

Report to the Trust Board of Directors dated Thursday, 30 April 2020			
Title: Integrated Performance Report 2019/20 Month 12 and Summary Highlights 2019/2020			
Category	Quality, Performance, and Finance		
Agenda item	5.2		
Sponsor	Chief Executive		
Authors	Trust Performance Manager Director of Financial and Productivity Improvement		
Provenance	The Integrated Performance Report is reviewed monthly by the Board of Directors		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for REVIEW.		
Relevant strategic goals	✓ Goal 1: Improving patient journeys.	✓ Goal 2: Delivering value-based health and care.	✓ Goal 3: Supporting healthy lives.
	✓ Goal 4: Building an expert and inclusive workforce.	✓ Goal 5: Being agile in meeting people's needs.	✓ Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • BAF01 – Inability to develop partnerships and redesign services innovatively renders the Trust unable to meet the expectations of the NHS long term plan, our strategic plan, and sustainable elective and non-elective pathways • BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6 • BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme • BAF04 – Reduced access to resources compromises the quality of services • BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care • BAF06 – Lack of capacity and agility renders the Trust unable to respond to the changing operating environment, causing a failure to provide contracted services • BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care • BAF08 – Lack of inclusion and diversity results in the failure to get the best from every individual • BAF09 – Failure to respond with the necessary organisational changes in design and operation renders the Trust unable to remain a competent NHS Provider • BAF10 – Inability to offer translational research renders the Trust unable to maintain its cutting-edge teaching hospital status 		
Impact assessments	n/a		
Other standards affected	n/a		

Integrated KPI Board Report Digest

Introduction

The Trust Integrated Performance Report Digest is presented to the Trust Board each month. In addition to describing performance in March 2020, this report includes summary highlights of performance across the full year 2019/2020. The report should be read alongside the 'Integrated KPI Board Report' which contains quantitative performance against all agreed measures.

March 2020

Covid-19. The latter part of March 2020 has seen exceptional changes in the nature of the operation and performance of the Trust. The Trust, our patients and staff have been impacted by concerns relating to, and the actions necessary to respond appropriately to the threat of, Covid-19.

Affected performance indicators within this report include:

- A reduction in the number of long length of stay inpatients (IPJ3_N) as hospital and community actions commenced to reduce the number of patients in hospital, and reductions in occupancy (IPJ6) as this was achieved, in advance of the predicted surge in Covid-19 related demand
- Reductions in UHS Emergency Department attendances (24%) and Non-elective admissions (13%) during the month as a whole (greater in latter weeks) as the public stayed away, or other solutions were found by clinicians. Minor injuries and illnesses were also directed towards Urgent Care Centres such that patients were not at risk of exposure to Covid-19 in A&E
- Diagnostic tests saw reduced numbers of patients waiting yet greater numbers waiting over 6 weeks, likely due to a reduction in new referrals (due to a reduction in consultations), and disruption to diagnostic clinics (clinical risks, need to release capacity, and patient availability)
- The Referral to treatment waiting list stayed stable, but with an acceleration in the growing percentage of patients waiting >18 weeks, likely to be due to similar influences to those in diagnostics
- The percentage of complaints closed within target time frame decreased and is now below target for the first time in 12 months
- Care hours per patient per day have increased significantly as bed occupancy reduced, and as nursing staff were redeployed from other roles into inpatient care to assist with the additional demands of working frequently in personal protective equipment and caring for a high proportion of acutely unwell patients
- Staff sickness absence rates have seen a significant increase due to Covid-19 symptoms, and Covid-19 isolation due to symptoms of other members of the household.

Data completeness and accuracy:

- There are a small number of measures that would normally be reported monthly, one month in arrears, but are not present in this report for March. Such issues are likely to reflect the impact of staff availability / re-deployment during Covid-19
- NIHR CRF & BRC publications (LE7-1) are reported, but appear lower than expected, this is being investigated but is likely to be a reporting inaccuracy resulting from the redeployment of research staff to clinical roles in the context of Covid-19.

Summary Highlights - 2019/2020

Outlined below are highlights for the year, alongside areas where we have not made the required progress and will put plans in place to improve performance in 2020/2021.

Improving Patient Journeys

19/20 was a challenging year in which we made only modest progress against some objectives to 'Improve Patient Journeys', and deteriorated in performance against others.

Inpatient length of stay remained stable but didn't reduce significantly as we had intended, and the percentage of bed days used due to 'Delayed Transfers of Care' to other settings increased to nearly twice the national target. This, combined with growth in non-elective admissions (2.8% YTD excluding M12), resulted in occupancy rates which often exceeded our target, and an increase in patients cared for as 'outliers' away from their own speciality wards.

Emergency Access Performance (patients spending <4hours in the Emergency Department) remained below both the national and local targets, though performance did show modest improvement during the year, as did performance in comparison with other major trauma centres. There has been a further substantial increase in the volume of Emergency Department attendances (7% excluding M12).

The number of 'elective' patients waiting for treatment, the percentage of patients waiting within 18 weeks, and also the waiting time for first outpatient appointments, deteriorated significantly during the year. This has, in part, been impacted upon by reduced availability of clinical capacity due to staff concerns about the impact of new pension/tax regulations. There are, however, good indications that service changes are being implemented to increase consultation capacity in an efficient way as we aimed to do. There has been a substantial increase in consultations provided through 'non face to face' routes, and a small decrease in the number of more traditional face to face consultations (Measures VB 10/11).

Urgent GP referrals for suspected cancer seen within two weeks saw a substantial and sustained improvement compared to the previous year, exceeding that target. Performance against treatment within 62 days measures also demonstrated modest improvement during the year, and improvement in comparison with other teaching hospitals (which saw a significant deterioration). On the whole however, significant improvement in cancer performance continues to be required in order for UHS to deliver the national targets for timeliness of

treatment, recent results are approximately 4% (for 31 days) and 10% (for 62 days) away from the agreed targets. Both new suspected cancer referrals, and first treatments for cancer, saw modest growth through 2019/20.

Delivering value based health and care

Changes in the volume and type of referrals / care delivered are summarised in the section above.

The rate of complaints about UHS care has remained low, and the percentage of complaints 'closed' within 35 days when formal complaints have been made was above target for the first 11 months of 2019/2020.

Pleasingly, the availability of nursing care to our inpatients (expressed as Care Hours per Patient per Day) has increased progressively through the year from 8.6 to 8.9. An active overseas nursing recruitment and induction process has supplemented domestic recruitment and training.

Supporting healthy lives

The Trust has maintained very good performance on the Hospital Standardised Mortality Ratio. The standard is 100 and we are consistently below this (83 in December, results are reported nationally retrospectively). This measure includes all patients in England with the same condition and compares those that have died with those that have survived. Being below 100 is a strong indicator of good care. Modest reductions have also been observed in our crude mortality rate during 2019/2020.

We continue to receive feedback, which is largely positive, through the national 'Friends and Family' survey for both our inpatient and maternity care.

The Board monitors a range of quality indicators; of these - exceeding the target number of patients infected with Clostridium Difficile by 6 is of some concern, we are pleased that the number of severe/moderate medication errors has been maintained well below our target level, and following an increase in the number of Serious Incidents Requiring Investigation (SIRI) that were reported to Board in the early part of the year both the numbers of SIRIs has reduced and the timeliness of investigation has significantly improved.

Staff sickness levels were on target through the summer months, but significantly in excess of this through the winter months, as a whole this is a cause for some concern.

Building an Expert and Inclusive Workforce

Very pleasingly, nursing vacancies were reduced significantly during the year, from 18 to 15%. Though still a challenge, this supports increases in the treatment capacity we can make available

in the trust, our ability to open additional bed capacity to reduce our inpatient occupancy rates, and increases in the care hours provided per patient per day.

Turnover rates have been in excess of our target throughout the year, with increases in the latter part, and do still give cause for concern. There has also been a reduction in the percentage of staff who would recommend UHS as a place to work, though we remain above our target of 76%. The percentage of non-medical appraisals taking place within 12 months remains below target and is declining.

We have made steady progress this year towards our target of 15% of staff at Band 7 and above being from Black and Minority Ethnic backgrounds by 2023 (above 9% in March 2020).

Being agile in meeting people's needs

Performance against Estates related metrics has varied through the year, helpdesk responses within time was below target for the majority of the year but improved in the final quarter, whilst the planned maintenance target was achieved throughout the year. The number of unresolved helpdesk request numbers remained within target throughout the year, but the number of these over 30 days increased and has been above target for the latter three quarters.

2019/20 has seen further progress in the implementation of digital tools that enable patients and clinicians to review and discuss patient specific clinical information in new ways, for example large increases in usage of 'My Medical Record' and 'digirounds', modest further progress in electronic requesting and acknowledgement of tests, and stable usage of other tools.

Leading edge research, education and innovation

The majority of recruitment targets have been achieved during 2019/20.

There has been a significant reduction in recruitment, but despite this UHS was ranked 8th for non-weighted and 5th for weighted CRN recruitment nationally in Q4. Comparative CRN recruitment performance by specialty improved significantly during the year and finished the year on target.

In Q4 UHS ranked 13th for contract commercial study recruitment, which is the same position achieved in the previous year and did not achieve our target of Top 10. In common with CRN recruitment, a constraint on pharmacy research capacity (partially addressed by a business case approved by Trust Investment Group in November 2020) has been a significant contributing factor in 19/20.

The proportion of commercial studies closing in 19/20 FY on time and to recruitment target ended the year below the 80% target at 68%, though the year-end target for the proportion of

non-commercial studies closing on time and to recruitment target was exceeded at 88% compared to 80% target.

End.

Andrew Asquith

Director of Financial and Productivity Improvement

27th April 2020

Integrated KPI Board Report

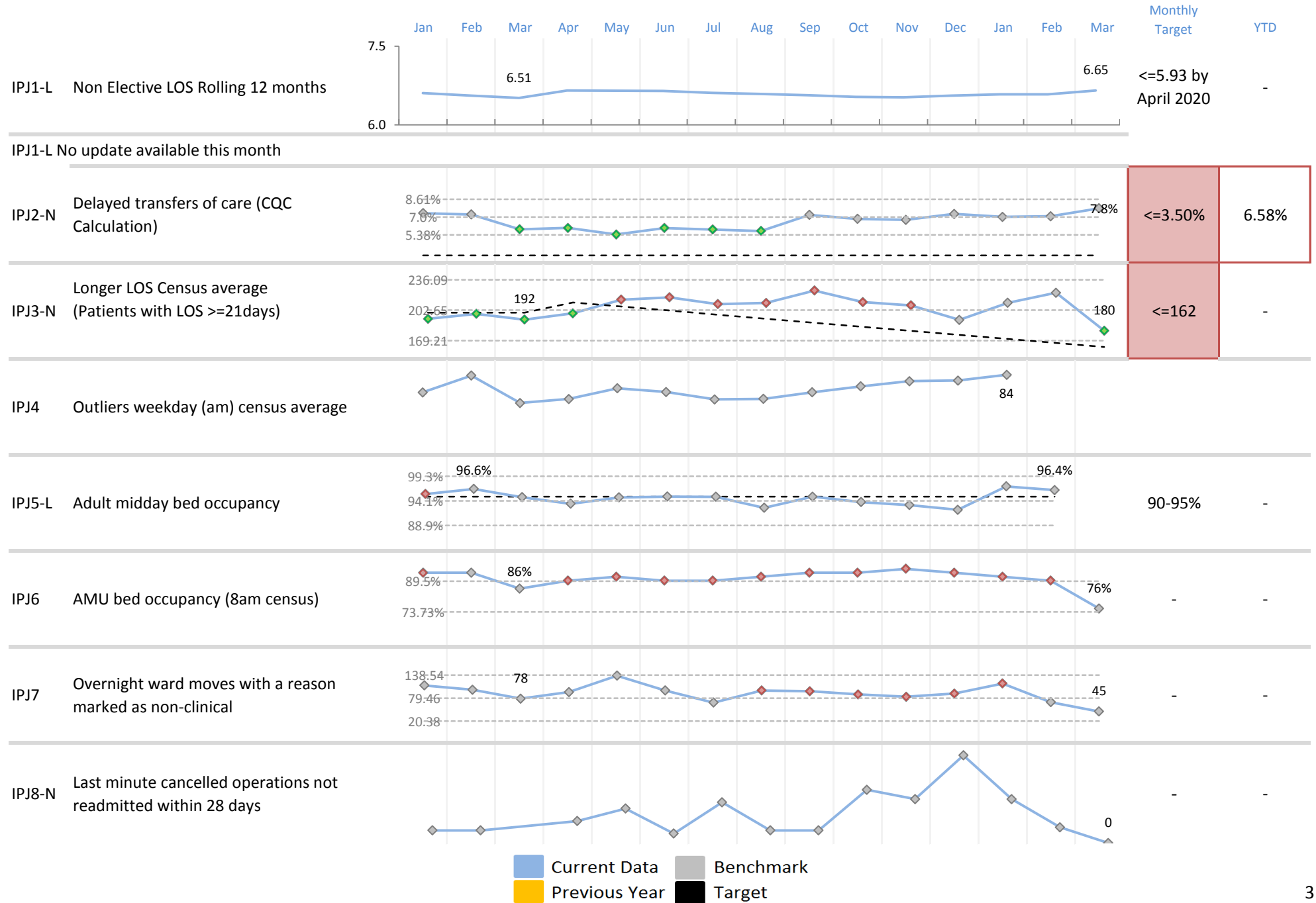
covering up to

Mar 2020

Executive Sponsor - Andrew Asquith, Director of Financial and Productivity Improvement,
andrew.asquith@uhs.nhs.uk

Report Guide

Chart Type	Example	Explanation
Cumulative Column	<p>Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>33 36 39 40 41 99 133 170 197 197</p>	A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year	<p>Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May</p> <p>5 7</p>	A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly.
Line Benchmarked	<p>Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar</p> <p>88% 72%</p> <p>3 6 4 4 5 5 3 4 1 3 3 4 5 6 5</p>	The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month).
Line Percentiles	<p>Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May</p> <p>95th: 6.12 95th: 6.24 50th: 3.55 50th: 3.57 25th: 2.10 25th: 2.00 5th: 0.54 5th: 0.43</p>	A line percentiles chart is used to represent the distribution of a variable. The 50th percentile shows the median value, we also show the 5th, 25th (lower quartile), 75th (upper quartile) and 95th centiles.
Control Chart	<p>Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May</p> <p>31.2% 28.0% 23.3%</p> <p>26.7% 22.3%</p>	A control chart shows movement of a variable in relation to its control limits (the 3 lines = Upper control limit, Mean and Lower control limit). When the value shows special variation (not expected) then it is highlighted green (leading to a good outcome) or red (leading to a bad outcome). Values are considered to show special variation if they <ul style="list-style-type: none"> -Go outside control limits -Have 6 points in a row above or below the mean, -Trend for 6 points, -Have 2 out of 3 points past 2/3 of the control limit, -Show a significant movement (greater than the average moving range).
Variance from Target	<p>Mar Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar Apr May</p> <p>5% 1.6% 5.0%</p>	Variance from target charts are used to show how far away a variable is from its target each month. Green bars represent the value the metric is achieving better than target and the red bars represent the distance a metric is away from achieving its target.

