Agenda Trust Board – Open Session

Date	09/01/2020
Time	9:00 - 13:00
Location	Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH
Chair	Peter Hollins
Apologies	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 28 November 2019**
3	**Matters Arising and Summary of Agreed Actions** To discuss any matters arising from the Minutes, and to agree on the status of any actions assigned at the previous meeting.
4	**QUALITY, PERFORMANCE and FINANCE** Quality includes: clinical effectiveness, patient safety, and patient experience
4.1 9:15	**Patient Story** To receive feedback from patients, carers, or other stakeholders about their experience of the Trust's services.
4.2 9:30	**Briefing from Chair of Strategy & Finance Committee for review** Jane Bailey, Non-Executive Director
4.3 9:35	**Integrated Performance Report for Month 8 for review** To review the Trust's performance as reported in the Integrated Performance Report and the Quarterly Patient Experience Sponsor: Jane Hayward, Director of Transformation & Improvement
4.4 10:20	**Staff Strategy 6-month Progress Report for review** Sponsors: Paula Head, Chief Executive and Gail Byrne, Director of Nursing & Organisational Development Attendees: Steve Harris, Director of Human Resources and Jo Mountfield, Director of Education
4.5 10:30	**Finance Report for Month 8 for review** Sponsor: David French, Chief Financial Officer

5 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL

5.1 Amendments to the Trust's Constitution for approval
10:40
Sponsor: Peter Hollins, Trust Chair
Attendee: Audley Charles, Interim Company Secretary

5.2 Register of Seals, and Chair's Actions for ratification
10:50
In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Delegation.
Sponsor: Peter Hollins, Trust Chair

6 Any other Business
10:55
To raise any relevant or urgent matters that are not on the agenda

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

8 Exclusion of press, public, and others

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

9 Items circulated to the Board for reading

22 November 2019
Press Release: Hospital trust announces new appointment to board of directors (Tim Peachey)
29 November 2019
Press Release: Doctors develop way to diagnose diarrhoea infection within an hour
9 December 2019
Press Release: Bowel cancer and emergency surgery survival in Southampton among best in country
16 December 2019
Press Release: Southampton eye experts trial 'buzzing belt' to help patients with sight loss

10 Follow-up discussion with governors
11:00

11 Clinical Visit
11:15

12 Lunch
12:30

REGISTER OF INTERESTS DECLARED BY BOARD OF DIRECTORS & ATTENDEES AS AT 1 JANUARY 2020

Name	Position/ Role	Directorship, including nonexecutive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
Jane Bailey	Non-Executive Director (NED)	Director, Wessex NHS Procurement Limited (WPL), a Joint Venture Company owned 50/50 by UHSFT and Hampshire Hospitals FT.	Nil	Nil	Director of Healthwatch Portsmouth.	Nil	Nil	Nil	Nil	01/04/19 01/12/19
David Bennett	Non-Executive Director (NED)	Director, Davox Consulting Limited; Director, Royal College of General Practitioners (RCGP) Enterprises Ltd and RCGP Conferences Ltd.	Nil	Nil	NED, Faculty of Leadership and Medical Management.	Nil	Nil	Nil	Nil	17/08/19 1/11/19 28/11/19
Gail Byrne	Director of Nursing & Organisational Development	Nil	Nil	Nil	Nil	Nil	Husband is a Consultant Surgeon at UHSFT; Daughter is a midwife at UHSFT.	Nil	Nil	01/04/19
Audley Charles	*Interim Company Secretary	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	04/11/19

Name	Position/ Role	Directorship, including nonexecutive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
Prof. Cyrus Cooper	NED	Nil	Nil	Nil	Director & Professor of Rheumatology, Medical Research Council (MRC) Lifecourse Epidemiology Unit; Vice-Dean, Faculty of Medicine, University of Southampton; Professor of Epidemiology, University of Oxford; President of the International Osteoporosis Foundation (IOF).	Nil	Nil	Nil	Nil	01/04/19
Jenni Douglas-Todd	NED	Nil	Nil	Nil	Trustee, NACRO Managing Director, Diversa Consultancy Limited	Nil	Nil	Nil	Member of the Judicial Conduct Investigative Office; Non-Executive Director, Hampshire Cricket Board; Member of the English Cricket Board Regulatory Committee.	01/04/19

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Keith Evans	NED	Director, Markpro Limited; Deputy Chairman/Non-Executive Director, Trakm8 plc; Director, Caswell Bay Court Management Company Limited; Director, Caswell Bay Court Company Limited; Director, Balliol College Developments Limited.	Nil	CEO/Director, Evans 7 Limited.	Nil	Nil	Nil	Nil	Recipient of a pension from PwC, the Trust's Internal Auditors.	1/1/20
David French	Deputy CEO & Chief Financial Officer	Director, UHS Estates Limited, a wholly-owned subsidiary of UHSFT; Southampton Commercial Estates Development Partnership (CEDP) Project Company Limited, a wholly-owned subsidiary of UHSFT. Director, Wessex NHS Procurement Limited (WPL), a Joint Venture Company owned 50/50 by UHSFT and Hampshire Hospitals FT.	Nil	Nil	Director; Member of Hampshire & Isle of Wight Counter Fraud Board; Member of Hampshire & Isle of Wight Sustainability and Transformation Partnership Capital Planning Panel.	Nil	Nil	Nil	Non-Executive Director and Chair of Audit & Risk Committee, Vivid Housing Limited;	01/04/19 01/12/19

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Steve Harris	* Director of Human Resources	Nil	Nil	Nil	Nil	Nil	Wife is a UHS employee. She works as an Older Persons Specialist Nurse.		Co-opted member of the management committee at Romsey Golf Club.	01/04/19 11/07/19
Jane Hayward	Director of Transformation & Improvement	Director, UHS Estates Limited, a wholly-owned subsidiary of UHSFT; Southampton Commercial Estates Development. Partnership (CEDP) Project Company Limited, a wholly-owned subsidiary of UHSFT.	Nil	Nil	Nil	Nil	Father is a UHSFT Simulated Patient (voluntary position); Mother is a UHSFT Simulated Patient (voluntary position).	Nil		01/04/19 28/11/19
Paula Head	CEO	Nil	Nil	Nil	Member of Hampshire & Isle of Wight Sustainability and Transformation Partnership Executive Delivery Group.	Nil	Daughter is a medical student at University of Southampton.	Nil		01/04/19
Peter Hollins	Trust Chairman	Partner in the Jubilee Film Partnership.	Nil	Nil	Chair of CLIC Sargent Cancer Care for Children (a company limited by guarantee).	Nil	Nil	Nil	Council Member of University of Southampton.	01/04/19

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Dr Tim Peachey	NED		Director, TP-Medcon Ltd; Clinical Safety Officer, Block Solutions Ltd.	Nil	Clinical Advisor, Bolt Partners Ltd.	Nil	Nil	Nil	Associate - Mediator, Problem Resolution Ltd; Chair of Quality Committee and Non-Executive Director, Isle of Wight NHS Trust.	21/10/19
Simon Porter	NED	Former Partner in Ernst & Young LLP; Non-executive Director and Chair of Audit & Risk Committee, Radian Group.	Nil	Nil	Non-executive Director and Chair of Finance Committee, Octavia Housing.	Nil	Nil	Nil	Nil	01/04/19
Derek Sandeman	Medical Director	Director of UHS Pharmacy Limited, a wholly-owned subsidiary of UHSFT.			Member of Hampshire & Isle of Wight Sustainability and Transformation Partnership Clinical Executive Group.					
Joe Teape	Chief Operating Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	04/12/19

***** *Denotes non-voting director/attendee*

Minutes Trust Board – Open Session

Date	28/11/2019
Time	0900-1130
Location	Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH
Chair	Peter Hollins (PTH)
Present	Jane Bailey (JB) Non-Executive Director (NED) David Bennett (DB) (NED) Gail Byrne (GB) (Director of Nursing & Organisational Development Cyrus Cooper (CC) (NED) Jenni Douglas-Todd (JD-T) (NED) Simon Porter (SP) (Senior Independent Director/NED) Paula Head (PH) (Chief Executive) David French (DAF) (Chief Financial Officer) Jane Hayward (JH) (Director of Transformation & Improvement) Derek Sandeman (DS) (Medical Director) Duncan Linning-Karp (DL-K) (Director of Operations for Emergency Services/Acting Chief Operating Officer (COO) Jacqui McAfee (JMcA) (Director of Operations for Elective Services/Acting COO)
Attendees	*Steve Harris (SH) (Director of Human Resources) *Audley Charles (AC) (Interim Company Secretary & Associate Director of Corporate Affairs) Dr Julia Smedley (Consultant, Occupational Health) (for item 4.7) Adrian Byrne (Director of Informatics) (for item 4.8) 1 Governor 1 Member of staff *Denotes non-voting member/attendee
Apologies	Tim Peachey (TP) (NED)
Minutes	Kim Brown (PA to the Medical Director)

1	**Chair's Welcome, Apologies and Declarations of Interest** The Chair welcomed members and attendees, including Audley Charles, Interim Company Secretary & Associate Director of Corporate Affairs. There were no interests declared in relation to items on the agenda.
2	**Minutes of Previous Meeting held on 31 October 2019** The minutes were confirmed as an accurate record subject to the following updates/amendments: • (4.3) **Briefing from Chair of Audit and Risk Committee for review**: DAF explained that *prior to a claim being approved, DAF and DS would check whether or not the Trust had liability.* This was not the same as investigating the circumstances, which was done separately.

- (4.5) **Integrated Performance Report for Month 6 for review**: DAF said that *"6% increase in delayed transfer of care equated to a figure of over 100 beds" should read "6% increase in delayed transfers of care had resulted in a figure of over 100 beds".*

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

3 Matters Arising and Summary of Agreed Actions

The Action log was reviewed and updated as follows:

- **Staff Stories** - Actions 114 and 115:
  SH had arranged to individually meet the staff who presented their stories to the last Trust Board.

  GB had personally thanked the members of staff who had attended the last Trust Board for sharing such difficult experiences. GB noted that the staff were accompanied on the day by a Trauma Risk Management (TRIM) counsellor.

  ACTION: SH to review and amend procedures for dealing with staff who had been the subject of violence. To be carried forward until completed.

- **Shared Research and Development Mission** - Action 119:
  PTH agreed to arrange for he and PH to meet the new Vice Chancellor of the University of Southampton (UoS) and the Chair of the UoS Council.

ACTION: Arrangement for the joint meeting to be carried forward.

All other actions were to be carried forward.

4 Quality, Performance and Finance

4.1 Patient Story

Cancelled due to illness of the patient.

4.2 Briefing from Chair of Charitable Funds Committee (CFC) for review (Oral)

Jenni Douglas-Todd, Non-Executive Director, gave an oral briefing on the following:

A training session had taken place for the CFC Trustees to explain their roles and responsibilities and the governance structure of the overall Trust as part of a comprehensive induction.

The Committee had considered a report regarding the implementation of CFC strategy and a working group was tasked to provide more detail.

The Committee was encouraging the use of 98 different funding "pots" available, some of which had not been used for many years.

The annual accounts for CFC had been completed and signed off.

4.3 Briefing from Chair of Quality Committee (QC) for Review (Oral)

Cyrus Cooper for Tim Peachey, Non-Executive Director, provided an oral briefing on the main points from the November Quality Committee as follows:

- How the processing and discharge of patients could be made more efficient. Measures to accelerate early patient discharge were reviewd including accelerated availability of TTOs, the "*home before lunch*" initiative and early completion of discharge notes.

- Members noted the good progress being made to the Ophthalmology waiting lists, which were expected to clear early in the New Year. There is a risk that surgical delay may emerge as we clear the outpatients backlog.

- A new and improved patient experience feedback system was scheduled for launch on-line in December 2019 which would provide more meaningful data for analysis and reporting.

- There was a national target to reduce stillbirths by 50% by 2025. The Trust's improvement was encouraging and it is in the top quartile nationally.

- The PriceWaterhouseCoopers (PWC) project on improving length of stay.

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

Jane Bailey, Non-Executive Director, summarised the items discussed at the November Strategy & Finance Committee, as follows:

- The finance team had quantified the pensions tax impact on capacity, concluding that the reduction in Waiting List Initiative payments was equivalent to between 30-40 substantive consultants. It was noted that a national solution to the tax issue had been proposed but the subsequent impact on capacity was as yet uncertain.

- The Committee had considered the budget process for 2020/21 including the proposed changes for this year and the planning timetable.

- The Committee acknowledged that there was currently a large amount of capital funding available for 2019/20 and that the Trust had submitted several bids.

- Month 7 Finance and Cost Improvement Programme (CIP) reports were easy to understand and clearly showed the drivers of the Trust's performance.

4.5 Integrated Performance Report for Month 7 for review

The report was introduced by the Director of Transformation and Improvement.

Improving patient journeys

DL-K assured members that plans to open additional beds in the community were being realised, with 4 beds currently in progress in Southampton City (for re-enablement), 13 in Hampshire across various locations (re-enablement) and one at Lymington. PH added that she was experiencing good support, engagement and challenging discussions across collaborative working groups to help the Trust achieve its targets.

Members noted that UHS and the Clinical Commissioning Groups (CCGs) considered that the reasons for increased ED activity were likely to include:

- Patients did not seek help sufficiently early.
- No response on the the 111 telephone helpline.
- Patients were referred from 111 to their GP but then unable to make a timely appointment with their GP.
- Walk-in appointments in the community were not readily available. .

CCGs did undertake "deep dive" work into the analytics to help forecast spikes in Emergency attendance including weather conditions, however, patient behaviour or level of self-care and preventative care which often influenced the reason for presenting (alcohol and/or drug abuse, smoking, poverty) could not be predicted.

Supporting healthy lives

GB provided an update on the recent outbreak of norovirus.

The Trust experienced an outbreak of norovirus during the two or three weeks leading up to the Board meeting resulting in at its worst, the closure of 5 wards (10 beds). Hospital Incident Management Team (HIMT) had taken place daily with CCG colleagues. The virus was primarily presented from the community (patients from care homes or their relatives) with only three cases from internal transmission. The hospital was liaising closely and reporting to Public Health England and the Infection Control Manager from NHSI. The hospital was on black alert and had to close elective lists to enable sufficient patient flow. In relation to the level of risk related to harm, only a few cases of norovirus actually become Serious Incident Requiring Information (SIRI) and about four cases a year were considered to be of moderate harm.

As at 27th November the outbreak was under control thanks to lessons learned from the episodes experienced in May this year and the swift intervention of the infection control team and clinical staff capacity. A positive action had been taken that patients who presented in the emergency department with diarrhoea and vomiting were admitted directly to D&O into side rooms rather than through AMU and the oversight and management of side rooms. The challenge the hospital was facing was containing the spread because of the open layout of the wards.

Building an expert and inclusive workforce
Members noted the high level of absence reported. There was concern that this might primarily be due to work pressure (similar levels were recorded throughout the NHS) but there could be a few cases of norovirus from infected patient contact.

Key Performance Indicators (KPI) report

(JP17N) showed the increase in the number of patients on waiting lists but members were assured that staff were working on methods to reduce the lists and the hospital was at similar level with peer trusts.

Members queried the graph lines regarding HSMR and SHMI which appeared to cross over. That might be due to being measured on a rolling basis but this should become clearer in the next report.

Quarter 2 Infection Prevention

Hand hygiene was reported as having heightened priority following the recent Norovirus outbreak. Spot audits were taking place and ward staff were exercising their prerogative to challenge staff, patients and visitors. A "*back to basics*" prevention plan was in place, with support from the Communications team on various initiatives, the results were being reported at the Quality Committee.

ACTION: *The Board requested that positive assurance in relation to patient experience and waiting times be provided in the opening narrative of the next reports.*

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

4.6 Annual Ward Staffing Nursing Establishment Review

The report was presented by the Director of Nursing and Organisational Development

The report detailed the methodology, findings, risk assessment and recommendations linked to the ward staffing review undertaken between August 2019 and October 2019.

It also outlined the Trust's progress in meeting the 38 recommendations included in the National Institute for Clinical Excellence (NICE) Guideline (2014) on safe staffing for in-patient wards. It also provided an update on the Action Plan to achieve the recommendations in the National Staffing Levels Guidance published by the National Quality Board in July 2016.

Members noted that the Trust's nursing establishments were set to achieve an average of from 1:3 to 1:8 registered nurses to patient ratio in most areas during the day. The exceptions were in areas of Medicine generally and Medicine for Older People where there was a need for Band 4 trained nursing staff.

Members noted progress in that the Trust was compliant in 35 of the audit action plan's recommendations with only 2 outstanding areas to be fully addressed (equality & diversity, and allocating time to students) for which it would use the Collaborative Learning in Practice (CLIP) model to help achieve the recommended performance levels.

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

4.7 2019/20 Influenza Vaccination Programme

The report was presented by Steve Harris, Director of Human Resources and Dr Julia Smedley, Consultant, Occupational Health (OH).

The report summarised the methods and outcome of the winter 2018/19 staff influenza vaccination campaign and the lessons and implications for the 2019/20 programme. NHS Improvement (NHSI) required provider organisations to publish their self-assessment and preparedness by 31st December 2019 in Open Trust Board papers.

The target for influenza vaccine uptake in front line staff was 70% for full Commissioning for Quality and Innovation (CQUIN) payment in 2018/19. The target uptake for full CQUIN payment is 80% in 2019/20. NHS Improvement (NHSI) had assessed Trusts in the lowest quartile as being poor performers. Whilst the Trust was above the lowest quartile and regarded as one of the higher performers in the region, the regulator had expressed its desire for the Trust to achieve above 80%. That would represent a significant increase from last year.

Members were assured that following an initial shortage of vaccine, the situation had improved and the OH team had been proactive in ensuring vaccine access was widely available from the following sources to all members of staff:

Initiatives to encourage staff to receive the vaccine continued in order to meet the 80% target. Poor intake in some areas of the Trust often related to inappropriate or negative feedback from peers (side effects experienced as an after effect or the vaccine being considered as "unnatural" or the wrong type for the current strain of flu likely to spread). The OH team was promoting the benefits so staff could make an informed decision and the Board offered to help with the promotion where that could be useful. It was not considered appropriate to make the vaccine mandatory.

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

4.8 Informatics Update for Review

The report was presented by Adrian Byrne, Director of Informatics, who stated that the new strategy was intended to:

- Reduce burden on staff so they can focus on patients.
- Provide patient access to digital tools to enhance their care.
- Provide safe and easy access to clinical information.
- Improve patient safety and care.
- Increase Trust efficiency and productivity.

Future work included the rolling out of the following in 2020/21:

- Systems that reduce the chance of patients being lost to their next step.

- Systems that help us meet constitutional standards. We have new waiting list tools for Cancer and RTT as well as real time app-based reporting on the 4-hour target.
- Systems that improve productivity and improve clarity of communication.
- Systems that improve the patient experience.
- Digital noting in our inpatient areas.
- Closed loop prescribing.
- A new maternity system, we plan to go to market in January 2020, so this would be later in the year.
- A new business intelligence platform [currently being procured] to improve our real-time reporting, our historic reporting and moving us into the world of predictive analytics.
- A new Lung Cancer Screening programme and new IT to support virtual clinics for patients with non-specific symptoms.

Members noted that the Trust was receiving £10m of national funding to help digital transformation which must be completed on time and in accordance with Healthcare Information and Management Systems (HIMSS) Level 7, or the funding would be at risk. A prioritisation matrix confirms the next set of funding is expected in January 2020 (for the launch of the digital system for junior doctors to be able to complete discharge notes more efficiently).

It was noted that huge investment was required to achieve Level 7 in all areas. The Trust was achieving Level 7 in some areas but not all, and still paper-based in many areas rather than digital. Members felt it was important to be aware that the amount of investment required to achieve Level 7 in all areas actually improved patient safety and patient experience.

Members noted that the Trust was recruiting a Chief Clinical Information Officer (CCIO) Digital Nurse which was expected to improve digital use across the wards.

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

4.9 Finance Report for Month 7 for Review

The report was presented by David French, Chief Financial Officer, summarised as follows:

Month 7 was a good month financially, with a surplus of £3.3m which, whilst £0.5m behind the plan, was at expected levels since the planned surplus for the second half of the year had always been very challenging.

CIP delivery was £4m in Month 7, bringing year to date to £17.9m. The proportion delivered through income had been higher than originally assumed. Members noted that YTD delivery was £6m higher than at Month 7 last year, and that the Trust was on track to deliver more than £35m CIP for the year.

The overall surplus year to date was now £3.8m (£2.2m better than planned). The CFO highlighted the financial risks facing the Trust for the remainder of the year including the period in November where significant elective activity

had been lost due to norovirus, discussions with CCGs regarding payment for non-elective overperformance, and clinical capacity lost due to the pensions tax issue.

However, there was cautious optimism of meeting Q3 targets to achieve the Q3 PSF. The current forecast suggested a full year out-turn surplus (excluding PSF) in the range £1m - £6m, with the mostly likely outcome £3.5m, compared to the control total of £17m surplus. This position would result in non-achievement of PSF in Q4 which would restrict cash availability to support the Trust’s 3-year capital programme.

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

5 Corporate Governance, Risk and Internal Control

5.1 7 Day Services Self-Assessment - Autumn/Winter 2019/20 for approval

The report was presented by Jane Hayward, Director of Transformation & Improvement. The Trust was required to submit the Autumn/Winter 2019/20, 7 Day Service Board Assurance Framework. In order for the Trust to comply with the return the framework must be approved by the Trust Board or appropriate committee.

The weekend and weekday HSMR was comparable and significantly lower than expected compared to peers locally and nationally.

RESOLVED: The Board **approved** the self-assessment submission.

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

There were no seals affixed since the last report.

A Single Tender Action for Managed Bank and Collaborative Bank Service from NHS Professionals was approved by the Chairman after looking at a range of Options which were outlined in the report.

RESOLVED: The Board **ratified** the decision taken by the Chair to approve the Contract.

6 Any other Business

Visits from Members of Parliament

Matthew Watts, Head of News in the communication team, had joined the meeting. He informed members that two MPs had recently made arrangements to visit the hospital as part of their election campaign process. Other cross-party MPs had been invited by the Communications team but had not taken up the offer.

7 **The date of the next meeting was scheduled for:** 9 January 2020, in the Conference Room, Heartbeat Education Centre, F Level, North Wing, SGH

There being no further business the meeting was closed at 11:30hrs

List of action items – Trust Board Open Session

<table>
<tr><th colspan="2">Agenda item</th><th>Assigned to</th><th>Deadline</th><th>Status</th></tr>
<tr><td colspan="5">Trust Board – Open Session 31/10/2019 4.3 Briefing from Chair of Audit and Risk Committee for review (Oral)</td></tr>
<tr><td rowspan="2">116.</td><td>Annual Litigation & Insurance Review</td><td>● Charles, Audley
● Peachey, Tim</td><td>16/03/2020</td><td>Pending</td></tr>
<tr><td colspan="4">Explanation action item
TP to ensure nature of claims against the Trust is picked up through the Quality Committee and provide a periodic summary to Board.

