive case studies of flexible working solutions</li> <li>• Check employee assist programme is current on flexible working solutions</li> </ul>
8.	A proactive approach to valuing staff	<ul style="list-style-type: none"> <li>• A number of new awards introduced alongside employee and team of the month (Improving value, improving quality)</li> <li>• Increasing promotion of our teams for national and regional awards</li> <li>• Introduction of a new benefits platform with improved employee discounts</li> </ul>	<ul style="list-style-type: none"> <li>• Development of other options for recognising &amp; celebrating staff e.g. Wow, thank you cards</li> </ul>

9.	A strong 'staff voice' in trust decision making	<ul style="list-style-type: none"> <li>• Strong staff partnership forum and relationships with staff side colleagues, including involvement in key management committees across the trust</li> <li>• Increased participation in the 2019 staff survey with % response rate already exceeding 48%</li> </ul>	<ul style="list-style-type: none"> <li>• Set clearer expectations of departments for the standards expected on employee involvement in decision making</li> <li>• Consider how non-union individuals voice is recognised collectively</li> <li>• Promote QI as a mechanism for increasing employee involvement in decision making</li> </ul>
10.	Supporting frontline managers & leaders	<ul style="list-style-type: none"> <li>• A comprehensive range of training programmes available for line managers and leaders at a variety of levels which are well accessed</li> <li>• Introduction of new appraisal training focusing on 'quality honest conversations'</li> </ul>	<ul style="list-style-type: none"> <li>• Consideration of mandating a core set of training programmes for leaders at all levels</li> <li>• Ensuring appropriate levels of corporate support functions to provide technical help and expertise</li> <li>• Extending coaching &amp; mentoring support for frontline managers</li> </ul>
11.	Reduce bullying and harassment	<ul style="list-style-type: none"> <li>• Increased training of trust mediators (clinical, medical non-medical) during 2018 and 2019 to help to quickly resolve disputes</li> <li>• Introduction of the Freedom to speak up guardian, and freedom to speak up champions across the trust. A senior trust group oversees concerns raised and recommends actions on themes.</li> <li>• A series of cultural reviews have been used in departments of concern which have resulted in changes in leadership or individuals</li> </ul>	<ul style="list-style-type: none"> <li>• A communication from HR Director and Staff side chair to outline how action is taken in partnership to address poor behaviours</li> <li>• Consideration of formal mandated 360 appraisal process for managers and leaders on a tri-annual basis</li> <li>• Guidance/training on how to address early warning signs of bullying</li> <li>• Develop summarised behaviours on posters or other media</li> </ul>
12.	Action taken on staff well-being	<ul style="list-style-type: none"> <li>• UHS has a national recognised programme for health and wellbeing (Live Well and Inspire) which includes a range of offers for staff.</li> <li>• Over 20 individuals have been trained as TRiM practitioners to help staff debrief from traumatic events</li> <li>• Widespread publication of the 'Reminder to be Kinder' campaign</li> </ul>	<ul style="list-style-type: none"> <li>• A review of expanding the support to staff e.g. consideration of investment in Swartz Rounds, resilience training etc.</li> </ul>

13.	Leadership in environmental sustainability	<ul style="list-style-type: none"> <li>• A popular cycle to work scheme with significant salary sacrifice discounts</li> <li>• Significant discount reductions on public transport and loans on season tickets,</li> </ul>	<ul style="list-style-type: none"> <li>• Promoting cycling facilities and green transport options;</li> <li>• LED lighting</li> <li>• Increasing promotional material on recycling practices &amp; energy wastage</li> </ul>
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Since then the sub-groups have continued to meet and make progress on their respective action plans. Staff consultation on the Trust mission, vision and values is still to be completed. There is a proposal from Trust Communications to complete this via a large staff event in early 2020, with the change champion support.

The Director of HR also wishes to extend an invitation to Change Champions to help to be a key stakeholder group for the revision of the new staff strategy for UHS in 2020. This, along with staffside representatives, will give a strong employee voice at the heart of the strategy.

## 6. Lessons from elsewhere

We liaised with colleagues at Royal Bournemouth & Portsmouth who have adopted similar approaches, though for a longer period (4 years & 1 year respectively)

Key learning and comparisons from our discussions is summarised as follows:

- The define, design & deliver cycles identified in the NHS Improvement model, and repeated at Bournemouth and Portsmouth (taking 6 months for each element) stands up in implementation to be an effective model to follow
- Our starting point was different from both the other Trusts. We have high engagement from staff, and our staff survey results indicate a positive work culture. Both Portsmouth & Bournemouth initiatives were responses to poor CQC ratings in respect of the Well Led domain
- This difference in starting point also meant our initial terms of reference were narrower, focusing on developing a new mission statement and soliciting staff views on the Trust in relation to this rather than undertaking an in depth cultural audit or instigating a full programme of quality improvement as the other two organisations have done.
- Both Bournemouth and Portsmouth Trusts had identified that a combination of retaining some change champions through each phase (for continuity), whilst getting new impetus and innovation from new recruits, was instrumental to the programmes' sustainability

## 7. Lessons from UHS

Nearing the end of our first phase, discussion amongst all stakeholders in the programme has yielded the following reflections:

- In the initial focus group work the role of the change champions could be clearly defined as primarily information gatherers, acting as a conduit between the Board, Executive and frontline staff. However having communicated some of the staff frustrations and concerns to the Board, it is perhaps inevitable that many of the team felt some responsibility to help deliver a solution. In some circumstances the actions required, or particular skillset of the individual concerned,

make this possible but in others the prime responsibility for resolving the issues remain with the relevant Trust department.

- Some issues raised from the focus groups were complex and therefore beyond a 'quick win' resolution. This caused some frustration for the change champions in reporting back to the staff from whom the issues had come in the first place
- The response to the work of the change champions from senior leaders in UHS has been very positive. The CEO has favourably mentioned the work they are doing in a number of her blogs and supported their activities with a drop in session with the Director of Nursing & OD. After a commitment made in Trust Board the Chairman has visited the change champions in their normal place of work

## **8. Future Model of Change Champions @ UHSFT**

Our vision at UHS is **“World Class Care for Everyone”**

To achieve this we need to ensure that we embed a culture of high quality care throughout UHS, one that reflects our values of patients first, working together & always improving.

Evidence from the work of Michael West & Jeremy Dawson from The Kings Fund has shown that there are several critical success factors in creating such a culture:

- High levels of staff engagement
- A collective leadership strategy enabling the delivery of continuously improving, safe and compassionate care
- Staff enabled at all levels to learn about best practice

This research has also shown that employee engagement is facilitated by compassionate leadership that enables staff to take responsibility for leading service change and paying attention to their concerns and ideas.

“Top down change can get you from middling to good but not good to great”

Andy Burnham, Mayor of Manchester, Ex Health Secretary

Working with a dynamic and committed group of UHS staff has highlighted the opportunity of connecting directly with a broad spectrum of multi-disciplinary staff. Rather than this be a one off we believe this model will help UHS stay connected to staff and make progress on those challenges that management action alone can't solve.

The change champions group thought about a vision for the programme:

***“Making UHS the best place to work”***

Our offer to future cohorts of change champions would be:

1. Gain new skills
2. Build a network
3. Champion the staff voice
4. Make change happen

The commitment required is:

1. Release at least 2 days a month
2. Engage positively with a wide group of colleagues

Approach

1. Six monthly cycle with clear structure and objectives
2. 'Change Champions' engage broadly and regularly with staff to understand what matters to them right now
3. Monthly workshops to receive training and develop ideas as a group
4. Engage with corporate teams and feedback issues raised
5. Communicate back any quick wins and contribute ideas to longer term goals ("you said, we did")
6. Communications support to build profile and momentum, using 'social movement' principles of change (including social media) to reach out across the organisation, particularly younger staff
7. Support the Trust leadership on agreed issues that matter to staff and require a cultural change, for example patient safety and environmental sustainability
8. In other areas maintain a 'watching brief' and continue to engage with corporate departments, trust board and leadership team to convey messages; understand what is being done and contribute ideas

#### **9. Next Steps:**

1. Revise the initial terms of reference and objectives. This is to reflect the potential extension of the change champion's role to a more enabling one. Recognise some of the objectives are now complete and new ones have been identified.
2. Maintain commitment from UHS corporate functions to respond to issues raised from staff and complete actions identified.
3. Extend phase 1 for willing participants to communicate back progress made on identified issues and support Trust Communications with a consultation on the UHS strategic plan and mission, vision and values.
4. Recruit a second cohort of change champions for 2020.

#### **10. Leadership and Resources**

- Going forward we need to identify administrative and project support for the champions
- Facilitation 1 day per month
- Oversight and leadership (linked to UHS #Culture programme)