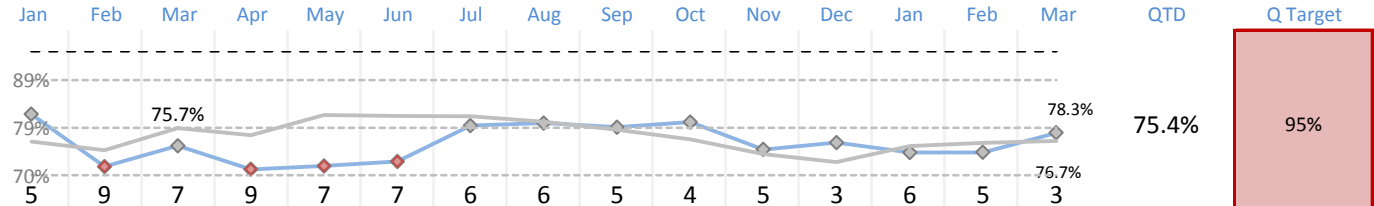


Percentage of patients spending less than 4 hours in ED

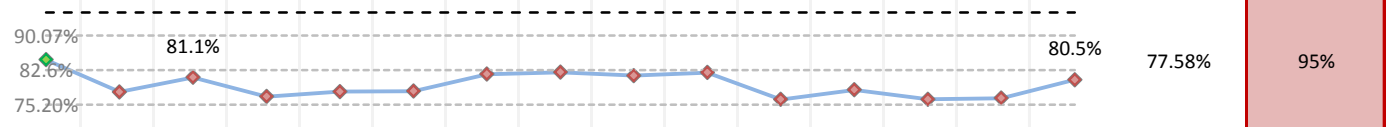
IPJ9-N SGH Main ED (Type 1 and UCH)

Major Trauma Centres (Type 1)

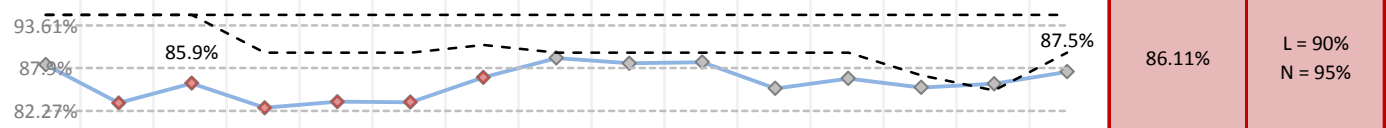
Rank of 11, (8 from May 19 onwards)->



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



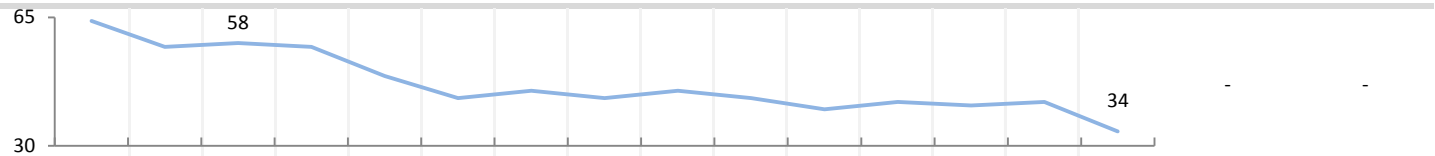
IPJ11-N Local Delivery System L/N



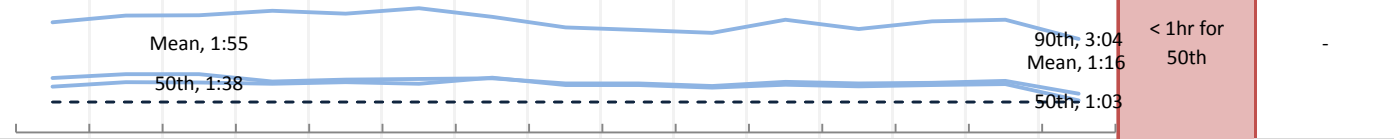
IPJ12 Same Day Emergency Care (SDEC)

Awaiting national data definition

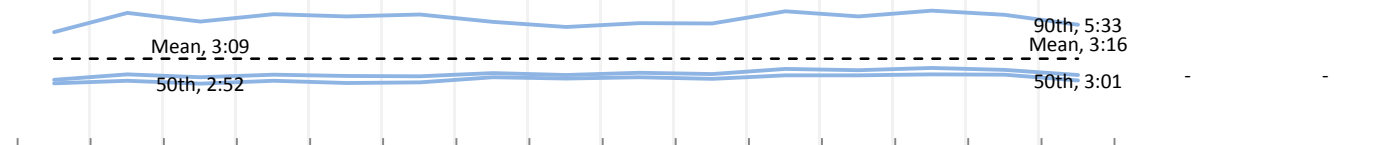
IPJ13-N Time to initial assessment - 95th Centile UHS Total

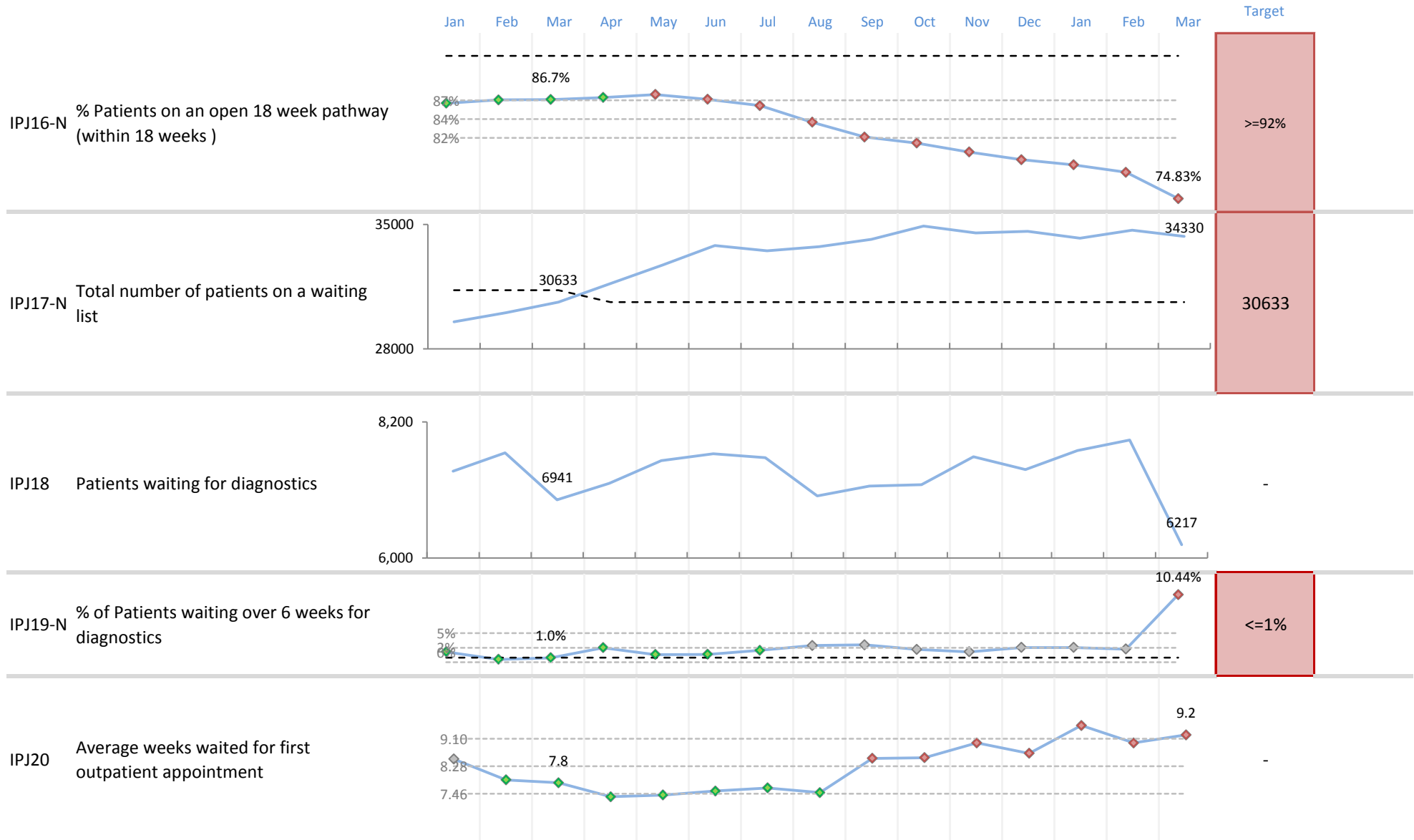


IPJ14-N Time to treatment - Percentiles UHS Total



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

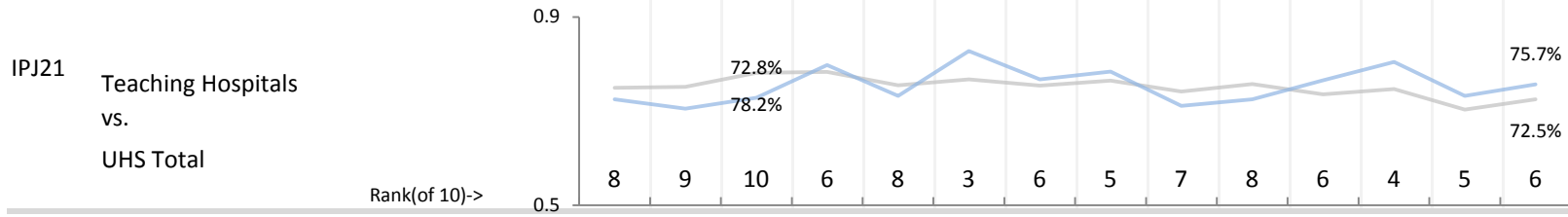




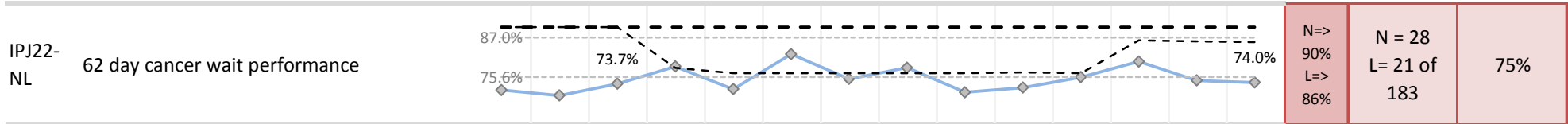
■ Current Data ■ Benchmark
■ Previous Year ■ Target

Monthl y Target no.patients to recover target QTD

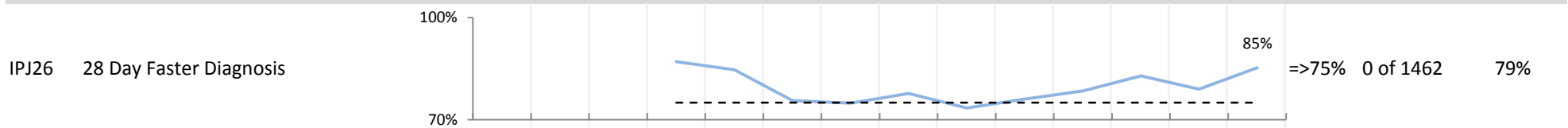
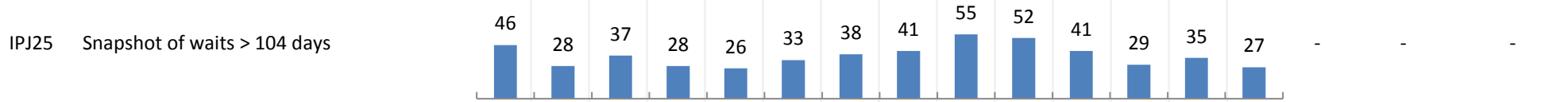
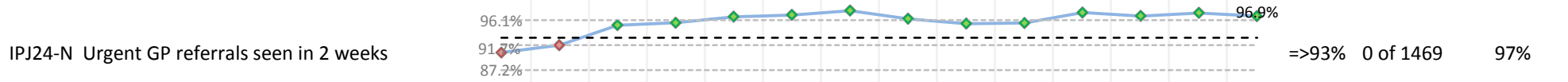
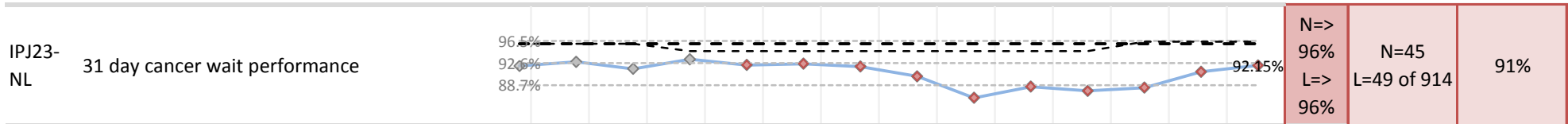
62 Day Performance Benchmark