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.

Update January: An update will be brought to the March Board after the Annual Business Cycle for the Quality Committee has been approved.</td></tr>
<tr><td colspan="5">Trust Board – Open Session 31/10/2019 4.5 Integrated Performance Report for Month 6 for review</td></tr>
<tr><td rowspan="2">117.</td><td>Patient Mis-identification</td><td>● Byrne, Gail
● Peachey, Tim</td><td>27/04/2020</td><td>Pending</td></tr>
<tr><td colspan="4">Explanation action item
The Quality Committee to review progress on eliminating the possibility of patient mis-identification in 6 months' time and feed back to the Board.

Update: This to be incorporated into the Quality Committee agenda for 27/04/19, with an update to Board.</td></tr>
<tr><td rowspan="2">118.</td><td>Research and Development Strategy</td><td>● Hollins, Peter
● Sandeman, Derek</td><td>07/04/2020</td><td>Pending</td></tr>
<tr><td colspan="4">Explanation action item
Identify an opportunity to discuss R&D strategy during a Board Study Session.

Update: Item tentatively scheduled for the April Board Study Session.</td></tr>
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<table>
<tr><td colspan="5">Trust Board – Open Session 31/10/2019 4.5 Integrated Performance Report for Month 6 for review</td></tr>
<tr><td rowspan="2">119.</td><td>Shared Research and Development Mission</td><td>Head, Paula</td><td>30/01/2020</td><td>Pending</td></tr>
<tr><td colspan="4">Explanation action item
Arrange a joint meeting of the UHS and UOS Boards. Update: PH to give a verbal update at the January Board.</td></tr>
<tr><td colspan="5">Trust Board – Open Session 28/11/2019 3 Matters Arising and Summary of Agreed Actions</td></tr>
<tr><td rowspan="2">127.</td><td>Staff Stories - Staff members suffering violence</td><td>Byrne, Gail
Harris, Steve</td><td>30/01/2020</td><td>Pending</td></tr>
<tr><td colspan="4">Explanation action item
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.</td></tr>
<tr><td colspan="5">Trust Board – Open Session 28/11/2019 4.5 Integrated Performance Report for Month 7 for review</td></tr>
<tr><td rowspan="2">130.</td><td>Patient Experience and Waiting Times</td><td>Hayward, Jane</td><td>09/01/2020</td><td>Pending</td></tr>
<tr><td colspan="4">Explanation action item
The Board requested that positive assurance in relation to patient experience and waiting times be provided in the opening narrative of the next reports.</td></tr>
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NHS
University Hospital Southampton
NHS Foundation Trust

<table>
<tr><td colspan="4">Report to the Trust Board of Directors dated Thursday, 09 January 2020</td></tr>
<tr><td colspan="4">Title: Integrated Performance Report 2019/20 Month 8</td></tr>
<tr><td>Category</td><td colspan="3">Quality, Performance, and Finance</td></tr>
<tr><td>Agenda item</td><td colspan="3">4.3</td></tr>
<tr><td>Sponsor</td><td colspan="3">Director of Transformation and Improvement</td></tr>
<tr><td>Author</td><td colspan="3">Trust Performance Manager</td></tr>
<tr><td>Provenance</td><td colspan="3">The Integrated Performance Report is reviewed monthly by the Board of directors</td></tr>
<tr><td>Classification</td><td colspan="3">This Report is unclassified.</td></tr>
<tr><td>Purpose and recommendation</td><td colspan="3">The paper is presented for REVIEW.</td></tr>
<tr><td rowspan="2">Relevant strategic goals</td><td>✓ Goal 1: Improving patient journeys.</td><td>✓ Goal 2: Delivering value-based health and care.</td><td>✓ Goal 3: Supporting healthy lives.</td></tr>
<tr><td>✓ Goal 4: Building an expert and inclusive workforce.</td><td>✓ Goal 5: Being agile in meeting people’s needs.</td><td>✓ Goal 6: Creating leading-edge research, education, and innovation.</td></tr>
<tr><td>Assurance framework links</td><td colspan="3">• BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways
• BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6
• BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme
• BAF04 – Reduced access to resources compromises the quality of services
• BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care
• BAF06 – Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services
• BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care
• BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual
• BAF09 – Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider
• BAF10 – Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status</td></tr>
<tr><td>Impact assessments</td><td colspan="3">n/a</td></tr>
<tr><td>Other standards affected</td><td colspan="3">n/a</td></tr>
</table>

Integrated KPI Board Report Digest

Improving patient Journeys

November was a challenging month for UHS across both the elective and non-elective pathways. A significant norovirus outbreak led to over 100 elective operations being cancelled and at times up to 10 closed wards.

Non elective length of stay remained at 6.4 days in November. Delayed transfers of care remained relatively stable at 6.7% against a target of 3.5%. 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 have plans to open 35 additional winter beds. This has helped mitigate the increased demand for onward care therefore delayed transfers of care do not show signs of reducing.

Adult bed occupancy has been consistently higher this autumn compared to last autumn at around 95%. We have had a 7.5% growth in emergency attendances and a 3.3% increase in non-elective spells (year to date) accounting for the additional inpatients this summer. While we have seen a reduction in Length of Stay in some care groups particularly Medicine for Older People and Surgery we did not see the level of improvement needed. 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.

ED performance deteriorated in November, reaching a low of 72.6% at the height of the norovirus outbreak. For the month, type 1 performance in November was 74.9% and we ranked 5th of 8 Major Trauma Centre peers (8th being worst). Local delivery system performance was at 85.3% in November against a local target of 90.0%. Poor medical bed flow, partially because of the significant number of medical wards closed to norovirus, was a significant factor behind the deterioration in performance. High acuity, high attendances and some early cases of flu contributed. Paediatrics was significantly challenged with a high number of children with bronchiolitis attending.

Percentage of patients on an open Referral to treatment pathway (waiting list) who have waited less than 18 weeks in November is at 80.4%. This performance is continuing to reduce. However, the overall waiting list decreased in size by 382 patients, largely due to the ongoing validation project. The main issues continued to be higher than planned referrals and the reduction in waiting list initiatives because of ongoing concern about tax and pensions. However, norovirus also had an impact, leading to over 100 patients being cancelled for elective surgery.

6 week diagnostic performance remains not achieving target at 1.86 % against a target of <=1%. Despite not achieving target UHS continues to buck the national trend for diagnostics with a slow but steady improvement.

Average weeks waited for first outpatient appointment sits at 9.1 which is higher than the same time 12 months ago reflecting the increase in referrals which has wiped out any gains made in pathway changes or transformation of first OP services.

Overall performance of the 62 day cancer wait metric still remains below target as does 31 days. UHS was ranked 8th (10th being worst) out of a peer group of 10 similar size teaching hospitals. The issues impacting on cancer capacity remain consistent with reduce WLI to support clearance lists and additional diagnostics. UHS continues to work closely with the Wessex cancer alliance and NHSI.
2 week GP referral cancer waiting time performance remains high, achieving target for the eighth month in a row.

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 11 months the trust has achieved the target for complaints closed within 35 days, in November we achieved 84% against a target of 70%.

Supporting healthy lives

C.difficile cases were above limit in October with 7 against a limit of 5. We are above the limit of cases year to date with 42 cases against a limit of 40.

Two medicines safety incidents with moderate harm were reported in November. Both incidents are being reviewed in the relevant areas.

Patients screened for risky behaviours in November (alcohol consumption and smoking) remain stable well above target (currently 98% against a target >80%). Of those found to have moderate or high alcohol dependence 88% were given relevant advice or a referral to specialist services in November, 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 November was 95%, above the target 90%. CQUIN funding has been awarded for further Medicines Management Team members for the duration of the CQUIN – until the end of March 2020. This will allow for some out of hours and weekend work targeting specific areas that there is currently low uptake on. These members will predominately focus on the tobacco advice and offering of medication as it is felt that there is a robust enough system in place currently focussed on the alcohol elements of the CQUIN. We have also now set up a weekly report to inform all members of how we are doing within the quarterly milestone so that focus can be moved if required. There is similarly a monthly Tobacco meeting to discuss any concerns so that any escalations are dealt with in a timely manner.

Building an expert and inclusive workforce

This month staffing remains amber overall because some key targets have been missed for staff turnover and appraisals. Sickness absence rates have come down slightly but are over target.

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).

The total CHPPD rate in the Trust has increased from last month to RN 5.6 (previously 5.4), HCA 3.4 (previously 3.3) overall 9.0 (previously 8.7). The CHPPD for ward based areas (excluding Critical care units) in in the Trust has increased from last month to RN 4.1 (previously 4.0) HCA 3.5 (previously 3.5) overall 7.6 (previously 7.5). This is really good news and means there are more care hours per patient.

Being agile in meeting people's needs

Estates helpdesk requests completed on time did not achieve target in November (9th month in a row), currently at 77.0%. Unresolved help desk requests remain below target, in November we had 808 against a target <1000. Unresolved requests over 30 days old is growing, now at 344 against the target <200. Percentage defect work orders completed on time did not meet the target >85% in November at 82.7%. Stephen Dunne, the new head of estates maintenance, started on 9th December and addressing the decline in achieving the KPI targets is one of his top priorities. Sickness and vacancies remains an issue so we are employing external contractors to address the backlog and we are out to advert for all key vacancies.

The EFCD team have looked at the effect of not performing some maintenance tasks in a timely manner and considered how this impacts patients. A simple comparator of the failure rate of toilets has been selected. Non availability of toilets for November 2019 was an average of 1% up from 0.8% in October, driven by a doubling of the rate of reporting issues in the week of 11 November.

For eQuest usage - Microbiology and immunology increased in both requesting and acknowledging along with the gradual increase in Histopathology samples. Significant work is planned in the month of November to make eQuest requesting available in Theatres.

UHS patient logins to My Medical Record continues an upward trend in October following the surge in June linked to a new registration method, cumulative patient registrations is at 19,079. 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 Q2 2019/20 UHS was ranked 6th for non-weighted and 5th for weighted CRN recruitment against a target of being in the top 10 and top 5 respectively.

In Q2 UHS are currently ranked 14th for contract commercial study recruitment, which whilst an improvement against previous recent performance (up from 16th), is still not meeting our target of being in the top 10, which has prompted a specific focus on improving our commercial performance.

Comparative CRN recruitment performance by specialty was on target in Q2 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% in Q4; however this was an improvement on the 17/18 performance of 57%. In Q2 2019/20 this metric is currently at 58%, but we anticipate that this will improve significantly by year end.

Proportion of non-commercial studies closing on time and to recruitment target in Q2 is currently at 47% but again we anticipate that this will improve significantly by year end.

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. Concerns have been escalated to Trust Executives.

The year to date NIHR CRF & BRC publications in 2019/2020 is currently 137 (10% 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. Actions are currently in progress that will require Trust support in due course.

Integrated KPI Board Report

covering up to

Nov 2019

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

Report Guide

University Hospital Southampton NHS
NHS Foundation Trust

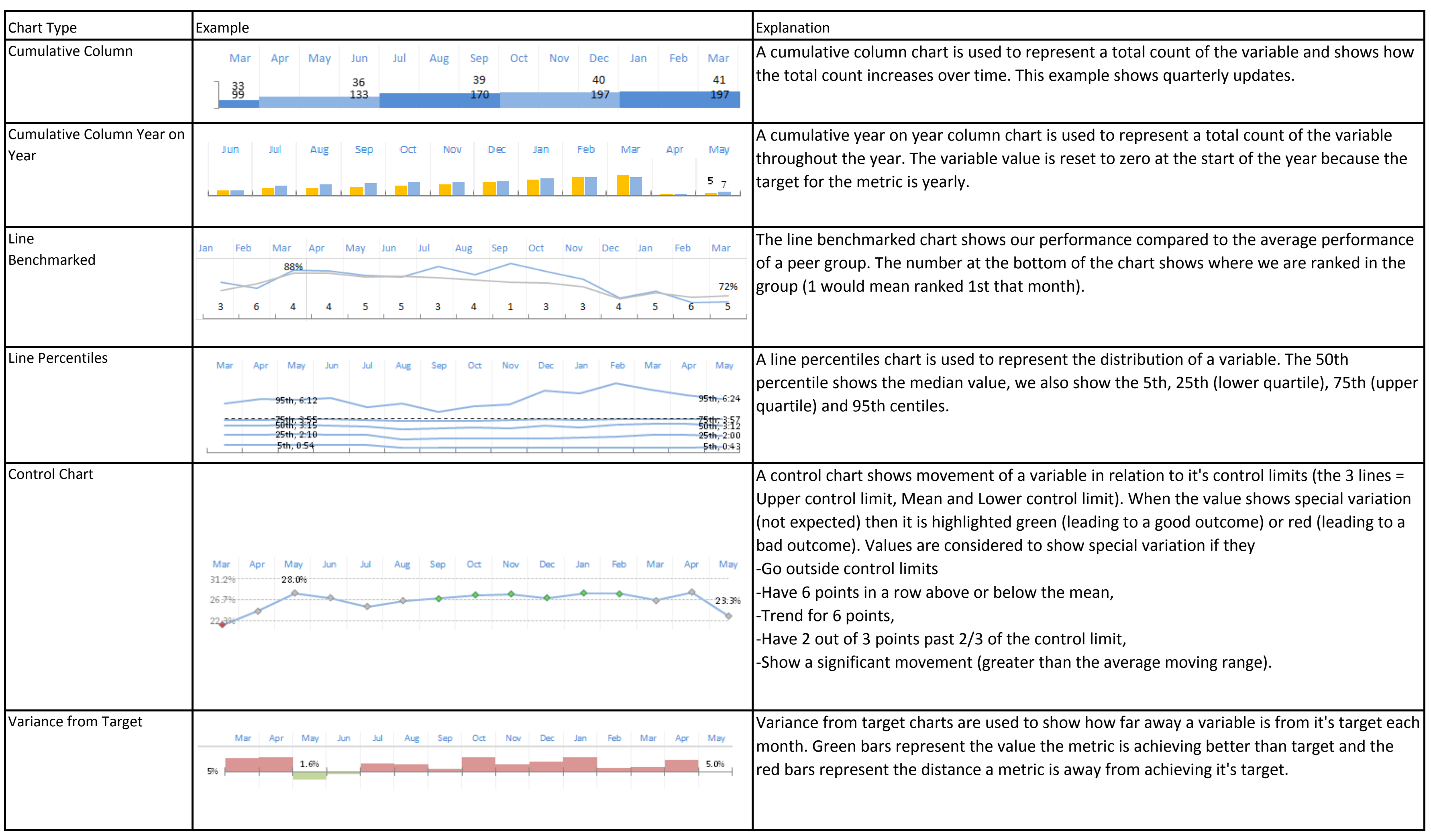
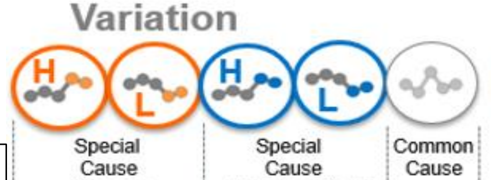


Chart Type	Example	Explanation
Cumulative Column		A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year		A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly.
Line Benchmarked		The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month).
Line Percentiles		A line percentiles chart is used to represent the distribution of a variable. The 50th percentile shows the median value, we also show the 5th, 25th (lower quartile), 75th (upper quartile) and 95th centiles.
Control Chart		A control chart shows movement of a variable in relation to it's control limits (the 3 lines = Upper control limit, Mean and Lower control limit). When the value shows special variation (not expected) then it is highlighted green (leading to a good outcome) or red (leading to a bad outcome). Values are considered to show special variation if they -Go outside control limits -Have 6 points in a row above or below the mean, -Trend for 6 points, -Have 2 out of 3 points past 2/3 of the control limit, -Show a significant movement (greater than the average moving range).
Variance from Target		Variance from target charts are used to show how far away a variable is from it's target each month. Green bars represent the value the metric is achieving better than target and the red bars represent the distance a metric is away from achieving it's target.

Under development



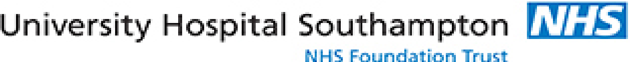
Improving Patient Journeys

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

Code	Measure	Variation	Assurance
IPJ16-N	% Patients on an open 18 week pathway (within 18 weeks)		
IPJ17-N	Total number of patients on a waiting list	-	-
IPJ19-N	% of Patients waiting over 6 weeks for diagnostics		
IPJ20	Average weeks waited for first outpatient appointment		-
IPJ22-L	62 day cancer wait performance		
IPJ23-L	31 day cancer wait performance		
IPJ24-N	Urgent GP referrals seen in 2 weeks		
IPJ25	Snapshot of waits > 104 days	-	-
IPJ26	28 Day Faster Diagnosis	-	-

December 2019

Improve Patient Journeys



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

Ref	Indicator	Chart labels	Monthly Target	YTD
IPJ1-L	Non Elective LOS Rolling 12 months	7.5; 6.0; 6.8; 6.4	<=5.93 by April 2020	-
IPJ2-N	Delayed transfers of care (CQC Calculation)	8.93%; 7.1%; 5.27%; 6.7%	<=3.50%	6.22%
IPJ3-N	Longer LOS Census average (Patients with LOS >=21days)	233.00; 204.51; 176.02; 180; 212	<=180	-
IPJ4	Outliers weekday (am) census average	80.42; 50.86; 21.29; 25; 69		
IPJ5-L	Adult midday bed occupancy	99.5%; 94.3%; 89.2%; 94.4%; 94.0%	90-95%	-
IPJ6	AMU bed occupancy (8am census)	71%; 94%	-	-
IPJ7	Overnight ward moves with a reason marked as non-clinical	132.36; 79.30; 26.24; 61; 84	-	-
IPJ8-N	Last minute cancelled operations not readmitted within 28 days	24.80; 8.96; 8; 14	-	-

Current Data | Benchmark | Previous Year | Target

December 2019

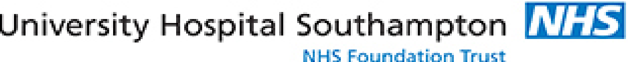
Improve Patient Journeys

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	QTD	Q 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)->	8	5	3	3	5	9	7	9	7	7	6	6	5	4	5	77.7%	95%
IPJ10-N	UHS Total (includes SGH all types and lymington until Jul 19)																79.23%	95%
IPJ11-L/N	Local Delivery System																87.01%	L = 90% N = 95%
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																< 1hr for 50th	-
IPJ15-N	Total time spent in ED - Percentiles UHS Total																-	-

Chart annotations:
- IPJ9-N: 91%, 80%, 69%; 87.1%; 74.9%; 74.0%
- IPJ10-N: 91.70%, 83.6%, 75.47%; 88.9%; 76.3%
- IPJ11-L/N: 94.56%, 88.3%, 82.03%; 91.5%; 85.3%
- IPJ13-N: 70, 40; 63; 44
- IPJ14-N: Mean, 1:39; 50th, 1:31; 90th, 3:42; Mean, 1:39; 50th, 1:34
- IPJ15-N: Mean, 2:49; 50th, 2:43; 90th, 6:10; Mean, 3:32; 50th, 3:15

Current Data | Benchmark | Previous Year | Target

Improve Patient Journeys



		Sep – Nov (chart)	Target
IPJ16-N	% Patients on an open 18 week pathway (within 18 weeks)	86.4% … 80.43%	>=92%
IPJ17-N	Total number of patients on a waiting list	30469 … 34518	30633
IPJ18	Patients waiting for diagnostics	7396 … 7636	-
IPJ19-N	% of Patients waiting over 6 weeks for diagnostics	2.4% … 1.86%	<=1%
IPJ20	Average weeks waited for first outpatient appointment	8.7 … 9.1	-

Current Data Benchmark Previous Year Target

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Monthly Target	no.patients to recover target	QTD
62 Day Performance Benchmark IPJ21	Teaching Hospitals vs. UHS Total — Rank(of 10)->	10	5	9	10	8	9	10	6	9	3	8	7	8	8			-
IPJ22-NL	62 day cancer wait performance			76.6%											72.1%	N=> 90% L=> 77%	N = 38 L= 10 of 210	72%
IPJ23-NL	31 day cancer wait performance														88.24%	N=> 96% L=> 95%	N=69 L=57 of 884	88%
IPJ24-N	Urgent GP referrals seen in 2 weeks			82.8%											95.7%	=>93%	0 of 1751	96%
IPJ25	Snapshot of waits > 104 days	29	72	29	28	46	28	37	28	26	33	38	41	55	52	-	-	-
IPJ26	28 Day Faster Diagnosis													74%		=>95%	#N/A	#N/A

IPJ21 chart labels: 0.9, 0.5, 79.5%, 76.1%, 75.8%, 72.5%

IPJ21 UHS Total performance is taken from NHS Statistics numbers which are static as opposed to the performance shown in IPJ22 which is updated as data is validated.

IPJ22 chart labels: 88.3%, 76.8%

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

IPJ23 chart labels: 97.4%, 93.6%, 89.7%

IPJ24 chart labels: 96.6%, 90.9%, 85.3%

12 of 13 tumour sites achieved 2 week target in July.

IPJ26 chart labels: 100%, 70%

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

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly Target	YTD	YTD Target
VB4-L	Complaints per 1000 units	0.41											0.33	-		
VB5-L	% Complaints closed within 35 days	37%											84%	70%		

Chart axes: VB4-L 0.00–1.30; VB5-L 20%–100%.

		Month	QTD	YTD
VB6	Urgent cancer referrals and Breast Symptoms referrals (1899 / 1780)	+119	+119	+273
		+6.7%	+6.7%	+2.3%
VB7	Number of first cancer treatments (i.e. 31 day activity) (399 / 380)	-19	-19	+4
		-4.8%	-4.8%	+0.2%
VB8	Total ED Attendances (11275 / 10590)	+685	+1406	+6272
		+6.5%	+6.7%	+7.5%
VB9	Non-elective Spells (incl. CDU) (6631 / 6480)	-151	+87	+1667
		-2.3%	+0.7%	+3.3%

Chart axes: VB6 1,300–2,000; VB7 200–500; VB8 9,000–12,000; VB9 5,000–6,700.

VB8: Lymington MIU removed.