#### **Appendix**

Change Champions Presentation

# Staff voice at UHS

## Change Champions

Senior Leaders Forum 18 September 2019

**“See your employees as central to the solution, not as the problem.”**

Nita Clarke

# Who are we?

# What are we doing?

# Why are we doing it?

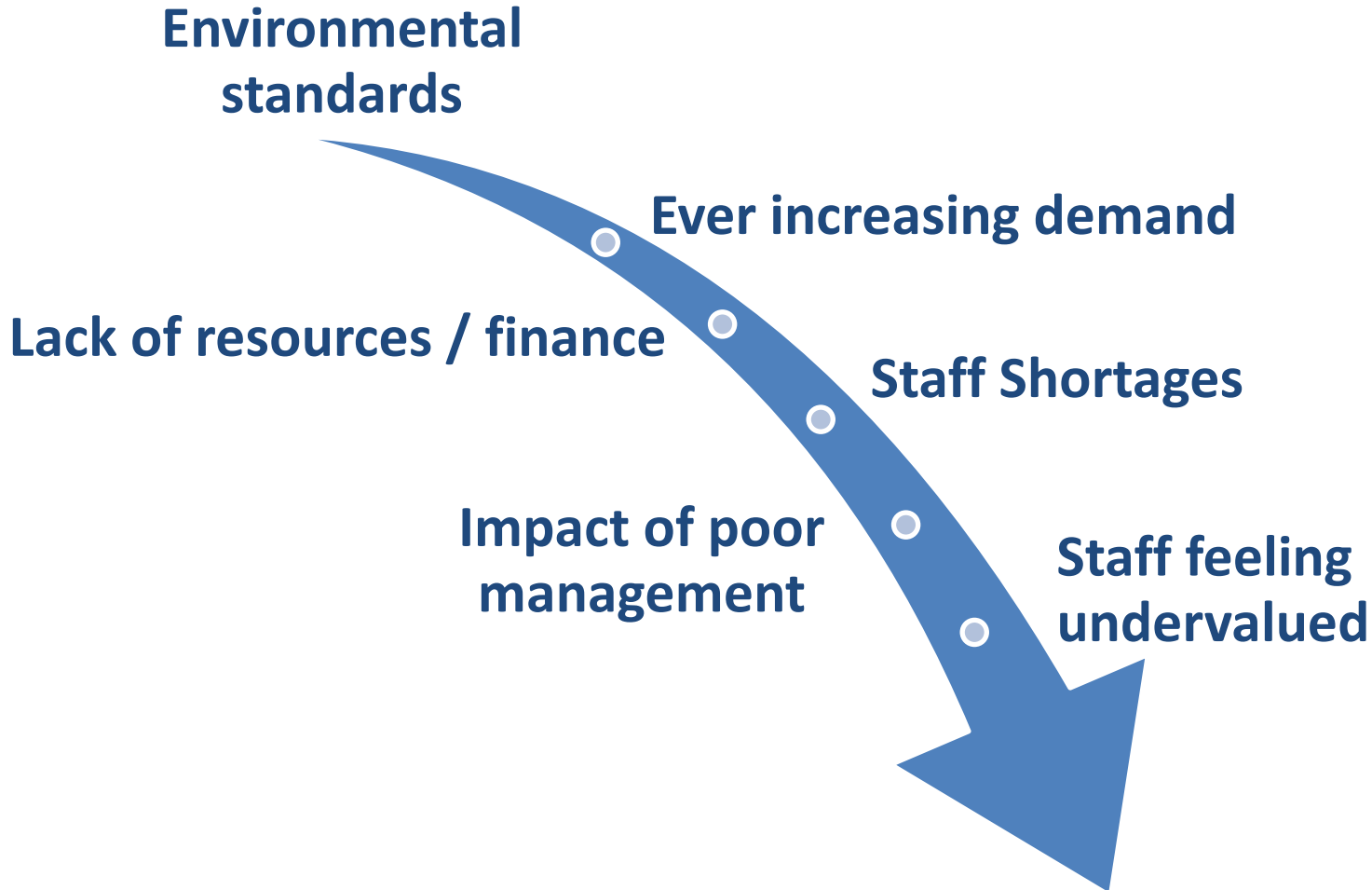




University Hospital Southampton   
NHS Foundation Trust

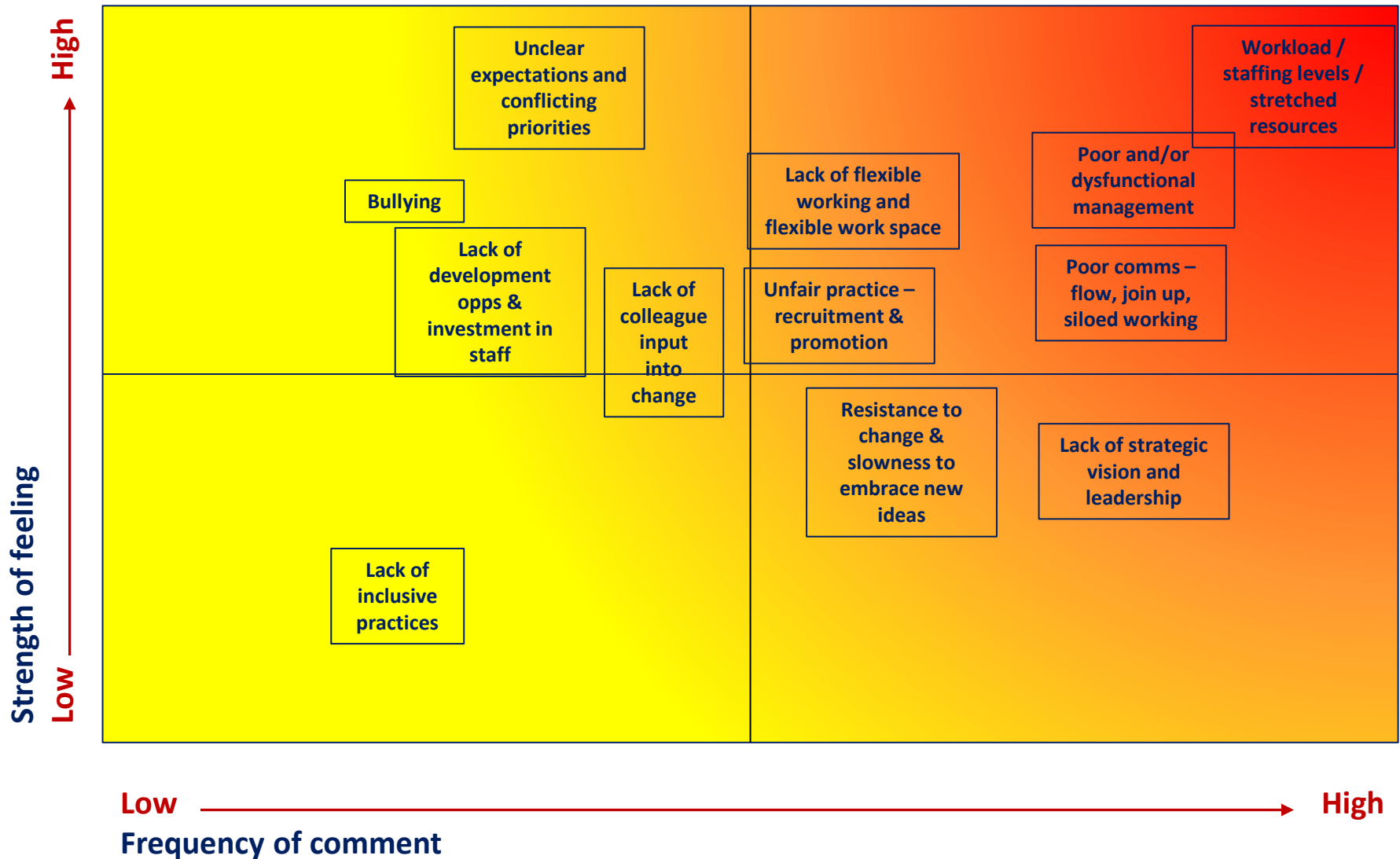
**Together, we care, innovate and inspire**

# What are the key issues for staff?



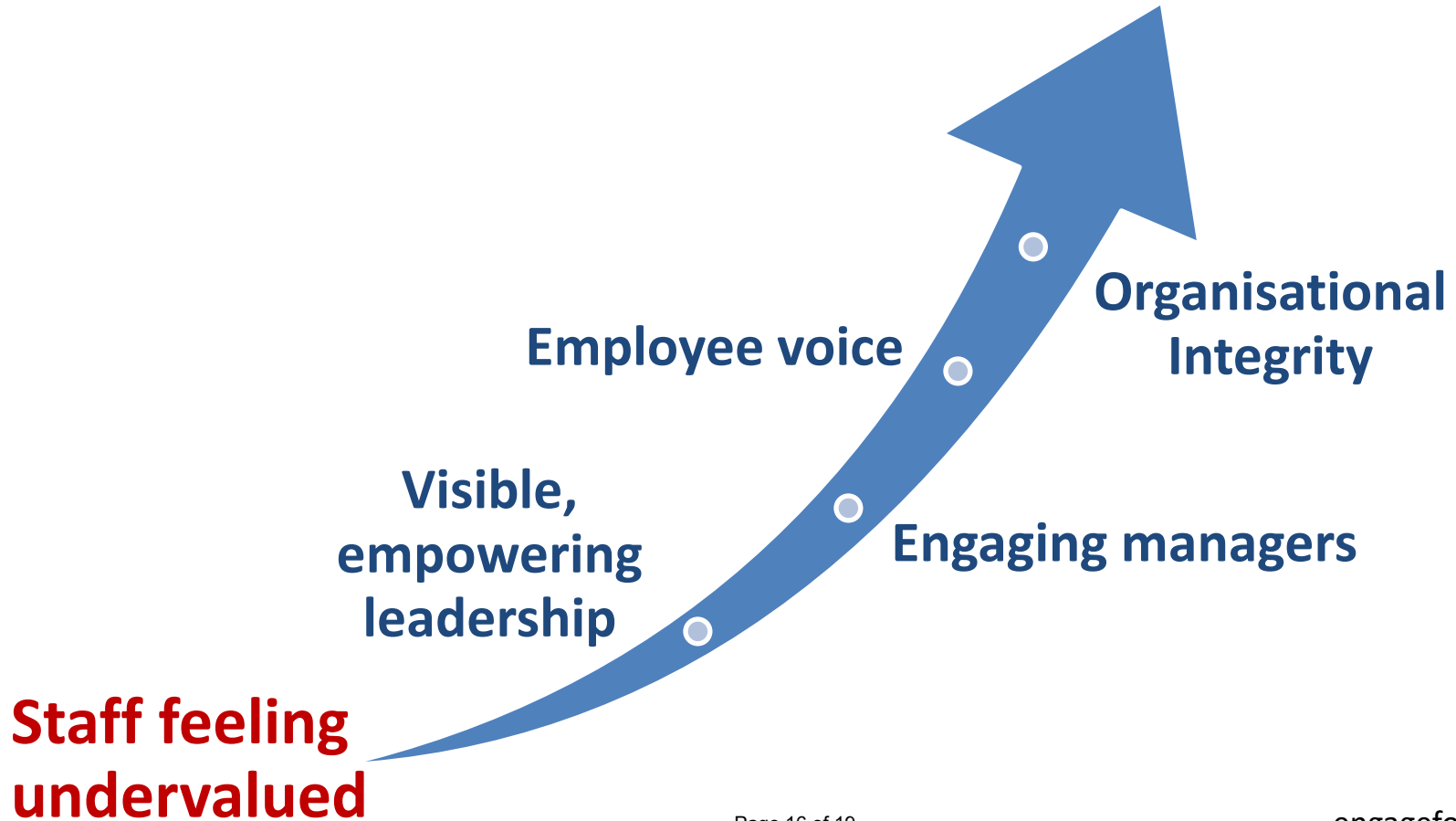
**Goodwill is hanging  
on a shoe string**

# UHS staff voice feedback – HR & management focus



# How can we make this better?

**UHS is the best place to work**



**When you feel valued, included and engaged, do you do a better job?**


# Why does engagement matter?




Improved  
financial  
performance




Greater  
innovation



Improved  
retention and  
reduced sickness  
absence



Improved  
patient  
experience



Feeling valued,  
and involved



Improved  
patient  
outcomes

**“Listen – and allow your people to talk across silos.”**

Nita Clarke

**“The best ideas often come from unexpected sources”**

[liberatingstructures.com](http://liberatingstructures.com)

**Would you and your teams like to be involved in making things better?**

**Please let us know the best way to get in touch with you.**

**“Stop solving problems at the top”**

ELFT QI

<b>Report to the Trust Board of Directors dated Thursday, 30 January 2020</b>			
<b>Title: Register of Seals, and Chair's Actions</b>			
<b>Category</b>	Corporate Governance, Risk, and Internal Control		
<b>Agenda item</b>	6.2		
<b>Sponsor</b>	Chairman		
<b>Author</b>	Audley Charles, Interim Company Secretary		
<b>Provenance</b>	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.		
<b>Classification</b>	<b>This Report is unclassified.</b>		
<b>Purpose and recommendation</b>	The paper is presented for RATIFICATION.		
<b>Relevant strategic goals</b>	<input type="checkbox"/> Goal 1: Improving patient journeys.	<input checked="" type="checkbox"/> Goal 2: Delivering value-based health and care.	<input type="checkbox"/> Goal 3: Supporting healthy lives.
	<input type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
<b>Assurance framework links</b>	<ul style="list-style-type: none"> <li>• BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6</li> <li>• BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme</li> <li>• BAF04 – Reduced access to resources compromises the quality of services</li> </ul>		
<b>Impact assessments</b>	None		
<b>Other standards affected</b>	<ul style="list-style-type: none"> <li>• Monitor NHS Foundation Trust Code of Governance (probity, internal control)</li> <li>• UHS Standing Financial Instructions and Scheme of Reservation and Delegation</li> </ul>		

## Register of Seals, and Chair's Actions

### 1. Signing and Sealing

- 1.1 **Counterpart Lease** between Edward Ivan Bastian and Richard Wayne Bastian (the Landlord) and University Hospital Southampton NHS Foundation Trust (the Tenant) relating to Unit 7 Berrywood Business Village, Hedge End, Southampton. Renewal of lease for an additional 5 years from 24 June 2019 – 23 June 2024. The NIHR Clinical Research Network (CRN) occupy part of the premises as part of hosting arrangement with the Trust. Seal number 184 on 13 January 2020.

### 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.

- 2.1 **Single Tender Action for the extension of Endoscopy Services** with Medinet Clinical Services Ltd, for a further 6 months at a cost of £700,000 excluding vat. Medinet are currently picking up endoscopy lists to cover demand for 2-week waits which is up 20% on last year. Medinet are also required to keep diagnostic breaches at their all-time low and avoid 2-week wait breaches. The Endoscopy department are pulling together a strategy to bring back in-house by recruiting. Approved by the Chair on 6 January 2020.
- 2.2 **Single Tender Action for Microbiology-Enteric PCR (Polymerase Chain Reaction)** with Sysmex UK Ltd (Serosep). This award to Serosep UK Ltd is made under the fully ratified Trust Pathology Managed Service Contract awarded to Sysmex UK Ltd (Beckman Coulter declined to compete). The award is for 5 years at a cost of £788,866 excluding vat, and will deliver a saving of £33,907 per annum. Year 1 Cash Releasing and Years 2-5 as Cost Avoidance – total savings £169,533. Approved by the Chair on 20 January 2020.

### 3. Recommendation

The Board is asked to **ratify** the Chair's Actions.

<b>Report to the Trust Board of Directors dated Thursday, 30 January 2020</b>			
<b>Title: Board Assurance Framework-Quarter 3 Review and Update on Principal Risks 2020/21 and Risk Appetite and Review of Corporate Objectives</b>			
<b>Category</b>	Corporate Governance, Risk, and Internal Control		
<b>Agenda item</b>	6.3		
<b>Sponsor</b>	Chief Executive		
<b>Author</b>	Audley Charles, Interim Company Secretary		
<b>Provenance</b>	<p>The Board Assurance Framework (BAF) was developed throughout the 2019/20 year, through consultations conducted with Non-Executive and Executive Directors.</p> <p>The BAF is reviewed Quarterly by the Board and Audit and Risk Committee. This is the Quarter 3 report. As part of the planning round for the Trust's Strategic Plan the principal risks which could prevent the Trust from achieving its strategic goals are normally reviewed at the same time. The Risk Appetite would also be reviewed.</p> <p>At a Trust Board Study Session held on 21 January 2020 the Chief Executive led a session on the risk appetite and identifying risks against our new strategic goals. It was agreed by members of the Board to retain the current Risk Appetite Statement and to refine the principal risks-both are included in this report. The BAF is attached at Appendix 1.</p> <p>The result of a review of the corporate objectives which support the strategic goals is also attached for information.</p>		
<b>Classification</b>	<b>This Report is unclassified.</b>		
<b>Purpose and recommendation</b>	<p>The purpose of the report is as follows:</p> <ul style="list-style-type: none"> <li>To review Quarter 3 of the Board Assurance Framework</li> <li>To update the Board on the outcome of a Trust Board Study Session, which reviewed and refined the Trust's Risk Appetite and Principal Risks, which could prevent the Trust from achieving its strategic goals</li> <li>To review the Trust's corporate objectives</li> </ul> <p>The paper is presented for REVIEW.</p>		
<b>Relevant strategic goals</b>	✓ 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.
<b>Assurance framework links</b>	<ul style="list-style-type: none"> <li>BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways</li> </ul>		

	<ul style="list-style-type: none"> <li>• BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6</li> <li>• BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme</li> <li>• BAF04 – Reduced access to resources compromises the quality of services</li> <li>• BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care</li> <li>• BAF06 – Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services</li> <li>• BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care</li> <li>• BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual</li> <li>• BAF09 – Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider</li> <li>• BAF010 – Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status</li> </ul>
<b>Impact assessments</b>	All considerations in this regard have been considered and there is no impact on any protected group.
<b>Other standards affected</b>	<ul style="list-style-type: none"> <li>• NHSI compliance</li> <li>• CQC Well-led Framework</li> </ul>

# Board Assurance Framework-Quarter 3 Review and Update on Principal Risks 2020/21 and Risk Appetite and Review of Corporate Objectives

## 1. Introduction or Background.

The Board Assurance Framework (BAF) was developed throughout the 2019/20 year, through consultations conducted with Non-Executive and Executive Directors.

The BAF is reviewed quarterly by the Board and Audit and Risk Committee. As part of the planning round for the Trust's Strategic Plan the principal risks which could prevent the Trust from achieving its strategic goals are reviewed at the same time. This would also include a review of the Risk Appetite.

At a Trust Board Study Session held in 21 January 2020 the Chief Executive led a session on reviewing the risk appetite and identifying risks against our new strategic goals. It was agreed to retain the current Risk Appetite Statement and to refine the principal risks-both are included in this report.

It was also felt that it was prudent to include the result of a review of the corporate objectives which support the strategic goals. This is also attached and included in **Appendix 3**.