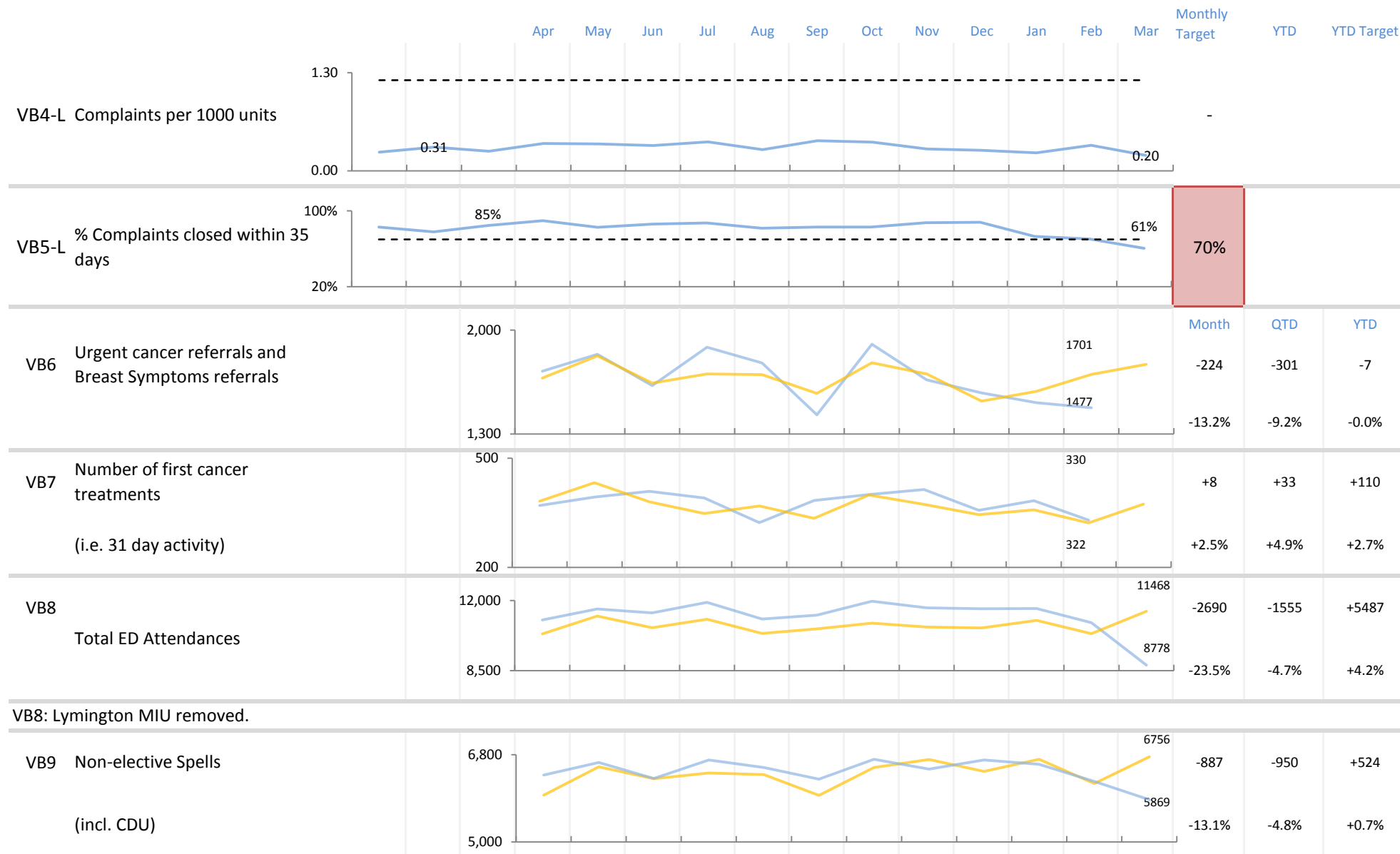
The primary 62 day wait from GP referral to Treatment was at 76.2% in February (IPJ22 contains 62 day standard, screening & consultant upgrade waits)



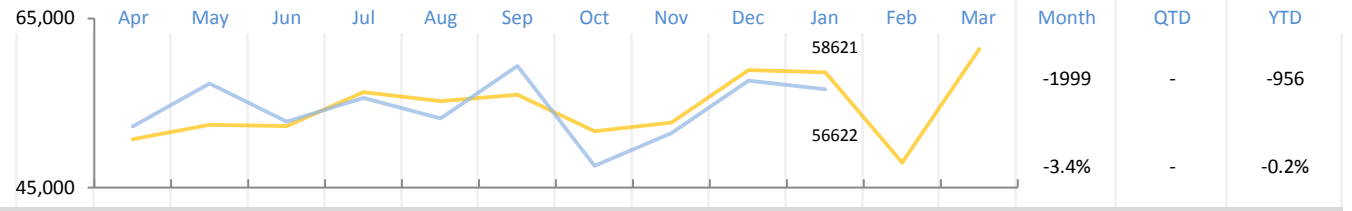
The primary 31 day wait from decision to treat to 1st treatment achieved target at 96.1% in February (IPJ23 contains standard and subsequent 31 day waits)



IPJ26 - this KPI is being shadow monitored by UHS in preparation for national submissions beginning April 2020. Latest data is for November

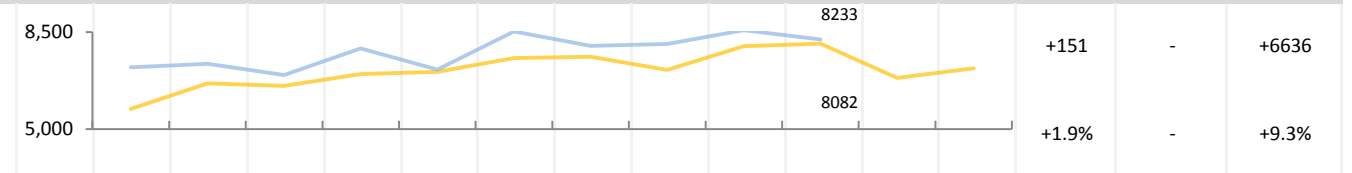


VB10 Face to Face OPA

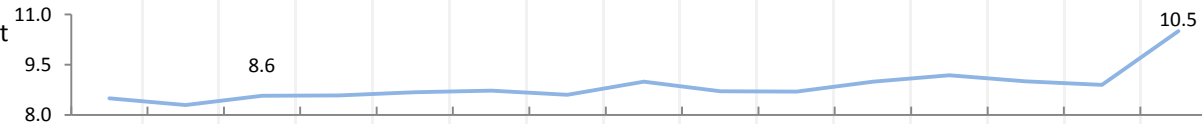


VB10/VB11: These metrics include non-billed activity so will not match the finance report.

VB11 Non-Face to Face OPA

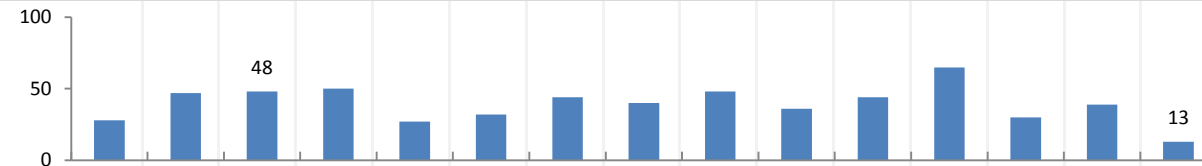


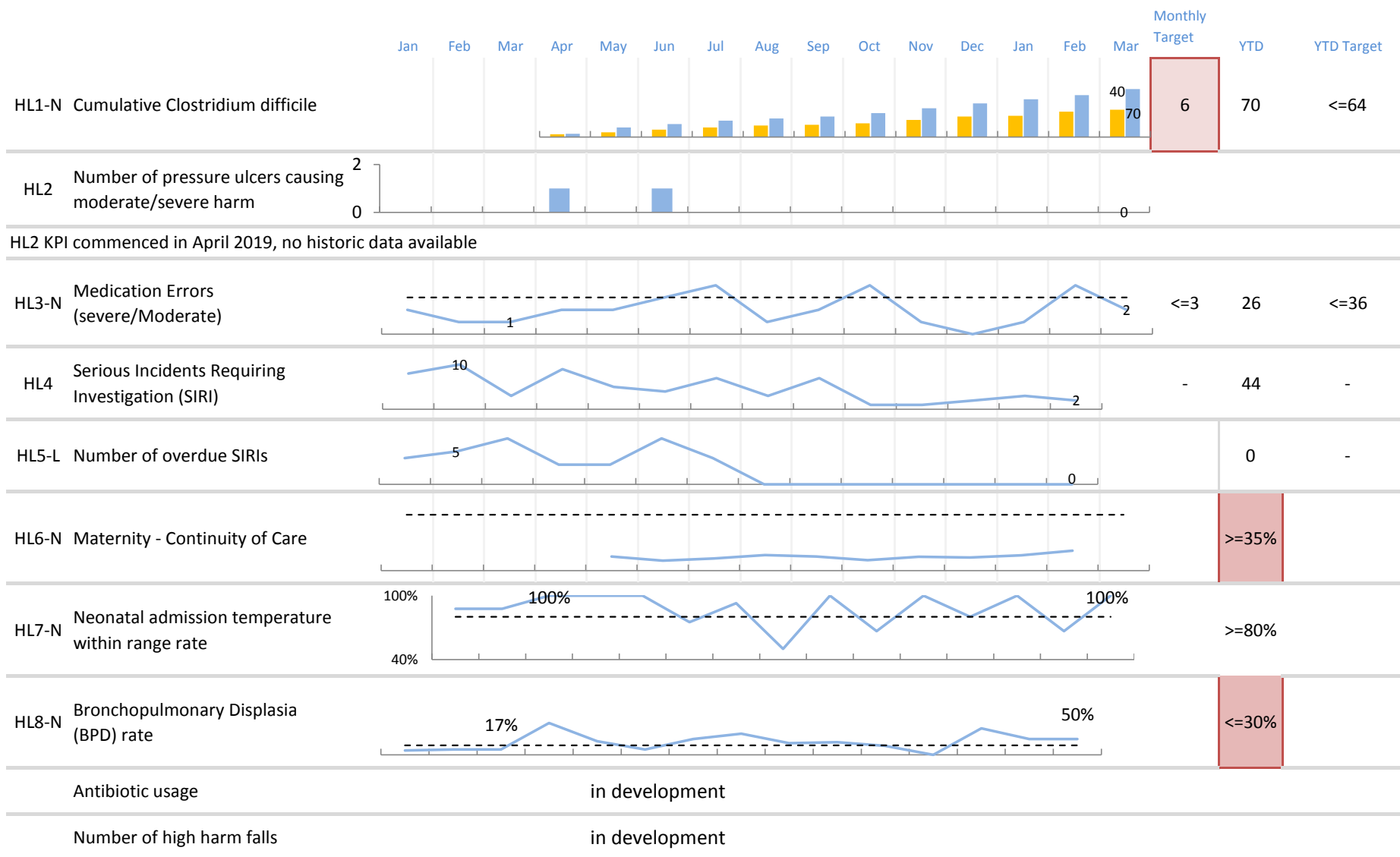
VB12 Total nursing staff all inpatient areas - Care hours per patient day (CHPPD)

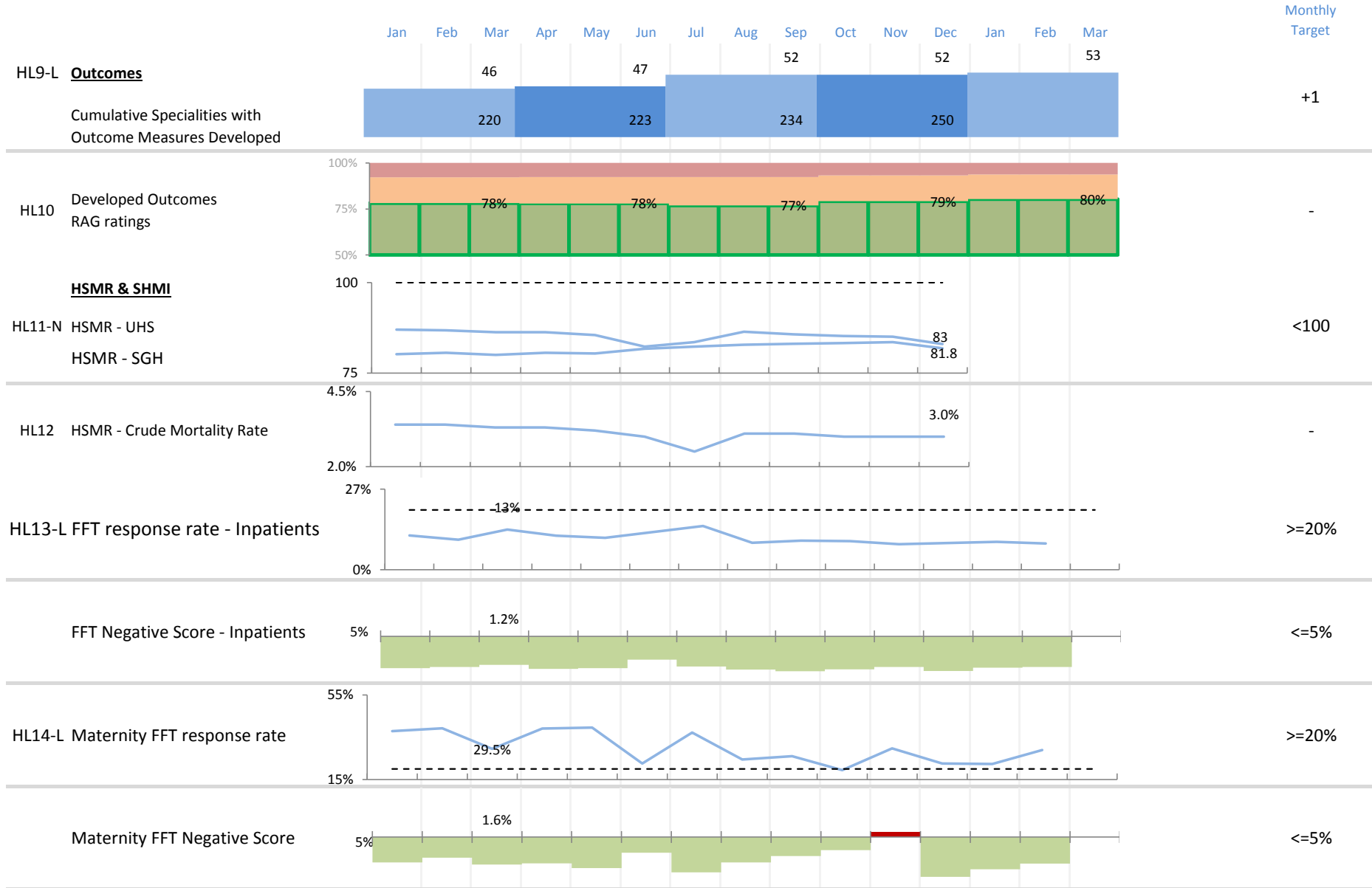


CHPPD for all areas this month is elevated at 10.5 (RN 6.39, HCA 4.12). This is reflective of new ward configurations, roster changes, additional staff deployments for upskilling and reduced patient numbers related to the Covid19 staffing plan. CHPPD for ward only areas also elevated at 9.05 (RN 4.81, HCA 4.24). This is reflective of new ward configurations, roster changes, additional staff deployments for upskilling and reduced patient numbers related to the Covid19 staffing plan.