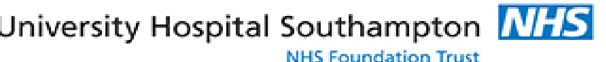
Current Data | Benchmark | Previous Year | Target

		Chart	Monthly Target	YTD	YTD Target
VB10	Face to Face OPA	65,000 / 45,000; Dec–Nov; 51669; 47527	-4142 -8.0%	+1869 +0.6%	- -
VB10/VB11: This currently excludes mymedical record contacts.					
VB11	Non-Face to Face OPA	8,500 / 5,000; 7513; 7166	+347 +4.8%	+2085 +5.1%	
VB12	Total nursing staff all inpatient areas - Care hours per patient day (CHPPD)	9.5 / 8.0; 8.6; 9.0	-		
VB12 The total CHPPD rate in the Trust has increased from last month to RN 5.3 (previously 5.5), HCA 3.3 (previously 3.2) overall 8.7 (previously 9.0). The CHPPD for ward based areas in the Trust has decreased from last month to RN 3.9 (previously 4.0) HCA 3.5 (previously 3.6) overall 7.4 (previously 7.6).					
VB13	Red Flag staffing incidents	100 / 50 / 0; 14; 38	-		

Current Data Benchmark
Previous Year Target

December 2019

Supporting Healthy Lives



Code	Indicator	Sep–Nov (chart)	Monthly Target	YTD	YTD Target
HL1-N	Cumulative Clostridium difficile	25, 42	5	42	<=40
HL2	Number of pressure ulcers causing moderate/severe harm	2, 0, 0			
HL2 KPI commenced in April 2019, no historic data available					
HL3-N	Medication Errors (severe/Moderate)	1, 2	<=3	20	<=24
HL4	Serious Incidents Requiring Investigation (SIRI)	0, 1	-	34	-
HL5-L	Number of overdue SIRIs	1, 0		0	-
HL6-N	Maternity - Continuity of Care	8.7%		>=35%	
HL7-N	Neonatal admission temperature within range rate	100%, 40%, 86%, 100%		>=80%	
HL8-N	Bronchopulmonary Displasia (BPD) rate	29%, 28%	<=30%		
	Antibiotic usage	in development			
	Number of high harm falls	in development			

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

Legend: Current Data, Previous Year, Benchmark, Target

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly Target
HL9-L	**Outcomes** Cumulative Specialities with Outcome Measures Developed	43 / 200			46 / 218			46 / 220			47 / 223			52 / 100			+1
HL10	Developed Outcomes RAG ratings	75%			78%			78%			78%			78%			-

HL9-L and HL10 - a discrepancy in the data is being investigated. Please disregard these figures this month.

		Latest	Monthly Target
	HSMR & SHMI		
HL11-N	HSMR - UHS	86.4	<100
	HSMR - SGH	82.8	
HL12	HSMR - Crude Mortality Rate	3.1%	-

H112 This is the percentage of observed deaths vs. total superspells (for the cohort of patients who had HSMR-qualifying primary diagnoses). No update this month

	Values shown	Monthly Target
HL13-L FFT response rate - Inpatients	13%; 9%	>=20%
FFT Negative Score - Inpatients	0.9%; 1.78%	<=5%
HL14-L Maternity FFT response rate	53.6%; 29.8%	>=20%
Maternity FFT Negative Score	2.0%; 5.60%	<=5%

Current Data | Benchmark | Previous Year | Target

December 2019

Supporting Healthy Lives

Ref	Indicator	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly Target
HL15-L	Staff - Sickness absence - Rolling 12-months (axis 3.25%–3.65%)			3.38%												3.53%	<=3.4%
HL16-N	Percentage of patients screened for alcohol and smoking (axis 80%–100%)			91%												98%	>80%
HL17-N	Percentage of patients screened and found to have either moderate or high alcohol dependence given relevant advice (axis 80%–100%)			92%												88%	>90%
HL18-N	Percentage of patients screened for smoking and found to smoke that were given brief advice or a medication offer (axis 60%–100%)			67%												95%	>90%
HL19	Cumulative Number of staff trained in QI (axis 750–950)	894			931			968			1001			1064			
HL21	Number of fully and partially accredited wards (axis 0–100)					44	44	43	46	50	51 / 3	56 / 4	56 / 4	56 / 4	55 / 4	53 / 4	

Current Data | Benchmark | Previous Year | Target

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly Target
EW1-L	Staff - Turnover - Rolling 12-months	13.83%		13.3%												13.5%	<=12%
EW2-L	Staff - Appraisals completed (non-medical) - Rolling 12-months			85.84%												83.94%	=>92%
EW3-L	Nursing Vacancies (Registered Nurse only in clinical wards)			17.69%												15.54%	<=15.00%
EW4-L	Staff FFT - % of staff recommend UHS as a place to work. (Quarterly)	78.0%						78.2%			76.8%			77.0%			>=76%
EW5	Staff FFT response rate											25%					30%
EW6-L	Black & Minority Ethnic Band 7+ Percentage			8.1%												9.0%	-

EW1-L benchmark lines: 13.83%, 13.21%, 12.59%. Axis ranges: EW2-L 75%–95%; EW3-L 14%–22%; EW4-L 70%–80%; EW5 20%–30%; EW6-L 7%–9%.

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

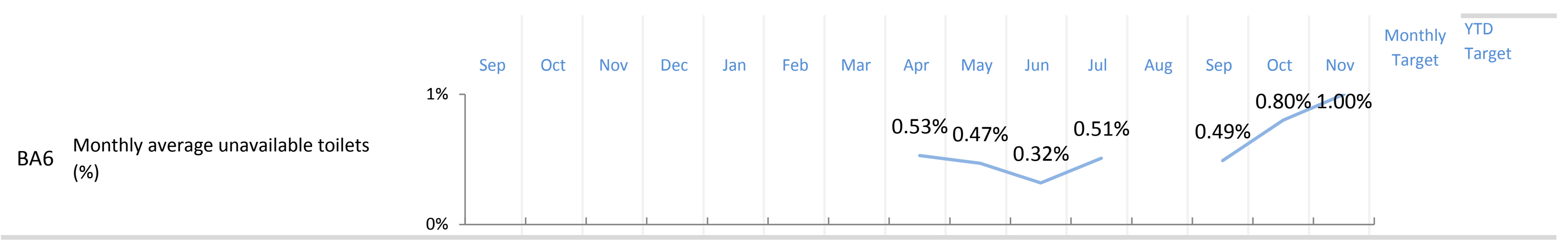
Current Data | Benchmark
Previous Year | Target

Estates

Ref	Measure	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Monthly Target	R-3M
BA1-L	Number of Help desk requests and percentage completed on time			1834												1859	-	-
		85%		87.9%												77.0%	>85%	78.5%
	Reactive Maintenance																	
BA2-L	Unresolved help desk requests	1000		611												808	<1000	827
BA3-L	Unresolved help desk requests (over 30 days old)	200		190												344	<200	325
BA4-L	Number of defect work orders and percentage completed on time			2443												2188	-	-
		85.9%		95.4%												82.7%	>85%	83.8%
	Preventative Maintenance																	
BA5-L	Number of statutory and mandatory maintenance jobs planned and percentage completed on time			125												238	-	-
		98.5%		102.4%										94.61%		95.8%	>95%	97.2%

Chart axes: BA1-L 1000–2500 and 50%–100%; BA2-L 500–1500; BA3-L 0–600; BA4-L 1300–2500, 76.42%–95.4%; BA5-L 50–350, 94.61%–102.4%.

Current Data | Benchmark | Previous Year | Target



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

9,000
8,000
7,000
7652
7899
7971
8144

BA8 Average age of computers (years)

4.0
3.5
3.0
3.9
3.9
3.9
3.8

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

95%
85%
89.4%
90.6%

Monthly Target: >=95%
YTD Target: -

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

95%
85%
91.5%
92.6%

Monthly Target: >=95%
YTD Target: -

BA11 digiRounds patient records accessed

200,000
100,000
0
11,631
174,361

Current Data
Benchmark
Previous Year
Target

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

eQuest Results Alerts Sent

BA12 Decision support notifications (email alerts) — 9349

BA13 Medxnote — 9130

BA14 InfoQlik (Daily) Activity — 33.3; 37.8

BA15 Sap BI (Daily) Activity — 45.5; 39.7

BA16 My Medical Record - Cumulative UHS patient registrations — 1,594; 19,079

BA17 My Medical Record - UHS patient logins — 764; 5,992

Current Data | Benchmark
Previous Year | Target

December 2019

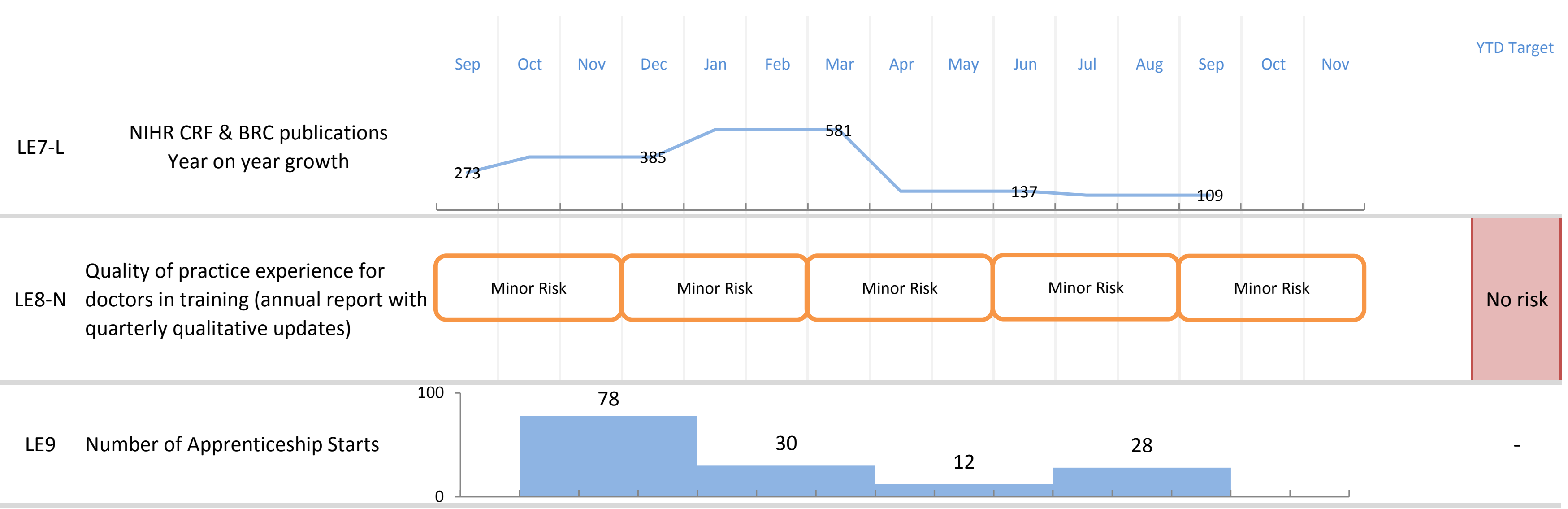
Leading Edge Research, Education and Innovation

Comparative CRN Recruitment Performance

		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	YTD	YTD Target
LE1-L	Non-weighted	12			8			7			7			10			-	Top 10
LE2-L	Weighted	2			2			2			3			5			-	Top 5
LE3-L	Contract commercial	11			12			13			16			15			-	Top 10
LE4-L	Comparative CRN Recruitment performance by clinical specialty	29%			42%			50%			58%			44%				50%
LE5-L	Proportion of studies closing in FY on time and to recruitment target - commercial	75%			75%			71%			59%			38%				80.00%
LE6-L	Proportion of studies closing in FY on time and to recruitment target - non-commercial	46%			50%			46%			56%			50%				80.00%

Current Data
Benchmark
Previous Year
Target

University Hospital Southampton
NHS Foundation Trust
NHS


Sep
Oct
Nov
Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
YTD Target
LE7-L
NIHR CRF & BRC publications Year on year growth
273
385
581
137
109
LE8-N
Quality of practice experience for doctors in training (annual report with quarterly qualitative updates)
Minor Risk
Minor Risk
Minor Risk
Minor Risk
Minor Risk
No risk
LE9
Number of Apprenticeship Starts
100
0
78
30
12
28
-

Current Data
Benchmark
Previous Year
Target

Section	KPI	KPI Name	Type	Detail
Leading edge research, education and innovation	LE9	Number of Apprenticeship Starts	correct	unreported data made available and added to chart
Being agile inmeeting people's needs	BA16	My Medical Record - Cumulative UHS patient registrations	change	changed to a cumulative figure - change request from November 2019 Trust Board
Improving Patinet Journeys	IPJ9 IPJ10 IPJ11	Percentage Patients spending less that 4hrs in ED (Type 1, UHS total & Local Delivery System)	change	Added national targets to charts
Improving Patinet Journeys	IPJ22	62 day cancer wait performance	change	Added national targets to charts
Improving Patinet Journeys	IPJ23	31 day cancer wait performance	change	Added national targets to charts

Quarter 2 Patient experience summary report

The summary below provides an overview of performance in a number of patient experience domains. There has been progress in a number of additional areas within quarter 2 and quarter 3. The voluntary services team have secured funding from the Pears Foundation to develop a youth volunteering programme over the next two years; been given funding by NHS England to explore how to use volunteers to help with winter pressure; and have taken the lead on a system-wide approach to integrated volunteering. Additionally, the League of Friends has kindly funded a carer experience lead to help develop a carers strategy and identify how carers can be better involved and supported.

A new resource for disabled patients and visitors was launched that will allow visits to be better planned for those requiring support accessing our services:
https://www.accessable.co.uk/university-hospital-southampton-nhs-foundation-trust

To work towards achieving better compliance with the accessible information standard and in the communication we have with patients and visitors, the speech and language therapy team undertook Communication Access UK training that aims at providing inclusive communication for all. This training allows the SLT team to train other teams and work towards achieving accreditation.

Complaints

	Metric	Target	Q3	Q4	Q1	Q2
Complaints	Complaints closed with 35 work days	=> 80%	42%	83%	**85%**	**84%**
	Average working day to close	< = 35	38	30	**27**	**27**
	Complaints received	n/a	107	103	130	127

Complaints management performance continues to be strong, with a third consecutive quarter exceeding targets. The complaints team have maintained a 27-working day response time against a target of 35 days. The percentage of complaints closed within the target period remains above 80%, although pressures during winter may have some impact on these numbers in the next two quarters.

Patient feedback

	Metric	Target	Q3	Q4	Q1	Q2
FFT	Total FFT positive score	=> 95%	94%	96%	93%	94%
	Total negative score	< =5%	2%	2%	1.4%	0.6%

Total Friends & Family test positive score (combined score for all areas) remains slightly under target. There has not been an increase in negative feedback. The transition between survey system provides was delayed by some implementation issues, but a launch of the new system with rebranded visuals, messaging, and survey questions is aiming to drive up engagement with patient surveys. The new system provides sentiment analysis that will greatly increase the capacity of the team to analyse emerging themes from over 7000 comments a quarter as well as allowing for clinical staff to quickly identify and resolve immediate patient concerns.

Volunteers

	Metric	Target	Q3	Q4	Q1	Q2
Volunteers	% drop outs at application stage	<=25%	Not rec	Not rec	**18%**	**41%**
	Net gain of volunteers in period	= > 0	Not rec	Not rec	**-42**	**-19**

A negative retention rate remains problematic, with an overall loss of 61 volunteers so far in the year. Additionally, 41% of prospective volunteers have dropped out at some point during the application stage. A lack of time for staff to support current and prospective volunteers remains the primary cause of these challenges, but some progress is being made as part of the Pears-funded youth volunteering project to direct younger volunteers to time-limited roles to maximise the benefit of their time and align with their educational commitments.

UHS has taken the lead on an STP-wide integrated volunteering programme to look at new approaches to volunteers to drive system-wide improvements in how volunteers are used within the NHS.

Accessible information Standard compliance

	Metric	Q4	Q1	Q2	Q3
AIS	Patients flagged with needs	12	84	63	78
	Total patients with flags	12	96	159	237
	AIS screening forms completed (PAH OPD)	N/A	N/A	214	330

There has been a steady increase in the number of accessible information and communication needs recorded on patient records. A pilot scheme launched in September in Princess Anne outpatients to screen patients for communication needs (and other reasonable adjustments). This initiative, based on successful work at Solent NHS trust, is aiming to proactive prompt patients to disclose any needs or reasonable adjustments that can be recorded on the system and allow future care episodes to be appropriately supported.

Nursing and midwifery staffing hours - November 2019

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

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

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

Enhanced Care (also known as Specialling)
Occurs when patients in an area require more focused care than we would normally expect. In these cases extra, unplanned staff are assigned to support a ward. If enhanced care is required the ward may show as being over filled.
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CHPPD (Care Hours Per Patient Day)
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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 specialty to support seasonal changes in demand - these bed changes are often swift in nature and for short periods of time so are not always reflected accurately in the data. These short notice changes are expected to continue into the Winter. In November 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.

WARD		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered nurses	CHPPD unregistered staff	CHPPD Overall	Comments
C4 (Solent ward)	Day	1393.4	1172.5	970.4	1424.9	84%	147%	3.6	4.6	8.2	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
C4 (Solent ward)	Night	1023.5	851.4	682.8	1165.8	83%	171%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
C6	Day	2731.0	2744.7	142.7	56.0	101%	39%	7.7	0.2	8.0	Safe staffing levels maintained by sharing staff resource.
C6	Night	1980.5	1905.5	0.0	77.5	96%	Shift N/A				Safe staffing levels maintained by sharing staff resource.
C6 (Teenage Cancer Trust unit)	Day	662.3	648.4	337.5	128.5	98%	38%	8.8	1.1	10.0	Safe staffing levels maintained by sharing staff resource.
C6 (Teenage Cancer Trust unit)	Night	661.5	606.3	0.0	33.0	92%	Shift N/A				Safe staffing levels maintained by sharing staff resource.
D2	Day	1291.7	1546.2	1286.2	863.5	120%	67%	4.5	3.2	7.7	Safe staffing levels maintained.
D2	Night	690.0	954.5	966.0	885.5	138%	92%				Safe staffing levels maintained.
D3	Day	1598.9	1606.6	755.5	941.2	100%	125%	4.2	2.9	7.1	Safe staffing levels maintained.
D3	Night	1012.3	1012.3	675.0	866.3	100%	128%				Safe staffing levels maintained.
Surgical high dependency unit	Day	2114.7	1756.1	341.4	320.2	83%	94%	9.3	1.8	11.1	Safe staffing levels maintained; Beds flexed to match staffing.
Surgical high dependency unit	Night	2070.0	1736.5	365.0	352.5	84%	97%				Safe staffing levels maintained; Beds flexed to match staffing.
Cardiac intensive care unit	Day	4986.8	4855.1	1153.2	759.5	97%	66%	24.2	3.8	28.0	Safe staffing levels maintained; Beds flexed to match staffing.
Cardiac intensive care unit	Night	5063.3	4676.0	869.5	725.5	92%	83%				Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit A	Day	4439.9	4082.7	1120.1	783.2	92%	70%	24.8	3.9	28.7	Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit A	Night	4094.0	3812.3	690.0	459.3	93%	67%				Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit B	Day	3989.7	3471.2	361.5	335.5	87%	93%	27.1	2.6	29.7	Safe staffing levels maintained; Beds flexed to match staffing.
General intensive care unit B	Night	3764.3	3284.0	344.0	310.0	87%	90%				Safe staffing levels maintained; Beds flexed to match staffing.
Neuro intensive care unit	Day	5050.4	4724.6	783.6	616.7	94%	79%	25.7	3.3	29.0	Safe staffing levels maintained; Beds flexed to match staffing.
Neuro intensive care unit	Night	4428.8	4076.8	556.5	514.5	92%	92%				Safe staffing levels maintained; Beds flexed to match staffing.
E5A	Day	1239.9	1031.5	669.0	981.7	83%	147%	3.4	3.4	6.8	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E5A	Night	690.0	653.0	345.0	723.5	95%	210%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E5B	Day	1406.0	1216.1	798.5	707.5	86%	89%	3.7	2.2	5.9	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E5B	Night	690.0	690.5	345.0	402.5	100%	117%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E8	Day	1820.2	1805.3	1729.0	1612.2	99%	93%	3.4	3.3	6.8	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E8	Night	1035.0	1035.0	1156.5	1159.1	100%	100%				Safe staffing levels maintained.
F11	Day	1900.0	1495.4	776.9	1002.3	79%	129%	4.3	3.9	8.3	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F11	Night	690.0	677.0	690.0	954.5	98%	138%				Safe staffing levels maintained.
F6	Day	2190.7	1571.2	629.0	1344.5	72%	214%	3.2	2.8	6.0	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F6	Night	1034.5	921.8	690.0	857.0	89%	124%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F5	Day	1894.3	1566.4	935.5	1355.7	83%	145%	3.6	3.3	6.8	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
F5	Night	1035.0	1036.0	678.5	1045.5	100%	154%				Safe staffing levels maintained.
Acute medical unit	Day	3551.1	3660.8	3106.7	2982.7	103%	96%	5.2	4.2	9.4	Safe staffing levels maintained.
Acute medical unit	Night	3427.5	3612.0	2334.3	2856.9	105%	122%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
D5	Day	1240.0	1438.7	1644.2	1247.4	116%	76%	3.0	2.7	5.7	Safe staffing levels maintained.
D5	Night	1035.0	991.5	917.8	928.0	96%	101%				Safe staffing levels maintained.
D6	Day	1074.0	1144.5	1466.5	1267.5	107%	86%	2.7	3.0	5.7	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D6	Night	690.0	736.8	915.5	794.5	107%	87%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D7	Day	716.0	727.5	1145.0	963.5	102%	84%	3.1	3.3	6.5	Safe staffing levels maintained.
D7	Night	679.5	713.5	345.0	563.5	105%	163%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
D8	Day	1059.1	1211.7	1459.4	1295.9	114%	89%	2.9	3.1	6.0	Safe staffing levels maintained.
D8	Night	690.5	813.8	867.5	830.5	118%	96%				Safe staffing levels maintained.
D9	Day	1231.9	1291.7	1670.4	1191.6	105%	71%	2.8	2.9	5.7	Safe staffing levels maintained.
D9	Night	1035.0	834.0	926.3	1024.0	81%	111%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
Respiratory high dependency unit	Day	2263.4	1426.4	310.5	414.0	63%	133%	13.3	3.5	16.9	Safe staffing levels maintained; Staffing appropriate for number of patients; Band 4 staff working to support registered nurse numbers.
Respiratory high dependency unit	Night	1979.0	1416.5	345.0	333.5	72%	97%				Safe staffing levels maintained; Staffing appropriate for number of patients.
C5	Day	1012.5	923.1	812.5	708.1	91%	87%	4.0	3.2	7.2	Safe staffing levels maintained.
C5	Night	690.0	680.3	345.0	563.3	99%	163%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
D10	Day	1088.5	988.0	1282.8	1071.3	91%	84%	3.3	3.5	6.8	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
D10	Night	690.0	667.0	690.0	667.0	97%	97%				Safe staffing levels maintained.
F7	Day	713.6	837.3	1286.3	1239.2	117%	96%	2.7	3.3	5.9	Safe staffing levels maintained.
F7	Night	690.0	749.0	690.0	691.0	109%	100%				Safe staffing levels maintained.
G5	Day	1057.3	1088.3	1747.5	1684.5	103%	96%	2.4	3.6	5.9	Safe staffing levels maintained.
G5	Night	690.0	691.0	1035.0	1001.5	100%	97%				Safe staffing levels maintained.
G6	Day	1048.2	1067.9	1756.3	1811.3	102%	103%	2.4	3.7	6.2	Safe staffing levels maintained.
G6	Night	678.5	736.0	1035.0	1000.5	108%	97%				Safe staffing levels maintained.
G7	Day	718.0	725.0	1389.8	1519.3	101%	109%	3.4	6.1	9.5	Safe staffing levels maintained.
G7	Night	690.0	701.5	1035.0	1034.5	102%	100%				Safe staffing levels maintained.
G8	Day	1042.5	1200.2	1817.7	1486.0	115%	82%	2.5	3.2	5.7	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
G8	Night	690.0	739.2	1035.0	989.0	107%	96%				Safe staffing levels maintained.
G9	Day	1077.7	1188.3	1735.7	1530.5	110%	88%	2.6	3.3	6.0	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
G9	Night	690.0	782.8	1035.0	989.0	113%	96%				Safe staffing levels maintained.
Paediatric high dependency unit	Day	1522.6	1195.0	0.0	34.5	78%	Shift N/A	9.7	0.5	10.2	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
Paediatric high dependency unit	Night	1023.5	1029.0	0.0	69.5	101%	Shift N/A				Safe staffing levels maintained.
Paediatric medical unit	Day	1750.8	1607.2	481.5	599.0	92%	124%	7.4	3.1	10.5	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.