## 2. Analysis and Discussion

**Table 1-Summary of BAF Risks-Quarter 3**

Risk NO	Risk Lead/ Owner	Principle Risk Description	Risk Appetite	Q2 Score	Q3 Score	Trend	Rationale	Target Score
BAF 01	JH	<i>Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways</i>	<b>OPEN</b> (Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks).	12	12	↔	Not enough movement to merit a reduction in score	9
BAF 02	PH/JT	<i>Failure to deliver Regulatory requirements results in License breach and a loss of local control with an enforced change in leadership, impacting on Goals 1 to 6</i>	<b>MINIMAL</b> (Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.)	20	20	↔	Not enough movement to merit a reduction in score	0
BAF 03	DAF	<i>Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme</i>	<b>CAUTIOUS</b> (Willing to accept some low risks while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return)	12	12	↔	Not enough movement to merit a reduction in score	6

Risk NO	Risk Lead/ Owner	Risk Description	Risk Appetite	Q2 Score	Q3 Score	Trend	Rationale	Target Score
BAF 04	PH/GB	<i>Reduced Access to resources compromises the quality of services</i>	<b>MINIMAL</b> (Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes)	20	20	↔	Not enough movement to merit a reduction in score	3
BAF 05	SH/GB	<i>Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care</i>	<b>AVERSE</b> (Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.)	20	20	↔	Not enough movement to merit a reduction in score	0
BAF 06	PH	<i>Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services</i>	<b>MINIMAL</b> (Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes).	12	12	↔	Not enough movement to merit a reduction in score	3
BAF 07	SH	<i>Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care</i>	<b>AVERSE</b> (Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return).	15	15	↔	Not enough movement to merit a reduction in score	0
BAF 08	SH	<i>Lack of inclusion and diversity results in the failure to get the best from every individual</i>	<b>OPEN</b> (Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.)	12	12	↔	Not enough movement to merit a reduction in score	12
BAF 09	PH	<i>Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider</i>	<b>MINIMAL</b> (Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.)	15	15	↔	Not enough movement to merit a reduction in score	3
BAF 10	DS	<i>Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status</i>	<b>OPEN</b> (Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.)	15	15	↔	Not enough movement to merit a reduction in score	12

Despite the controls and assurances in place with actions completed received it was felt that they were not sufficiently robust to merit a reduction in the residual risk score. (The risk scoring matrix is at **Appendix 2**).

The principal risks that have been initially drafted which could threaten achievement of the Trust's strategic goals for 2020/21 are contained in the **Table below**:

<b>STRATEGIC GOALS AND PRINCIPAL RISKS 2020/21</b>	
1. Improve patient journeys	<ul style="list-style-type: none"> <li>• <i>Loss of autonomy to deliver the strategy</i></li> <li>• <i>Power shifting way from UHS Board</i></li> </ul>
2. Delivering value based health and care	<ul style="list-style-type: none"> <li>• <i>Clinical body doesn't support value based healthcare / strategy</i></li> <li>• <i>We cannot measure the value of healthcare</i></li> <li>• <i>Our corporate decision making is informed by other priorities</i></li> </ul>
3. Supporting Healthy Lives	<ul style="list-style-type: none"> <li>• <i>Population's health deteriorates</i></li> </ul>
4. Building an expert and inclusive workforce	<ul style="list-style-type: none"> <li>• <i>Lack of suitable workforce</i></li> </ul>
5. Being agile in meeting people's needs	<ul style="list-style-type: none"> <li>• <i>Activity exceeds resources available</i></li> </ul>
6. Creating leading-edge research, education and innovation	<ul style="list-style-type: none"> <li>• <i>Unable to attract and retain high calibre staff and funding to retain research and innovation and deliver our USP</i></li> <li>• <i>Loss of reputation, nationally and internationally as a leading entity for providing healthcare</i></li> </ul>
<b>Additional Risks Identified</b>	<ul style="list-style-type: none"> <li>• <i>Management capacity to deal with the management of change</i></li> <li>• <i>Not having change management fund</i></li> </ul>

The principal risks will be agreed by the Executive and subsequently the BAF for 2020/21 will be populated and submitted to Board for approval

### 3. Conclusion

The BAF's latest position at Quarter 3 shows how the Trust is managing its principal risks. Gaps in controls and assurances are shown with action plans to close gaps.

The Trust's Risk Appetite Statement has been reviewed and accepted as fit for purpose as it currently stands and the Board can be assured that the corporate objectives have also been reviewed.

### 4. Recommendation

Members of Trust Board are asked to:

- **Receive** the Q3 Board Assurance Framework, comment on whether this provides assurance that the controls and assurances in place and the planned actions to close the gaps will help mitigate the risks
- **Receive** the reviewed corporate objectives
- **Approve** the continued use of the Risk Appetite Statement
- **Agree** the proposal on how the principal risks and BAF will be developed for 2020/21

### 5. Appendices

- Appendix 1 Board Assurance Framework-Quarter 3
- Appendix 2 Risk Scoring Matrix
- Appendix 3 The Corporate Objectives
- Appendix 4 The Trust's Risk Appetite Statement and Definitions

BAF Risk	Risk Category	Risk Appetite	Target Score	Inherent Score	Residual Score	Controls in Place	Gaps in Control	Controls Evidenced By	Gaps in Evidence	Actions to Take	By Date
BAF01 - Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways	Partnerships	Open	9	16	12	<ul style="list-style-type: none"> <li>Members of Sustainability and Transformation Board</li> <li>PHe leading Wessex Cancer Alliance</li> <li>PHe leading Pathology Reconfiguration Board</li> <li>PHe chairing Radiotherapy Network</li> <li>Member of Wessex Academic Health Science Network</li> <li>UHS is a member of Southampton Better Care Board and West Hampshire Local Delivery System Board</li> <li>Strategy and Finance Committee monitoring</li> <li>PHe leading 3 of the 10 programmes of work</li> <li>PHe lead for Wider Wessex ICP</li> </ul>	<ul style="list-style-type: none"> <li>Solent Acute Alliance Board is no longer in place</li> <li>Absence of Legislative Framework for future ways of working including Integrated Care Systems</li> <li>Absence of Legislative framework for Joint Committees</li> <li>Role of local Boards of Directors in an ICS</li> </ul>	<ul style="list-style-type: none"> <li>Board Minutes for all meetings described in Controls (+)</li> <li>Joint Committee in Common Terms of Reference (+)</li> <li>Long Term Plan response agreed (+)</li> </ul>	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<ul style="list-style-type: none"> <li>Influence establishment of radiology network</li> <li>Influence establishment of Stroke Network</li> <li>PHe to chair STP networking group, reviewing work of all networks</li> <li>Agree governance arrangements of ICP</li> <li>Influence governance arrangements of ICS</li> <li>Decide on role in Genomics Medicines Alliance</li> </ul>	31/03/2020
BAF02 - Failure to deliver Regulatory requirements results in License breach and a loss of local control with an enforced change in leadership, impacting on Goals 1 to 6	Compliance	Minimal	3	20	20	<ul style="list-style-type: none"> <li>Agreed trajectories with CCGs</li> <li>IPR</li> <li>Board Committee scrutiny</li> <li>NHSI Performance Framework meetings</li> <li>Implementing NHS Constitution</li> <li>EPMG oversight</li> <li>NHSI performance phone calls and COO weekly calls</li> <li>Strategy and Finance Committee monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Organisational Governance Action Plan not yet complete</li> </ul>	<ul style="list-style-type: none"> <li>Failing trajectories (IPR) (-)</li> <li>Challenged provider status (-)</li> <li>Provider Licence G6 &amp; FT4 (+)</li> </ul>	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing RTT/ Cancer focussed monitoring of trajectory</li> <li>External help to validate entire waiting list</li> <li>Develop winter plan</li> <li>Work with partners across health community on demand management, admissions prevention, improved discharge/ flow</li> <li>ED action plan agreed with NHSI</li> <li>Cancer action plan and trajectory</li> <li>Targeted improvement work supported by Wessex Cancer Alliance</li> <li>Complete Organisational Governance Action Plan</li> </ul>	15/10/2019 30/11/2019 15/10/2019 Ongoing 31/03/2020
BAF03 - Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme	Finance/VFM	Cautious	6	20	12	<ul style="list-style-type: none"> <li>EPMG monthly oversight</li> <li>SFIs and new business rules restrict recruitment, spend capital, etc.</li> <li>CIP programme headed by new director role (AA)</li> <li>Management consultancy on productivity issues (e.g. theatre)</li> <li>Agreed budgets signed off</li> <li>Control total agreed following financial forecast, analysis and discussion with Board</li> <li>Agreed commissioning contracts to cover additional activity where possible</li> <li>Strategy and Finance Committee monitoring of performance and in-year forecast updates</li> <li>3-year Capital forecast and prioritisation process</li> </ul>	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<ul style="list-style-type: none"> <li>Monthly Finance Report (+)</li> <li>SFIs (+)</li> <li>Fortnightly financial run-rate and CIP performance meetings with Divisions (+)</li> <li>Board scrutiny (+)</li> <li>Board Committee scrutiny (+)</li> </ul>	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing monitoring</li> <li>Planning for new financial architecture and agreeing our response</li> </ul>	31/03/2020

BAF04 - Reduced Access to resources compromises the quality of services	Quality Patient Experience	Minimal	3	20	20	<ul style="list-style-type: none"> <li>Stratifying patients to target those at high risk to minimise potential harm</li> <li>Creating increased capacity (Lymington)</li> <li>Recruitment strategy</li> <li>Working with CCGs to create other pathways</li> <li>Quality summit actions, incl. cancer delayed pathway review</li> <li>Thematic reviews of SIRIs</li> <li>Quality Committee monitoring</li> <li>Winter Plan</li> </ul>	<ul style="list-style-type: none"> <li>Ability to monitor non-Constitutional pathways</li> <li>Lack of capacity to fully mitigate risk</li> <li>Lack of ability to engage Consultants to engage in additional activity due to tax/pension issues</li> <li>Overall theatre/other capacity</li> <li>ED physical estate and workforce capacity</li> <li>Medical staff not uniformly escalating concerns</li> <li>Systems unable to ensure next-step on patient pathway always followed-up</li> <li>Demand exceeds supply</li> </ul>	<ul style="list-style-type: none"> <li>QSGG monitoring (+)</li> <li>EPMG (+)</li> <li>Ophthalmology Executive Board (+)</li> <li>Weekly ED performance meeting led by CEO (+)</li> <li>Complaints SIRI Mortality Review Group (+)</li> <li>IMEG (+)</li> <li>Patient safety team (+)</li> <li>GIRFT monitoring (+)</li> <li>Outcomes report</li> <li>CQC report (+)</li> </ul>	<ul style="list-style-type: none"> <li>Inability to monitor all pathways</li> <li>Full demand and capacity modelling, particularly in out-patients</li> </ul>	<ul style="list-style-type: none"> <li>Open urology Day Unit</li> <li>Opened 1 additional theatre</li> <li>Opening additional beds for winter</li> <li>Appointed Clinical Lead for Proactive Safety</li> <li>Appointing a Clinical Lead for Flow</li> <li>External support for Major Flow programme</li> <li>Out-patients Strategy</li> <li>Building 8 additional theatres &amp; additional ITU beds</li> <li>Develop network care as per Clinical Strategy</li> </ul>	<p>30/11/2019</p> <p>31/08/2019</p> <p>01/01/2020</p> <p>01/09/2019</p> <p>Ongoing</p> <p>01/11/2019</p> <p>Ongoing 2022</p> <p>Ongoing</p>
BAF05 - Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care	Quality Patient Safety	Averse	0	25	20	<ul style="list-style-type: none"> <li>Daily staffing meetings for nursing to ensure wards are safely staffed</li> <li>Annual WF review against national guidance (to Trust Board)</li> <li>Proactive recruitment and retention initiatives in place</li> <li>Apprenticeships</li> <li>Strategy and Finance Committee monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Limited funding due to HEE funding shift</li> <li>Significant drop in nursing student applicants to Southampton University</li> <li>Reduction in workforce capacity due to national pensions/ tax issue</li> <li>Capacity issues for radiography and some technicians</li> </ul>	<ul style="list-style-type: none"> <li>Staffing meetings reported to Divisional Boards (+)</li> <li>Reports to Trust Board (+)</li> <li>Internal Audit of Workforce 2018 (+)</li> <li>Presentations to Trust Board Study Sessions (multiple) (+)</li> </ul>	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<ul style="list-style-type: none"> <li>Participating in system wide supply board with Directors of Nursing and implementing actions</li> <li>Recruited 20 nurse apprenticeships this year</li> <li>Continuing with overseas pipeline – on going</li> <li>Rolling our CLIP model (to support placements)</li> <li>Increasing the amounts of HEI suppliers for our future workforce, particularly in hard to recruit nurses, Radiographers, health scientists, theatre staff</li> <li>Participating in Repair – On-going</li> <li>Participating in wave 5 retention collaborative – on-going</li> </ul>	<p>31/12/2019</p> <p>30/09/2020</p> <p>31/12/2019</p> <p>31/12/2019</p>
BAF06 - Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services	Compliance	Minimal	3	12	12	<ul style="list-style-type: none"> <li>Members of Sustainability and Transformation Board</li> <li>LTP response in place</li> <li>Reference BAF04 for capacity controls</li> <li>Trust Clinical Strategy approved, focussing on development of clinical networks</li> </ul>	<ul style="list-style-type: none"> <li>Reference BAF04</li> <li>Future of Specialist Commissioning funding sources unknown</li> </ul>	<ul style="list-style-type: none"> <li>Reference BAF04 &amp; BAF01 (+)</li> </ul>	<ul style="list-style-type: none"> <li>Reference BAF04 &amp; BAF01</li> </ul>	<ul style="list-style-type: none"> <li>Winter plan agreed and implemented</li> <li>Risk assessments undertaken on phase 3 (opening up additional capacity)</li> </ul>	<p>Complete</p> <p>Complete</p>