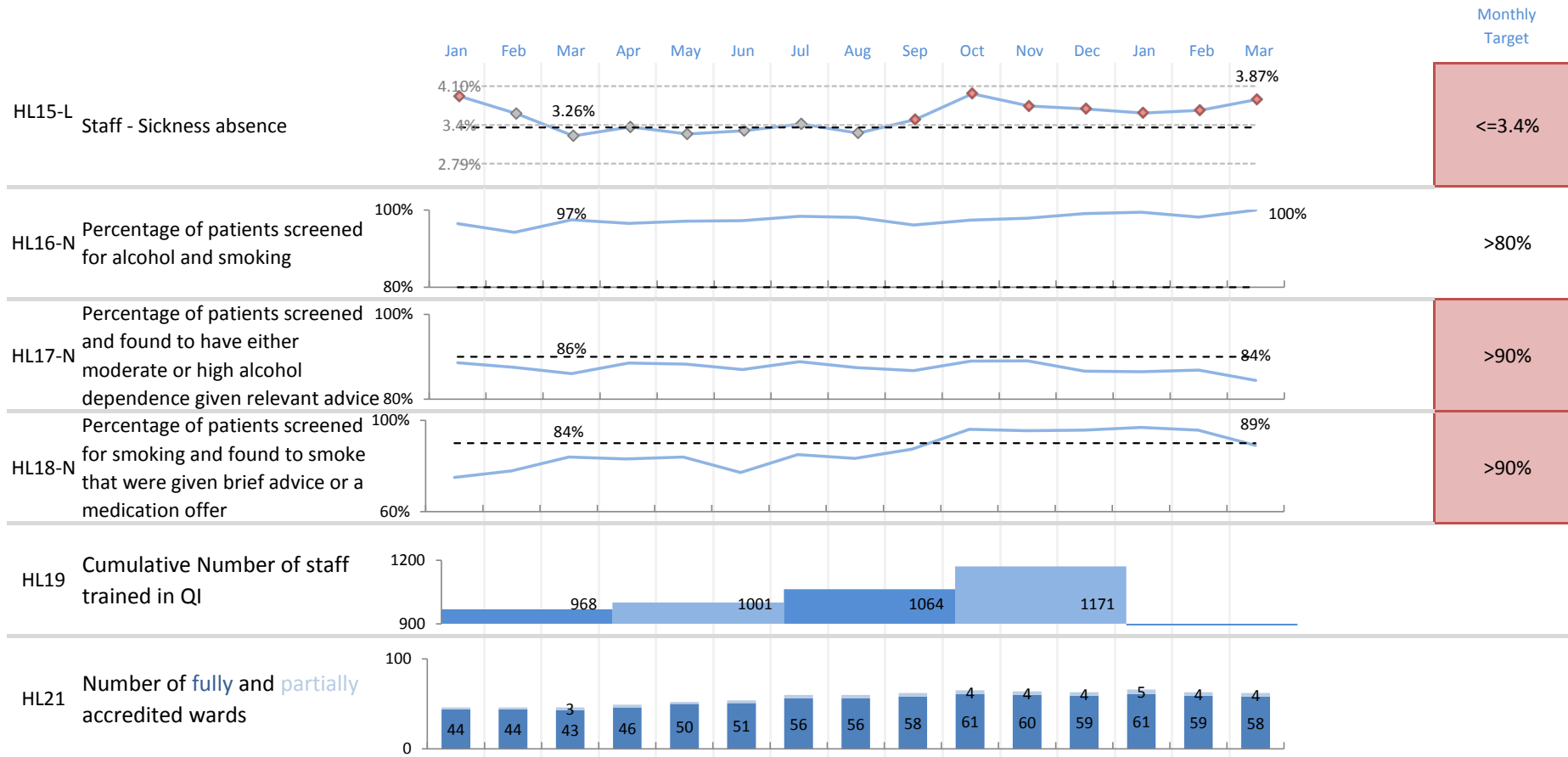
VB13 Red Flag staffing incidents



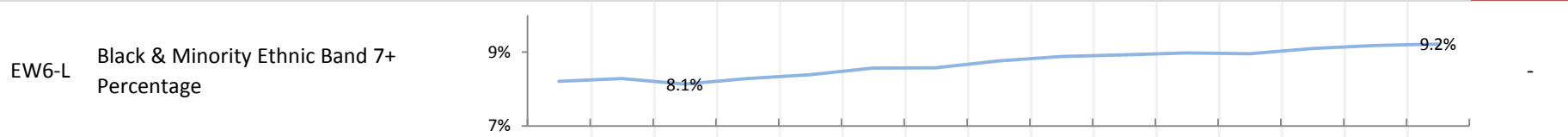
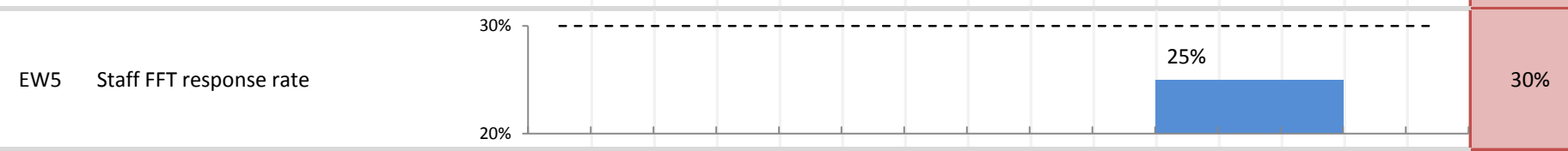
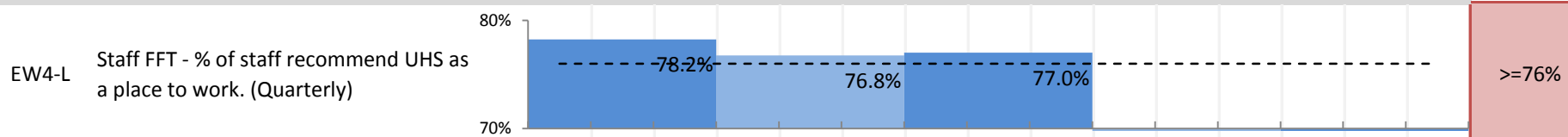
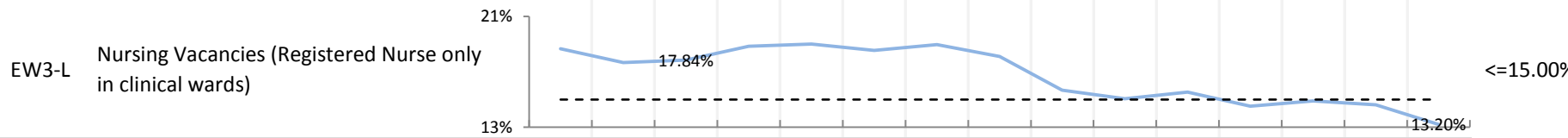
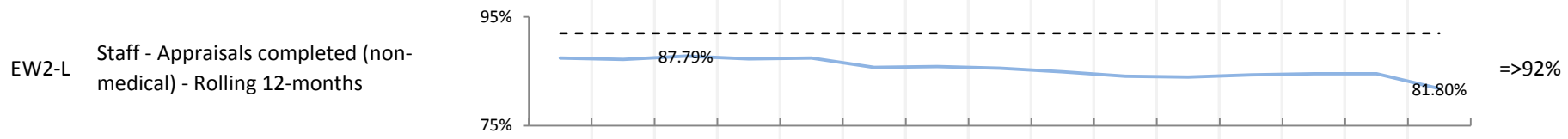
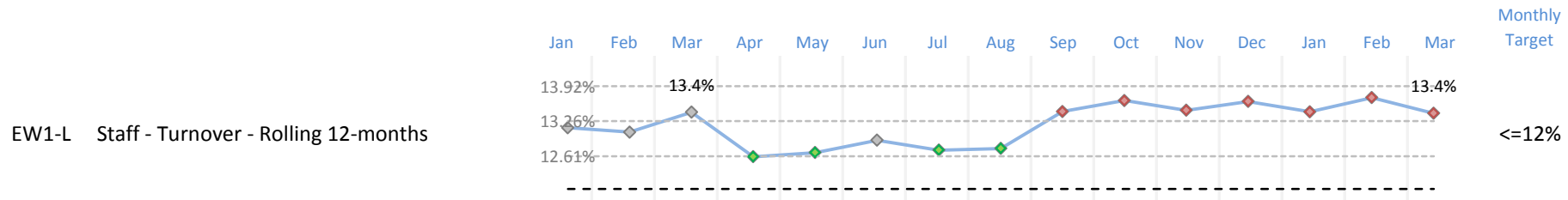




FFT has not been updated in March due to COVID-19 pressures

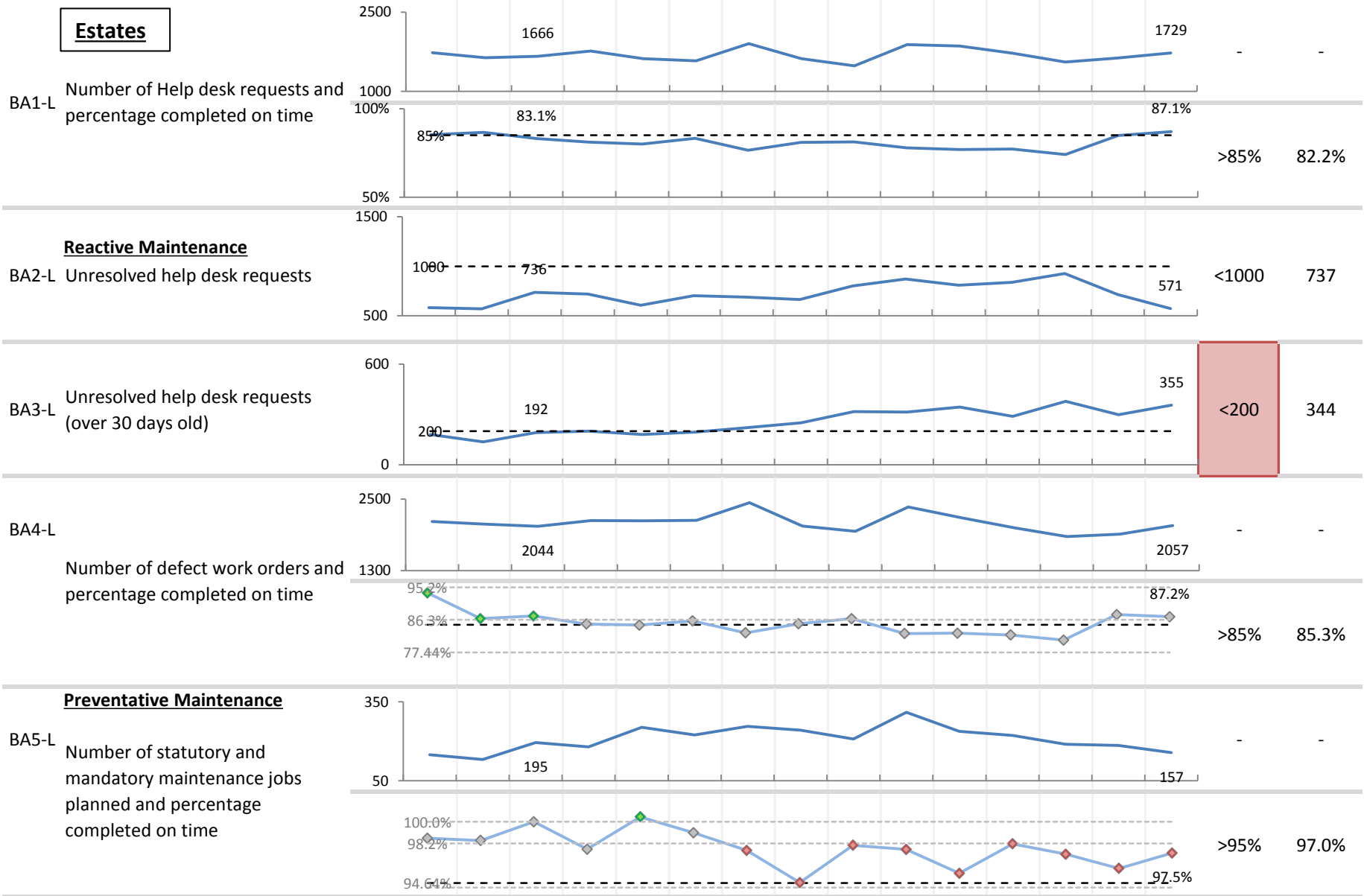


■ Current Data ■ Benchmark
■ Previous Year ■ Target

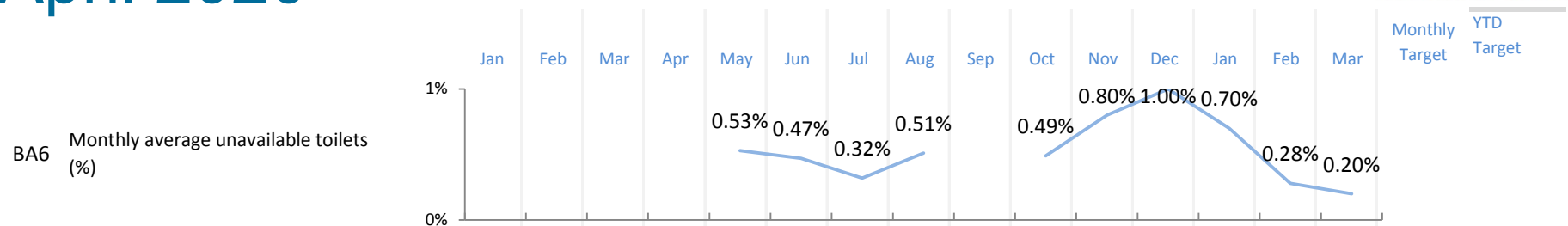


EW6 UHS has a target of 15% Band 7+ BME staff by 2023.