Nursing and midwifery staffing hours - November 2019

Report notes

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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	CHPPD Registered nurses	CHPPD unregistered staff	CHPPD Overall	Comments
Paediatric medical unit	Night	1320.0	1429.2	656.5	668.5	108%	102%				Safe staffing levels maintained; Additional staff used for enhanced care - RNs.
Paediatric intensive care unit	Day	5983.5	5035.5	645.0	521.0	84%	81%	27.8	2.7	30.5	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
Paediatric intensive care unit	Night	5516.7	5036.7	448.5	451.8	91%	101%				Safe staffing levels maintained.
Piam Brown ward	Day	3594.5	3085.9	106.0	118.5	86%	112%	13.1	0.4	13.5	Non-ward based staff supporting areas; Safe staffing levels maintained.
Piam Brown ward	Night	1380.0	1198.4	0.0	0.0	87%	Shift N/A				Safe staffing levels maintained by sharing staff resource.
E1	Day	2030.5	1920.9	624.5	482.8	95%	77%	12.9	3.1	16.0	Non-ward based staff supporting areas; Safe staffing levels maintained.
E1	Night	1380.0	1680.0	345.0	369.0	122%	107%				Additional staff used for enhanced care - RNs; Additional staff used for enhanced care - Support workers; Safe staffing levels maintained.
G2	Day	752.8	726.1	0.0	0.0	96%	Shift N/A	8.7	0.0	8.7	Safe staffing levels maintained.
G2	Night	719.8	695.8	0.0	0.0	97%	Shift N/A				Safe staffing levels maintained.
G3	Day	2376.3	1558.8	1221.5	876.5	66%	72%	6.5	2.8	9.3	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
G3	Night	1639.8	1277.3	660.0	374.0	78%	57%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
G4	Day	2379.5	2035.2	1207.5	759.0	86%	63%	6.9	2.4	9.3	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Beds flexed to match staffing.
G4	Night	1650.0	1430.0	660.0	429.0	87%	65%				Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing; Safe staffing levels maintained.
Bramshaw women's unit	Day	1144.0	1049.5	1026.2	826.7	92%	81%	5.0	4.1	9.1	Non-ward based staff supporting areas; Safe staffing levels maintained by sharing staff resource.
Bramshaw women's unit	Night	690.0	690.0	611.9	612.9	100%	100%				Safe staffing levels maintained.
Neonatal unit	Day	6887.5	4731.2	1676.0	1140.5	69%	68%	9.5	2.3	11.8	Number of cots adjusted to support safe staffing; Safe staffing levels maintained by sharing staff resource.
Neonatal unit	Night	5284.3	3877.3	1331.0	924.0	73%	69%				Number of cots adjusted to support safe staffing; Safe staffing levels maintained by sharing staff resource.
Maternity service	Day	8244.3	7757.1	3087.5	2263.8	94%	73%	5.3	1.6	6.9	Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Maternity service	Night	5144.0	4725.3	1980.0	1596.5	92%	81%				Numbers do not fully reflect the full integrated midwifery service. Safe staffing levels maintained by sharing staff resource.
Cardiac high dependency unit	Day	4933.7	4153.1	1391.5	1235.0	84%	89%	13.9	3.6	17.5	Band 4 staff working to support registered nurse numbers; Band 4 staff working to support registered nurse numbers.
Cardiac high dependency unit	Night	3696.5	3611.3	660.0	778.6	98%	118%				Safe staffing levels maintained; Support workers used to maintain staffing numbers.
Coronary care unit	Day	1492.2	1578.0	893.8	958.5	106%	107%	6.7	4.6	11.3	Safe staffing levels maintained.
Coronary care unit	Night	1299.0	1239.3	858.0	1001.0	95%	117%				Safe staffing levels maintained.
D4	Day	1827.4	1555.9	812.3	1095.8	85%	135%	4.0	3.6	7.5	Band 4 staff working to support registered nurse numbers.
D4	Night	765.0	717.0	660.0	953.0	94%	144%				Safe staffing levels maintained.
E2	Day	1508.7	1333.4	757.8	961.2	88%	127%	4.2	3.1	7.3	Band 4 staff working to support registered nurse numbers.
E2	Night	693.0	760.3	330.0	586.0	110%	178%				Safe staffing levels maintained by sharing staff resource.
E3 Green	Day	1971.4	1064.6	586.0	1708.7	54%	292%	2.5	4.0	6.5	Currently configuring the appropriate staffing model for this ward; Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month.
E3 Green	Night	660.5	638.5	682.0	991.3	97%	145%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
E3 Blue	Day	1519.2	1168.0	743.0	969.4	77%	130%	3.5	3.9	7.4	Band 4 staff working to support registered nurse numbers; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
E3 Blue	Night	650.0	628.0	660.3	1038.3	97%	157%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Increased night staffing to support raised acuity.
E4	Day	1897.4	1648.4	724.2	911.5	87%	126%	4.7	2.7	7.4	Band 4 staff working to support registered nurse numbers; Band 4 staff working to support registered nurse numbers.
E4	Night	913.0	975.3	506.0	583.3	107%	115%				Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
Acute stroke unit	Day	1465.0	1430.4	2476.5	2648.9	98%	107%	2.8	5.5	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	990.0	815.0	1649.3	1726.3	82%	105%				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	1180.0	954.0	382.4	472.2	81%	123%	7.0	6.4	13.4	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
Regional transfer unit	Night	660.0	462.0	660.0	825.0	70%	125%				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	1849.0	1600.7	1086.2	1201.7	87%	111%	3.7	3.2	6.9	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	1320.0	1166.0	990.0	1178.0	88%	119%				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	1540.9	1175.9	373.5	633.5	76%	170%	7.8	4.9	12.7	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	1320.0	878.0	325.0	660.0	67%	203%				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	1868.3	1734.0	1865.3	1873.0	93%	100%	3.9	4.6	8.5	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	1319.5	1253.5	1661.0	1705.0	95%	103%				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	1576.5	1295.2	679.5	1286.5	82%	189%	3.7	4.1	7.8	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
SPI F4 Neuro	Night	990.0	967.0	1012.0	1199.0	98%	118%				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	1112.5	966.3	544.5	632.0	87%	116%	3.4	2.7	6.2	Skill mix swaps undertaken to support safe staffing across the Unit.
Brooke ward (trauma and orthopaedics)	Night	1035.0	690.0	345.0	690.0	67%	200%				Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit.
Trauma Assessment Unit	Day	522.3	442.3	366.0	445.8	85%	122%	2.9	2.9	5.8	Skill mix swaps undertaken to support safe staffing across the Unit
Trauma Assessment Unit	Night	330.0	330.0	330.0	330.0	100%	100%				Skill mix swaps undertaken to support safe staffing across the Unit; Increased night staffing to support raised acuity.
F1	Day	2363.9	2018.9	1854.8	2233.6	85%	120%	3.9	4.9	8.7	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers; Staff moved to support other wards.
F1	Night	1725.0	1520.7	1695.0	2207.0	88%	130%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers; Staff moved to support other wards.
F2	Day	1636.0	1330.3	1966.0	2013.3	81%	102%	2.9	4.7	7.6	Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
F2	Night	990.0	781.0	1304.3	1457.5	79%	112%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
F3	Day	1566.5	1373.4	1857.8	1577.5	88%	85%	3.2	4.3	7.5	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource.
F3	Night	990.3	858.3	1324.8	1451.5	87%	110%				Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - Support workers.
F4	Day	1415.0	1263.0	1206.5	832.7	89%	69%	3.9	3.1	7.1	Staff moved to support other wards.
F4	Night	990.0	677.3	649.3	703.5	68%	108%				Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.

<table>
<tr><td colspan="4">Report to the Trust Board of Directors dated Thursday, 09 January 2020</td></tr>
<tr><td colspan="4">Title: 6-month Progress Report on Year 2 of the UHS Staff Strategy</td></tr>
<tr><td>Category</td><td colspan="3">Quality, Performance, and Finance</td></tr>
<tr><td>Agenda item</td><td colspan="3">4.4</td></tr>
<tr><td>Sponsor</td><td colspan="3">Chief Executive</td></tr>
<tr><td>Author</td><td colspan="3">Steve Harris, Director of HR, Jo Mountfield, Director of Training Education and Workforce</td></tr>
<tr><td>Provenance</td><td colspan="3">The 19/20 objectives were agreed by TEC and Board have been considered at:
• HR Performance Board and TDW Management Board.
• Trust Executive Committee.

There is ongoing engagement in partnership with the Trade Unions locally (JSSC and LCNC), and staff equality network groups as required.

Progress is monitored through HR performance Board and TDW Management Board.

Strategy issues are also discussed at Education and Workforce Strategy Group.

This report has been reviewed by TEC.</td></tr>
<tr><td>Classification</td><td colspan="3">This report is intended for internal use and is not for publication.</td></tr>
<tr><td>Purpose</td><td colspan="3">The paper is presented for REVIEW.
In Spring 2018, a five year Staff Strategy was agreed by TEC and Trust Board. The objectives for year 2 of the strategy were agreed by TEC and Board in April 2019.
The purpose of this report is to:
• Report progress for Q1 and Q2 of 2019/20.

Board is asked to:
• Note progress during Q1 and Q2.</td></tr>
<tr><td rowspan="2">Relevant strategic goals</td><td>☐ Goal 1: Improving patient journeys.</td><td>✓ Goal 2: Delivering value-based health and care.</td><td>☐ Goal 3: Supporting healthy lives.</td></tr>
<tr><td>✓ Goal 4: Building an expert and inclusive workforce.</td><td>☐ Goal 5: Being agile in meeting people's needs.</td><td>✓ Goal 6: Creating leading-edge research, education, and innovation.</td></tr>
<tr><td>Assurance framework links</td><td colspan="3">BAF04/19 - there are capacity and capability gaps in the workforce, leading to an inability to deliver safe and timely care.</td></tr>
<tr><td>Impact assessments</td><td colspan="3">Equality impact assessment on objectives conducted in TEC paper in May 2019.</td></tr>
<tr><td>Other standards affected</td><td colspan="3">CQC Well led domain.
NHSI use of resources assessment - use of workforce resources.</td></tr>
</table>

1 Introduction and purpose:

1.1. The UHS Staff Strategy sets out the priorities for workforce issues until 2023. The strategy will be updated during Q4, in conjunction with the finalisation of the new UHS long term strategy.

1.2. This paper summarises progress in Q1 and Q2, against the year 2 Staff Strategy objectives, which are set out in full in Appendix A.

1.3. The core Staff Strategy priorities are set out in Appendix B.

2 Overview:

2.1 The Trust has been under significant pressure during Q1 and Q2 due to challenges with excessive patient demand, which cannot be sufficiently met with existing staff and estate capacity. There has also been action taken to improve financial performance, which has increased focus on productivity and savings, particularly in Q1. In this context, there has been some deterioration in headline metrics for workforce, which reflects the pressures on staff in UHS.

2.2 Despite the organisation being under significantly increased pressure, there has been progress towards delivering the year 2 strategy objectives, as outlined below.

2.3 The Trust still benchmarks favourably across a range of people metrics compared to other NHS organisations, despite the challenges.

3 Progress in Q1 and Q2 2019/20:

3.1 Key progress areas can be summarised as follows:

Resourcing and deployment	• A significant step change in overseas recruitment of registered nurses, through an increase in the pipeline from the Philippines; and continued recruitment via other sources, such as Australia. Conversion of CLIC house to an accommodation and OSCE practice area for new arrivals. Reduction in overall vacancy rates to 15%. • Sustained delivery of reduced agency spending against the NHSi agency ceiling of £14m per year. YTD position is well under the ceiling. Increases in bank usage across all areas supporting reductions in agency. Reductions in administration and clerical agency and replacement with Bank. • Production of a full UHS workforce plan submitted to HEE in line with national guidelines.
Inclusion and engagement	• Sustained increases in BAME staff employed at Band 7 and above. The total now stands at 8.9% against a target of 15% by 2023. The start position was 7% in May 2018. • Overhaul of the recruitment and selection training, and introduction of new competency based interviewing alongside Trust values. This is to meet the challenge of equality raised by BAME and other monitor groups. It also mirrors the feedback from change champions that recruitment processes are perceived as unfair. • Movement of Communications function to sit under the Director of HR. External review conducted and management restructure initiated, with recruitment to a new Director of Communications underway. Interim senior external support is also working with the team.
Education for the current and future workforce	• Publication of the annual GMC survey with UHS remaining in the top 10 Trusts for provision of, and satisfaction with the quality of medical training, despite the pressures on staff. • Positive annual educational quality visit with HEE(W) in November 2019. • Commencement of a talent management programme for Care Group Managers and AHP's.

	• Implementation of the CLiP (Collaborative Learners in Practice) programme, with positive results. • Agreement to fund a second round of nurse degree apprentices and nursing associate apprentices, albeit with reduced numbers. • Positive feedback following an HEE(W) foundation school visit.
Improving people practices	• Improvements to employee relations processes in partnership with Staffside, and process set in place to comply with new NHS Improvement rules on compassionate application of disciplinary procedures. Early intervention work for medical staff initiated with Edgecumbe external expertise. • Following TEC support, HR appointed a full time Senior Case Investigation Officer, who started working in December 2019. • Implementation of new appraisal process for Agenda for Change staff, linking pay progression to values and conduct from July 2019. Phased approach for new staff only, with existing staff protected by national terms. • Introduction of a new staff benefits platform, with a 137% increase in take up compared to the old platform. Good uptake of savings schemes for Holidays and home electronics. Sustained usage of car scheme, and bikes to work. Increased salary sacrifice savings to the Trust. • Creation of a new local Associate Specialists grade to provider improved sub consultant progression opportunities for senior medics.

3.2 Challenges during the quarter can be noted as:

- Sustained effects on clinical capacity, due to national pension issue and withdrawal of clinical activity to avoid additional unplanned taxation of pension earnings by Consultants. This has also impacted Consultant morale. Taxation briefing sessions by KPMG were organised for consultants over the summer and autumn period.
- Deterioration in the Q2 Friends and Family results, with recommendation as a place to work slipping to 76% (previously 77%). Significant concern from staff reported regarding demand, and capacity to support patients. Parking revalidation process causing concern for staff, where changes to permit status will be made. Pressure on UHS due to demand is significantly affecting constitutional targets. Staff morale affected during Q1 through engagement of Financial Turnaround Consultant.
- Whilst well below national average, sickness absence rates have increased to above UHS target of 3.4%. National reported results for Q1 and Q2 have shown a nationwide average increase of 1.4% compared to the same period in 2018.
- Staff continuing to report challenges with violence and aggression from patients and service users.
- Reduced level of appraisals taking place with rolling average at 85% of staff receiving an appraisal during the last 12 months.
- A further reduction in central CPD funding limited resources available for the training and development of staff. This was managed internally with the use of TD&W funds to mitigate the impact.
- Limited increase in Apprentices across the Trust, particularly for new external recruits, under-utilising the £2m levy fund UHS has available.
- A delay in the 'go live' date for the HIOW STP collaborative nursing bank to April 2020, due to the complex nature of system alignment, and detailed implementation schedule.
- Mixed feedback from University of Southampton QAEV visit for undergraduate medical education (report awaited).

4 Refreshing our Staff Strategy:

4.1 Following the completion of the UHS corporate strategy, the existing Staff Strategy will need to be refreshed to align with new UHS goals, the clinical strategy and also meet the requirements of the national NHSi People Plan.

4.2 The work with UHS Change Champions has identified good themes to progress areas of improvement; and validated the challenges already identified through staff survey results, which affect our ability to deliver a step change in our attractiveness as an employer.

4.3 The strategy will also need to account for a greater shift in collaboration through the STP, to deliver provider co-ordinated solutions to workforce challenges, such as supply.

4.4 The strategy will also use the work of the Change Champions to help inform priority areas for further deployment of resources and energy.

4.5 The strategy will align with the 5 key goals in the NHS people plan, which are:

- Making the NHS the best place to work.
- Improving the leadership culture.
- Tackling the nursing challenge (and other shortage supply issues).
- Delivering 21st Century care.
- A new operating model for workforce (how it will work at local, STP and regional level).

4.6 A refresh of the strategy will commence in Q4.

5 Leadership of the UHS people agenda:

5.1 Recognising the continued strategic importance of the people agenda, the Chief Executive is in the process of recruiting a Chief People Officer, which will bring all key aspects of the people agenda under a single executive leadership position.

5.2 A new sub-board committee is also being formed to focus on people and culture. This group will oversee the future design of, and delivery monitoring for the UHS people strategy, and also provide assurance to the board on the development of the culture at UHS.

6 Priority areas of delivery for Q4:

- Receive the 2019 staff survey results, and respond to the findings in February 2020.
- Refresh the Staff Strategy in line with UHS strategy, NHSi and STP requirements.
- Look for opportunities to further build on the range and awareness of health and wellbeing corporate support initiatives, including building a case for investment if required. Particular focus on scaling up support for staff injured at work, through violence from patients and service users.
- Continue to focus on recruitment and retention of registered nurses, maximising all opportunities. Implement the actions from the NHSi retention collaborative.
- Roll out rostering for medics, and continue to make progress towards target levels of attainment in the NHSi framework. This will also focus on initiating work on job planning for AHP's, and specialist nursing roles.
- Publicise and launch the new vision and mission, and implement the recommendations of the communications review, including recruitment of a new Director of Communications.
- Imbed the NMC standards for nursing.
- Address any areas of concern highlighted in the GMC and NETS educational surveys.
- Complete TNA for 2020/2021.
- Further work with Eastleigh College to develop a 16 - 19 year old programme for adult nursing pathway reflecting the new T level.
- Publish talent management strategy and plan.

7 Next Steps:

7.1 Creation of the new people and culture committee to be chaired by Jenni Douglas-Todd (Non-Executive Director).

7.2 Draft a refreshed strategy for sign off by TEC and Trust Board.

8 Recommendation:

Board is asked to:

- Note progress to date against year 2 Staff Strategy objectives.

Appendix A: combined HR and TDW objectives for 2019/20:

Staff Strategy Principles	Strategy Objectives	Key Deliverables 2019/20	Target Date	Progress Update
Planning for, attracting, retaining, and deploying the best staff by creating the culture and work environment that makes UHS an employer of choice locally, nationally and internationally.	Design and implement recruitment and resourcing strategy sensitive to shortages, and meeting the differing generational needs, alongside national and international market pressures. This will include robust planning of the workforce based on demand and capacity.	• To refresh the UHS people strategy in line with the new UHS strategy. • Develop a UHS strategic workforce plan in line with the National Workforce Strategy and STP requirements, fully integrated with strategy and finance. • To reduce the Trust Registered Nurse vacancy position to 16%.	31 March 2020	An initial draft of the strategic system workforce plan required by HEE has been submitted. Work is ongoing to refine this. Ward based nursing vacancies reduced to 15.7% in September 2019.
	Continued delivery of sustained improvements in our staff survey results, including maintaining our position as one of the best University Teaching Hospitals.	• To improve our response rates to above the national average for Acute Trusts. • To deliver on discrete activities to make improvements in areas of low staff experience within resources available.	31 March 2020	The Staff Survey 2019/20 is currently open and will close on 29 November 19. The final response rate is expected to exceed last year's result of 43%. Deterioration of Q2 FFT score may indicate a decline in overall staff morale and engagement. Results are usually published in late February. Conducted focus groups in areas of low staff morale, and responsive actions like improvements to office layout and furnishings etc. Ongoing.

	To be recognised as a leading NHS employer on supporting its staff in their health and wellbeing.	• To continue to deliver health and wellbeing activities in line with the Live Well and Inspire campaign including focusing support on staff in difficult times. • To deliver a 19/20 flu campaign in line with national NHS standards • Ensure best rostering practice (as identified in NHSi guidance) is employed to ensure equitable staffing planning.	31 March 2020	LiveWell activities have continued, with further improvements. The self-referral physiotherapy service, exercise opportunities, weight loss support and health checks are well utilised. A new smoking cessation support service for staff was launched in October 2019. Mental health support is provided through a variety of mechanisms, including an Employee Assistance Programme, in house spiritual support, and tools for mindfulness and building resilience. The 2019/20 staff flu vaccination campaign is underway. The delivery plan reflects lessons learned from last year's campaign, and a self-assessment that shows good compliance with best practice and NHS standards. This includes the use of incentives (free hot drink), peer vaccinators and mobile (pop-up) vaccination clinics. Early progress was hampered by a national delay in vaccine availability that has now been resolved, and uptake rates are currently progressing steadily. Team identified from workforce systems to visit divisions to support good practice rostering, commencing focussed work with Division A linked to turnaround projects.
	To have developed and embedded a regionally recognised employer brand, supported by a range of valued benefits for staff.	• Re-launch the new benefits platform and drive up usage and savings to staff by 20%.	31 March 2020	Registrations have increased by 137% on Vivup, since launch in July 2019. Employee orders on discounts and the HE / Holiday schemes are currently showing a 36% increase at end of October 2019.