BAF07 - Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care	Quality Patient Safety	Averse	0	15	15	<ul style="list-style-type: none"> <li>• Staff engagement monitored through Annual Staff Survey and Quarterly Friends and Family Test.</li> <li>• Divisional and Care Groups have action plans for improvement</li> <li>• Red-flag incidents reported and monitored</li> <li>• "Deliver safe and timely care"</li> <li>• Appraisal rates monitored</li> <li>• Leadership training and development</li> <li>• Freedom to Speak Up Guardians and reports to board</li> <li>• Culture Survey</li> <li>• Safety Strategy refresh</li> <li>• Live Well and Inspire - Wellbeing programme</li> <li>• Supporting staff policy</li> <li>• Mental Health Policy</li> <li>• Occupational Health and EAP</li> <li>• Wellbeing discussion in appraisal</li> <li>• Stress risk assessment process</li> <li>• Staff survey action plans</li> <li>• Violence and Aggression Steering Group</li> </ul>	<ul style="list-style-type: none"> <li>• High vacancy levels in some areas</li> <li>• Increased and rising levels of demand versus resources available</li> <li>• Culture Survey not complete</li> <li>• Safety Strategy Refresh not yet complete</li> <li>• Universal early warning system based on a number of indicators</li> </ul>	<ul style="list-style-type: none"> <li>• Staff Survey by Care Group &amp; Ward-level identifies hotspots (+)</li> <li>• Number of leadership development opportunities taken up (+)</li> <li>• Management of red flag incidents (+)</li> <li>• Appraisal rates (+)</li> <li>• Sickness absence rates (+)</li> <li>• Staff FFT and free text comments</li> <li>• Staff accessing EAP and Occupational Health (+)</li> <li>• Qualitative feedback from forums, change champion and unions (+)</li> <li>• AER reports on staff incidents relating to violence and aggression</li> </ul>	<ul style="list-style-type: none"> <li>• Real time data on engagement levels (annual engagement score only available)</li> </ul>	<ul style="list-style-type: none"> <li>• Respond to actions identified by the Trust change champions</li> <li>• Culture survey</li> <li>• Safety First Campaign</li> <li>• Review of Caldicott Guardian cases and learning</li> <li>• Agree future model / strategic direction for Quality Improvement and True North aim of outstanding for CQC</li> <li>• Implement model</li> <li>• Implement additional support for Violence and Aggression following trust board stories</li> </ul>	<p>1/4/2020</p> <p>1/5/2020</p> <p>1/4/2020</p> <p>1/4/2020</p> <p>1/5/2020</p> <p>1/5/2020</p>
BAF08 - Lack of inclusion and diversity results in the failure to get the best from every individual	Workforce	Open	12	12	12	<ul style="list-style-type: none"> <li>• EDI Strategy approved by Board of Directors</li> <li>• Annual Reporting of national WRES Data and action plan to Board</li> <li>• Annual Reporting of national WDES Data and action plan to Board</li> <li>• Equality, Diversity and Inclusion Strategy</li> <li>• Trust staff networks established</li> <li>• Inclusive talent-management programmes set up</li> <li>• Staff Networks</li> <li>• Recruitment and Selection training and process</li> <li>• Dignity at work procedures</li> <li>• Quality Committee monitoring</li> </ul>	<ul style="list-style-type: none"> <li>• Absence of EDI Annual Plan to support strategy implementation</li> </ul>	<ul style="list-style-type: none"> <li>• Trust Board reports (+)</li> <li>• Action Plans (+)</li> <li>• National benchmarking (+)</li> </ul>	<ul style="list-style-type: none"> <li>• Variable recording of protected characteristics on ESR</li> </ul>	<ul style="list-style-type: none"> <li>• Implement WRES and DWES action plans</li> <li>• Develop and implement overall EDI action plan</li> <li>• Promote declaring of protected characteristics</li> <li>• Support the development of the One Voice BAME network</li> </ul>	<p>31/03/2020</p> <p>31/03/2020</p> <p>31/03/2020</p> <p>31/12/2019</p>

BAF09 - Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider	Compliance	Minimal	3	15	15	<ul style="list-style-type: none"> <li>Governance Action Plan</li> <li>Director of Financial Improvement and Productivity added to Executive Team</li> <li>Partnership agreements between Executives and Divisions</li> <li>Quality Committee monitoring</li> <li>Director of Workforce attending Board</li> <li>New COO appointed</li> <li>Long Term Plan Implementation Framework</li> </ul>	<ul style="list-style-type: none"> <li>Governance Action Plan not yet completed</li> <li>Demand on senior leadership by STP</li> </ul>	<ul style="list-style-type: none"> <li>Achievement of Corporate Objectives monitored quarterly (+)</li> <li>6-monthly review of Corporate Objectives (+)</li> <li>Compliance with provider Licence (+)</li> <li>CQC compliance status (+)</li> <li>Organisational Governance Action Plan (+)</li> </ul>	<ul style="list-style-type: none"> <li>None identified</li> </ul>	<ul style="list-style-type: none"> <li>All Board Committees have had their Terms of Reference reviewed and presented and approved in principle subject to review by the relevant Committees. They will be brought back to the Board in March for final approval.</li> <li>Complete review of Executive management group arrangements</li> <li>Integrated governance structure to be determined</li> <li>Risk appetite reviewed and agreed by Board</li> <li>Risks identified against strategic goals</li> <li>New BAF to be developed against strategy</li> <li>Always improving patient flow in collaboration with PwC</li> <li>Always improving academy to</li> </ul>	<p>31/03/2020</p> <p>31/3/2020</p> <p>31/3/2020</p> <p>complete</p> <p>complete</p> <p>31/3/2020</p> <p>30/6/2020</p>
BAF10 - Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status	Workforce	Open	12	6	15	<ul style="list-style-type: none"> <li>LCRN performance monitoring</li> <li>Joint research strategic board activity monitoring</li> <li>Strategic plan for research</li> <li>Quality Committee monitoring</li> </ul>	<ul style="list-style-type: none"> <li>Unseen on rejected activity</li> <li>Pharmacy capacity</li> <li>BRCs for renewal</li> <li>CRN funding flat or declining nationally</li> <li>EU Exit threat to access to European research funding</li> <li>Gaps in key succession planning for senior academics (national shortfall)</li> <li>Lack of sufficient dedicated research space</li> <li>Dedicated clinical bioinformatics programme</li> </ul>	<ul style="list-style-type: none"> <li>Performance report to NIHR national monitoring team (+)</li> <li>JRSB &amp; Board of Directors (+)</li> <li>Second highest ranked recruiting LCRN teaching hospital in UK (+)</li> <li>Monthly report to Board on % of BAME staff at Band 7+ (+)</li> <li>WRES &amp; WDES outcome data (+)</li> <li>Staff survey data regarding equality (+)</li> <li>Results of Gender pay gap reporting (+)</li> <li>Pharmacy backlog of trials &gt;50 (-)</li> </ul>	<ul style="list-style-type: none"> <li>Not measuring rejected activity due to capacity constraints</li> <li>Real time data on diverse staff group engagement</li> <li>Data on engagement and experience generally only available annual in staff survey</li> </ul>	<ul style="list-style-type: none"> <li>Develop action plan with R&amp;D and Pharmacy to resolve capacity constraint</li> <li>Develop aligned strategy with University of Southampton and other key partners</li> <li>BRC reapplication Joint Steering Board</li> <li>Workshop to resolve creation of clinical bioinformatics data hub</li> </ul>	<p>31/01/2020</p> <p>01/03/2020</p> <p>01/11/2019</p> <p>31/12/2019</p>

## Appendix 2

### Risk Scoring Matrix

		Likelihood				
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
Consequences	5 Catastrophic	5 Moderate	10 High	15 Extreme	20 Extreme	25 Extreme
	4 Major	4 Moderate	8 High	12 High	16 Extreme	20 Extreme
	3 Moderate	3 Low	6 Moderate	9 High	12 High	15 Extreme
	2 Minor	2 Low	2 Moderate	6 Moderate	8 High	10 High
	1 Negligible	1 Low	2 Low	3 Low	4 Moderate	5 Moderate

# Appendix 3

Strategic Goals 2019-2024	19/20 Organisational Goals	Half Year Review	Winter Review	KPIs on the IPR
Improving Patient journeys (system focus, integration)	1. Write a strategic plan for integrated 'front door' services to address capacity and demand mismatch and enable flow (JT)	1a. Winter plan approved by TEC, going to Trust Board Oct 2019 1b. Project steering group set up for emergency village 1c. Project group set up for SDEC / Frailty 1d. Further bid for ED redevelopment submitted 1e. Plan to increase bed base by 45-60 for the winter	1a. Winter plan approved and enacted, including extra beds 1b. Project steering group for emergency village 1c. Project steering group for SDEC 1d. £600k for further ED development received	Rolling 12 Month NEL LoS Delayed transfers of care (CQC Calculation) Patients with LOS >=21days Census average Early discharge on day (pre-midday) Number of empty beds in AMU at 8am Adult Midday Occupancy (month in arrears) Out of hours ward transfers Number of outliers Number elective operations cancelled and not readmitted within 28 days % patients spending less than 4 hours in ED - UHS Total Time to initial assessment (Types 1 & 3) Time to treatment UHS Total Total time spent in ED Same day emergency care % patients on an open 18 week pathway (within 18 weeks) Total number of patients on an incomplete pathway Patients waiting for diagnostics Weeks Waited for first Outpatient Appointment Urgent GP referrals seen in 2 weeks (month in arrears) 62 day cancer wait performance 31 day cancer wait performance 104 day waits (backlog) Number of Tumour sites achieving 2 week target Number of Tumour sites achieving 31 day target Number of Tumour sites achieving 62 day target 28 day faster diagnosis
	2. Secure influence in primary care by establishing the Hospital's role in supporting primary care networks (JH)	2a. PCNs have been developed across the ICS 2b. West Hampshire have approached UHSFT to discuss shared rotas for Pharmacists	2a. New national service specifications have been issued 2b. New posts dependent on service specs - West Hants PCNs may want shared rotas	
	3. Promote value based healthcare, particularly: Introduce 'advanced decision making' (DS)	3a. Paul Grundy leading 3b. Four pilot sites being identified 3c. Funding secured from NHSE	3. Personalised care being implemented (supported by NHSE) £500k award secured. Project Management team in place.	
	4. Redesign services to provide timely safe care and meet constitutional access trajectories (JT)	4a. ED performance stabilised and improved. Continuing to develop and monitor action plan. System wide action plan in place 4b. Additional outpatient space available from November 4c. Pathology turn around times for cancer reduced 4d. Cancer 2ww is being met 4e. New cancer trajectory being developed with Wessex Cancer Alliance	4a. ED performance stabilised but is variable. New clinically led action plan in place. External support in place. 4b. RTT/Cancer - additional outpatient space available from November 4c. Pathology turn around times for cancer reduced 4d. Cancer 2ww is being met 4e. New cancer trajectory being developed with Wessex Cancer Alliance - Board March 20	
	5. Deliver priorities relevant to UHS in the first year of the long term plan including commissioning and long term changes (JH)	5. ICS rules of engagement being developed and STP long term plan response	5. HIOW LTP submission agreed. New governance arrangements being put in place.	
Delivering value based health and care (value = quality/cost, sustainability)	1. Deliver the Trust financial plan and maximise any national funding (DF)	1. Trust currently £2.7m ahead of Plan at month 6 (Actual YTD surplus £0.5m vs planned deficit £2.2m). In addition have achieved Q1 and Q2 PSF totalling £4.4m. New Director of Improvement and Productivity in post. CIP identification £39.5m. External support being engaged to improve in-patient flow	Forecast out-turn reduced from £17m surplus to £5m surplus. PSF for Q3 (£3.8m) achieved. Forecast surplus including PSF £13m, in line with existing assumptions underpinning 3 year capital prioritisation. Have bid for, and received, external funding from NHS/E but cash neutral as funding used to support winter plan actions.	Same Sex Accommodation (Non Clinically Justified Breaches) Total Complaints Received Percentage complaints closed within 35 days Urgent Cancer Referrals Number of first cancer treatments Total ED Attendances Non-Elective Spells Face to face Outpatient appointments YTD variance vs. financial control total (£m) Delivery of the capital programme CIP delivery Non face to face Outpatient appointments CHPPD total nursing staff (Care hours per patient day) Number of staff trained in QI techniques Red flag staffing incidents
	2. Prepare UHS for the new NHS financial regime (DF)	2. Suggested surplus targets for 20/21 and 21/22 of £7.8m and £6.0m respectively. PSF abolished but replaced with 0.5% reward payment if year in surplus. Tariff structure (PbR vs blended vs block) still to be determined	New contracting arrangements have been issued alongside new contract/payment rules. Currently assessing the impact.	
	3. NEW: Deliver the Trust Quality Improvement plan to improve safety/experience and outcomes (GB)	3a. QIP being monitored by the Quality Committee. Significant progress in a number of areas 3b. 5 Never Events within this year, Ophthalmology remains a significant risk outsourcing agreed which will start to reduce the backlog	We have had 6 NE this year since January 2019 (rolling 12 months). 2 incidents identified in radiology and interventional radiology highlighted that they were not as advanced in the use of stop points for safety as theatres and interventional areas. A significant piece of work led by the radiology team has led to a redeveloped stop points for safety, simulation and team training to embed what good looks like and audit to ensure good practice is adhered to. We have had 2 incidents relating to incorrect checking of placement of NG tubes in child health which resulted in a significant education and training for all staff responsible for checking placement. Significant improvements in ophthalmology backlog with numbers delayed to follow up in glaucoma reducing from 1762 in June 19 to 262 in December 19	
	4. Build capability for change by embedding quality improvement, innovation and transformation at a leadership level (JH)	4. QI is included as a strategic initiative. Good progress in a number of areas with QI training in place. Board undertaken 3 of 4 QI leadership sessions. Training programme in hand. Funding not agreed so minimal impact this year	In additions to the local QI training PWC have deployed the perform coaching methodology to staff working in the IP setting. In Q4 the Trust needs to decide its way forward with QI.	
	5. Deliver the Cost Improvement Plan (CIP) without compromising on quality (PH)	5. CIP programme in place - delivering well to date. See 1	5a. CIP programme in place - delivering well to date. See 1.	