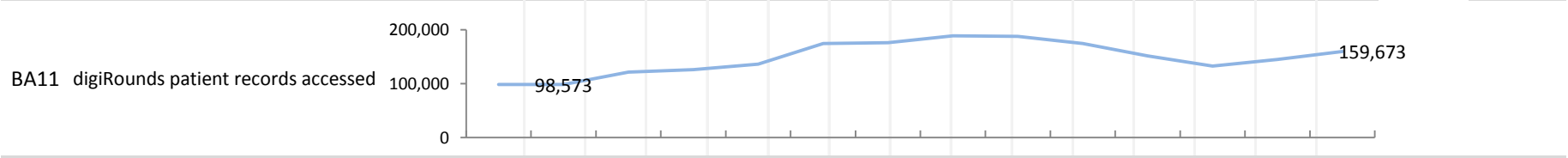
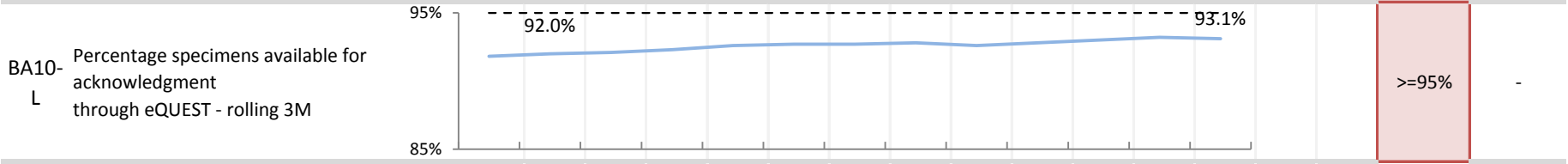
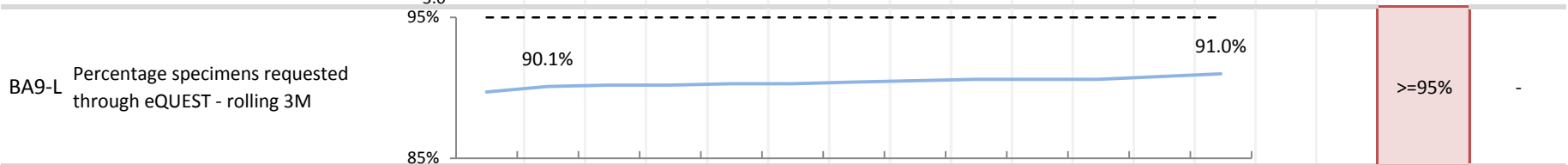
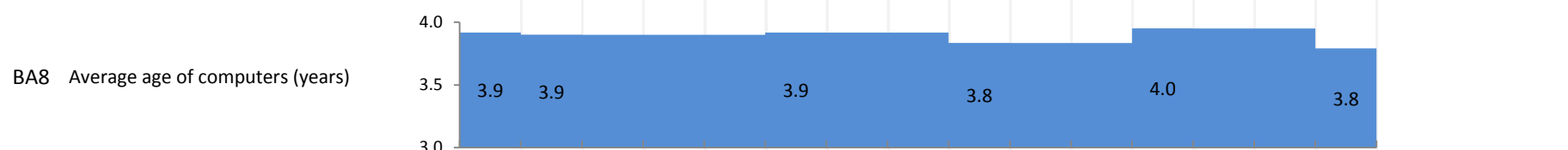
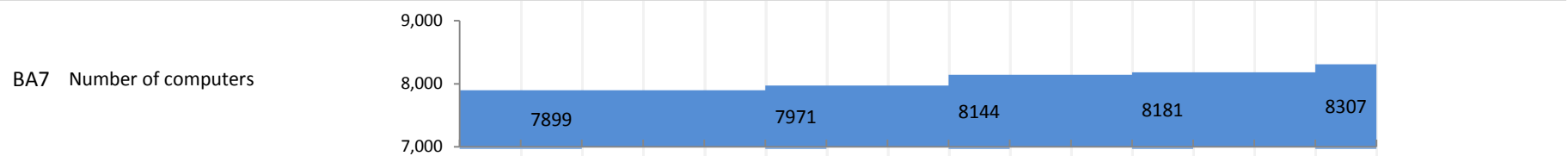
Estates



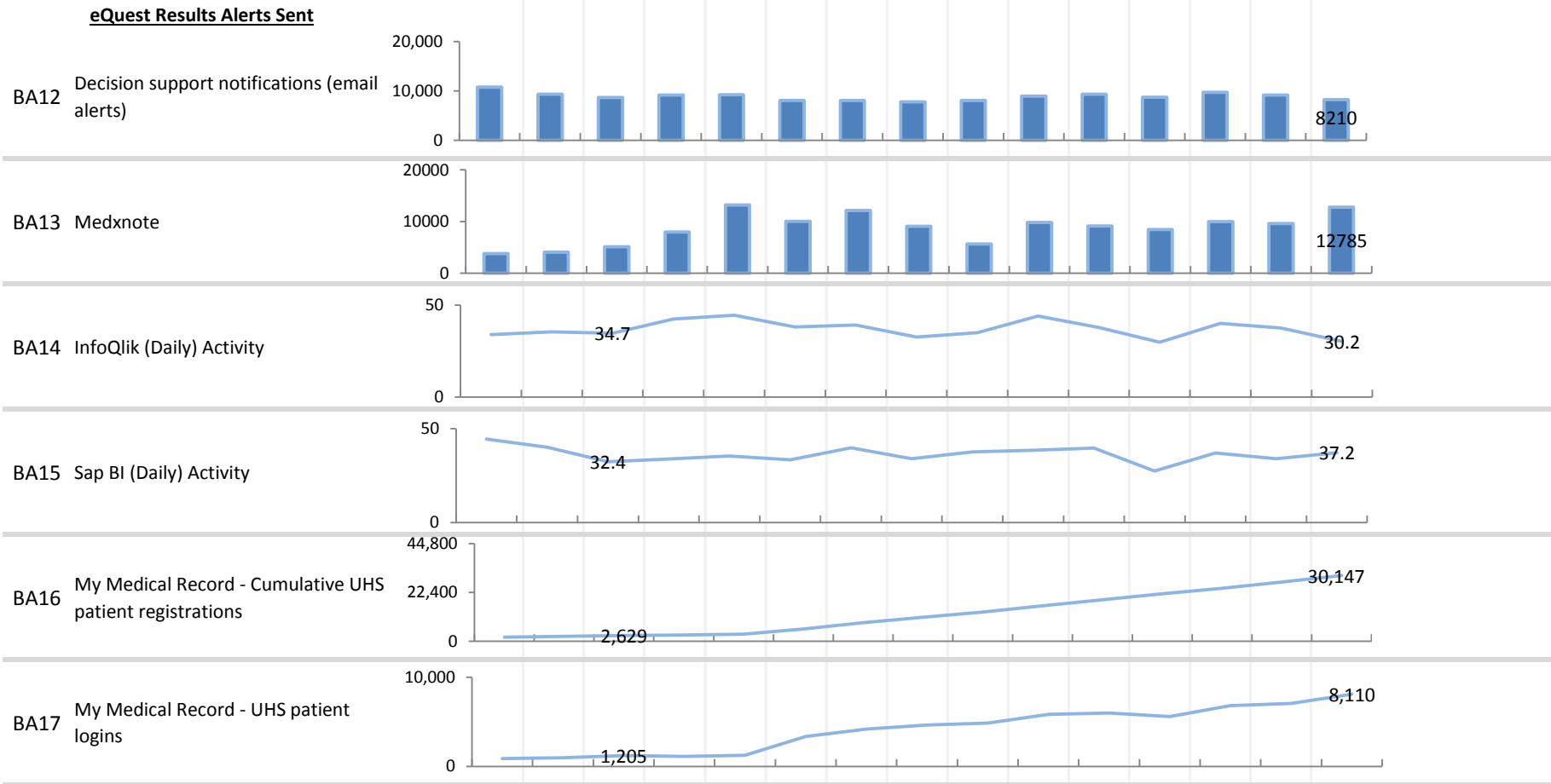
■ Current Data ■ Benchmark
■ Previous Year ■ Target



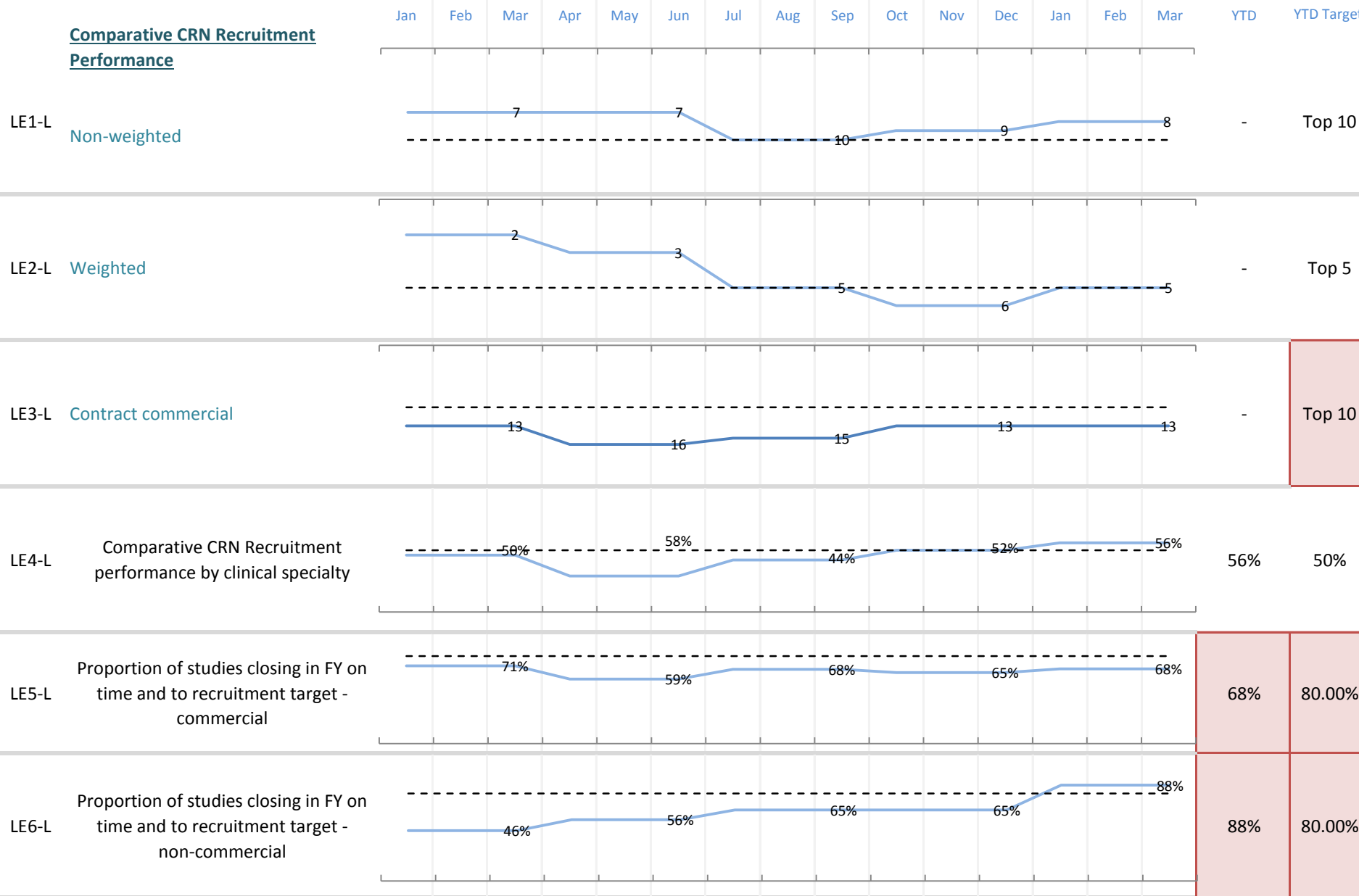
BA6 - This KPI is intended to be a proxy of the impact of maintenance work that is not completed on patients and staff.



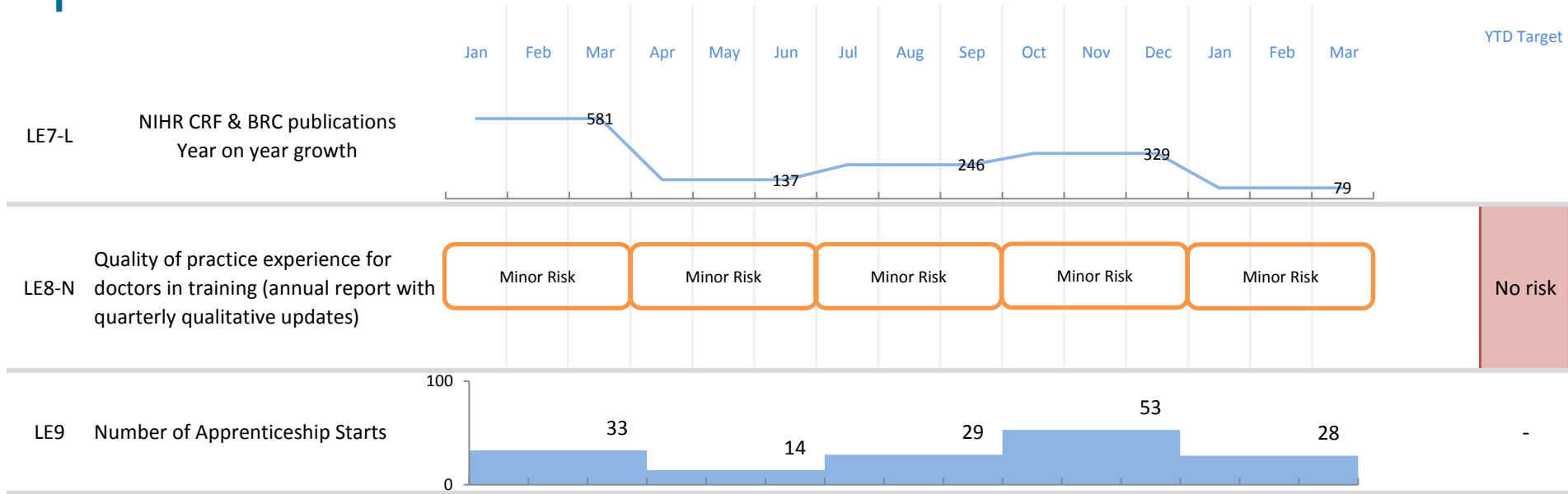
■ Current Data ■ Benchmark
■ Previous Year ■ Target



Comparative CRN Recruitment Performance



■ Current Data ■ Benchmark
■ Previous Year ■ Target



Report to the Trust Board of Directors dated Thursday, 30 April 2020			
Title: Finance Report 2019-20 Month 12			
Category	Quality, Performance, and Finance		
Agenda item	5.3		
Sponsor	Chief Financial Officer		
Author	Phil Bunting, Acting Assistant Director of Finance		
Provenance	This monthly paper provides an update on our financial position		
Classification	This Report is unclassified.		
Purpose and recommendation	The paper is presented for DISCUSSION. The purpose of this paper is to give an update on the financial position of the Trust through the year.		
Relevant strategic goals	<input type="checkbox"/> Goal 1: Improving patient journeys.	<input checked="" type="checkbox"/> Goal 2: Delivering value-based health and care.	<input type="checkbox"/> Goal 3: Supporting healthy lives.
	<input type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • BAF02 – Failure to deliver regulatory requirements causes the Trust to breach the terms of its Provider Licence leading to a loss of local leadership due to an enforced change in Board and Executive composition, impacting on Goals 1 to 6 • BAF03 – Failure to achieve financial targets results in a shortfall in cash required to deliver the capital programme • BAF04 – Reduced access to resources compromises the quality of services 		
Impact assessments	Not specified		
Other standards affected	Not specified		

2019/20 Finance Report - Month 12

Report to:	Board of Directors April 2020
Title:	Finance Report for Period ending 31/03/2020
Author:	Philip Bunting, Acting 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 End Highlights:

1. As a result of Covid-19, the Trust has successfully claimed additional funding to cover specific costs totalling £3.2m. These additional costs include staffing as a result of additional wards and increased staff absence, as well as increased spend in diagnostics and non-pay e.g. PPE and consumables. The Trust also incurred £1.5m of accrued costs relating to untaken annual leave as a result of Covid-19. This was not funded nationally as it is a non-cash item, but was an allowable movement in Trust finance positions.
2. For the 2019/20 financial year, the Trust delivered a surplus of £3.8m. Once the annual leave adjustment is taken into account, this is a £0.3m improvement on the forecast position of £5m. It is however £13.3m lower than the original plan of £17.1m surplus.
3. The Trust earned £8.2m of PSF funding, therefore posting a total surplus of £12.1m. A further £0.9m of PSF relating to the prior year will also be included in the Trust's annual accounts.
4. The Trust achieved a Use of Resources score of 3. This is driven by the I&E variance score of 4. Before the Annual Leave accrual adjustment, the Trust achieved a Use of Resources score of 2.
5. When non-recurrent items are excluded the year to date position is a £3.7m surplus. Non-recurrent items include a reclaim of VAT paid on agency nursing invoices in 18/19 and the holiday pay accrual.
6. The main themes seen in M12 were :
 - Clinical income was propped up significantly by year end agreements with commissioners. Reported income was £2.9m ahead of plan however contained £11.2m of 'true up' as activity reduced significantly in anticipation of Covid-19.
 - CIP delivery closed the year at £33.2m marginally ahead of forecast. This was £6.8m behind the original plan of £40m.
 - £3.2m of extraordinary expenditure relating to Covid-19 was matched by income from NHS England. About £1.7m related to pay expenditure covering staff sickness and additional resources required for the specialist treatment of patients.
7. The cash position was £47.5m above Plan at £97.3m. The above Plan position has primarily been driven by:
 - 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. This continues to improve with all main commissioners settling over-performance invoices as part of year-end agreements.
 - Some slippage compared to plan profile on capital and £9.7m of PDC funded cash receipts from central funding.