	To have excellent core Human Resources services to ensure speed, simplicity and fairness, whilst maximising opportunities for productivity.	• To provide support to Divisional Management teams and corporate functions to deliver organisation change, and workforce restructure to meet the financial savings target. • To make improvements in the speed of recruitment processing to make savings. Increase average recruitment speed by 5 days. • To further refresh the employment relations investigation process to reduce complexity and timescale. To focus on mechanisms to support the prevention of issues, particularly within the medical workforce.	December 2019	HRBP's and Assistant HR Director assisted with a number of organisational changes and CIP initiatives. The workforce team are involved in a suite of improvement projects as part of the financial savings plan focussed on rostering practice, headroom, agency reductions and job planning. To speed up investigations, negotiated with Staffside: taking statements from witnesses instead of face-to-face interviews for all. Started Early Intervention project with Edgecumbe to design training modules to complement Clinical Leadership Development, facilitated conversations, facilitated team building, mediation; and working on a suite of interventions to underpin successful multi-disciplinary work amongst consultants, and trainee doctors.
	To be an exemplar site for rostering and deployment of staff, recognising the changes in the demand for flexible working in employee expectations.	• Adopting different approaches to train and embed best rostering practice. • Improve rostering quality for fairness, safe staffing and financial outcomes. • Implement additional pay claims 'mop-up' process. • Review the rostering activity in line with Carter Model Hospital recommendations, and develop integrated team rosters for services where this is appropriate eg: Stroke, Theatres, etc. • Collaborate with NHSI to define the wider requirements for electronic rostering and its affiliated systems. • Achieve NHSI attainment level 3 for nurse rostering. • Achieve NHSI attainment level 2 for rostering other clinical and non-medical staff. • Implement job planning and link to rostering for	31 March 2020	Initiated a project around headroom and agency reduction focussed around good rostering practice. Support team mobilised to link to clinical areas to drive good practice. Good progress being made with evaluation and planning for NHSi attainment standards, with external assessment of current position by Allocate. Rostering for Medics project initiated, with UHS Graduate Trainee deployed to support this.

		appropriate clinical non-medical staff - achieve level 1 by 2021 deadline. • Achieve NHSi attainment level 2 for Consultant/SAS employees for job planning.		
	To be recognised as an exemplar site for partnership working with trade unions at local and corporate level.	• To report second year of national statutory responsibilities for reporting Trade Union time. • To continue close partnership working, including involvement in the Trust wide CIP programme.	Ongoing	Completed. Close partnership working at regular 'murmurs' meetings with Staffside to resolve any concerns, before they escalate into disputes. Direct involvement in CIP initiatives and resulting organisational changes, by seeking feedback and engagement from Staffside representatives on consultation proposals, prior to launching organisational changes.
	To continue to meet regulatory control targets on use of agency spending, and continue to control our workforce costs to meet our agreed financial plans.	• To meet the NHSi agency spend target, and internally set service targets through reduced reliance on agency and increased use of NHSP bank. To reduce overall temporary staffing spend. • Continue to proactively manage and improve the monthly process and delivery of additional pay, and reimbursement of expenses. • Automate the late claims process in line with the Trust pay policy, to actively avoid over or under payments. • Work with the STP and other regional Trusts to implement and roll out a regional collaborative bank, to improve bank fill and reduce dependency on agency workers and associated higher costs.	31 March 2020	UHS agency use continues to track well below the ceiling defined by NHSi. Improvements have been made to high cost agency usage in nursing. However, increased engagement of agency medics has been required in recent months. Project to run a monthly automated process to mop up late additional pay claims via roster initiated, in line with Trust policy and working with payroll. A decision has been made to postpone the collaborative bank project and reconsider in April 2020, largely due to technical challenges within HealthRoster.
	Tailored talent	• Commence talent management and succession	31 March 2020	Completion of TM Organisational Diagnostic

	management and succession planning processes adapted for different groups of staff, and applied appropriately at all levels.	planning process for care group clinical leads, care group managers and AHP's. • To expand the talent management programme for matrons from the existing pilot to the entire group. • Identify all senior positions at Band 7 or above that fall within succession planning framework.		Toolkit. Delivery of 3 masterclasses for CGM, and first forum with CEO. Launch of AHP programme, and scheduling of initial 1:1 sessions for December 2019.
	Support the delivery of UHS research and development strategy by fostering an environment that recruits develops and nurtures roles to support "Research for all" vision.	• Further our links with University of Southampton and other partners to develop the clinical academic pathways across all healthcare professions outcome. • Ensure the workforce systems hold data about all staff delivering research in the correct and most useful format.	Ongoing	Work on clinical academic pathways continue. Supporting staff on the fellowship programmes through HEE. Spotlight lectures from existing clinical academics scheduled throughout 19/20.
Delivering the UHS culture though our values, and embedding this into all of our day to day work.	Have developed and embedded a full set of behaviours that underpin our values. These will be the currency of everyday work; driving our systems of recruitment, appraisal, development, promotion & reward. Ensure that the majority of our staff report through the staff survey that the values are recognised and deployed in all aspects of their employment.	• Ensure that we reflect the Trust values in everything we do. • Continue to roll out improvements in values based appraisal, recruitment. • To implement the next phase of Agenda for Change national changes, including linking performance to incremental pay.	Ongoing	New Appraisal and Pay Progression Policy and Procedure implemented from July 2019, which links performance and the Trust values to pay progression standards. The online part of the appraisal training will be refreshed in Q4, to include new videos and resources that focus on SMART objectives and the Trust's values and behaviours framework. Trust Values reflected in our recruitment selection criteria, and embedded in our newly refreshed appraisal process and associated training programs. Implementation of Agenda for Change Band 1 deletion and move over to Band 2 under way. Developed anticipated ESR solutions and policy changes for linking performance to incremental pay. Completed and ongoing.
	Ensure that all of our	• Through the Training Needs Analysis process	31 March 2020	Funding identified to support the shortfall in

	staff have fair access to training and development; And are afforded appropriate opportunities for personal development consistent with their objectives, career goals and role.	(linking with Service need) support divisional discussions and sign off with regards to staff development against HEE funding availability. • Maximise use of the CPPD funds being co-ordinated through the STP. • Promote the career support service to managers and non-clinical staff.		HEE funding in 19/20 - paper to EWSG. Review of Upskilling funding, which now includes Bands 2 - 4 has taken place and launched as part of TNA process. Paper circulated to ESWG with regards to Upskilling challenges for 2019/20, and to start to consider 2020/21.
Focusing on and investing in both our current and future workforce by developing our education and training capability for clinical, and non-clinical staff.	Support education providers to recruit students / learners on their programmes, to retain them over the course of the programme, and to maximise employment opportunities at the end of their course.	• Increase staff support in the recruitment of new learners to all programmes via HEI's, including apprenticeships. • Work across the system to support learners to remain on programme in line with RePAIR recommendations. • Support all opportunities to maximise learners the chances of students starting their first post being recruited by UHS.	31 March 2020	Working with Recruitment team to increase recruitment of Apprentices to A&C vacancies across the Trust. New intake of NA and NDA apprentices commenced October 2019. UHS linking with RePAIR Fellow as part of bigger project. RC on national project group. Open Day for Student Nurses booked for February 2020.
	Grow our reputation for excellence as an accredited provider of apprenticeships and other programmes for training and work experience.	• Promote opportunities for management and interpersonal skills courses to our local health and public sector partners. • Share e-learning resources across region to promote UHS and develop reputation across the region. • Promote the career support service to non-clinical and support teams.	31 March 2020	HCA Higher development programme progressing well with no attrition. Planning for a second intake for Feb/March 2020. UHS attended UoS career event. Orthotics and Theatres attended career event at Upper Shirley High School. Ongoing attendance at career events across Southampton and surrounding areas.
	Be an exemplar site for	• Achieve 90% of the standards of the BMA Fatigue	31 March 2020	Review of BMA Fatigue Charter and resources

	the education, training, and development of our junior doctor workforce in partnership with the deanery.	and Facilities Charter. • Continue to support exception reporting for junior doctors. • Maintain position in top 10 Acute Trusts for GMC survey (top 2 large Trusts >500 trainees).		required. Work continuing for Doctor's access to laptops, reviewing the SPA criteria and support available. GMC survey results still place UHS in top 10 of Trusts.
	Maintain and grow a portfolio of internally delivered and externally commissioned education and training.	• Design and deliver training for advanced practice for all healthcare professionals where viable to share resource, and ensure equity of access. • Design and deliver clear learning pathways for managers and administrators in the optimal use of systems for the management and safe deployment of our workforce. • Investigate use of e-learning and blended learning opportunities to support communication and management and leadership programmes.	31 March 2020	Preparedness activity to contribute to Advanced Practice framework scoping national census completed. Now have database of all UHS Advanced Practitioners against framework. Training materials, resources and reading lists available for management courses through Solent online site.
Continuing to invest in leadership development at all levels.	Have developed a regionally recognised graduate training scheme for our managers and leaders of the future, in both operational and corporate functions.	• Continue with second cohort, and consider opportunities to expand the scheme.	September 2019	A second cohort of 4 Graduates joined the Trust in September 2019. A decision will shortly be required on whether to recruit a cohort to commence in autumn 2020.
	Have a clear and ongoing programme of leadership development, ensuring that ongoing resources are invested wisely to deliver the best outcomes.	• Support leaders by ensuring the data in our workforce systems is accurate and current. • Continue to deliver management and leadership programmes accredited by Solent University - monitor course evaluations to develop courses to ensure fit for purpose and cost effective.	31 March 2020	Coaching and honest conversations included in Foundation management skills course in June 2019.

Ensuring that our leaders and staff understand, and deliver our equality and diversity agenda.	Ensure that our leadership programmes reach, and are available to a diverse range of individuals, and support under-represented groups to gain access to promotion.	• Target under represented departments to increase participation on our management and leadership programmes. • Conduct qualitative and quantitative evaluation on inclusive leadership interventions. • Deliver disability leadership programmes in partnership with Disabilities Rights (UK).	31 March 2020	Disability leadership programme completed with graduation ceremony 24/09/19.
	Deliver sustained improvements in our BAME and disabled staff engagement in the annual staff survey results. For our BAME staff to report a similar experience to white colleagues in relation to fairness, and equity of opportunity.	• Support the head of Equality and Diversity to implement the combined equality and diversity action plan.	31 March 2020	WRES and WDES reports completed and published to Trust Board. Overhaul of the recruitment and selection process and training to support better decision making. Implementation of the NHSi guidance on fair disciplinary processes.
	Have increased numbers of BAME leaders in middle and senior management positions by developing internal talent and seeking the best diverse talent from the labour market.	• Conduct qualitative and quantitative evaluation of participants from the Inclusive Leadership programmes. • Develop further interventions to support BAME leaders in junior and middle management. • Develop BAME coaches and mentors to increase diversity of offer for BAME staff.	31 March 2020	Continued increases in BAME staff at Band 7 and above to 8.9% from 7% in May 2018.
	Have developed sustained partnerships with representative local and regional groups to increase our inclusivity, supply of diverse talent; and build a reputation for fairness, inclusivity and true diversity.	• To recruit a cohort of 5 individuals from diverse community links.	31 March 2020	Continued partnership work with the Saints Foundation employability readiness scheme focused on social economic diversity of opportunity.

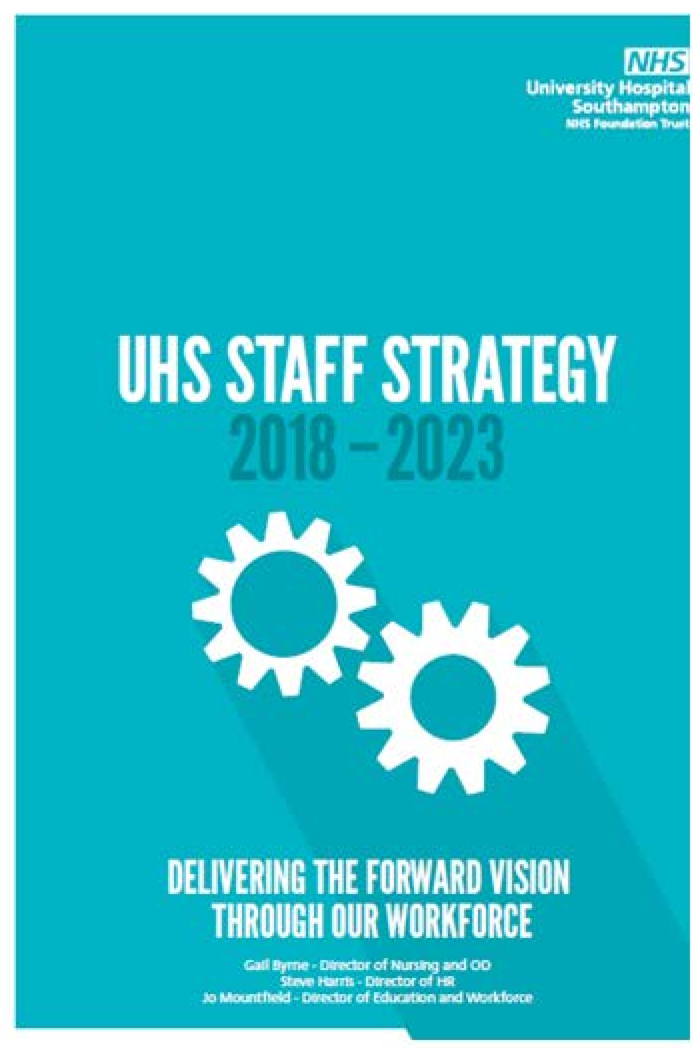
Prioritising and facilitating excellent communication that allows the voice of our staff to be heard, and acted upon.	Ensure that effective communication skills (both face to face and digital) are embedded into all aspects of management, staff and leadership development.	• To review our internal communication, to drive up satisfaction of staff and deliver improvements in staff survey scores. • To engage our staff in the creation of a new vision and mission for the organisation. • Constantly review and revisit mechanisms for communication, to have the right approach in the right place at the right time. • Investigate use of simulated patients or videos on communication skills training face to face, digital and during Trust induction.	31 March 2020	New vision and mission created with the Change Champions, and the process of imbedding within the Trust is underway, such as inclusion in Trust induction. Senior Leaders (top 250 leaders) events have taken place, focused on engagement. Communication team external review undertaken, and search underway for a new Director of Communications.
	Promote and enable more individuals than ever before to have honest, purposeful and quality conversations, wherever they work.	• Build communities of practice around coaching, mentoring and clinical supervision through accredited training and conversion courses. • Map current provision of training around 'honest, purposeful' conversations and identify opportunities for expansion, consolidation or addition.	March 31 2020	Third cohort of Coaching for Success (Level 5) completed in April 2019, and plans in place to launch 4th cohort in October 2019.
	Ensure that our staff are supported and guided in the use of digital technology, for communication, social media and education and training, and keeping pace with new developments.	• Collaborate with IT and support the Digital Exemplar projects and work streams. • Constantly review and revise training for workforce systems and processes as required, to have the right training always available and in media to suit different learning styles. • Implement a digital steering group for Nursing & Midwifery to underpin and support the GDE developments and digital capability within Nursing & Midwifery. • Include updates on GDE agenda at AHP and HCS forums.	Dec 2019	Continued growth in social media use through workplace and other media. Workforce systems represented on UHS Digital Board. Team members attended Think Associates conference in April 2019, and are following up on new functionality options. New modules for training for HealthRoster implemented, with bite size chunks making up the overall module to achieve required training, as a pre-requsite for giving access to the core system.

	Have a recognised culture of raising concerns in an open and transparent manner, in line with the Freedom to Speak Up national requirements. Ensure that all staff feel that concerns are listened to, and acted upon as appropriate.	• To roll out the FTSU champions across the Trust. • Include FTSU and raising concerns information in Trust induction, and management and leadership programmes.	December 2019	16 FTSU Champions have been trained and appointed. Monthly meetings are taking place with the FTSU Guardian to discuss cases and new learning. The FTSU Champions are attending the updated Recruitment & Selection training in January 2020, to enable them to sit as independent panel members on internal recruitment.
Working with our education and diverse community stakeholders, to offer excellent learning, and placement opportunities to bring high calibre people into roles in the hospital.	Partner with a wide range of top quality providers to support placement capacity for new and existing programmes; To ensure that we can train our own staff for current and future roles, particularly for highly specialist roles eg: Healthcare Science.	• Work across local geography to support the extension of placements opportunities for all learner groups, including supporting the discussion around the development of a central placement management system across Wessex / South of England. • Implement the NMC Supporting Learning in Practice Standards across UHS working with HEE and other providers to achieve consistency of programme being delivered. • Complete full rollout of the Collaborative Learning in Practice (CLiP) approach across UHS. • Continue to develop L6 provision for HCS. • Support the delivery of care certificate for appropriate AHP staff.	31 March 2020	UHS successful meeting with UWE about radiotherapy placements (new HEI provider) - Winchester student nurses have commenced. UHS agreed to support AECC with regards to Radiotherapy course and provision. Solent University NMC approved - November 2019. Ongoing review of CLiP in progress, as CLiP Facilitator has left. New approach being discussed. Contributing to Wessex wide CLIP T&F group.
	Have developed clear partnerships with local schools and further education providers to ensure clear, well known career pathways are available for those looking for entry level jobs to healthcare.	• Continue to offer a wide range of different career information events and activities, working with local schools and colleges. • Promote the career opportunities available via an apprenticeship route. • Develop a group of staff volunteers to become Health Career Ambassadors to support career events promoting their occupations.	31 March 2020	TD&W and recruitment continue to attend careers events at local schools and colleges. Live career events tracker working well to map requests and attendance at events. Attendance at events in local area included Apprenticeship opportunities. NHS Ambassador scheme across the Trust being developed, with launch aim for early Q4.

		• Work with local college to develop joint approach for the introduction of T Level in Health by 2021.		Developing the structure of the new programme with Eastleigh College for nursing pathway. Agreed to host industry placements in engineering with City College as part of the T level pilots. Linking with local ESFA to contact other local colleges to discuss T level industry placements across different occupations.
	Have developed a regionally recognised work experience programme in partnership with local schools and education providers.	• Continue to offer career experience opportunities for students at local education providers. • Work with external partners to offer at least 2 pre-employment training opportunities, for example with the Prince's Trust, with linked work placements to aid transition to work.	31 March 2020	HCS and AHP Careers Event on 2nd April - well received. Open Day currently postponed, have expressed interest in a smaller event. Discussions with pathology over work experience provision. Career day held in UoP and Employability week at UoS will be attended later in 2019. Career experience opportunities being taken up across the Trust using the new Career Experience policy.
	Be recognised as a leading employer for apprenticeships in the Southampton area, with over 250 apprentices employed and undertaking vocational training each year.	• To meet the public sector apprenticeship target for apprenticeship programme starts between April 2019 and March 2020, including a growth in recruitment of external apprentices. • Work with local authorities to enable more young people leaving care to start an apprenticeship at the Trust.	31 March 2020	By the end of September 2019 approximately 60 Apprenticeship starts since April 2019. Working with recruitment to increase the number of Apprentices recruited into administration posts. Achievement of public sector Apprenticeship target looks unlikely for this year. Paper to be taken to TEC in Q4 to discuss and decide on way forward.
	Be delivering an increasing percentage of newly qualified nurses through the degree apprenticeship route.	• Work with procured HEI to deliver the agreed nursing family apprenticeships to support the direct entry recruitment to programmes.	September 2019	First 2018 cohort of nurse degree apprenticeships remain on programme - 100% retention and successful progression.

				Second group of 20 approved through TEC - recruitment underway and provider (BPP) procured. Workshop with HEI and practice leads to revalidate curriculum with new NHS future standards (validation event in January 2020). Working with STP to build a case for future collective approach, as part of the Increasing Nursing Workforce Supply Board. First BPP placement finish in December 2019, with the second in February 2020. New group of RNDA (21) and FD (9) commenced programme on the 4th of October 2019.
	Have developed an exciting employment and development offering career grades in medical staffing, including re-introducing the associate specialist grade, and continuing to grow our clinical fellow workforce.	• To implement the draft terms and conditions for Associate Specialists.	December 2019	Completed.

Appendix B: UHS Staff Strategy Goals - 2018-2023



"AT UHS WE WANT TO RECRUIT AND RETAIN THE BEST POSSIBLE STAFF TO DELIVER OUR VISION. WE ALSO STRONGLY BELIEVE THAT IF UHS STAFF ARE TO GIVE OF THEIR BEST TO THE TRUST, THE TRUST HAS TO DO ITS BEST IN SUPPORTING STAFF TO ACHIEVE THEIR FULL POTENTIAL."

Peter Hollins – Chairman

This document sets out seven key areas that underpin our strategy for the next five years, these are:

1. Planning for, attracting, retaining, and deploying the best staff by creating the culture and work environment that makes UHS an employer of choice locally, nationally and internationally
2. Delivering the UHS culture though our values, and embedding this into all of our day to day work.
3. Focusing on and investing in both our current and future workforce by developing our education and training capability for clinical and non-clinical staff.
4. Continuing to invest in leadership development at all levels
5. Ensuring that our leaders and staff understand role model and deliver our equality and diversity agenda.
6. Prioritising and facilitating excellent communication that allows the voice of our staff to be heard and acted upon.
7. Working with our education and diverse community stakeholders to offer excellent learning, and placement opportunities to bring high calibre people into roles in the hospital.

<table>
<tr><td colspan="4">Report to the Trust Board of Directors dated Thursday, 09 January 2020</td></tr>
<tr><td colspan="4">Title: Finance Report 2019-20 Month 8</td></tr>
<tr><td>Category</td><td colspan="3">Quality, Performance, and Finance</td></tr>
<tr><td>Agenda item</td><td colspan="3">4.5</td></tr>
<tr><td>Sponsor</td><td colspan="3">Chief Financial Officer</td></tr>
<tr><td>Author</td><td colspan="3">Gavin Hawkins, Assistant Director of Finance</td></tr>
<tr><td>Provenance</td><td colspan="3">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.</td></tr>
<tr><td>Classification</td><td colspan="3">This Report is unclassified.</td></tr>
<tr><td>Purpose and recommendation</td><td colspan="3">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.</td></tr>
<tr><td rowspan="2">Relevant strategic goals</td><td>☐ Goal 1: Improving patient journeys.</td><td>✓ Goal 2: Delivering value-based health and care.</td><td>☐ Goal 3: Supporting healthy lives.</td></tr>
<tr><td>☐ Goal 4: Building an expert and inclusive workforce.</td><td>☐ Goal 5: Being agile in meeting people’s needs.</td><td>☐ Goal 6: Creating leading-edge research, education, and innovation.</td></tr>
<tr><td>Assurance framework links</td><td colspan="3">• BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6
• BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme
• BAF04 – Reduced access to resources compromises the quality of services</td></tr>
<tr><td>Impact assessments</td><td colspan="3">Not specified</td></tr>
<tr><td>Other standards affected</td><td colspan="3">Not specified</td></tr>
</table>

University Hospital Southampton NHS Foundation Trust

2019/20 Finance Report - Month 8

Report to:	**Board of Directors & Strategy & Finance** **December 2019**
Title:	**Finance Report for Period ending 30/11/2019**
Author:	**Gavin Hawkins, Assistant Director of Finance**
Sponsoring Director:	**David French, Chief Financial Officer**
Purpose:	**Standing Item**
	The Board is asked to note the report

Executive Summary:

In Month and Year to date Highlights:

1. In November 2019, the Trust delivered a surplus of £0.6m, £2.5m behind Plan. Year to date the Trust is reporting a £4.4m surplus which is £0.3m worse than Plan. To achieve Q3 PSF cash bonus the Trust needs to deliver a £1.9m surplus in December 2019. 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 £0.6m surplus. Non-recurrent items include a reclaim of VAT paid on agency nursing invoices in 18/19.