Supporting healthy lives (prevention, wellbeing inequalities, outcomes and experience)	1. Improve staff health and well-being (SH)	1a. Continued provision of support through the Trusts 'Live Well and Inspire' programme of activities. This has included funding the popular staff self-referral physio therapy service for another year 1b. Sickness absence rates have been higher during Q1 and Q2 for UHS, with an underlying cause believed to be increased patient demands on services. Sickness absence rates however remain positive compared to other NHS organisations	1a. Promotion of flu vaccine including offer of free coffee for those who take up the vaccine. Despite supply disruption due to national vaccine shortage, UHS at over 68%. 1b. Increase in rolling average absence levels, underpinned by pressure in Trust and higher rates of absence over the summer. UHS still benchmarking in top Qrt for absence rates. 1c. Continued promotion of Live Well and Inspire which won a national partnership award (Health Heroes) in November. 1d. Review of support for violence and aggression for staff injured in line of duty. Policy review commenced.	FFT negative score & response rate - Inpatients FFT negative score & Response rate - Maternity Specialties with outcome measures developed Developed Outcomes RAG rating HSMR - UHS (Hospital Standardised Mortality Ratios) (3 months in arrears) SHMI - UHS (Summary Hospital-level Mortality Indicator) HSMR - UHS Crude Mortality Rate HR - Sickness absence - Rolling 12-months Clostridium Difficile reduction (confirmed lapse in care) Pressure Ulcers (causing severe or moderate harm) Medication Errors (severe/moderate) Serious incidents Requiring Investigation (month in arrears) Number of overdue SIRs
	2. Improve population health, maximising the impact of UHS touch points (DS)	2. Patients screened for for risky behaviours, remains above target. 96% screened for alcohol and smoking against a target of 80%. 86% of alcohol at risk and 87% of smokers were given advice against a target of 90%	Patients screened for risky behaviours in December (alcohol consumption and smoking) remain stable well above target (currently 99% against a target >80%). Of those found to have moderate or high alcohol dependence 86% were given relevant advice or a referral to specialist services in December, this performance is stable not achieving the target 90% (last achieved December 2018). Of those found to smoke who were given advice or offered medication performance in December was 96%, above the target 90%.	Maternity/Neonatal KPI TBC Antimicrobial resistance KPI TBC Falls KPI TBC Number of people trained in QI Number of fully accredited wards Number of people trained in human factors Percentage of patients screened and found to have either moderate or high alcohol dependence given relevant advice or referral Percentage of patients screened for smoking and found to smoke that were given brief advice or a medication offer
	3. Develop an early warning tool to identify any deterioration in quality (GB)	3. Quality Assurance process agreed, this will be introduced to the Divisional Performance Board meetings. Key quality indicators have been agreed and the information will be triangulated to proactively identify a deterioration in quality in a care group or speciality	A number of quality indicators have been chosen after consultation and these broadly match the NHSI quality data set. Included are Never Events, VTE Risk Assessments, Falls per 1000 bed days, C.Diff vs Plan, MRSA, MSSA, E.Coli, Complaints per WTE, Mixed Sex Accommodation MSA, Home Before Lunch, Friends and Family Test (FFT) FFT, Staff Sickness, Turnover, Proportion of Temporary Staff, Pressure Ulcers per 1000 bed days Category 3 and above, Hand hygiene scores, Hospital Standardised Mortality Ratio The divisional analysts will be able to pull off the data from the Clinical Quality Dashboard (CQD) and it will be refreshed every month, mid-month. The final version will be ready to use from the end of January.	
Building an expert and inclusive workforce (diversity, engagement, leadership)	1. Close the staffing supply gap in priority groups/services to provide high quality and timely care (SH)	1. Vacancy position improved on registered nursing with increased overseas pipeline and stable turnover. Additional medics recruited into ED during Junior Doctor August intake	Reduction in nurse vacancy position to 15% through increased overseas recruitment.	HR - Turnover - Rolling 12-months HR - Appraisals completed (non-medical) - Rolling 12-months Nursing Vacancies (Registered Nurse only in clinical wards) Staff FFT - % of staff likely or extremely likely to recommend UHS as a place to work. Staff FFT response rate Black & Minority Ethnic Band 7+ Percentage
	2. Manage overall workforce cost to meet CIP challenge (JT)	2. Continued agency spend below NHSI/E target	Continued agency spend below the NHSI ceiling for all staff. Increases in usage of bank to offset reductions in agency expenditure.	
	3. Measure improvement in staff engagement by increasing participation in staff survey (SH)	3. Annual staff survey has commenced this year on 1 October, offering staff a complimentary coffee for completion of the survey, in addition to the chance to win other prizes	Significant increase in participation levels in the 2019 staff survey (Sept - Dec). Participation rate increase from 43% to 51%. A total of 5800 staff completed the survey.	
	4. Increase representation of diverse groups in leadership and decision making (GB)	4. Level of BAME staff at Band 7 and above continues to increase to 8.3%. Successful completion of a cohort of disabled staff on leadership programme	Continued increase in BAME staff at bands 7 and above (9%)	
	5. Improve the staff engagement score (SH)	5. High levels of engagement with the Staff Change champions including receiving feedback on areas of improvement for staff experience and engagement	Full staff survey results nationally embargoed from publication until Feb 2020.	
Being agile in meeting people's needs (organisational elegance/design/flexibility)	1. Reset organisational structure as necessary, responding to changes outlined in the NHS long term plan (PH)	1a. New post created for Director of Productivity and Improvement 1b. Exec Portfolio review underway 1c. New COO appointed 1d. Review of Board working and sub-committees	1a. New People Director post approved and new COO started. 1b. Exec Portfolio review completes Feb 2020 1c. Review of Board sub committees concluding 1d. Exec committee review underway 1e. New NEDs in place	Number of defect work orders Percentage defect work orders completed on time Estates - Statutory Logged Maintenance Jobs Estates - % Planned Maintenance Completed - Statutory Number of help desk requests completed on time % help desk requests completed on time Unresolved help desk requests Unresolved help desk requests (over 30 days old) Estates Capital spend vs. plan Digital KPIs under review to be added here
	2. Leverage digital capability to support patient empowerment and self care (JH)	2a. GDE plans continue apace but some risk on clinical coding 2b. PROMs, Pathways and Maternity Pathways being delivered through MyMR 2c. Digital strategy agreed by the Board, supporting strategies in development	2a. New GDE delivery deadline of March 2021, funding application submitted, risk reduced 2b. Digital Strategy agreed and funding needs set out 2b. New digital governance in place including Board, CCIOS and CNIO	
	3. New: Measure staff user satisfaction with the Trust IT systems and use this to support the digital strategy (JH)	3. KLAS engaged to develop a staff digital survey	3. KLAS survey being progressed with CCIOS and CNIO. Aiming to launch in February 2020	

	4. Be agile in flexing resources, responding to fluctuating demand (JT)	4. Winter plan developed, new theatre opened in August	4a. New urology day unit opened. 4b. New ED space opening later Q4 4c. New plan being developed to reduce dependance on temporary labour.	
	5. Secure strategic influence by establishing UHS role in the transition from STP to ICS (JH)	5.PH leading the STP strategy work	New governance arrangements being put in place in Q4	
Leading edge research, education and innovation (research and outcomes)	1. Identify the capacity constraints to expand research and plan to address (DS)	1. Current constraint in Pharmacy. Plan in place to increase recruitment and capacity with funding identified against increased income	Business case to increase capacity in pharmacy approved by TIG in Q3. Recruitment of new staff commencing however issues with internal appointments being released. Pharmacy to establish oversight group and have asked DS to chair. 1st meeting pending.	Quality of practice experience for doctors in training (annual report with quarterly qualitative updates) Number of Apprenticeship starts R&D KPIs under review to be added here
	2. Identify priority areas without a research base and set strategy (DS)	2. Joint Research Strategy Board developing aligned UoS and UHS strategy working with all partners	Bid for Wessex Academic Health Science Centre designation led by UHS/UoS research partnership submitted in December. Awaiting outcome. AHSC bid articulates some of the work needed on strategic alignment. AHSN will support some Wessex-wide systems leadership work in Q4 to assist AHSC to be established. Scope of AHSC does not include fullbreadth of UHS/UoS research thus work to fully align UHS/UoS required in parallel. UHS CEO and UoS VC had successful meeting in Q3 output of which will also guide work, including a high level strategic meeting in Q4/Q120/21. Wessex Patient recruitent centre incolcing NHS organisations across Wessex submitted in Q3 - not successful. However potential to build on work in future if considered a strategic priority.	
	3. Improve quality and breadth of education and training programme (GB)	3. People strategy developed and agreed at Trust Board which outlines education and training to support the Trust objectives	3a. Publication of the annual GMC survey with UHS remainign in the top 10 Trusts for provision of, and satisfaction with the quality of medical training, despite the pressures on staff. 3b. Positive annual educational quality visit with the HEE(W in November 2019. 3c. Commencement of a talen management programme for Care Group Managers and AHP's. 3d. Implimentation fo the CLIP (Collaborative Learners in Practice) programme, with positive results. 3e. Agreement to fund a second round of nurse degree apprentices and nursing associate apprentices, albeit with reduced numbers. 3f. Positive feedback following an HEE(W) foundation school visit.	

Title	Target Source & Implications	Description	Corporate Goal	Mentioned in the NHS Long Term Plan	KPI mentioned in the Clinically-led Review of NHS Access Standards	CQC Pillar	Recommendation	Reason
HR - Turnover - Rolling 12-months	Internal target	% of staff left trust in last 12 month. 12 Month rolling figure reported from ESR, excluding Junior Doctors, reported monthly	An expert and inclusive workforce	Yes - improving staff retention	no	Well led	Remain	
HR - Appraisals completed (non-medical) - Rolling 12-months	Internal target	% of staff have had their appraisal done in last 12 month. 12 Month rolling figure reported from ESR for Non-Medical staff only, reported monthly	An expert and inclusive workforce	no	no	Well led	Remain	
Nursing Vacancies (Total Clinical Wards)	Internal Target	FTE difference between Budgeted FTE (in the month) from Finance system and contracted FTE (at end of the month) in ESR for total workforce in clinical ward areas. Vacancy rate % = (Budget FTE - SIPFTE )/Budget FTE	An expert and inclusive workforce	Yes (unsustainable vacancies, improve working lives, improving staff retention by 2%)	no	Well led	Remove	
Nursing Vacancies (Registered Nurse only in clinical wards)	Internal Target	FTE difference between Budgeted FTE (in the month) from Finance system and contracted FTE (at end of the month) in ESR for Registered Nurse workforce in clinical ward areas. Vacancy rate % = (Budget FTE - SIPFTE )/Budget FTE	An expert and inclusive workforce		no	Well led	Remain	
Staff FFT - % of staff likely or extremely likely to recommend UHS as a place to work.	UHS internal target.	Data collected at the end of each quarter. Survey runs in quarters 1,2 and 4 each year. (May, August & February)	An expert and inclusive workforce	surrogate - Improve staff wellbeing, rewarding jobs, positive culture	no	Well led	Remain	
Staff FFT response rate		Staff FFT response rate	An expert and inclusive workforce		no	Well led	Addition	Strategic Objective
Statutory and mandatory training achieving target	Based on 90% compliance requirements	Count of training courses achieving completion targets (85% for all except Information governance which is 90%) Safeguarding Adults, Child Protection (L3 only) , Infection Prevention - Clinical, Infection Prevention - Non Clinical, Moving and Handling - Practical Only, Fire Safety, Basic Life support and AED Clinical, Basic Life support Non Clinical, Local Induction, Information Governance, Equality & Diversity, Prevent Training.	An expert and inclusive workforce	Yes - right skills and experience	no	Well led	Remove	
Black & Minority Ethnic Band 7+ Percentage	No annual target set but a five-year target of 15%	Percentage of BME staff within the staff on band7 and above bands	An expert and inclusive workforce	Yes - improve equality and opportunities for all backgrounds	no	Well led	Remain	
Number of defect work orders	Internal target	total number of default work orders	Being agile in meeting people's needs	no	no	Well led	Remain	
Percentage defect work orders completed on time	Internal target	percentage default work orders completed on time	Being agile in meeting people's needs	no	no	Well led	Remain	
Estates - Statutory Logged Maintenance Jobs	Internal target	total number of planned statutory maintenance jobs	Being agile in meeting people's needs	no	no	Well led	Remain	
Estates - % Planned Maintenance Completed - Statutory	Internal target	percentage planned statutory maintenance jobs completed on time	Being agile in meeting people's needs	no	no	Well led	Remain	Legal/Health and Safety importance
Estates - Mandatory Logged Maintenance Jobs	Internal target	total number of planned mandatory maintenance jobs	Being agile in meeting people's needs	no	no	Well led	Remove	- combine with Mandatory
Estates - % Planned Maintenance Completed - Mandatory	Internal target	percentage planned mandatory maintenance jobs completed on time	Being agile in meeting people's needs	no	no	Well led	Remove	- combine with Mandatory
Routine Logged Maintenance Jobs	Internal target	total number of planned routine maintenance jobs	Being agile in meeting people's needs	no	no	Well led	Remove	Lower priority
% Planned Maintenance Completed - Routine	Internal target	percentage planned routine maintenance jobs completed on time	Being agile in meeting people's needs	no	no	Well led	Remove	Lower priority
Number of help desk requests completed on time	Internal target	total number of help desk requests	Being agile in meeting people's needs	no	no	Well led	Remain	
% help desk requests completed on time	Internal target	percentage help desk requests completed on time	Being agile in meeting people's needs	no	no	Well led	Remain	
Unresolved help desk requests	Internal target	total number unresolved help desk requests	Being agile in meeting people's needs	no	no	Well led	Remain	
Unresolved help desk requests (over 30 days old)	CQC informed target from 2017 visit	Number helpdesk requests over 30 days old	Being agile in meeting people's needs	no	no	Well led	Remain	Prior focus from CQC inspection
Estates Capital spend vs. plan		Estates Capital spend vs. plan	Being agile in meeting people's needs	no	no	Well led	Addition	
Number of computers	No Target	Number of active computers in trust	Being agile in meeting people's needs		no	Safe	TBC	
Average age of computers (years)	No Target	Average age of active computers in trust	Being agile in meeting people's needs		no	Safe	TBC	
Percentage specimens requested through eQUEST - rolling 3M	Internal target	Rolling last 3 months. Data is produced from 28 days post period end. This allows time for results to be acknowledged by clinicians	Being agile in meeting people's needs		no	Safe	TBC	
Percentage specimens available for acknowledgment through eQUEST - rolling 3M	Internal target	Rolling last 3 months. Data is produced from 28 days post period end. This allows time for results to be acknowledged by clinicians	Being agile in meeting people's needs		no	Safe	TBC	
digIRounds patient records accessed	Internal target only	Number of patient records accessed using digirounds (A clinical support systems for ward round use)	Being agile in meeting people's needs		no	Safe	TBC	
Decision support notifications (email alerts)	Internal target only	number of email alerts to advise users when patients with specific criteria are admitted into UHS	Being agile in meeting people's needs		no	Safe	TBC	
Medxnote	Internal target only	A communication tool similar to WhatsApp used to receive results , correspondence and chat	Being agile in meeting people's needs		no	Safe	TBC	