Finance: I&E Summary

Income was £4.6m ahead of plan in month and ended the year £4.0m favourable to plan. Clinical income in M12 was heavily supported by year end agreements with all major commissioners that delivered £11.2m of income ahead of what would otherwise have prevailed. £3.2m of Covid-19 reimbursement income is also included.

Expenditure was £8m over plan in M12, however this is somewhat distorted by Covid-19 expenditure of £4.7m. Other costs include £1.5m relating to additional annual leave accrued for staff that could not take it in year. Staff costs would have been at plan normalising for additional Covid-19 costs.

A £3.8m surplus prevailed for 2019/20 which after adjusting for the annual leave accrual was £0.3m ahead of that forecast.

There was a below the line impairment of fixed assets of £5.5m not shown in these numbers.

The Trust achieved a UoR score of 3. This has been impacted by the annual leave allowance.

Use of resources risk rating summary	2019/20 Plan Number	2019/20 Actual Number	2019/20 Forecast M11 Number
Capital service cover rating	1	2	2
Liquidity rating	1	1	1
I&E margin rating	1	1	1
I&E margin: distance from financial plan		4	3
Agency rating	1	1	1
Override	N	Y	N
Overall Risk Rating	1	3	2

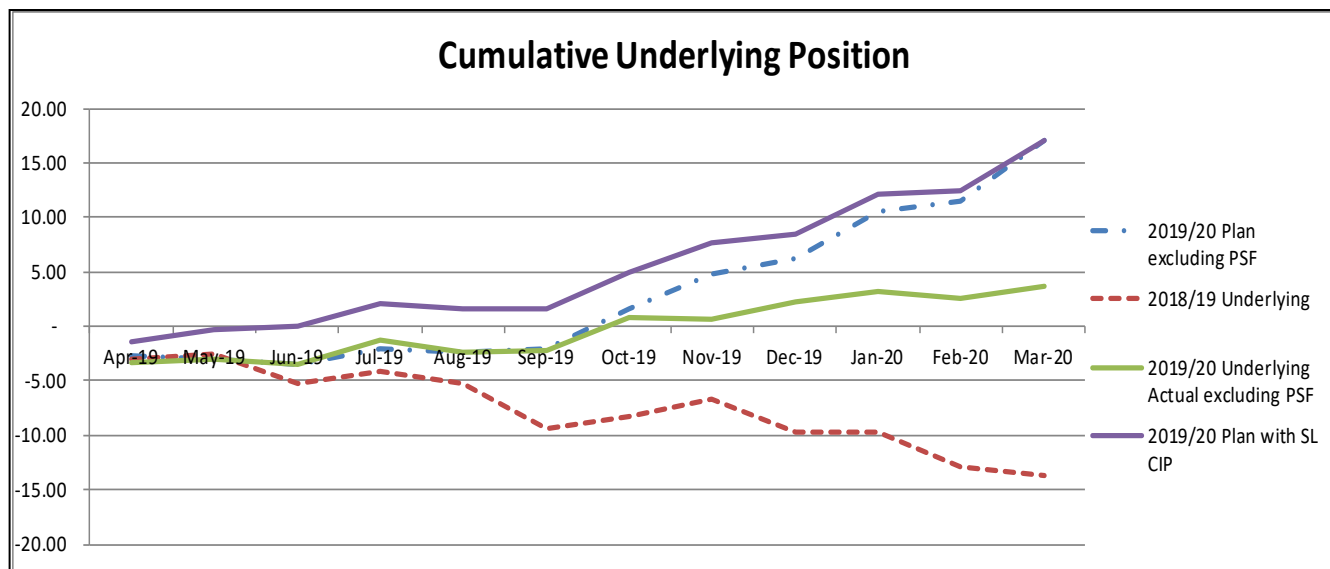
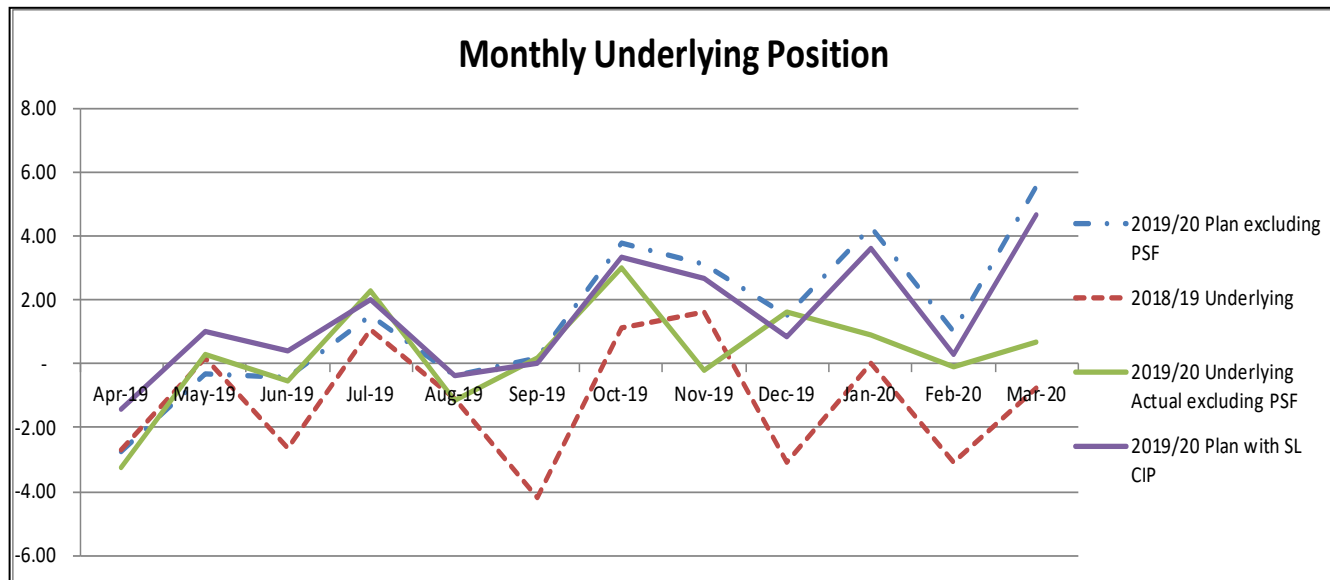
		Current Month			Full Year			
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	
NHS Income:	Clinical	54.9	57.7	(2.8)	640.0	634.6	5.3	A
	Pass-through Drugs & Devices	9.7	9.8	(0.1)	111.5	112.9	(1.4)	G
Other income	Other Income excl. PSF	12.6	14.2	(1.7)	124.1	132.1	(8.0)	G
Total income		77.2	81.8	(4.6)	875.6	879.6	(4.0)	G
Costs	Pay-Substantive	39.7	40.4	0.7	470.1	475.5	5.4	A
	Pay-Bank	1.9	2.9	0.9	23.3	27.2	3.9	R
	Pay-Agency	1.1	0.9	(0.2)	13.6	7.6	(6.0)	G
	Drugs	1.1	1.1	(0.0)	13.8	16.2	2.4	R
	Pass-through Drugs & Devices	9.7	9.8	0.1	111.5	112.9	1.4	A
	Clinical supplies	5.3	7.6	2.3	69.5	72.3	2.8	A
	Other non pay	9.8	18.6	8.8	120.5	129.9	9.4	R
Total expenditure		68.6	81.2	12.6	822.4	841.6	19.2	A
EBITDA		8.6	0.5	8.0	53.2	38.0	15.2	R
EBITDA %		11.1%	0.7%	10.4%	6.1%	4.3%	1.8%	
	Depreciation	2.0	2.0	(0.0)	22.9	23.7	0.8	A
	Non Operating Income/Expenditure	1.0	-0.2	(1.2)	13.2	10.5	(2.7)	G
Control Total Surplus / (Deficit)		5.6	(1.2)	6.8	17.1	3.8	13.4	R
<i>Memo - Other technical items:</i>								
	Prior Period Adjustment - PSF 2018/19		-	0.0		0.9	(0.9)	G
	Provider Sustainability Funding	1.5	-	1.5	12.7	8.2	4.4	R

Underlying Run Rate Position

These graphs show the actual underlying position (green line) which prevailed throughout 2019/20. This represents a £3.7m surplus across the year which is a significant improvement compared to 2018/19 for which the underlying position was a £13m deficit.

It also shows an alternative presentation of the Plan phasing assuming that the £40m CIP target is delivered equally each month through the year. Run rate achievement in March was particularly challenging due to Covid-19 as the hospital focus shifted substantially in order to prepare for growth in Covid-19 patient numbers.

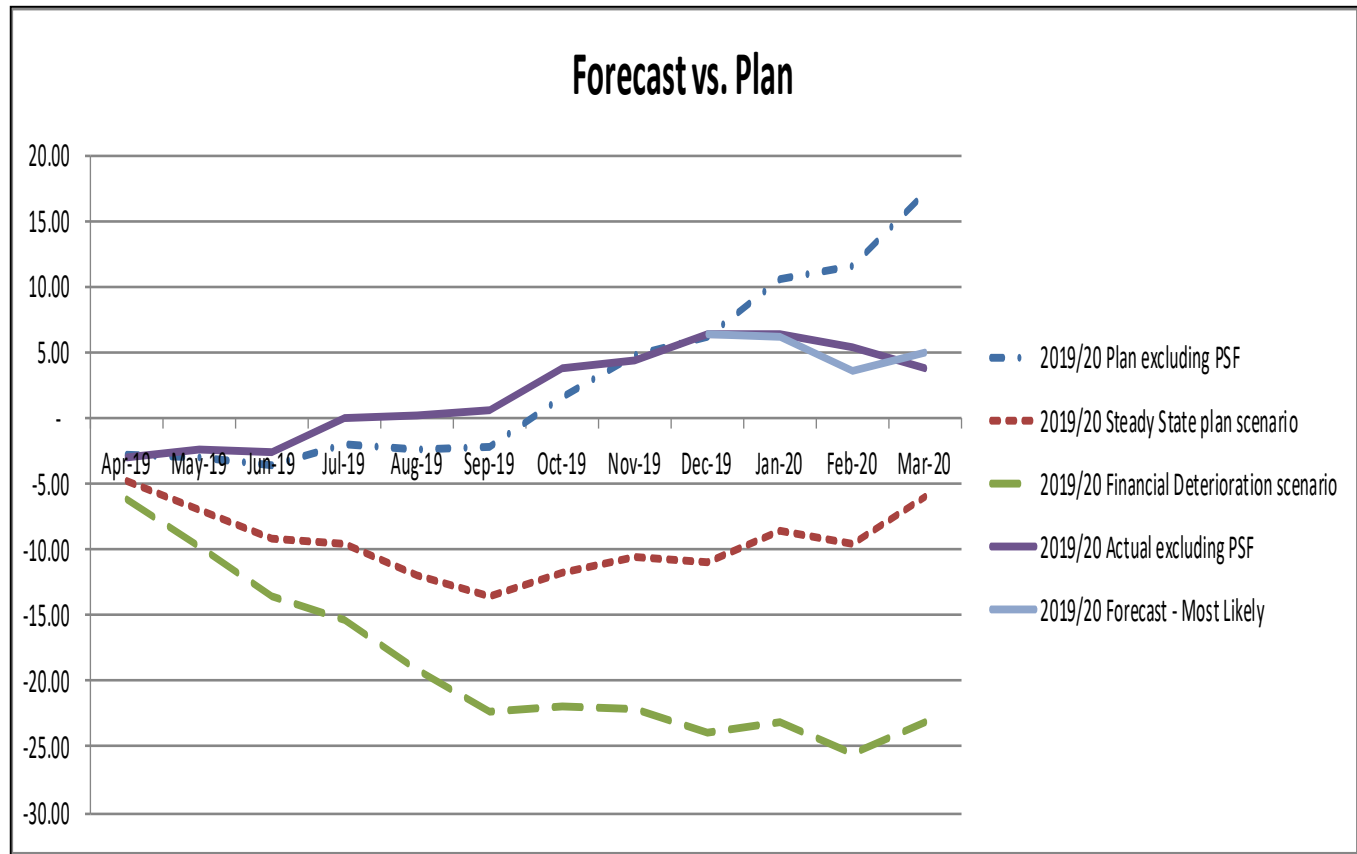
All figures in these graphs exclude PSF including the amount received as a prior year adjustment.



Underlying Run Rate Position

This graph shows the surplus position to March 2020, in comparison to the four outlined plan scenarios set out at the beginning of 2019/20. The purple line tracks actual achievement in year.