3. The main themes seen in M8 were:
   - Income was £1.2m behind Plan. It is estimated the impact of black alert and norovirus accounted for between £1.5m-£2m in loss of income to the main elective areas in the Trust with only a slight offset in clinical supplies spend to compensate.
   - Pay was again £0.6m worse than Plan in month mainly due to identified but undelivered CIP.
   - Total CIP delivery was £0.6m behind Plan at £3.1m for the month. Delivery of income CIP schemes was lower than planned and run rate levels due to the overall income position of the Trust and impact of elective cancellations. Currently the Trust is £2.5m behind Plan year to date.

4. The cash position was £25.2m above Plan at £71.6m. The above Plan position has primarily been driven by:
   - I&E Position better than plan, and 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. Looking forward to the end of 2019/20, the Trust is facing risks relating to:
   - CIP delivery
   - Underlying run-rate would not achieve Plan
   - Clinical income shortfall due to consultant workforce capacity relating to pensions taxation
   - The current forecast remains a full year out-turn of a surplus (excl. PSF) in the range £1m - £6m, with the mostly likely outcome £3.5m, compared to the control total of £17m surplus. This position would result in non-achievement of PSF in Q4, and potentially Q3, which would restrict cash availability to support our 3-year capital programme.

2019/20 Finance Report - Month 8

Finance: I&E Summary

Total clinical income was £2.5m worse than Plan, although the Plan was increased to reflect income CIP delivery in the month. It is estimated Trust wide income was between £1.5m-£2m lower in November 2019 due to the impact of norovirus and the associated capacity constraints.

Total pay was £0.6m over Plan in the month (as in October 2019) due to undelivered CIP in the main. Overall total pay spend was £0.6m higher than in October 2019 split evenly across substantive, bank & agency. The increase in agency is primarily within Critical Care areas.

Total non-pay excl. pass through drugs & devices was £0.1m underspent in the month, related in part to cancelled electives due to trust black alert bed status.

Overall CIP delivery was £0.6m worse than Plan with £3.1m delivered vs a Plan of £3.7m. See slide 12 for further detail.

Non-operating expenses underspent by £0.2m in the month.

Metric	2019/20		
	YTD Actual	YTD Metric	YTD Plan
Capital service cover rating	1.88	2	2
Liquidity rating	19.81	1	1
I&E Margin Rating	1.97%	1	1
I&E Margin Variance Rating	-0.08%	2	1
Agency Variance from ceiling	54.14%	1	1
Use of Resources Average Metric		1.40	1.20
Use of Resources Final Metric		1	1

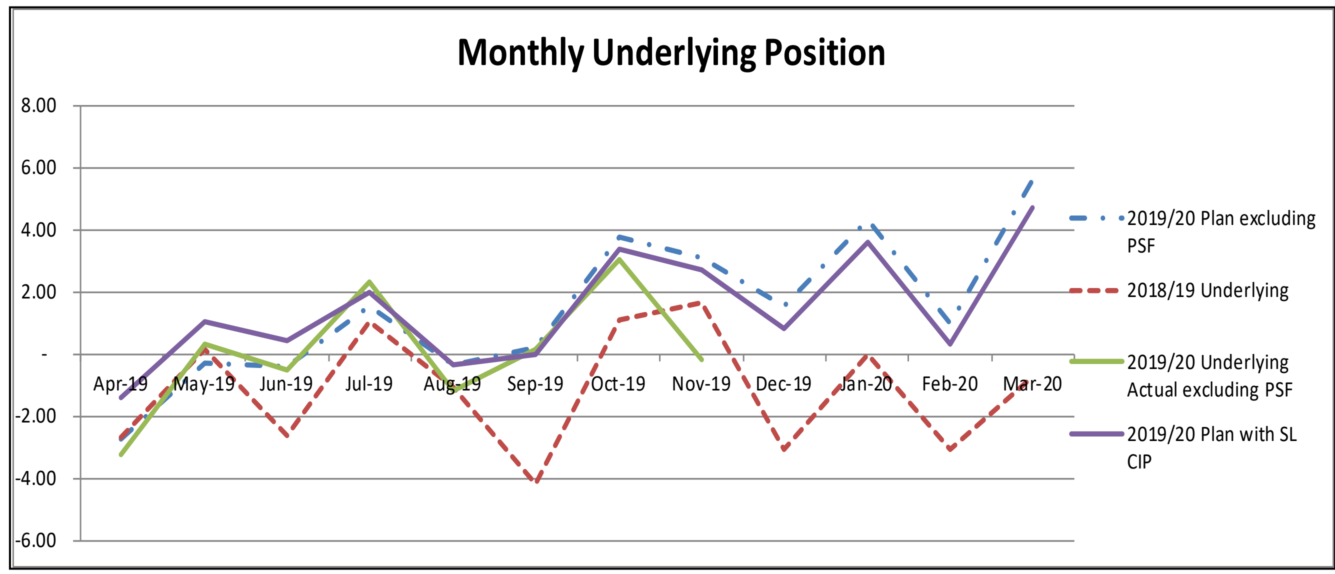
		Current Month			Year to Date				Full Yr	Ave Done £m	To Do £m
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m		**Plan** £m		
NHS Income:	Clinical	54.9	52.4	2.5	430.6	420.7	9.8	R	630.6	52.6	52.5
	Pass-through Drugs & Devices	9.2	10.2	(0.9)	68.6	75.9	(7.3)	G	115.2	9.5	9.8
Other income	Other Income excl. PSF	10.1	10.4	(0.4)	78.8	80.5	(1.7)	G	105.0	10.1	6.1
Total income		**74.2**	**73.0**	**1.2**	**578.0**	**577.2**	**0.8**	**A**	**850.8**	**72.1**	**68.4**
Costs	Pay-Substantive	39.0	39.8	0.8	312.1	316.0	3.9	A	461.0	39.4	36.2
	Pay-Bank	1.9	2.2	0.3	15.5	17.4	1.9	R	22.8	2.2	1.3
	Pay-Agency	1.3	0.8	(0.5)	9.1	4.3	(4.8)	G	14.1	0.5	2.4
	Drugs	1.1	1.3	0.2	15.4	10.6	(4.8)	G	14.2	1.3	0.9
	Pass-through Drugs & Devices	9.2	10.2	0.9	68.6	75.9	7.3	R	115.2	9.5	9.8
	Clinical supplies	5.8	5.7	(0.1)	48.3	47.5	(0.8)	G	65.5	5.9	4.5
	Other non pay	9.7	9.6	(0.2)	80.4	77.3	(3.1)	G	105.1	9.7	7.0
Total expenditure		**68.1**	**69.6**	**1.5**	**549.4**	**549.1**	**(0.3)**	**G**	**797.9**	**68.5**	**62.2**
EBITDA		**6.1**	**3.4**	2.7	**28.6**	**28.1**	0.5	A	**52.9**	3.5	**6.2**
EBITDA %		8.3%	4.7%	3.6%	5.0%	4.9%	0.1%		6.2%		
	Depreciation	1.9	2.0	0.0	15.1	15.9	0.8	R	22.6	2.0	1.7
	Non Operating Income/Expenditure	1.1	0.9	(0.2)	8.9	7.8	(1.0)	G	13.3	1.0	1.4
Control Total Surplus / (Deficit)		**3.1**	**0.6**	**2.5**	**4.7**	**4.4**	**0.3**	**A**	**17.1**	**0.6**	**3.2**
Memo - Other technical items:											
Prior Period Adjustment - PSF 2018/19			-	0.0		0.9	(0.9)	G			
Provider Sustainability Funding		1.3	1.3	0.0	7.0	7.0	0.0	G	12.7	0.9	1.4

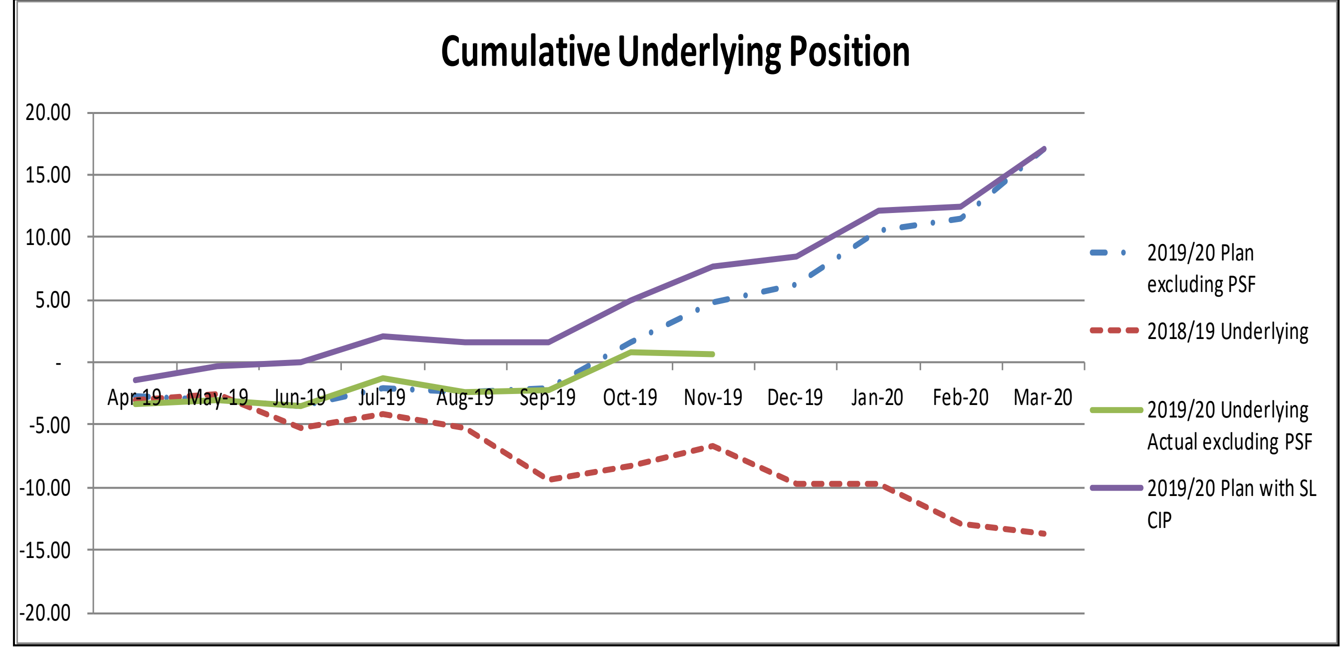
Underlying Run Rate Position

These graphs show the actual underlying position was £3.2m off Plan in the month and is now £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 potential scenarios for 2019/20 out-turn, as shared with Trust Board as part of the 2019/20 planning process.

The financial forecast completed post Q2 results highlights a forecast range of:
Best Case - £6m surplus
Most Likely - £3.5m surplus
Worst Case - £1m surplus

This incorporates uncertainties and risks in H2 relating to:

- Investment in ED to support 4 hour performance
- Investment in schemes to enhance winter flow
- Investment in additional bed capacity, expected to be fully off-set by income
- Investment in consultancy, expected to be fully off-set by income
- Risk of winter pressures on elective activity, particularly in Division D
- Commissioner payment challenges, particularly local non-elective activity
- CIP delivery

Trading in December 2019 will be key and used to inform any official reforecast for 2019/20.

Forecast vs. Plan Scenarios

20.00
15.00
10.00
5.00
-
-5.00
-10.00
-15.00
-20.00
-25.00
-30.00

Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-20 Feb-20 Mar-20

2019/20 Plan excluding PSF
2019/20 Steady State plan scenario
2019/20 Financial Deterioration scenario
2019/20 Actual excluding PSF
2019/20 Forecast - Worst Case
2019/20 Forecast - Best Case
2019/20 Forecast - Most Likely

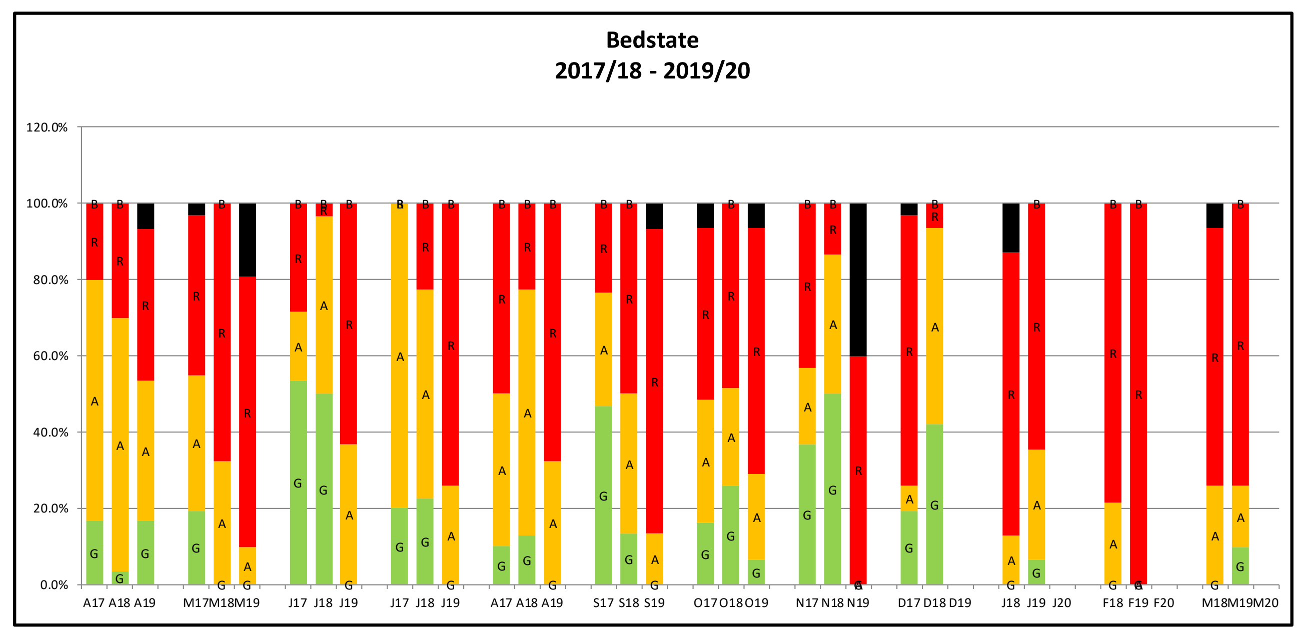
Bedstate – 3yr Comparison

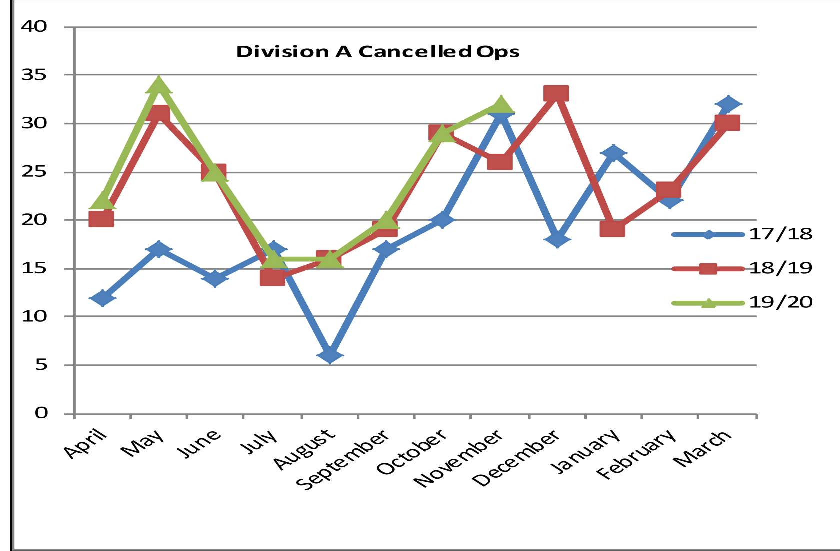
The bed state data for November 2019 shows that for approximately 60% of days, the Trust bed state was Red as per October 2019 and 40% were at black alert status.

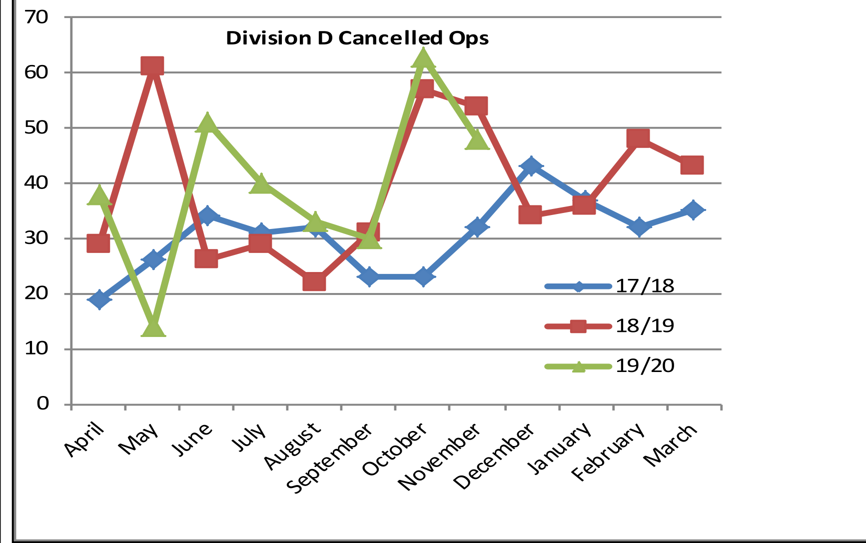
The black alert status seen in November 2019 reflects the highest number of black alert days in any one month for the last 3 years.

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

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







University Hospital Southampton NHS
NHS Foundation Trust

Clinical Income

(Fav Variance) / Adv Variance

The chart shows estimated clinical income in November 2019.

Non-elective inpatient activity was above planned levels; however lower than levels recently seen as a result of closed beds due to norovirus. A provision has been taken against the impact of the blended payment system for emergency care.

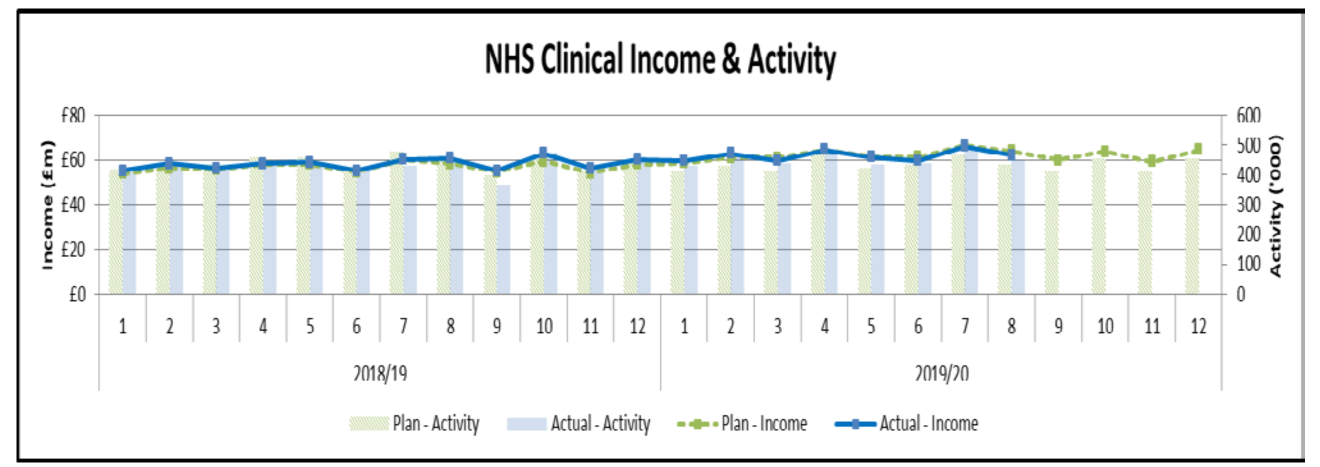
Elective inpatient income was below planned levels in the month as a result of bed pressures in the month related to norovirus and black alert status.

Outpatient activity was above planned levels in the month.