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InfoQlik (Daily) Activity	No Target	Number of individual users accessing each dashboard area each day, aggregated up over a month. InfoQlik only - other QlikView dashboards excluded. Data sourced from QV audit logs.	Being agile in meeting people's needs		no	Safe	TBC	
Sap BI user logins	No Target	Total end user logins (if the same person logs in several times, they are all counted). Data sourced from SAP BI user audit data.	Being agile in meeting people's needs		no	Safe	TBC	
My Medical Record - UHS patient registrations	Internal target	Total patients registered per month	Being agile in meeting people's needs		no	Safe	TBC	
My Medical Record - UHS patient logins	Internal target	Total number of patient logins per month	Being agile in meeting people's needs		no	Safe	TBC	
Digital KPIs under review to be added here			Being agile in meeting people's needs				Remain	
FFT response rate - Inpatients	Local target (No longer a CQUIN and no statutory national targets for response rate. FFT remains a contractual requirement for NHS providers. Target is an internal target only.)	Monthly calculation of the number of FFT responses as a percentage of the number inpatients	Healthy Lives	no	NA	Caring	Remove	combined with negative scores
FFT negative score & response rate - Inpatients	Local target (No longer a CQUIN with no monies or fines related to this metric. FFT remains a contractual requirement for NHS providers.)	The percentage of positive promoters (very likely) minus the percentage of negative promoters)	Healthy Lives	no	NA	Caring	Remain	Included in model hospital board assurance metrics. Combine with response rates
Maternity FFT response rate	No longer a CQUIN with no monies or fines related to this metric. FFT remains a contractual requirement for NHS providers.	The number of patients that responded to any of the questions over the total number of maternity patients	Healthy Lives			Caring	Remove	combined with negative scores
FFT negative score & Response rate - Maternity	No longer a CQUIN with no monies or fines related to this metric. FFT remains a contractual requirement for NHS providers.	The percentage of positive promoters (very likely) minus the percentage of negative promoters)	Healthy Lives	no		Caring	Remain	Included in model hospital board assurance metrics. Combine with response rates
Participation in eligible National Audits & NCEPOD Studies	National Target	Participation in eligible National Audits (Quality Accounts) & National Confidential Enquiry into Patient Outcome and Death studies currently participating in	Healthy Lives	no		Effective	Remove	Annual position - charted KPI not required
Number of recently published National Audit reports	National Target	Number of recently published National Audit reports	Healthy Lives	no		Effective	Remove	Trending not useful as based on publications scheduled out of UHS control
National Audit reports with areas of concern	National Target	National Audit reports with areas of concern	Healthy Lives	no		Effective	Remove	No significant trends, other reporting deemed more useful through exception commentary
Specialties with outcome measures developed	Local Target	The number of specialities who have developed patient outcomes to be included in the TEC outcomes report with the number of outcome measures developed	Healthy Lives	no		Effective	Remain	Important to see growth in reporting outcomes
Developed Outcomes RAG rating	No Target	Developed outcomes split by RAG rating according to outcomes TEC report rating	Healthy Lives	no		Effective	Remain	Important to see high level performance in outcomes data
Emergency readmission within 28 days (month in arrears)	Internal target	Monthly, 2 months in arrears. Number of patients readmitted within 28 days divided by the number of admissions per month	Healthy Lives	no		Effective	Remove	stable performance
HSMR - UHS (Hospital Standardised Mortality Ratios) (3 months in arrears)	No identified mortality rate target. ensure no statistically significant diversion from the current rate.	HSMR is the observed mortality rate divided by the expected mortality rate multiplied by 100.	Healthy Lives	no		Effective	Remain	
SHMI - UHS (Summary Hospital-level Mortality Indicator)	No identified mortality rate target. ensure no statistically significant diversion from the current rate.	The SHMI is the number of patients who die following hospitalisation at the trust divided by the expected. It includes deaths which occurred in hospital and deaths which occurred outside of hospital within 30 days (inclusive) of discharge	Healthy Lives	no		Effective	Addition	SHMI not HSMR is given in Quality accounts and is on the SOF/Model hospital and other high level NHS performance reports
HSMR - SGH (Hospital Standardised Mortality Ratios) (3 months in arrears)	UHS Target should be "within expected range" (no colour) or statistically significantly below the benchmark of 100, i.e. Green	HSMR is the observed mortality rate divided by the expected mortality rate multiplied by 100.	Healthy Lives	no		Effective	Remove	Focus on HSMR and SHMI for UHS

Title	Target Source & Implications	Description	Corporate Goal	Mentioned in the NHS Long Term Plan	KPI mentioned in the Clinically-led Review of NHS Access Standards	CQC Pillar	Recommendation	Reason
HSMR - UHS Crude Mortality Rate	No identified mortality rate target. ensure no statistically significant diversion from the current rate.	UHS Crude Mortality Rate is calculated by dividing the number of observed deaths by the number of superspells and multiplying by 100.	Healthy Lives	no		Effective	Remain	Useful context indicator
HR - Sickness absence - Rolling 12-months	Internal target	in last 12 month the total hours lost due to sickness against total contracted hours. 12 Month rolling figure reported from ESR, reported monthly	Healthy Lives	no	no	Well led	Remain	Aligned with strategic objective - "Improve staff health and well being"
Never Events	Target 0. Fines can be imposed	Frequency monthly most recent month	Healthy Lives	no	no	Safe	Remove	Low numbers, charted KPI not required. Instead exception reporting via other methods e.g. commentary.
Avoidable High Harm Falls	Local Target	Frequency monthly, month in arrears of SIRI reported falls where an avoidability decision has been reached	Healthy Lives	yes (infection Prevention)	no	Safe	Remove	Low numbers, charted KPI not required. Instead exception reporting via other methods e.g. commentary.
MRSA bacteraemia infection and contaminant	National Target. Fine can be imposed.	Count of positive blood cultures	Healthy Lives	yes (infection Prevention)	no	Safe	Remove	Low numbers, charted KPI not required. Instead exception reporting via other methods e.g. commentary.
Clostridium Difficile reduction (confirmed lapse in care)	National Target. Fine can be imposed.	Count of positive specimens	Healthy Lives	yes (infection Prevention)	no	Safe	Remain	Priority safety indicator, also useful to monitor as definition is going to change in 2019/20
Grade 2 Pressure Ulcers (month in arrears)	National CQUIN. No Fines but CQUIN monies attached	Monthly calculation in arrears. The number of patients with hospital acquired grade 2 pressure ulcers.	Healthy Lives	yes (Stop the Pressure programme)	no	Safe	Remove	New KPI replacing existing pressure ulcer KPIs
Avoidable Hospital Acquired Grade 3 and 4 Pressure Ulcers (month in arrears)	National CQUIN. No Fines but CQUIN monies attached	Monthly calculation in arrears. The number of patients with hospital acquired grade 3 or 4 avoidable pressure ulcers. Avoidability assessed by Panel	Healthy Lives	yes (Stop the Pressure programme)	no	Safe	Remove	New KPI replacing existing pressure ulcer KPIs
Pressure Ulcers (causing severe or moderate harm)		Number of pressure ulcers that resulted in severe or moderate harm	Healthy Lives	yes (Stop the Pressure programme)	no	Safe	Addition	New KPI replacing existing pressure ulcer KPIs
Diabetes: High harm insulin-related medication errors (high harm)	Local Target	Diabetes: Insulin-related medication errors (high harm)	Healthy Lives	yes (medication safety)	no	Safe	Remove	Low numbers, charted KPI not required. Instead exception reporting via other methods e.g. commentary.
Medication Errors (severe/moderate)	National CQUIN. No Fines but CQUIN monies attached	Harm free care. Numerator: Number of patients audited with no harms identified. Denominator: All patients audited. Monthly	Healthy Lives	yes (medication safety)	no	Safe	Remain	
Serious incidents Requiring Investigation (month in arrears)	Local Target.	Frequency monthly most recent month (month in arrears)	Healthy Lives	no	no	Safe	Remain	
Number of overdue SIRIs	Local Target	Number of overdue SIRIs	Healthy Lives	no	no	Safe	Remain	
Safety Express Thermometer	Local Target	Safety Express Thermometer	Healthy Lives	no	no	Safe	Remove	Lower priority indicator
% Thromboprophylaxis Patients Assessed (month in arrears)	Local target	Monthly in arrears. Numerator: Number of inpatients risk assessed for VTE. Denominator: Number of inpatients	Healthy Lives	no	no	Safe	Remove	Discussed in depth at contracting board
Patients appropriately screened for sepsis	National Target. Fine can be imposed.	Percentage emergency patients and inpatients who required sepsis screening appropriately screened taken from a quarterly audit	Healthy Lives	yes	no	Safe	Remove	Low numbers, charted KPI not required. Instead exception reporting via other methods. Also discussed in depth at contracting board
Sepsis patients treated in a timely manner	National Target. Fine can be imposed.	Percentage emergency patients and inpatients who had signs of sepsis and required antibiotics within 60 minutes taken from a quarterly audit	Healthy Lives	yes	no	Safe	Remove	Low numbers, charted KPI not required. Instead exception reporting via other methods. Also discussed in depth at contracting board
Maternity/Neonatal KPI TBC		TBC	Healthy Lives	yes	no	Safe	Addition	
Antimicrobial resistance KPI TBC		TBC	Healthy Lives	yes	no	Safe	Addition	
Falls KPI TBC		TBC	Healthy Lives	no	no	Safe	Addition	
10am Assessment Unit Downstreaming	No target but links to national focus - SAFER package of care	Percentage patients transferred from assessment unit to a ward (excluding critical care) before 10am - (on condition that the patient was on the assessment unit before 6am on the day of transfer.)	Improve Patient Journeys	Yes - implement SAFER bundle of care		Responsive	Remove	Surrogate measure for one of the SAFER practices, focusing on other SAFER KPIs
Rolling 12 Month EL LoS	No target	Total bed days used by all discharged elective patients divided by total discharged elective patients. Excludes patients on non-SGH/PAH wards; monthly, most recent month	Improve Patient Journeys	no		Responsive	Remove	Lower priority metric - focusing on non elective LOS
Rolling 12 Month NEL LoS	No target	Total bed days used by all discharged non-elective patients divided by total discharged non-elective patients. Excludes patients on non-SGH/PAH wards; monthly, most recent month	Improve Patient Journeys	no		Responsive	Remain	Most Important LOS measure to focus on
Rolling 12 Month Paediatric LoS	No target	Total bed days used by all discharged Child Health patients divided by total discharged Child Health patients. Excludes patients on non-SGH/PAH wards; monthly, most recent month	Improve Patient Journeys	no		Responsive	Remove	Lower priority metric - focusing on non elective LOS