The trust has achieved the revised most likely forecast declared at M9, making a significant improvement compared to the prevailing steady state position from which it exited 2018/19 (red line). This achievement has been underpinned by the delivery of £33.2m of cost improvement plans and improved grip and cost control throughout the year leading to the delivery of a £3.8m surplus for 2019/20.



Clinical Income

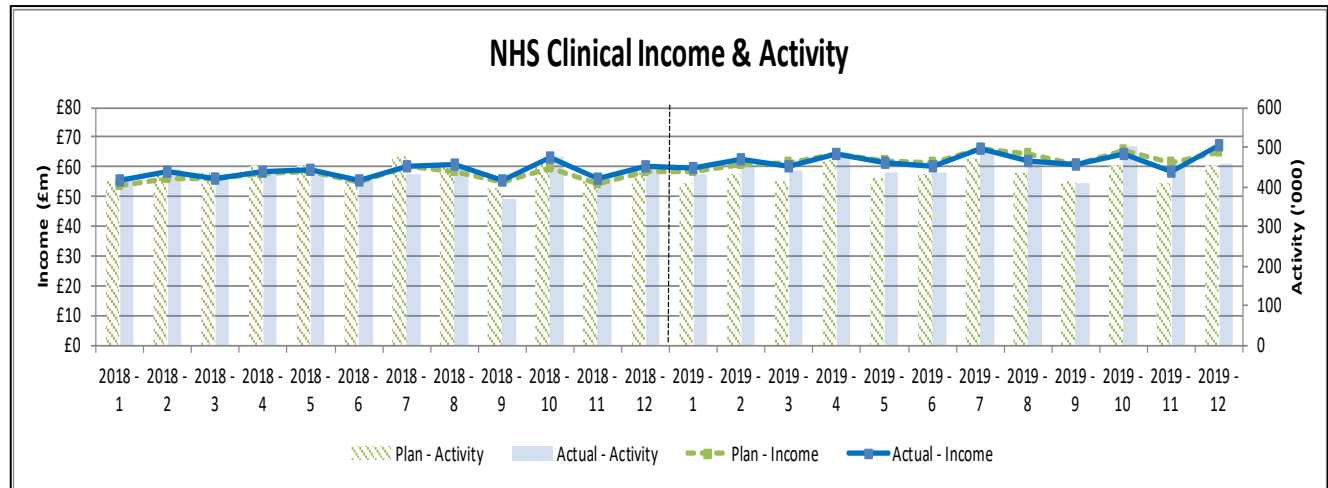
The chart shows estimated clinical income in March 2020.

Due to the current situation with Covid 19 activity levels across the Trust activity was significantly below planned levels in the month with elective £3.3m under plan and outpatients £1.4m under plan.

The Trust however negotiated year end agreements with the majority of commissioners which is reflected in the "Year end agreements adjustment". This has allowed the organisation to recognise £11.2m more income in the month than the underlying activity would have generated.

(Fav Variance) / Adv Variance

POD GROUP	2018/19	2019/20				2019/20		
	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
NHS Clinical Income								
Elective Inpatients	£134,697	£147,974	£147,974	£140,390	£7,584	£13,393	£10,156	£3,237
Non-Elective Inpatients	£189,060	£199,870	£199,870	£216,484	(£16,614)	£17,285	£17,838	(£553)
Blended payment adjustment	£0	£0	£0	(£4,418)	£4,418	£0	(£384)	£384
Outpatients	£74,201	£81,626	£81,626	£83,367	(£1,741)	£7,380	£6,004	£1,377
Other Activity	£115,380	£129,745	£129,745	£128,725	£1,020	£11,303	£9,913	£1,390
CQUIN	£14,792	£8,375	£8,375	£8,493	(£118)	£734	£662	£73
Blocks & Financial Adjustments	£5,401	£22,242	£22,242	(£532)	£22,774	£496	(£2,321)	£2,817
Other Exclusions	£3,735	£50,123	£50,123	£50,913	(£790)	£4,328	£4,349	(£21)
Prior month adjustment	£0	£0	£0	£0	£0	£0	£324	(£324)
Year end agreements adjustment	£0	£0	£0	£11,193	(£11,193)	£0	£11,193	(£11,193)
Subtotal NHS Clinical Income	£537,266	£639,955	£639,955	£634,615	£5,339	£54,920	£57,734	(£2,814)
Pass-through Exclusions	£116,713	£111,533	£111,533	£112,889	(£1,356)	£9,688	£9,784	(£96)
Total NHS Clinical Income	£653,979	£751,488	£751,488	£747,504	£3,983	£64,608	£67,518	(£2,910)
Non NHS Clinical Income								
Private Patients		£6,802	£6,802	£5,579	£1,224	£725	£828	(£103)
CRU		£2,500	£2,500	£2,997	(£497)	£212	£411	(£199)
Overseas Chargeable Patients		£1,434	£1,434	£1,359	£74	£114	(£5)	£119
Total Non NHS Clinical Income		£10,736	£10,736	£9,935	£802	£1,051	£1,234	(£183)
Grand Total	£653,979	£762,224	£762,224	£757,439	£4,785	£65,659	£68,752	(£3,093)



Clinical Income

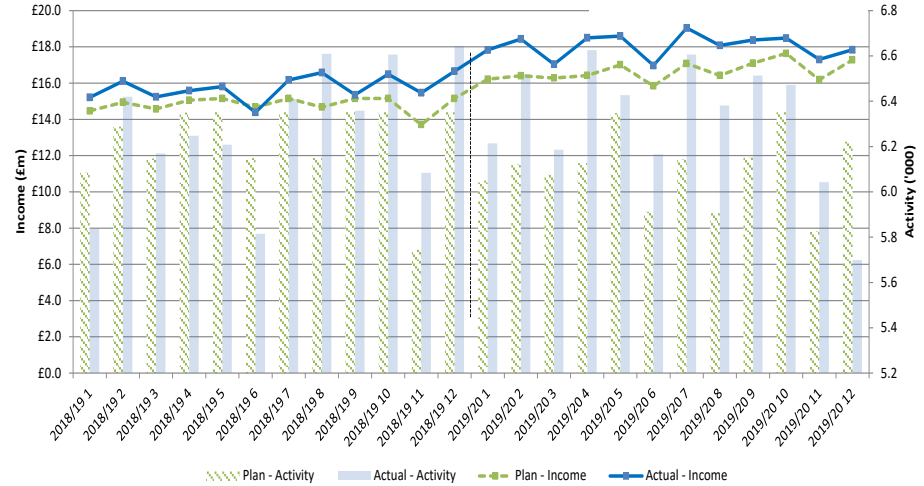
Elective spells

In month -2,145 activity, -£3,237,148
YTD -5,496 activity, -£7,584,139



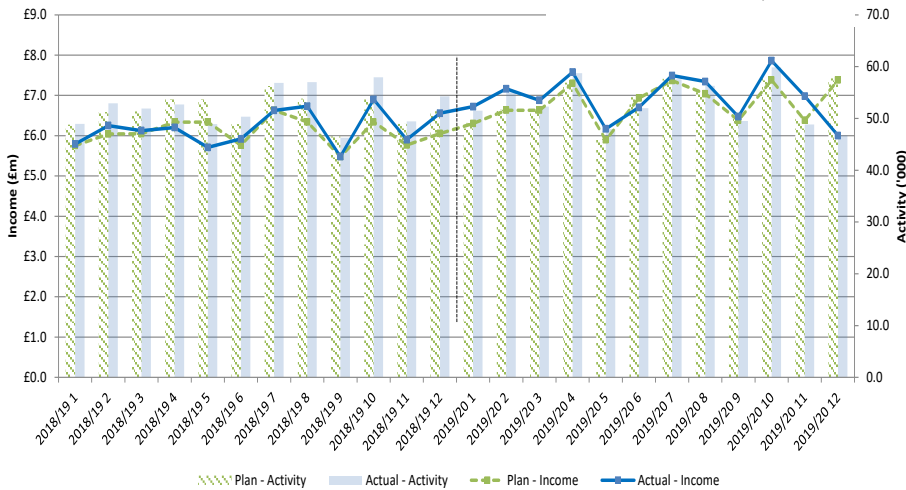
Non elective spells

In month -522 activity, +£553,069
YTD +2,618 activity, +£16,613,773



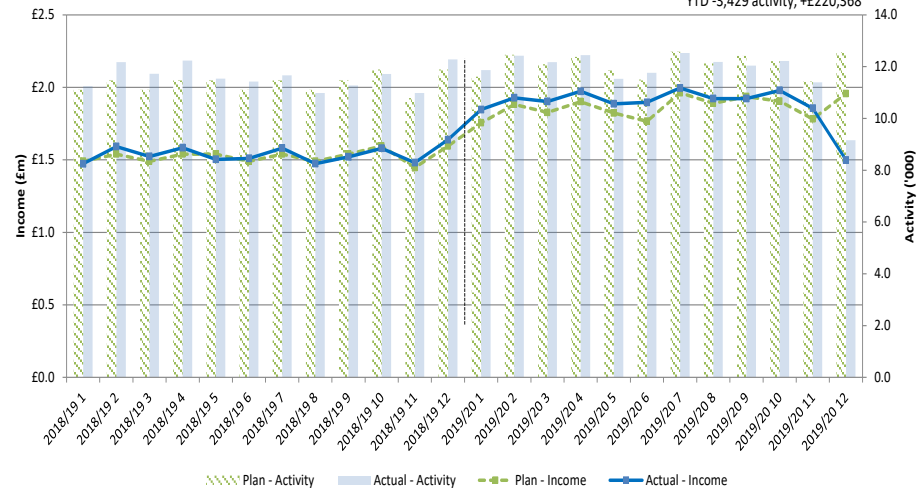
Outpatients

In month -10,963 activity, -£1,376,736
YTD -975 activity, +£1,740,741



A&E

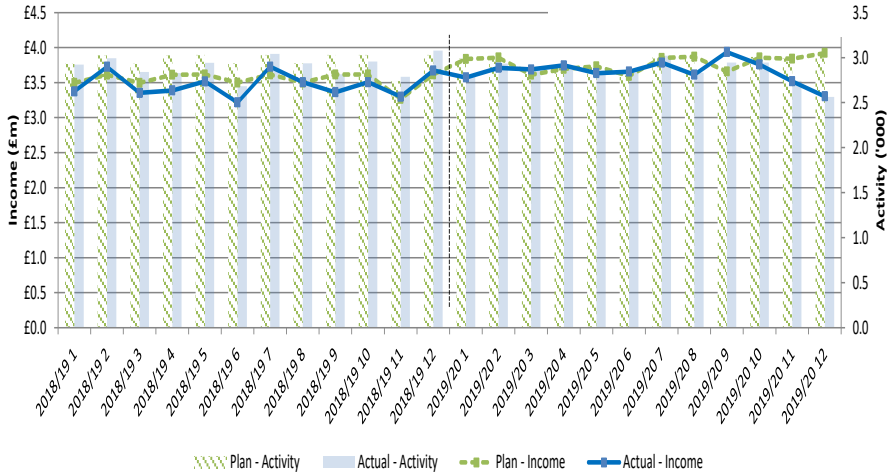
In month -3,387 activity, -£457,904
YTD -3,429 activity, +£220,368