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

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

	2018/19	2019/20				2019/20			Monthly Run Rate	
POD GROUP	YTD Actuals £000s	Annual Plan £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	Done	To Do
NHS Clinical Income										
Elective Inpatients	£89,677	£147,972	£98,147	£95,285	£2,862	£13,127	£11,474	£1,653	£11,911	£13,172
Non-Elective Inpatients	£125,096	£199,870	£131,669	£144,197	(£12,528)	£16,419	£17,761	(£1,342)	£18,025	£13,918
Blended payment adjustment	£0	£0	£0	(£2,908)	£2,908	£0	(£365)	£365	(£363)	£727
Outpatients	£49,360	£81,598	£54,100	£55,879	(£1,779)	£7,040	£7,268	(£228)	£6,985	£6,430
Other Activity	£77,023	£129,745	£85,943	£86,811	(£867)	£10,994	£11,005	(£12)	£10,851	£10,734
CQUIN	£9,840	£8,375	£5,555	£5,704	(£149)	£711	£709	£2	£713	£668
Blocks & Financial Adjustments	£3,693	£17,872	£15,621	£2,050	£13,571	£2,486	£269	£2,217	£256	£3,955
Other Exclusions	£2,510	£46,419	£39,528	£33,710	£5,818	£4,145	£3,841	£304	£4,214	£3,177
Prior month adjustment	£0	£0	£0	£0	£0	£0	£422	(£422)	£0	£0
Subtotal NHS Clinical Income	*£357,198*	*£631,850*	*£430,563*	*£420,728*	*£9,835*	*£54,921*	*£52,384*	*£2,537*	*£52,591*	*£52,780*
Pass-through Exclusions	£76,579	£115,237	£68,611	£75,922	(£7,310)	£9,235	£10,173	(£939)	£9,490	£9,829
Total NHS Clinical Income	**£433,777**	**£747,087**	**£499,174**	**£496,650**	**£2,525**	**£64,155**	**£62,557**	**£1,599**	**£62,081**	**£62,609**
Non NHS Clinical Income										
Private Patients		£6,302	£4,312	£3,176	£1,137	£558	£582	(£24)	£397	£782
CRU		£2,500	£1,664	£1,675	(£11)	£208	£209	(£1)	£209	£206
Overseas Chargeable Patients		£1,412	£944	£997	(£53)	£118	£55	£63	£125	£104
Total Non NHS Clinical Income		**£10,214**	**£6,920**	**£5,847**	**£1,073**	**£884**	**£845**	**£39**	**£731**	**£1,092**
Grand Total	**£433,777**	**£757,301**	**£506,095**	**£502,497**	**£3,598**	**£65,040**	**£63,402**	**£1,637**	**£62,812**	**£63,701**



2019/20 Finance Report - Month 8

Clinical Income

Elective spells

In month -747 activity, -£1,652,827
YTD -2,660 activity, -£2,861,659

Income (£m) £0.0 – £15.0; Activity ('000) 0.0 – 10.0; months 1–12, 2018/19 and 2019/20

Plan - Activity | Actual - Activity | Plan - Income | Actual - Income

Non elective spells

In month +283 activity, +£1,341,580
YTD +2,163 activity, +£12,527,930

Income (£m) £0.0 – £25.0; Activity ('000) 5.0 – 7.0; months 1–12, 2018/19 and 2019/20

Plan - Activity | Actual - Activity | Plan - Income | Actual - Income

Outpatients

In month +823 activity, +£228,296
YTD +5,082 activity, +£1,778,907

Income (£m) £0.0 – £8.0; Activity ('000) 0.0 – 80.0; months 1–12, 2018/19 and 2019/20

Plan - Activity | Actual - Activity | Plan - Income | Actual - Income

A&E

In month -23 activity, +£16,233
YTD +235 activity, +£535,759

Income (£m) £0.0 – £2.5; Activity ('000) 9.5 – 13.0; months 1–12, 2018/19 and 2019/20

Plan - Activity | Actual - Activity | Plan - Income | Actual - Income

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

Clinical Income

Adult critical care

In month -35 activity, -£114,407
YTD -368 activity, -£484,129

Income (£m) | Activity ('000)
2018/19 | 2019/20
Plan - Activity | Actual - Activity | Plan - Income | Actual - Income

Neonatal & paediatric critical care

In month -97 activity, +£33,758
YTD +71 activity, +£156,869

Income (£m) | Activity ('000)
2018/19 | 2019/20
Plan - Activity | Actual - Activity | Plan - Income | Actual - Income

Tariff excluded drugs

In month +£233,355
YTD -£2,833,603

Income (£m)
2018/19 | 2019/20
Plan - Activity | Actual - Activity | Plan - Income | Actual - Income

Tariff excluded devices

In month +£537,352
YTD +£3,935,604

Income (£m)
2018/19 | 2019/20
Plan - Activity | Actual - Activity | Plan - Income | Actual - Income

Substantive Pay Costs

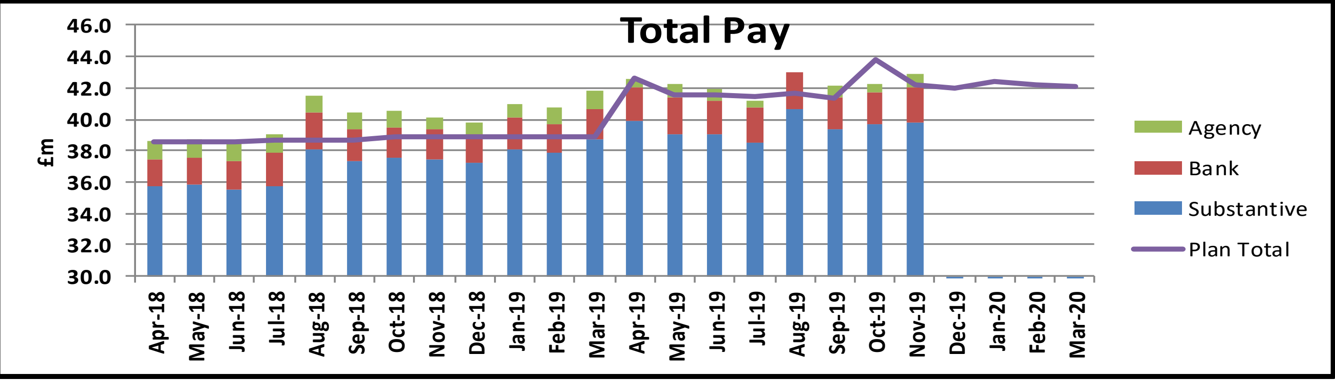
Total pay expenditure in November 2019 was £42.8m, £0.6m more than that spent in October 2019. The average for 2019/20 is £42.2m after adjusting for one-offs.

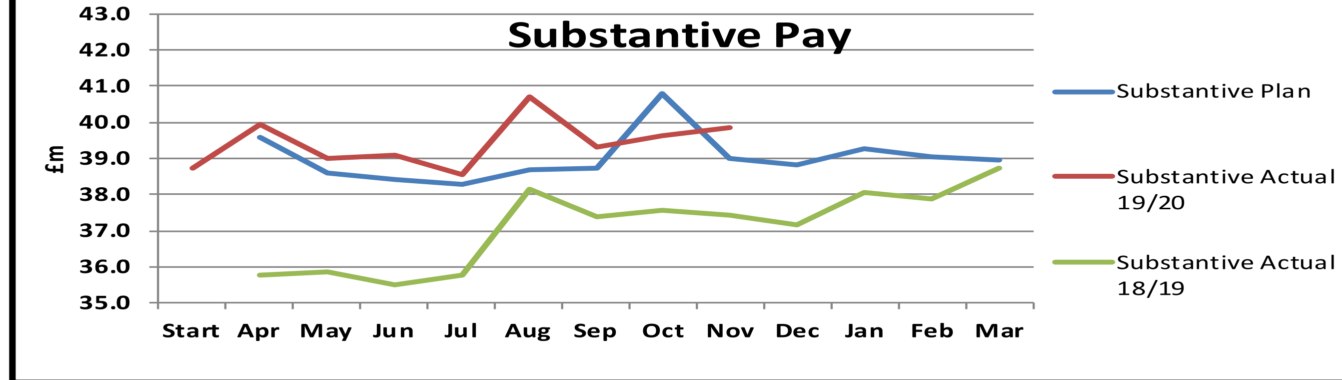
The £0.6m increase is spread evenly across substantive, bank & agency. The substantive increase will relate to increase in Newly Qualified Nurses and overseas recruitment in the nursing staff group. Medical staff expenditure in substantive reduced slightly from October 2019.

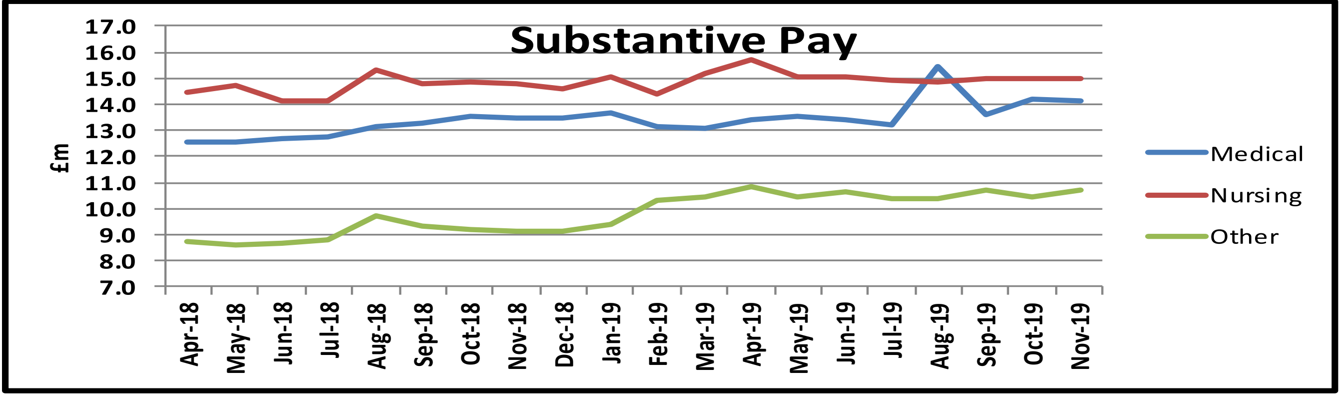
The Trust did spend approximately an additional £0.2m in November 2019 compared to October 2019 on Winter Plan initiatives.

In terms of position vs Plan in the month was £0.6m adverse which is same as in previous month and related to CIP delivery lower than Plan.

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.

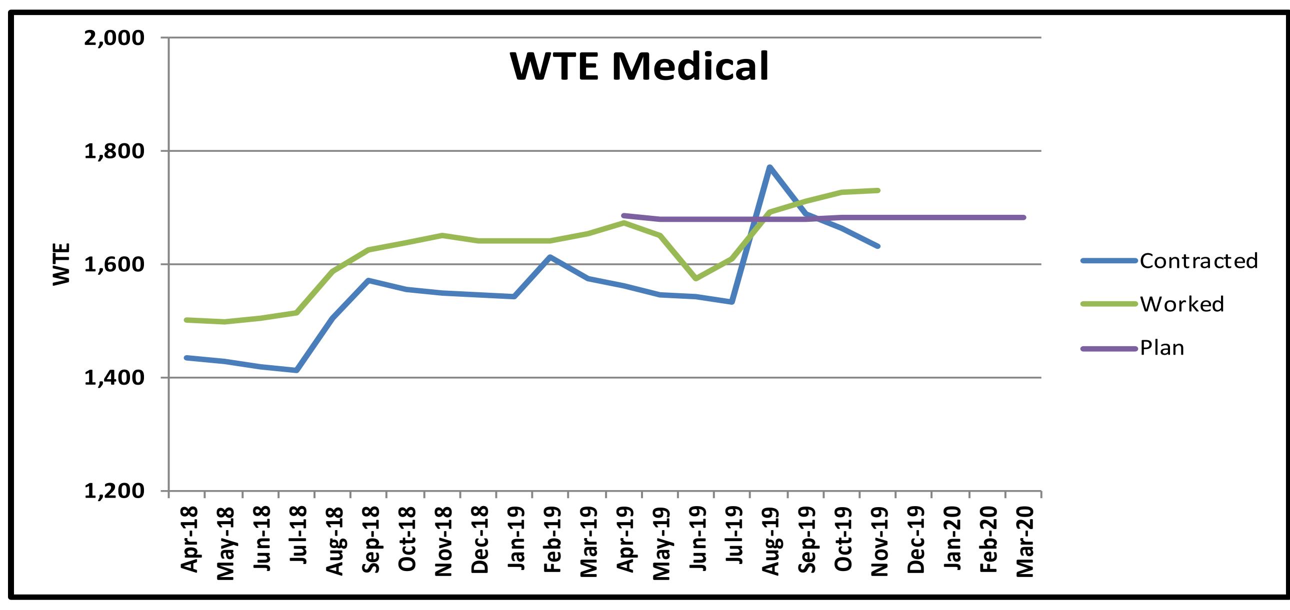
The information compares plan vs worked and contracted.

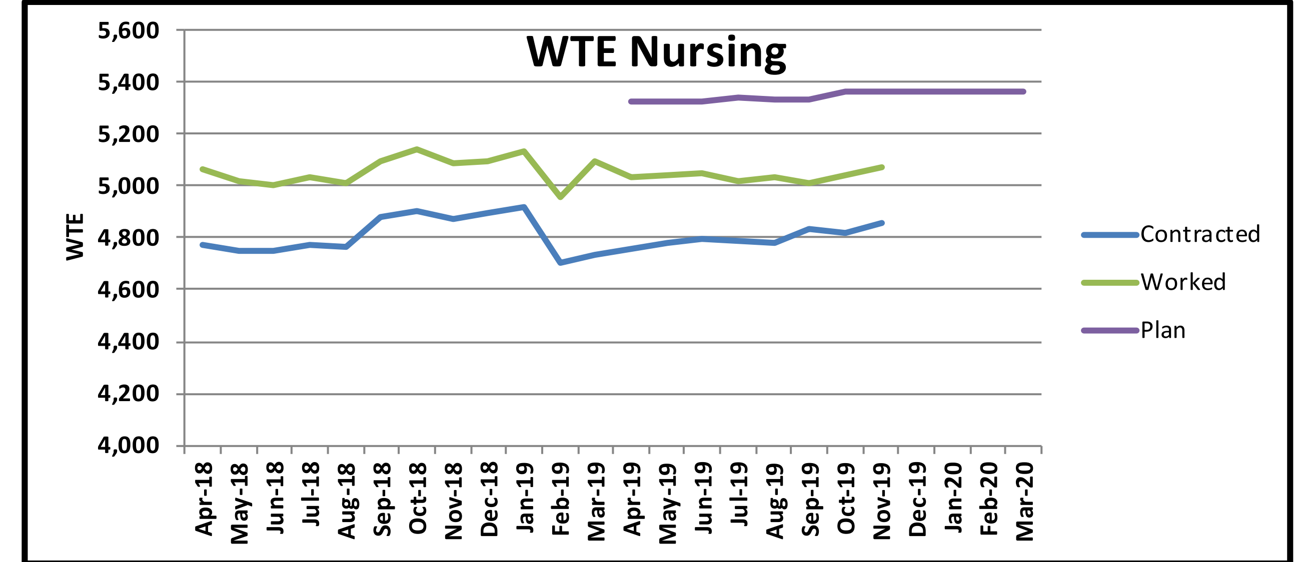
Highlights:

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.

3) Nursing numbers did rise by some 35wtes from November for Newly Qualified Nurses, overseas recruitment and increase in staff linked to the Winter Plan.





Temporary Staff Costs

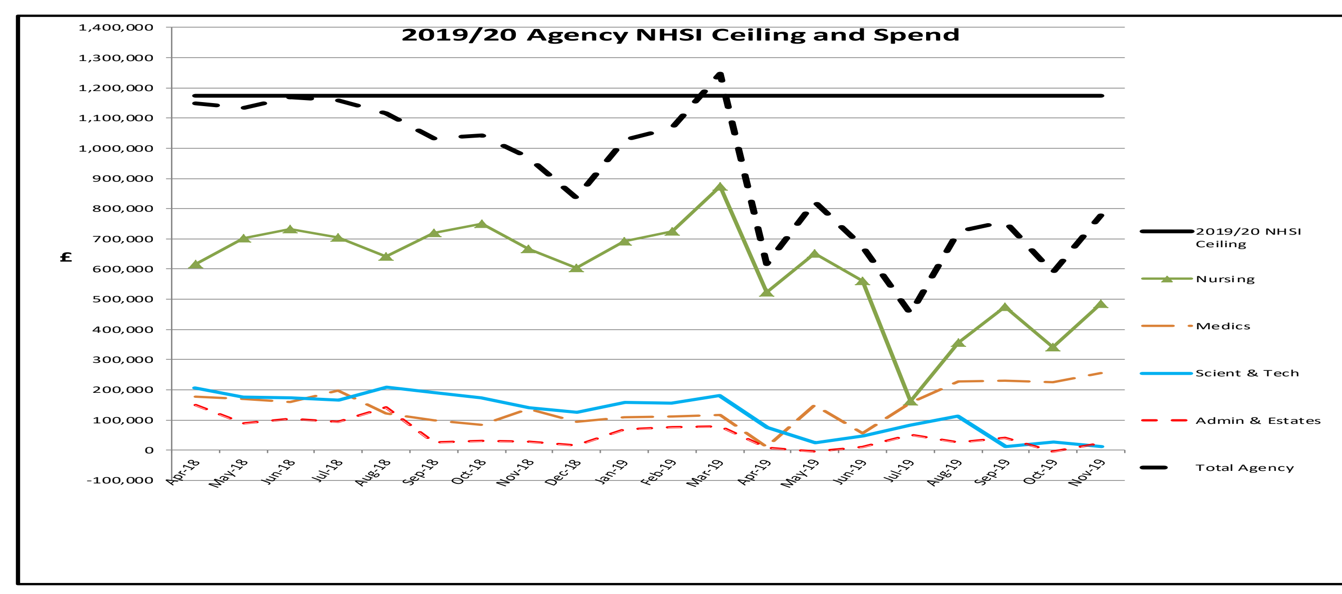
Overall agency spend in November 2019 was £0.8m, £0.2m more than that spent in October 2019.

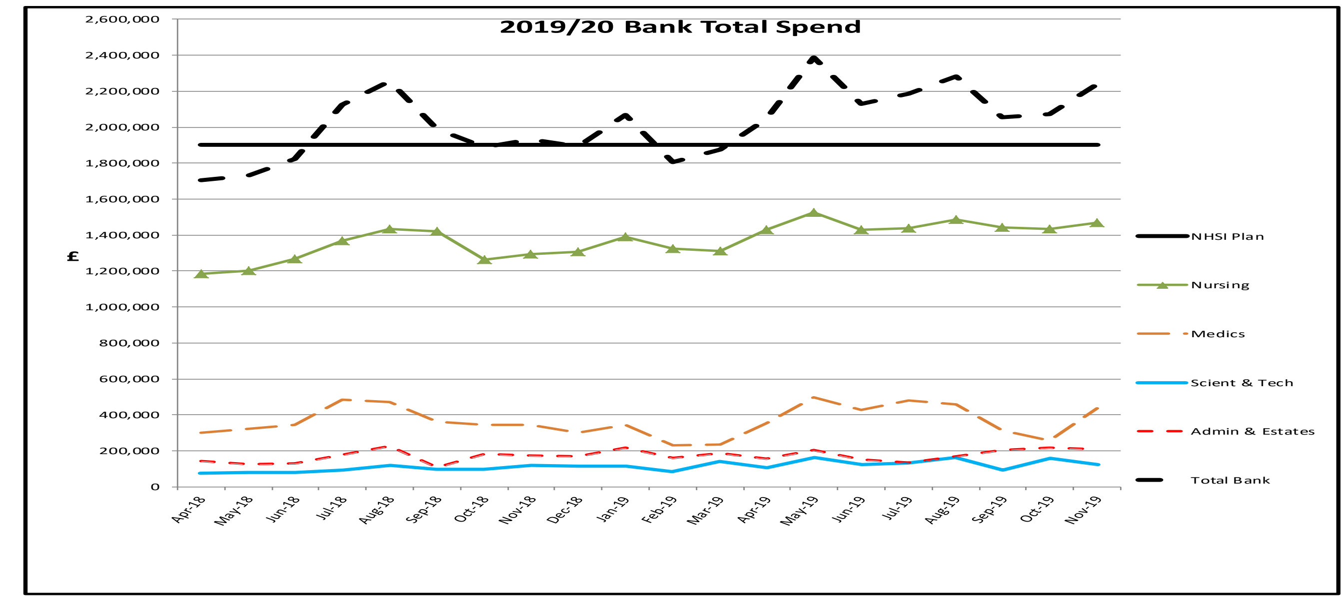
Expenditure on Thornbury increased by £30k in November 2019 to £101k, which is £90k higher than what was spent with Thornbury Nursing Agency in November 2018.

Division A accounted for the increase between October and November 2019 and in critical care in particular.

Expenditure on bank staff was £2.2m in November 2019m, £0.2m more than in October 2019.

In overall terms, expenditure on flexible staffing was £0.2m lower than Plan in November 2019, but £0.2m higher than October 2019.





Cost Improvement Programme

CIP delivery in November 2019 was £3.1m against a Plan of £3.7m.

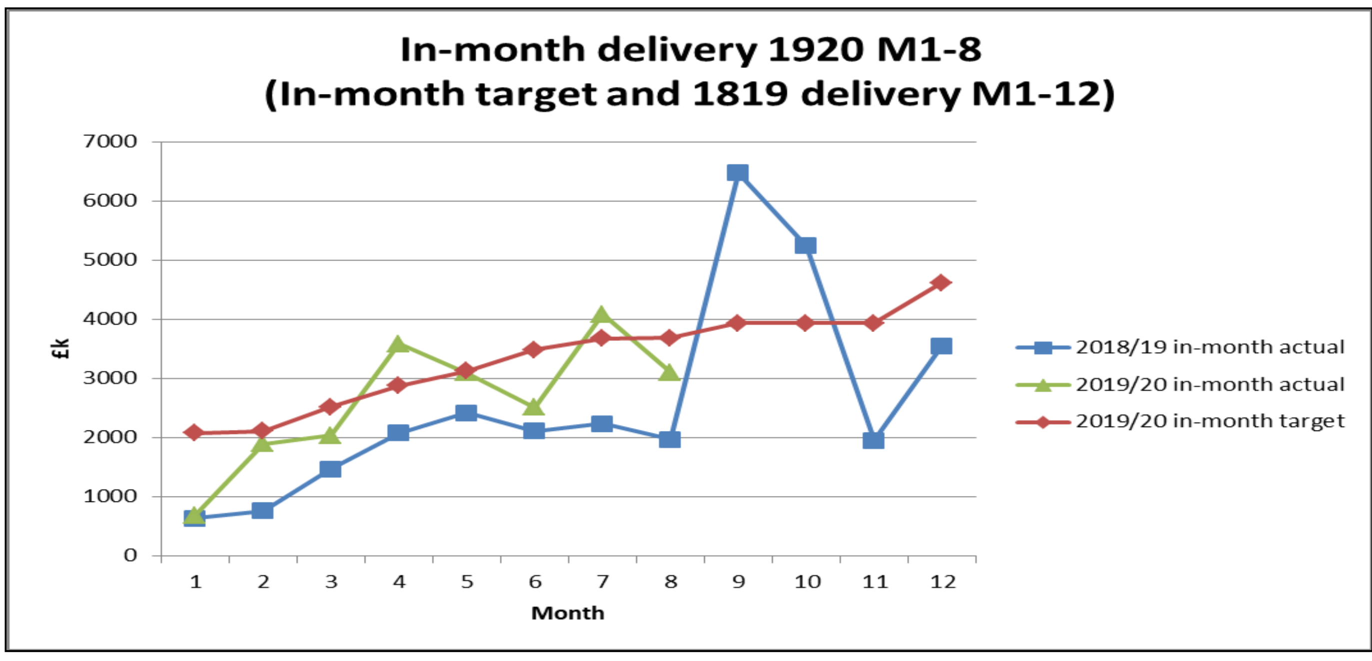
Clinical Income CIP scheme award slowed in November due to the overall Trust income position being down.