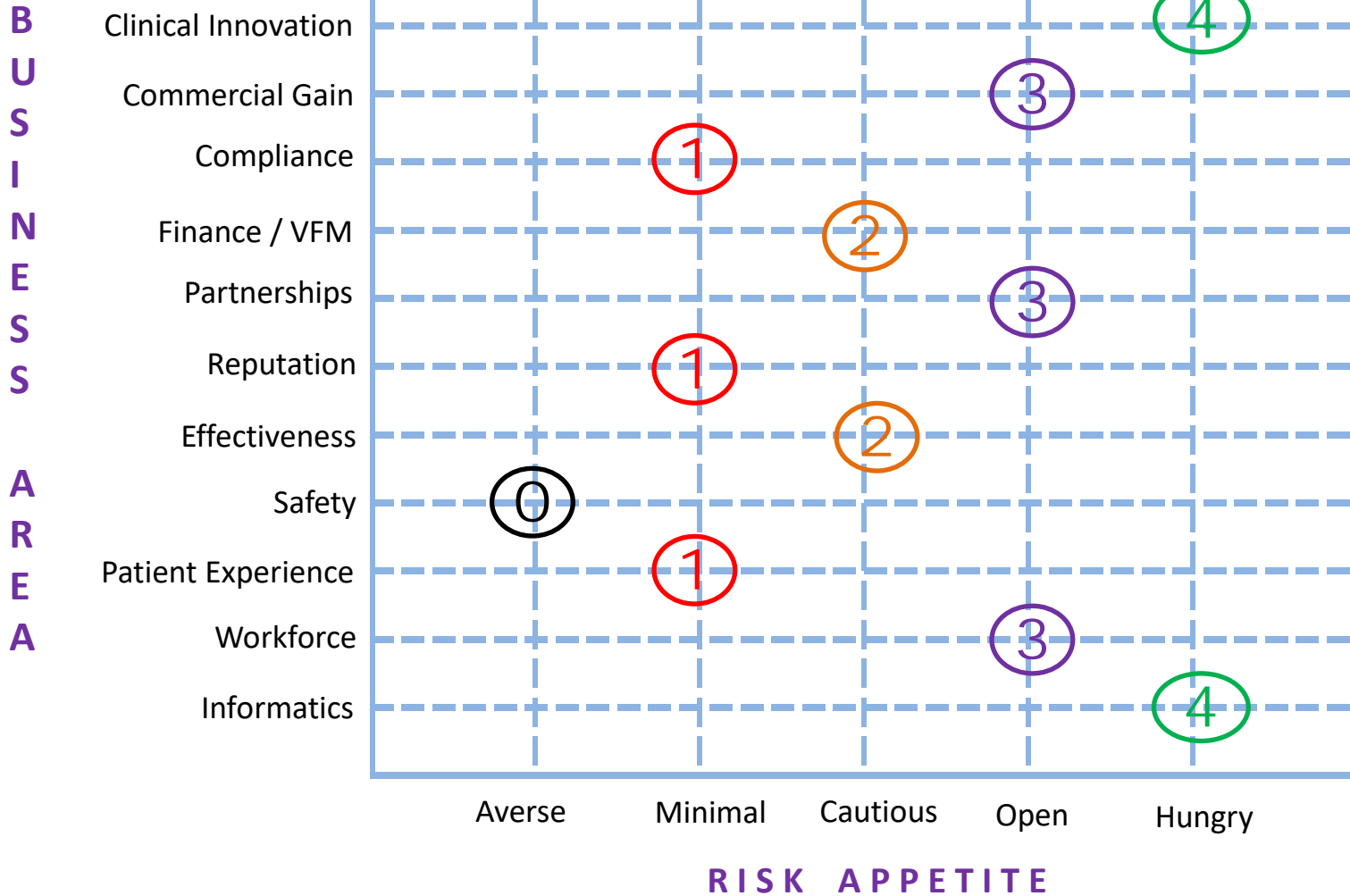
Title	Target Source & Implications	Description	Corporate Goal	Mentioned in the NHS Long Term Plan	KPI mentioned in the Clinically-led Review of NHS Access Standards	CQC Pillar	Recommendation	Reason
Delayed Transfers of Care Census (average)	Local target	Average number of daily count of delayed patients according to the current national DToC guidance. Monthly, most recent month	Improve Patient Journeys	yes - reduce delays		Responsive	Remove	Important flow metric - keeping the CQC calculations version
Delayed transfers of care (CQC Calculation)	National (CQC) Target	Census of all delayed patients according to the current national DToC guidance for each Thursday in month divided by the census for all Trust beds for each Thursday in month; monthly, most recent month.	Improve Patient Journeys	yes - reduce delays		Responsive	Remain	Important flow metric - keeping the CQC calculations version
Patients with LOS >=7days Census average	No Target	Total bed days in month contributed by patients with LOS >= 7 days divided by number of days in month	Improve Patient Journeys	Yes - implement SAFER bundle of care		Responsive	Remove	Important SAFER flow metric - keeping 21 day
Patients with LOS >=21days Census average	National target	Total bed days in month contributed by patients with LOS >= 21 days divided by number of days in month	Improve Patient Journeys	Yes - implement SAFER bundle of care		Responsive	Remain	Important SAFER flow metric - keeping 21 day
Early discharge on day (pre-midday)	Informal national target	Count of total discharges before midday on core inpatient wards, divided by total discharges at any time. Monthly, most recent month	Improve Patient Journeys	Yes - implement SAFER bundle of care		Responsive	Remain	Important SAFER flow metric
Weekend discharges(EL & NEL Combined)	Informal national target	Ratio between average number of weekday discharge volumes and average number of weekend day discharge volumes.	Improve Patient Journeys	no		Responsive	Remove	Lower priority performance indicator
Adult Midday Occupancy (month in arrears)	Internal target of 95% maximum	Total occupied level 1 bed days for patients under the care of non Paediatric CGs divided by the total available level 1 bed days; monthly, a month in arrears	Improve Patient Journeys	no		Responsive	Remain	Important context metric for flow
Red and Black Alerts	No target	Assessment made by Site Control team of bed availability and staffing shortfalls determines status. Total count of red alerts recorded during month at twice daily bed meetings. Monthly, most recent month.	Improve Patient Journeys	no		Responsive	Remove	Lower priority performance indicator - alerts also influenced by several KPIs some of which are displayed in the IPR already
Last minute cancelled operation	National target with no fine for non-achievement	Patients who had their procedure cancelled for non-clinical reasons on the day of admission or the day of surgery	Improve Patient Journeys	no		Responsive	Remove	Lower priority performance indicator
Number elective operations cancelled and not readmitted within 28 days	National target with no fine for non-achievement	Patients who had their procedure cancelled for non-clinical reasons on the day of admission or the day of surgery and whose procedure was not carried out within 28 days of cancellation	Improve Patient Journeys	no		Responsive	Remain	NHS constitution pledge
% elective operations cancelled and not readmitted within 28 days	National target with no fine for non-achievement	Patients who had their procedure cancelled for non-clinical reasons on the day of admission or the day of surgery and whose procedure was not carried out within 28 days of cancellation	Improve Patient Journeys	no		Responsive	Remove	keeping total numbers not percentage version
% Patients spending less than 4 hours in ED - SGH Main ED (Type 1 and UCH) v. Local acute peer group (Type 1)	National Target with funding implications	% patients spending greater than 4 hours in ED (Type 1 and Urgent Care Hub) shown against the average Type 1 performance from Local Acute providers.	Improve Patient Journeys	no	no	Responsive	Remove	UHS total view to be the sole 4 hour KPI in future reports
% patients spending less than 4 hours in ED- Eye Casualty (Type 2)	no target - contributes to National Target RE1.4/RE1.5	Total patients breaching 4hr target in eye casualty divided by total attendances reported for most recent complete month	Improve Patient Journeys	no	no	Responsive	Remove	UHS total view to be the sole 4 hour KPI in future reports
% patients spending less than 4 hours in ED - Lymington MIU (Type 3)	no target - contributes to National Target RE1.4/RE1.5	% patients spending less than 4 hours in ED - Lymington MIU (Type 3)	Improve Patient Journeys	no	no	Responsive	Remove	Lymington will no longer be managed by UHS from June 2019
% patients spending less than 4 hours in ED - UHS Total	National Target	% patients spending less than 4 hours in ED - All UHS departments (Main ED, Eye Casualty, UCH and Lymington)	Improve Patient Journeys	no	no	Responsive	Remain	NHS constitution pledge
% patients spending less than 4 hours in ED - Local Delivery System	National Target	% patients spending less than 4 hours in ED - in Local delivery system which is all departments in RE1.4 plus Royal South Hants (RSH) MIU	Improve Patient Journeys	no	no	Responsive	Remove	UHS total view to be the sole 4 hour KPI in future reports
% patients who left the department before being seen (Types 1, 2 & 3)	National target with no fine for non-achievement	% patients who left the department before being seen; monthly, most recent month	Improve Patient Journeys	no	no	Responsive	Remove	Lower priority performance indicator
Time to initial assessment (Types 1 & 3)	National target with no fine for non-achievement	95th centile of time taken between patient arrival in department and initial assessment; monthly, most recent month.	Improve Patient Journeys	no	yes - standard for type 1 & 3 only	Responsive	Remain	Current KPI potentially to be adopted as new NHS Access Standard (exclude type 2)
Time to treatment UHS Total	National target with no fine for non-achievement	Time taken between patient arrival in department and first action out of - immediate assessment, first clinician seen or senior review.	Improve Patient Journeys	no	Yes - package of care completed within 1 hour for basket of critical conditions	Responsive	Remain	Keep surrogate indicator as place holder until final report from NHS Medical director
Total time spent in ED	National target with no fine for non-achievement	95th centile of time taken between patient arrival in department and departure (either by admission or discharge); monthly, most recent month.	Improve Patient Journeys	no	Yes - Change standard to mean total time in department	Responsive	Remain	Current KPI potentially to be adopted as new NHS Access Standard. (include mean average to current chart)
Same day emergency care			Improve Patient Journeys	yes	yes	Responsive	Addition	New standard proposed in Medical directors interim report
Emergency reattendance within 7 days	National target with no fine for non-achievement	Main ED Only. Count of patients with an unplanned attendance who had previously attended within 7 days prior divided by total unplanned attendances; monthly, most recent month	Improve Patient Journeys	no	no	Responsive	Remove	Lower priority performance indicator
ED Conversion (Type 1)	Internal target only	Percentage of all ED attendances that result in admission; monthly, most recent month	Improve Patient Journeys	no	no	Responsive	Remove	Lower priority performance indicator
% patients on an open 18 week pathway (within 18 weeks)	National target; possible outside intervention for prolonged/unexpected poor performance	Patients on an open 18 week pathway yet to receive treatment or be discharged; monthly, most recent month	Improve Patient Journeys	Yes (cut long waits)	yes	Responsive	Remain	NHS constitution pledge
Total patients in backlog	Internal target	Subset of incomplete patients (see above) - total number of incomplete patients who have waited over 18 weeks since referral.	Improve Patient Journeys	Yes (cut long waits)	no	Responsive	Remove	Lower priority performance indicator

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Patients waiting >52 weeks for treatment	No Target	Patients on an open 18 week pathway with a wait greater than 52 weeks	Improve Patient Journeys	Yes (cut long waits)	no	Responsive	Remove	Lower priority performance indicator
Total number of patients on an incomplete pathway	No Target	Total number of patients on an incomplete pathway	Improve Patient Journeys	Yes (cut long waits)	no	Responsive	Remain	Current national focus
Patients on a surgical waiting list	No Target	Patients on an open 18 week pathway who have had a decision to treat and been added to an inpatient waiting list	Improve Patient Journeys	Yes (cut long waits)	no	Responsive	Remove	Lower priority performance indicator
Patients waiting for diagnostics	No Target	Patients on an open 6 week diagnostic wait pathway	Improve Patient Journeys	Yes (cut long waits)	yes	Responsive	Remain	NHS constitution pledge
% of Patients waiting over 6 weeks for diagnostics	National Target	% of Patients waiting over 6 weeks for diagnostics	Improve Patient Journeys	Yes (cut long waits)	yes	Responsive	Remove	focus on numbers not percentage version
Weeks Waited for first Outpatient Appointment	No Target	Average Wait for first outpatient appointment (weeks)	Improve Patient Journeys	no	no	Responsive	Remain	Useful quality indicator
Urgent GP referrals seen in 2 weeks (month in arrears)	National targets and NHSE submission with implications for external scrutiny and Trust reputation	The percentage of 2-week wait referrals seen by the Trust within 2 weeks of referral from GP or applicable service; Monthly, a month in arrears.	Improve Patient Journeys	no	no	Responsive	Remain	NHS constitution pledge
Breast symptoms referral seen in 2 weeks (month in arrears)	National targets and NHSE submission with implications for external scrutiny and Trust reputation	The percentage of 2-week wait referrals to the breast cancer service seen by the Trust within 2 weeks of referral from GP or applicable service; Monthly, a month in arrears.	Improve Patient Journeys	no	no	Responsive	Remove	Lower priority performance indicator
Treatment started within 62 days of urgent GP referral (month in arrears) - includes site specific breakdown of data	National targets and NHSE submission with implications for external scrutiny and Trust reputation	The percentage of patients referred as a 2-week wait suspected cancer who require treatment that receive the start of their treatment within 62 days of referral from GP or applicable service; Monthly, a month in arrears.	Improve Patient Journeys	no	yes	Responsive	Remove	combine with other 62 day KPIs - NHS medical director review of access standards recommendation
Treatment started within 62 days of referral (Breast, Cervical & Bowel) (month in arrears)	National targets and NHSE submission with implications for external scrutiny and Trust reputation	The percentage of patients referred as a 2-week wait suspected cancer to the breast, cervical and bowel cancer services who require treatment that receive the start of their treatment within 62 days of referral from GP or applicable service; Monthly, a month in arrears.	Improve Patient Journeys	no	yes	Responsive	Remove	combine with other 62 day KPIs - NHS medical director review of access standards recommendation
62 Day - Consultant Upgrades (month in arrears)	Local target only	The percentage of non-urgent referrals upgraded to urgent suspected cancers by the consultant and who require treatment that receive the start of their treatment within 62 days of upgrade by consultant; Monthly, a month in arrears.	Improve Patient Journeys	no	yes	Responsive	Remove	combine with other 62 day KPIs - NHS medical director review of access standards recommendation
62 day cancer wait performance		combined KPI of all 62 day wait targets	Improve Patient Journeys	no	yes	Responsive	Addition	combine with other 62 day KPIs - NHS medical director review of access standards recommendation
Treatment started within 31 days of decision to treat (month in arrears)	National targets and NHSE submission with implications for external scrutiny and Trust reputation	The percentage of patients who require treatment that receive the start of their treatment within 31 days of the decision to treat the patient being made; Monthly, a month in arrears.	Improve Patient Journeys	no	yes	Responsive	Remove	combine with other 31 day KPIs - NHS medical director review of access standards recommendation
Second or subsequent treatment (surgery) started within 31 days of decision to treat (month in arrears)	National targets and NHSE submission with implications for external scrutiny and Trust reputation	The percentage of patients who require a second or subsequent treatment of surgery that receive their treatment within 31 days of the decision to treat the patient being made; Monthly, a month in arrears.	Improve Patient Journeys	no	yes	Responsive	Remove	combine with other 31 day KPIs - NHS medical director review of access standards recommendation
Second or subsequent treatment (anti cancer drugs) started within 31 days of decision to treat (month in arrears)	National targets and NHSE submission with implications for external scrutiny and Trust reputation	The percentage of patients who require a second or subsequent treatment of surgery that receive their treatment within 31 days of the decision to treat the patient being made; Monthly, a month in arrears.	Improve Patient Journeys	no	yes	Responsive	Remove	combine with other 31 day KPIs - NHS medical director review of access standards recommendation
Second or subsequent treatment (radiotherapy) started within 31 days of decision to treat (month in arrears)	National targets and NHSE submission with implications for external scrutiny and Trust reputation	The percentage of patients who require a second or subsequent treatment of surgery that receive their treatment within 31 days of the decision to treat the patient being made; Monthly, a month in arrears.	Improve Patient Journeys	no	yes	Responsive	Remove	combine with other 31 day KPIs - NHS medical director review of access standards recommendation
31 day cancer wait performance		combined KPI of all 31 day wait targets	Improve Patient Journeys	no	yes	Responsive	Addition	combine with other 31 day KPIs - NHS medical director review of access standards recommendation
104 day waits (backlog)	National targets and NHSE submission with implications for external scrutiny and Trust reputation	The number of patients treated in the month whose wait for first definitive treatment equal to or greater than 104 days	Improve Patient Journeys	no	no	Responsive	Remain	Change to 104 day backlog instead
Number of Tumour sites achieving 2 week target		Number of Tumour sites achieving 2 week target	Improve Patient Journeys	no	no	Responsive	Addition	Metric that will be able to show if we have general good performance or if there is an outlier in tumour site performance

Title	Target Source & Implications	Description	Corporate Goal	Mentioned in the NHS Long Term Plan	KPI mentioned in the Clinically-led Review of NHS Access Standards	CQC Pillar	Recommendation	Reason
Number of Tumour sites achieving 31 day target		Number of Tumour sites achieving 31 day target	Improve Patient Journeys	no	no	Responsive	Addition	Metric that will be able to show if we have general good performance or if there is an outlier in tumour site performance
Number of Tumour sites achieving 62 day target		Number of Tumour sites achieving 62 day target	Improve Patient Journeys	no	no	Responsive	Addition	Metric that will be able to show if we have general good performance or if there is an outlier in tumour site performance
CRN Recruitment - Participants Recruited	Wessex Clinical Research Network (CRN) target	(commercial and non commercial) (month in arrears)	Leading edge research, education and innovation	Yes (increase number of participants in healthcare research)	no	Well led	TBC	
Weighted Recruitment	Wessex Clinical Research Network (CRN) target	(commercial and non commercial) (month in arrears)	Leading edge research, education and innovation	Yes (increase number of participants in healthcare research)	no	Well led	TBC	
CRN Recruitment - Weighted National Ranking - All studies	Wessex Clinical Research Network (CRN) target	(commercial and non commercial) (month in arrears)	Leading edge research, education and innovation	Yes (increase number of participants in healthcare research)	no	Well led	TBC	
Specialties Recruiting	Trust Board request	Using studies open and in follow up aligned to Trust speciality as measure of research activity spread.	Leading edge research, education and innovation	Yes (increase number of participants in healthcare research)	no	Well led	TBC	
Papers published in partnership with UOS	National measure of impact of NIHR infrastructure	Publications which directly cite NIHR Infrastructure funding	Leading edge research, education and innovation	no	no	Well led	TBC	
Income per WTE		Average income generated by R&D per head	Leading edge research, education and innovation	no	no	Well led	TBC	
Quality of practice experience for doctors in training (annual report with quarterly qualitative updates)	National reporting which follows national process if measures are not met	Data to support this metric comes from the national GMC survey with is undertaken annually	Leading edge research, education and innovation	Yes - improve working lives	no	Well led	Remain	
Number of Apprenticeship starts	National Target		Leading edge research, education and innovation	no	no	Well led	Addition	Was in previously - leads to building expert workforce
Same Sex Accommodation (Non Clinically Justified Breaches)	National Target	The number of non clinically justified occurrences where a patient has spent time on a ward with members of the opposite sex. Monthly	Value based health and care	no		Caring	Remain	Important public KPI reported to UNIFY
Nutrition: % of patients with a care plan in place	National Target	Numerator: The number of inpatients in the MUST audit that have a care plan. Denominator : The number of inpatients in the MUST audit. Monthly	Value based health and care	Yes but only in relation to diabetes		Caring	Remove	Was beneficial previously but now at a good sustainable place. Move to annual audit reporting to Nutritional and Hydration steering group
Total Complaints Received	Local Target	(month in arrears)	Value based health and care	no		Caring	Remain	Included in model hospital board assurance metrics
Complaints per 1000 units	Local Target	(month in arrears)	Value based health and care	no		Caring	Remove	Duplicate KPI with different expression
Percentage complaints closed within 35 days	local target (70%)	The percentage of complaints closed within 35 days	Value based health and care	no		Caring	Addition	
Bereavement Survey Response Count	No Target	Number of bereavement surveys returned and input into Picker per month	Value based health and care	no		Caring	Remove	continuing development to find suitable KPI and stronger data
Bereavement Survey Core Questions - % Negative Score	Local Target	Percentage Negative responses recorded against the Core bereavement survey questions	Value based health and care	no		Caring	Remove	continuing development to find suitable KPI and stronger data
New Referrals (month in arrears)	Local target	The total number of accepted referrals received by the Trust; monthly, most recent month. Excluding referrals associated with non face to face activity only.	Value based health and care	no		Responsive	Remove	Indicator to provides useful context
Urgent Cancer Referrals	No Target	The total number of urgent cancer referrals received by the Trust; monthly, most recent month	Value based health and care	no		Responsive	Remain	Useful context metric to support CWT standards
Number of first cancer treatments	No Target	total number patients receiving their first cancer treatment (i.e. total patients covered under 31 day target)	Value based health and care	Yes - increase planned operations and cut waits		Responsive	Remain	Useful context metric to support CWT standards
Main ED attendances (Type 1 and UCH)	No target, but annual activity is commissioned	Count of attendance to Main ED and Urgent Care Hub reported for most recent complete month	Value based health and care	Yes - reduce A&E attendances		Responsive	Remove	covered to "Total ED Attendances"
Other ED attendances incl Eye Unit & MIU*	No target, but annual activity is commissioned	Count of Type 2 & 3 attendances reported for most recent complete month	Value based health and care	Yes - reduce A&E attendances		Responsive	Remove	covered in "Total ED attendances"
Total ED Attendances	No target, but annual activity is commissioned	Count of all UHS ED attendances	Value based health and care	Yes - reduce A&E attendances		Responsive	Addition	Replacing previous split attendance counts
Non-Elective Spells	No target	Count of discharged non-elective spells; monthly, most recent month	Value based health and care	no		Responsive	Remain	Indicator to provides useful context
Elective Inpatient Spells	No target	Count of discharged elective spells; monthly, most recent month	Value based health and care	Yes - increase planned operations and cut waits		Responsive	Remove	Indicator to provide context, better reviewed in finance report against plan

Title	Target Source & Implications	Description	Corporate Goal	Mentioned in the NHS Long Term Plan	KPI mentioned in the Clinically-led Review of NHS Access Standards	CQC Pillar	Recommendation	Reason
Elective Day Case Spells	No target	Count of discharged day cases; monthly, most recent month	Value based health and care	Yes - increase planned operations and cut waits		Responsive	Remove	Indicator to provide context, better reviewed in finance report against plan
Combined Elective Spells	No target	Count of discharged elective spells; monthly, most recent month	Value based health and care	Yes - increase planned operations and cut waits		Responsive	Remove	Indicator to provide context, better reviewed in finance report against plan
Adult Critical Care Bed Days	No target	total in month bed days recorded on the Adult critical care wards	Value based health and care	no		Responsive	Remove	Lower priority performance indicator
New Outpatient Appointments (source: Business Objects)	No target	Count of new OP appointments carried out; monthly, most recent month	Value based health and care	Yes - reducing, moving to other methods		Responsive	Remove	combine with FU appointments (amend only face to face)
Follow-up Outpatient Appointments (source: Business Objects)	No target	Count of follow-up OP appointments carried out; monthly, most recent month	Value based health and care	Yes - reducing, moving to other methods		Responsive	Remove	combine with New appointments (amend only face to face)
Face to face Outpatient appointments	No target	Count of Face to face OP appointments carried out; monthly, most recent month	Value based health and care	Yes - reducing, moving to other methods		Responsive	Addition	NHS long term plan - innovation and improvement using digital platforms to reduce face to face activity
Non face to face Outpatient appointments	No target	Count of non-face to face OP appointments carried out; monthly, most recent month	Value based health and care	Yes - reducing, moving to other methods		Responsive	Addition	NHS long term plan - innovation and improvement using digital platforms to reduce face to face activity
GP Referrals via eReferral	National Target	% GP referrals coming through eReferral	Value based health and care	Yes - digital improvements, patient access		Responsive	Remove	GP eReferrals is now accepted practice, monitoring take up no longer priority for the IPR.
CHPPD total nursing staff (Care hours per patient day)	No target set but UHS will be benchmarked against other trusts	Total care hours each patient received from all nursing staff each day in clinical wards.	Value based health and care	no	no	Well led	Remain	
CHPPD - Registered nurse (Care hours per patient day)	No target set but UHS will be benchmarked against other trusts	Care hours each patient received from registered nurse each day in clinical wards.	Value based health and care	no	no	Well led	Remove	
CHPPD - Unregistered nurse (Care hours per patient day)	No target set but UHS will be benchmarked against other trusts	Care hours each patient received from unregistered nursing staff each day in clinical wards.	Value based health and care	no	no	Well led	Remove	
Number of staff trained in QI techniques	Internal target		Value based health and care	no	no	Well led	Addition	
Red flag staffing incidents	local target		Value based health and care	no	no	Well led	Addition	

# Risk Appetite



## RISK APPETITE LEVELS DEFINED

<b>Averse</b>	Prepared to accept only the very lowest levels of risk, with the preference being for ultra-safe delivery options, while recognising that these will have little or no potential for reward/return.	<b>Cautious</b>	Willing to accept some low risks while maintaining an overall preference for safe delivery options despite the probability of these having mostly restricted potential for reward/return.	<b>Minimal</b>	Tending always towards exposure to only modest levels of risk in order to achieve acceptable, but possibly unambitious outcomes.	<b>Open</b>	Prepared to consider all delivery options and select those with the highest probability of productive outcomes, even when there are elevated levels of associated risks.	<b>Hungry</b>	Eager to seek original/creative/pioneering delivery options and to accept the associated substantial risk levels in order to secure successful outcomes and meaningful reward/return.
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<b>Report to the Trust Board of Directors dated Thursday, 30 January 2020</b>			
<b>Title: Guardian of Safe Working Hours Quarter Report</b>			
<b>Category</b>	Quality, Performance, and Finance		
<b>Agenda item</b>	10.1 - Items circulated for reading		
<b>Sponsor</b>	Medical Director		
<b>Author</b>	Kathryn Nash, Consultant Hepatologist and Guardian of Safe Working Hours		
<b>Provenance</b>	Quarterly report to Trust Board.		
<b>Classification</b>	<b>This Report is unclassified.</b>		
<b>Purpose and recommendation</b>	The paper is presented for INFORMATION The Board is invited to note the report and ongoing concerns regarding work intensity, exception reporting and rota gaps.		
<b>Relevant strategic goals</b>	<input type="checkbox"/> Goal 1: Improving patient journeys.	<input type="checkbox"/> Goal 2: Delivering value-based health and care.	<input checked="" type="checkbox"/> Goal 3: Supporting healthy lives.
	<input checked="" type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
<b>Assurance framework links</b>	<ul style="list-style-type: none"> <li>• BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways</li> <li>• BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care</li> <li>• BAF06 – Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services</li> <li>• BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care</li> <li>• BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual</li> </ul>		
<b>Impact assessments</b>	The Trust aims to ensure that any change in performance does not affect one or more cohorts of people with specific protected characteristics. This equality monitoring is conducted operationally.		
<b>Other standards affected</b>	<ul style="list-style-type: none"> <li>• NHSI compliance</li> <li>• CQC Well-led Framework</li> </ul>		

# Guardian of Safe Working Hours Quarter Report

## Main Issues/Executive Summary

### Employment and expenditure

All Junior Doctors in Training employed by the Trust are now working on the new contract.

Targeted recruitment activities have been successful such that current vacancy rate is down significantly to 10.5%. Work in this area is ongoing.

### Exception reporting

- 1696 exception reports received since implementation of Junior Doctor Contract in October 2016 (Appendix 2)
- 728 exception reports in the last 12 months
- The most common reason is additional working hours and the most common resolution is additional payment
- To date no exception report has been a breach incurring a financial penalty
- Cost to the organisation of exception reporting is currently low, but could increase if reporting is embedded fully

### Contract amendments

- Amendments to the 2016 contract to improve junior doctors' hours and rest periods were agreed nationally in June 2019
- Medical Workforce team pro-actively identified several non-compliant rotas and successfully restructured them to implement many of these changes for the August 2019 cohort
- Some conditions of the amended contract could not be met by the recommended timeframe (December 2019). Affected areas have been identified and further rota planning and targeted recruitment is ongoing with the aim of achieving compliance by the final deadline for implementation (August 2020).
- The recruitment required in some areas (e.g. emergency department) is ambitious and there is a risk that there will be gaps rendering the rotas non-compliant
- Some new rules will be challenging to meet within the timeframe (maximum frequency changing to 1:3 weekends) and may result in contract breaches with financial penalties in the future.

### Implications

There are ongoing concerns over the issue of rota gaps and the safety of areas of the hospital. The situation is unstable and small changes (such as summer annual leave) revealed the fragility in the system. The recent junior doctor contract amendment will be challenging to implement and may result in an increase in exception reports with possible financial penalties.

Recent targeted recruitment has resulted in reduced vacancies and this work will need to continue along with ongoing review of the wider workforce across the organization to help with planning for future staffing.

### Recommendation

The Board is invited to note the report and ongoing concerns regarding work intensity, exception reporting and rota gaps.

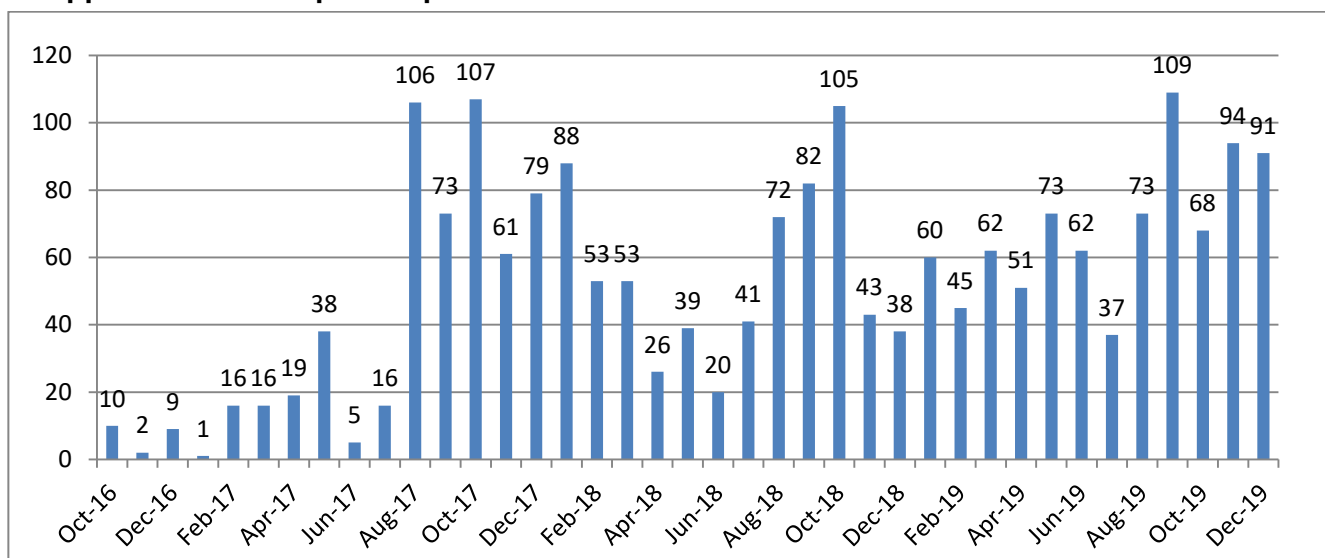
**Appendix 1: Summary of junior doctor vacancies across work and total internal locum usage.**

Area	Total Current Vacancies	Total hours booked via the bank (Dec 19)	Total bank spend (Dec 19)
Anaesthetics and Intensive Care	17	191	£13,488
Cancer Care	7	303	£16,289
Surgery (inc ENT)	6	332	£14,545
Emergency Care (inc AMU)	13	607	£32,705
Pathology	8	0	0
Specialist Medicine and MOP	4	534	£27,856
Ophthalmology	3	196	£15,172
Child Health	10	199	£12,464
O&G / Neonates	8	93	£5,135
T&O	5	270	£13,350
Neurosciences	6	62	£3,249
CV&T	4	302	£13,649
<b>Total</b>	<b>91</b>	<b>3089</b>	<b>£167,902</b>

**Notes:**

- Current vacancy rate is 10.5%
- Recruitment continues for known vacancies.

**Appendix 2.1: Exception report data**



**Appendix 2.2: Reason for exception (Data extract from last 12 months)**