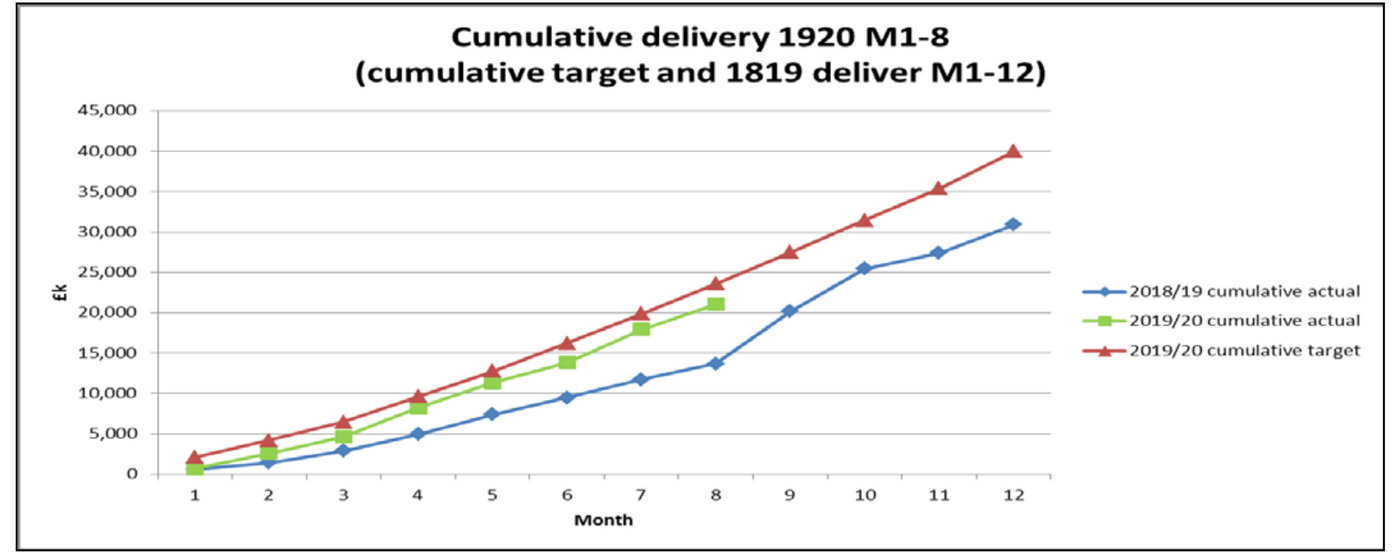
Year to date the Trust is £2.5m behind Plan for 2019/20 as £21m has been delivered vs a target of £23.6m.

Compared to YTD M8 in 2018/19 the Trust has delivered an additional £7.3m 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. Existing schemes which have not yet delivered are constantly reviewed and RAG rated.





Cost Improvement Programme

The Trust has identified CIP of £41.5m vs £40m target. Identification increased by £1.4m from October 2019.

Of the total identified, £29.2m/70% is planned to be recurrent and £12.3m/30% non-recurrent. When include full year effect of the 2019/20 CIP programme of £5.3m, the recurrent total is £34.5m.

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	CIP Target £k	Total CIP £k	Gap £k	Identified %	Red rated	Identified exc. Red £k	Identified exc. Red %
Division A	8,998	8,752	246	97%	1,507	7,245	81%
Division B	7,954	8,110	(156)	102%	1,695	6,415	81%
Division C	6,569	7,438	(869)	113%	2,672	4,766	73%
Division D	8,428	9,569	(1,141)	114%	841	8,728	104%
Total clinical services	**31,949**	**33,869**	**(1,920)**	**106%**	**6,715**	**27,154**	**85%**
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%
Total THQ	**4,051**	**4,464**	**(413)**	**110%**	**50**	**4,414**	**109%**
Central Schemes	4,000	3,198	802	80%	1,637	1,561	39%
Trust total	**40,000**	**41,531**	**(1,531)**	**104%**	**8,402**	**33,129**	**83%**

	Workforce	Length of stay	NHS income	Other income	Non pay	Total
Trust total identified £k	6,593	4,978	17,100	5,205	7,655	41,531
Recurrent £k	1,160	4,978	15,902	1,629	5,549	29,218
Recurrent %	18%	100%	93%	31%	72%	70%
Non Recurrent £k	5,433	0	1,198	3,576	2,106	12,313
Non Recurrent %	82%	0%	7%	69%	28%	30%

Cash

The cash balance was £71.6m at the end of November 2019, £25.2m above Plan.

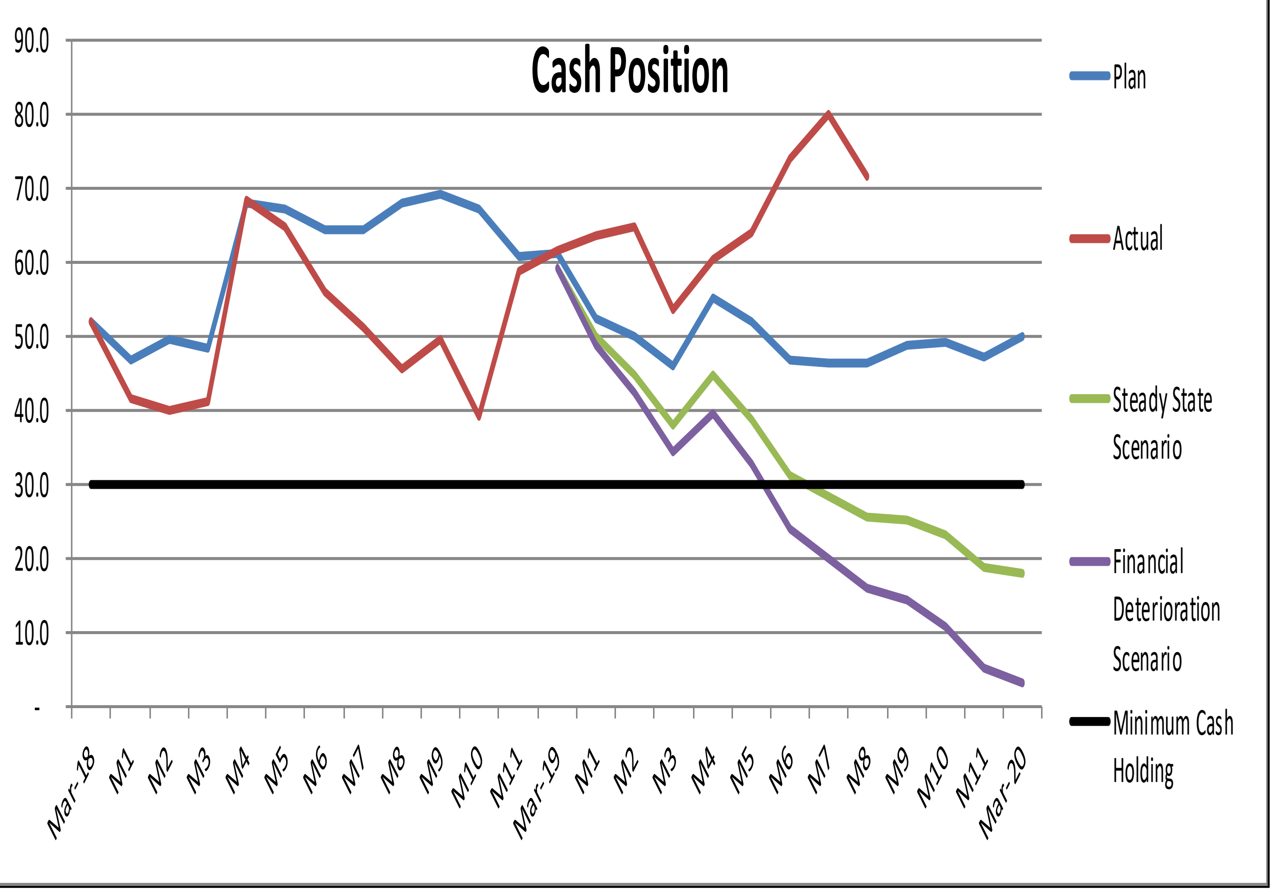
This is primarily due to:
1) Working capital position better than Plan by circa £7m. The accounts receivable position is better than Plan due to improvements in negotiated payment arrangements with Commissioners. The accounts payable balance remains higher than anticipated due to delays in invoice payments.

2) The operating I&E position has moved back closer to Plan in month (£3m adverse movement in month). Year-end cash position from 18/19 finished 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) £3.5m less than Plan.

We will review the latest cash forecast by the end of Q3 to inform our 2020/21 Plan and three year capital prioritisation process.



Capital Expenditure

(Fav Variance) / Adv Variance

Capital expenditure of £2.8m was reported in month. This was £1.5m under Plan with the reasons for the underspend mainly due to the timing of projects rather than non-delivery or delays. Key notable areas under Plan were IT (£0.3m), strategic maintenance (£0.3m), E Level Theatres (£0.2m), ED Resus (£0.2m) and IISS leases (£0.2m). All these areas have volatile month on month spend and no forecast adjustments have been made accordingly with the exception of E Level Theatres.

For E level theatres the forecast has been adjusted downwards to £3.6m as £0.7m of specialist equipment is no longer being purchased at this phase of theatre expansion.

Successful bids for external funding have also been added to the capital Plan relating to ED investment (£0.6m) and CT Scanner funding (£0.6m).

The YTD spend for capital projects excluding leases totals £21.7m with a forecast projection of £45.4m for 2019/20. This illustrates a significant acceleration of capital expenditure in the remaining 4 months of the year; however is consistent with live projects moving into higher cost phases for example GICU and PAH Windows, plus several externally funded projects now moving at pace.

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	Original Plan £000's	Revised Plan £000's	Latest Forecast £000's	Variance £000's
Childrens Hospital	100	183	(83)	833	628	205	1,893	1,196	1,174	22
ED Adult Resus	250	81	169	825	383	442	1,509	1,501	1,017	484
IT Schemes	1,050	759	291	4,943	4,367	576	7,450	7,220	7,220	0
Wave 3 STP Digital	0	0	0	0	0	0	4,422	26	0	26
Strategic Maintenance	450	180	270	2,854	2,551	303	4,000	4,000	4,000	0
Medical Equipment Panel	52	7	45	722	735	(13)	2,100	2,100	2,100	0
GICU Expansion	840	846	(6)	5,090	4,345	745	13,614	12,122	11,132	990
Refurbish Eye Theatre	20	0	20	40	20	20	1,177	60	115	(55)
Energy Efficiency	250	249	1	700	303	397	2,223	1,473	1,667	(194)
New Theatres E level	250	26	224	2,836	1,538	1,298	3,637	3,236	3,600	(364)
Urology Day Unit	150	20	130	2,084	1,853	231	2,173	2,177	2,047	130
Steam Project	0	0	0	103	119	(16)	2,126	103	611	(508)
Princess Anne Theatre Ventilation	20	15	5	321	321	0	580	355	355	0
Spend to Save	70	62	9	215	162	53	1,104	847	832	15
Radiotherapy Equipment	0	6	(6)	834	731	103	658	834	924	(90)
Divisional / Donated Equipment	150	67	83	662	389	273	1,350	1,350	1,373	(23)
ED offices and minors space	0	0	0	0	0	0	0	0	600	(600)
CT, MR & Mammography	0	0	0	0	0	0	0	0	592	(592)
Decorative Improvements / Staff Fund	105	42	63	421	83	338	625	741	718	23
Other Projects	342	201	141	3,478	3,180	298	6,006	4,472	5,279	(807)
Total Excluding Finance Leases	**4,099**	**2,743**	**1,356**	**26,961**	**21,707**	**5,254**	**56,647**	**43,813**	**45,356**	**(1,543)**
Finance Leases-IISS	200	0	200	2,337	2,416	(79)	5,815	4,880	6,436	(1,556)
Finance Leases-Other	0	73	(73)	3,173	3,135	38	2,000	3,433	3,433	0
Total Capital Expenditure	**4,299**	**2,816**	**1,483**	**32,471**	**27,258**	**5,213**	**64,462**	**52,126**	**55,225**	**(3,099)**
Donated Asset Additions	(263)	(263)	0	(2,104)	(2,104)	0	(3,043)	(2,796)	(2,796)	0
Total Net CDEL Expenditure	**4,036**	**2,553**	**1,483**	**30,367**	**25,154**	**5,213**	**61,419**	**49,330**	**52,429**	**(3,099)**
										-7.3%
Memo:										
Internal Funding								31,738	30,803	935
External Funding								12,075	14,553	(2,478)
Total								**43,813**	**45,356**	**(1,543)**

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	385.6	375.3	(10.4)	403.7
Inventories	16.5	16.2	15.0	(1.2)	16.2
Receivables	105.9	75.0	82.0	7.0	75.5
Cash	61.5	46.4	71.6	25.2	49.8
Payables	(110.5)	(84.1)	(98.2)	(14.1)	(82.7)
Current Loan	(3.3)	(4.6)	(3.4)	1.2	(4.6)
Current PFI and Leases	(7.0)	(4.4)	(7.5)	(3.1)	(4.4)
Net Assets	**435.6**	**430.2**	**434.8**	**4.7**	**453.5**
Non Current Liabilities	(18.2)	(18.3)	(18.1)	0.2	(18.3)
Non Current Loan	(14.6)	(11.0)	(12.4)	(1.4)	(12.0)
Non Current PFI and Leases	(33.0)	(34.3)	(29.3)	5.0	(34.6)
Total Assets Employed	**369.8**	**366.6**	**375.0**	**8.4**	**388.7**
Public Dividend Capital	211.0	220.4	211.0	(9.4)	223.7
Retained Earnings	125.0	120.7	130.2	9.5	139.5
Revaluation Reserve	33.8	25.5	33.8	8.4	25.5
Other Reserves	0.0	0.0	0.0	0.0	0.0
Total Taxpayers' Equity	**369.8**	**366.6**	**375.0**	**8.4**	**388.7**

<table>
<tr><td colspan="4">Report to the Trust Board of Directors dated Thursday, 09 January 2020</td></tr>
<tr><td colspan="4">Title: Amendment to the Trust's Constitution</td></tr>
<tr><td>Category</td><td colspan="3">Corporate Governance, Risk, and Internal Control</td></tr>
<tr><td>Agenda item</td><td colspan="3">5.1</td></tr>
<tr><td>Sponsor</td><td colspan="3">Chairman</td></tr>
<tr><td>Author</td><td colspan="3">Interim Company Secretary & Associate Director of Corporate Affairs</td></tr>
<tr><td>Provenance</td><td colspan="3">There are two issues that require amendments to the Trust's Constitution:

1. At its meeting on 28 November 2019, the Remuneration and Appointment Committee of the Board of Directors approved the appointment of a new Executive Director, Director of Human Resources. This Director has been granted voting rights on the Board of Directors which impacts on the balance between Non-Executive Directors (NEDs) and Executive Directors.

2. At the Council of Governors (CoG) meeting held 9 December 2019, it was agreed that the provision for the appointment/election of the Lead Governor and the Deputy Lead Governor should be more explicitly set out in the Constitution which is currently silent on the process.

This report proposes amendments to the Constitution to address the voting balance on the Board and to comply with the request from the CoG for clarity in appointing/electing the Lead Governor and Deputy Lead Governor

Proposed amendments and additions to the Constitution are highlighted in YELLOW as shown in the report.</td></tr>
<tr><td>Classification</td><td colspan="3">This Report is unclassified.</td></tr>
<tr><td>Purpose and recommendation</td><td colspan="3">The paper is presented for APPROVAL.
The Trust's Constitution itself states (Section: 43) that any change to the Constitution must be approved by both the Board of Directors and the Council of Governors. Once both bodies have approved the changes the revised Constitution must be sent to NHSI/E for information</td></tr>
<tr><td rowspan="2">Relevant strategic goals</td><td>✓ Goal 1: Improving patient journeys.</td><td>✓ Goal 2: Delivering value-based health and care.</td><td>✓ Goal 3: Supporting healthy lives.</td></tr>
<tr><td>✓ Goal 4: Building an expert and inclusive workforce.</td><td>✓ Goal 5: Being agile in meeting people's needs.</td><td>✓ Goal 6: Creating leading-edge research, education, and innovation.</td></tr>
<tr><td>Assurance framework links</td><td colspan="3">• 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</td></tr>
</table>

	• BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6 • BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme • BAF04 – Reduced access to resources compromises the quality of services • BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care • BAF06 – Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services • BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care • BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual • BAF09 – Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider • BAF010 – Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status
Impact assessments	This report does not propose any changes that require a new impact assessment.
Other standards affected	NHSI compliance with Code of Governance and Trust's Constitution

Amendment to the Trust’s Constitution

1. Introduction or Background

The Trust’s Constitution requires that any changes to it are approved by the Board of Directors and the CoG. Two amendments are required

1.1 Change to Section 4.2 of the Constitution: Composition of the Board of Directors

Because of the planned recruitment of an Executive Director of Human Resources, who will be a voting member of the Board of Directors, the voting balance between NEDs and Executive Directors will be affected.

The Trust’s Constitution at **Section: 22.8** states: ***“****The board of directors shall at all times be constituted so that the number of non-executive directors (excluding the chair) equals or exceeds the number of executive directors”)*

Currently voting NEDs (excluding the Chair) outnumber voting Executives by one as there are 6 NEDs (excluding the Chair). There are 5 voting Executive Directors (including the Chief Executive Officer) making the voting balance 6:5 in favour of NEDs. The appointment of the new voting Executive Director will result in a 6:6 arrangement (excluding the Chair).

In order to satisfy **Section 22.8** of the Constitution, it is proposed that **Section 4.2** of the Constitution be amended to now read:

4.2 The Trust’s board of directors is to comprise:

4.2.1 a non-executive chair

4.2.2 not more than seven other non-executive directors; and

4.2.3 not more than seven executive directors and not less than five.

1.2 **Arrangements for the appointment of the Lead Governor and Deputy Lead Governor**

Section 13.1 of the Constitution states: “*The council of governors shall appoint or elect a governor as the lead governor”.*

Section 13.6 states: “*The council of governors may appoint or elect a deputy lead governor to undertake such responsibilities as the council of governors may specify”*.

Unfortunately the Constitution does not state how this appointment or election should be made. This makes the process uncertain and open to potential confusion. It is proposed that the following arrangement, used by the majority of Foundation Trusts, be adopted. **Section 13.1** of the Constitution be amended and extended to read as **Section 13.1.1:**

“*The council of governors shall appoint or elect a governor as the lead governor.*

A Governor seeking election as Lead Governor will be required to submit a written statement to the Company Secretary or equivalent in support of their candidature by a specific deadline. The statement must not be in excess of 300 words. Statements will be circulated to all Governors by the Company Secretary by email following the expiry of the deadline for submission. Governors shall be provided with a deadline to register an electronic vote by email. The Company Secretary shall act as the Returning Officer in respect of the election.”

Section13.6 be extended to read as **Section13.6.1:** *“The same process set out at **Section 13.1.1** used for the appointment of the Lead Governor to be used for the appointment of the Deputy Lead Governor”*

2. Conclusion

Amendment of the constitution

Section 43 of the Constitution sets out the process for amendments made to it.

43.1. The Trust may make amendments to its constitution only:

43.1.1 If more than half of the members of the council of governors of the Trust present and voting approve the amendments; and

43.1.2. If more than half of the members of the board of directors of the Trust present and voting approve the amendments.

43.2 Amendments made under paragraph 43.1 take effect as soon as the conditions in that paragraph are satisfied, but the amendment has no effect in so far as the constitution would, as a result of the amendment, not accord with schedule 7 of the 2006 Act.

43.3 Where an amendment is made to the constitution in relation to the powers or duties of the council of governors (or otherwise with respect to the role that the council of governors has as part of the Trust):

43.3.1 at least one member of the council of governors must attend the next Annual Members' Meeting and present the amendment; and

43.3.2 the Trust must give the members an opportunity to vote on whether they approve the amendment.

43.4 If more than half of the members voting approve the amendment, the amendment continues to have effect; otherwise, it ceases to have effect and the Trust must take such steps as are necessary as a result.

43.5 Amendments by the Trust of its constitution are to be notified to NHSI (formerly Monitor). For the avoidance of doubt, NHSI's functions do not include a power or duty to determine whether or not the constitution as a result of the amendments, accords with schedule 7 of the 2006 Act.

Section 43.3 does not apply in this case as the amendments do not relate to the powers or duties of the Council of Governors.

3. Recommendation

The Board is asked to **approve** the amendments to the Constitution.

Appendices

- The amended/additional sections of the Constitution are highlighted in **YELLOW**

NHS
University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors dated Thursday, 09 January 2020			
Title: Register of Seals, and Chair’s Actions			
Category	Corporate Governance, Risk, and Internal Control		
Agenda item	5.2		
Sponsor	Chairman		
Author	Audley Charles, Interim Company Secretary		
Provenance	This is a regular report to notify the Board of use of the seal and actions taken by the Chairman in accordance with the Scheme of Delegation for ratification.		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for RATIFICATION.		
Relevant strategic goals	☐ Goal 1: Improving patient journeys.	✓ Goal 2: Delivering value-based health and care.	☐ Goal 3: Supporting healthy lives.
	☐ Goal 4: Building an expert and inclusive workforce.	☐ Goal 5: Being agile in meeting people’s needs.	☐ Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	• BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6 • BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme • BAF04 – Reduced access to resources compromises the quality of services		
Impact assessments	None		
Other standards affected	• Monitor NHS Foundation Trust Code of Governance (probity, internal control) • UHS Standing Financial Instructions and Scheme of Reservation and Delegation		

Register of Seals, and Chair's Actions

1. Signing and Sealing

1.1 **Joint Venture Shareholders Agreement** executed as a Deed between Hampshire Hospitals NHS Foundation Trust and University Hospital Southampton NHS Foundation Trust and Wessex NHS Procurement Limited on 26 November 2019, seal number 183.

2. Chair's Actions

The Board has agreed that the Chair may undertake some actions on its behalf. The following action has been undertaken by the Chair.

2.1 **Single Tender Action for Patient Flow Consultancy from PriceWaterhouseCoopers LLP**

The main purpose of this programme is to provide capacity to improve patient flow through the hospital. PwC carried out an initial mobilisation and design phase within the Trust and presented the outcome of this process to the Trust Executive Directors and Trust Board. Following internal consideration and negotiations, the Trust Board approved for the Trust to enter into a contract with PwC to deliver the full scope of the project.

An appraisal has been carried out and conclusion made that the service offered by PWC is the most credible and appropriate for the Trust's needs, with strengths including their track record, culture and approach based upon QI methodologies, coaching, education, and their scale and ability to support us with rapid improvement. PwC have indicated that they would be able to work with the Trust to reduce Length of Stay (LOS) by 10-12%.

Payment will be determined by improvement in relation to a number of patient flow performance indicators, which will be mutually agreed by the Supplier and the Trust. Value for money is evidenced through the expected scale of operational and income benefits to the trust, and due diligence is assured by linking 20% of the fees to agreed outcome measures such as reduced LOS.

The agreement is contracted through a compliant Crown Commercial Service (CCS) G-Cloud 11 Framework for 6 months. This was approved by the Chair on 22 November 2019.

3. Recommendation

The Board is asked to ratify the Chair's Action.