Clinical Income

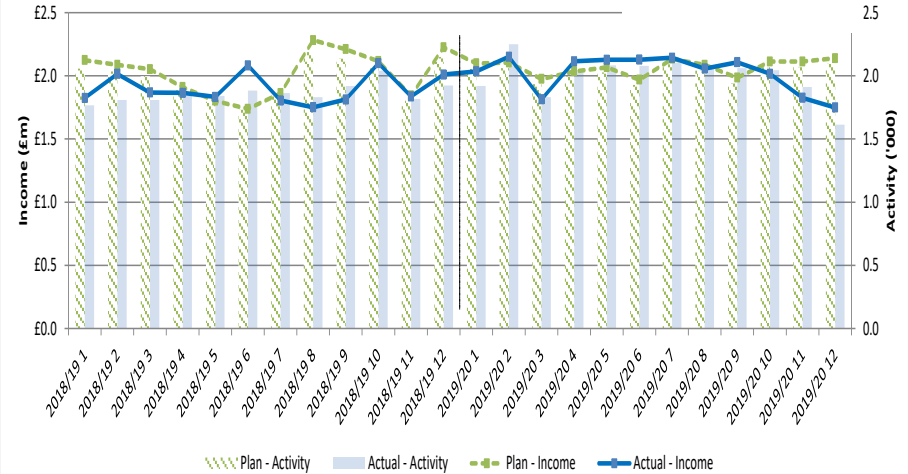
Adult critical care

In month -497 activity, -£617,258
YTD -1,105 activity, -£1,391,233



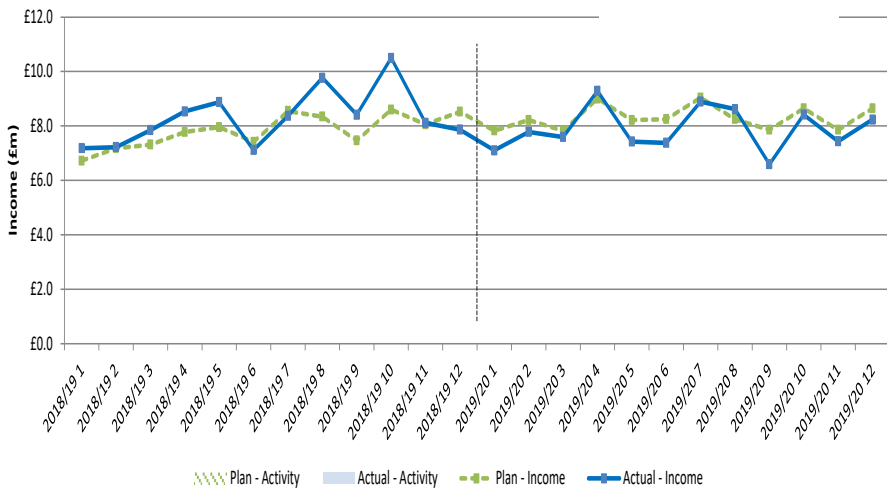
Neonatal & paediatric critical care

In month -482 activity, -£390,004
YTD -296 activity, -£551,878



Tariff excluded drugs

In month -£410,857
YTD -£4,869,571



Tariff excluded devices

In month +£547,098
YTD +£6,316,463



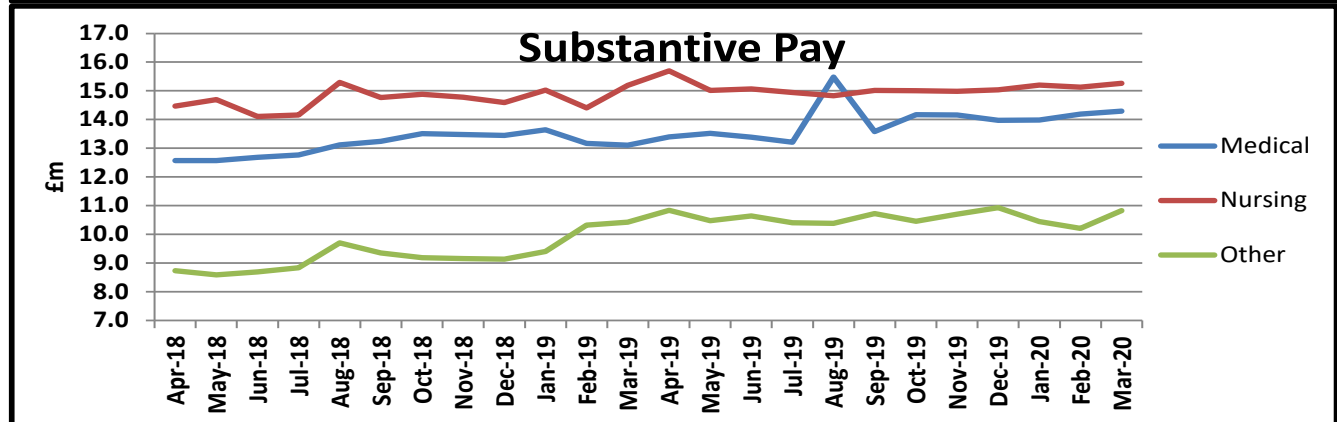
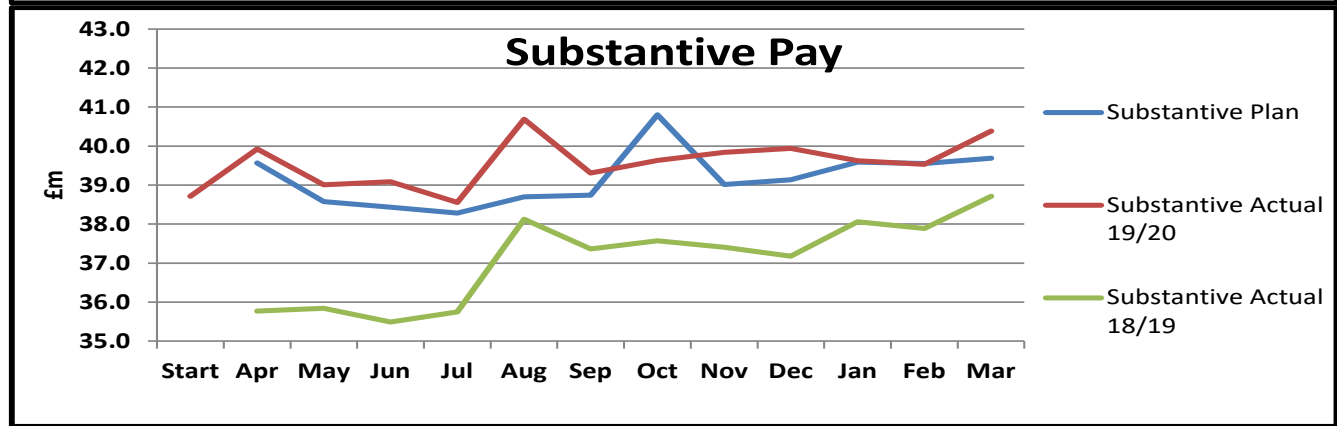
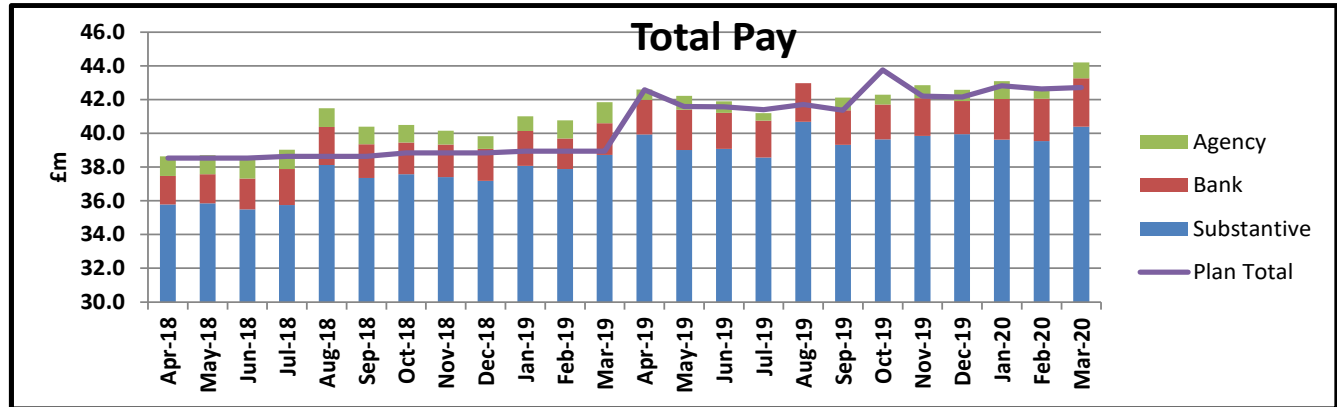
Substantive Pay Costs

Total pay expenditure was up £1.5m when compared to the previous month.

This was driven by increased staffing resources required for treating Covid-19 patients. Of these pay costs £1.7m has been funded centrally to reimburse the trust.

Agency costs increased marginally in month to £0.9m as a result of Covid-19 pressures. Costs are expected to be volatile in the prevailing months correlating heavily with hospital demand as a result of Covid-19.

Recruitment Control Panel (RCP) is still meeting weekly to validate new and replacement posts however controls have been streamlined in order to support any decisions required at pace.

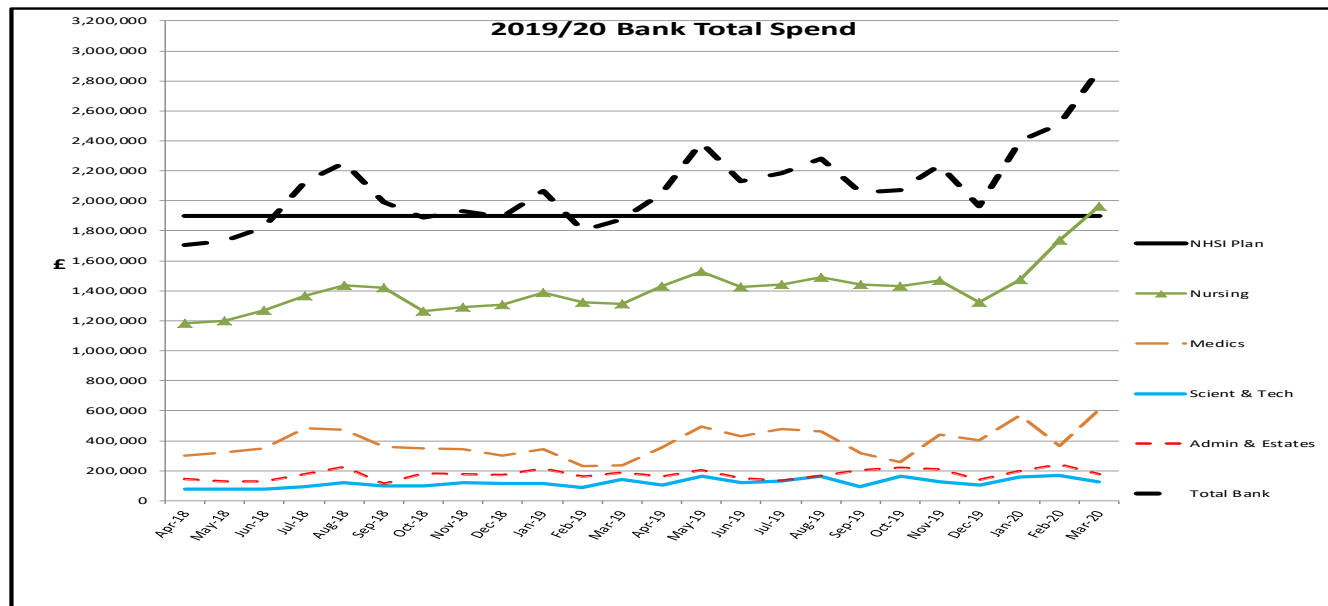
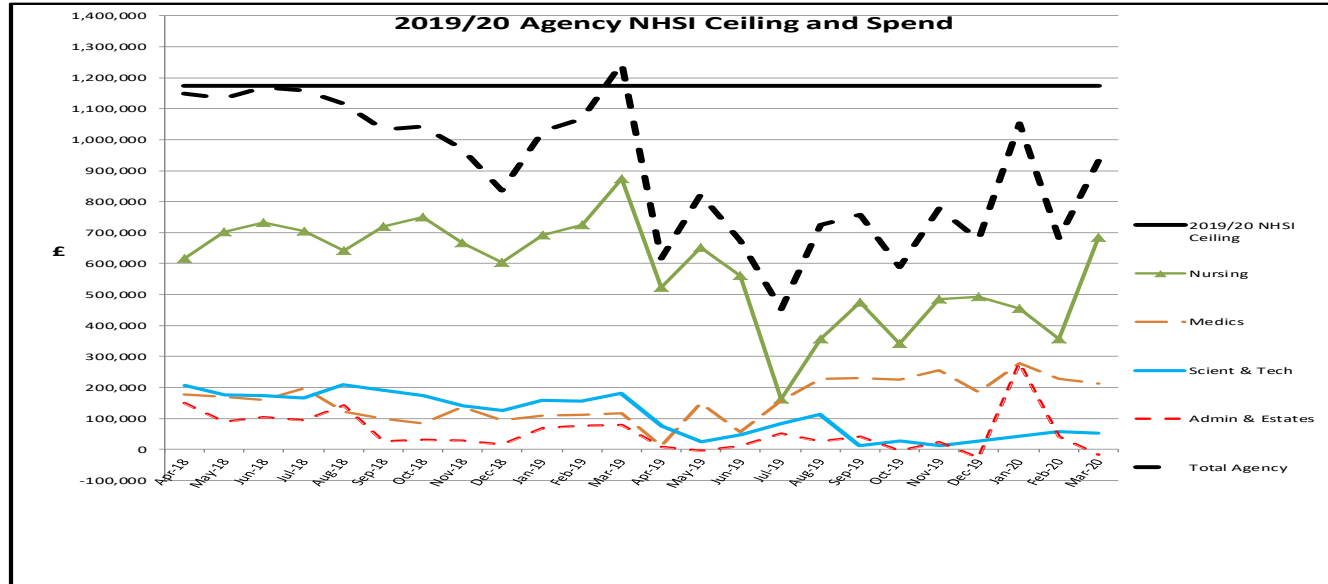


Temporary Staff Costs

Agency costs increased in month to £0.9m correlating with an increased requirement of specialised staff in order to support Covid-19 patients. This was predominantly within Nursing.

Bank spend also increased to £2.8m in month and has been on an upward trajectory for the last four months. This is predominantly within Nursing similar to agency trends.

Costs are expected to be volatile through the early part of 2020/21 and heavily correlated to Covid-19 pressures. Any excess costs are reclaimable from NHS England under new interim contract guidance.

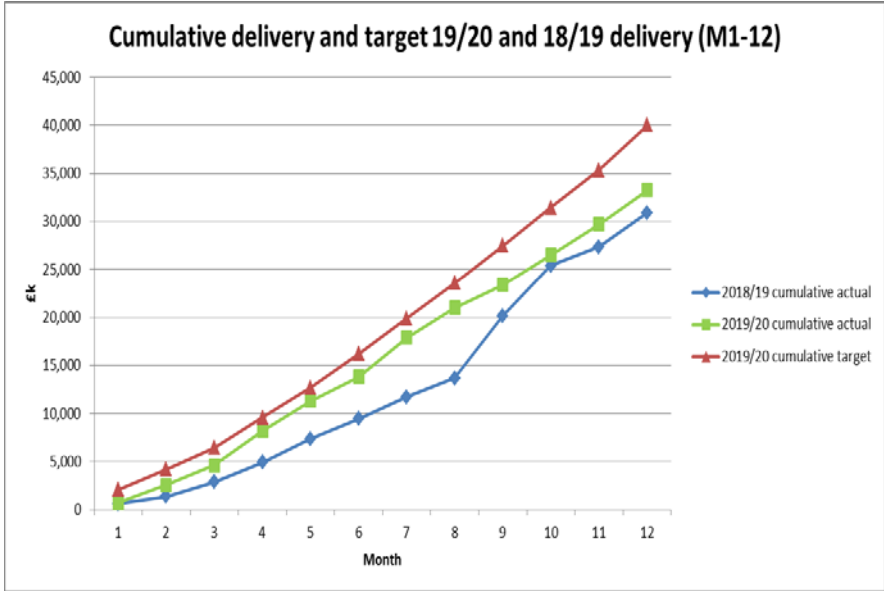
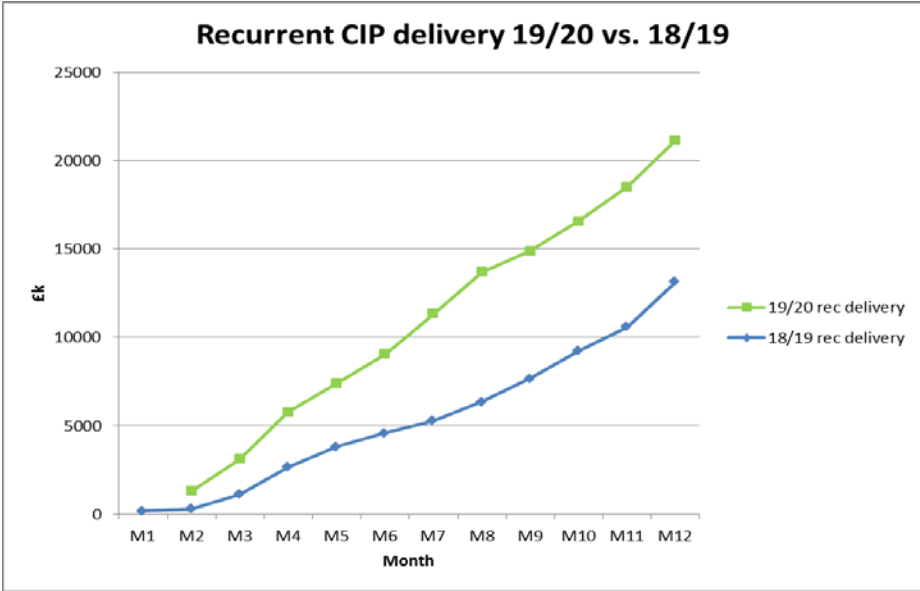
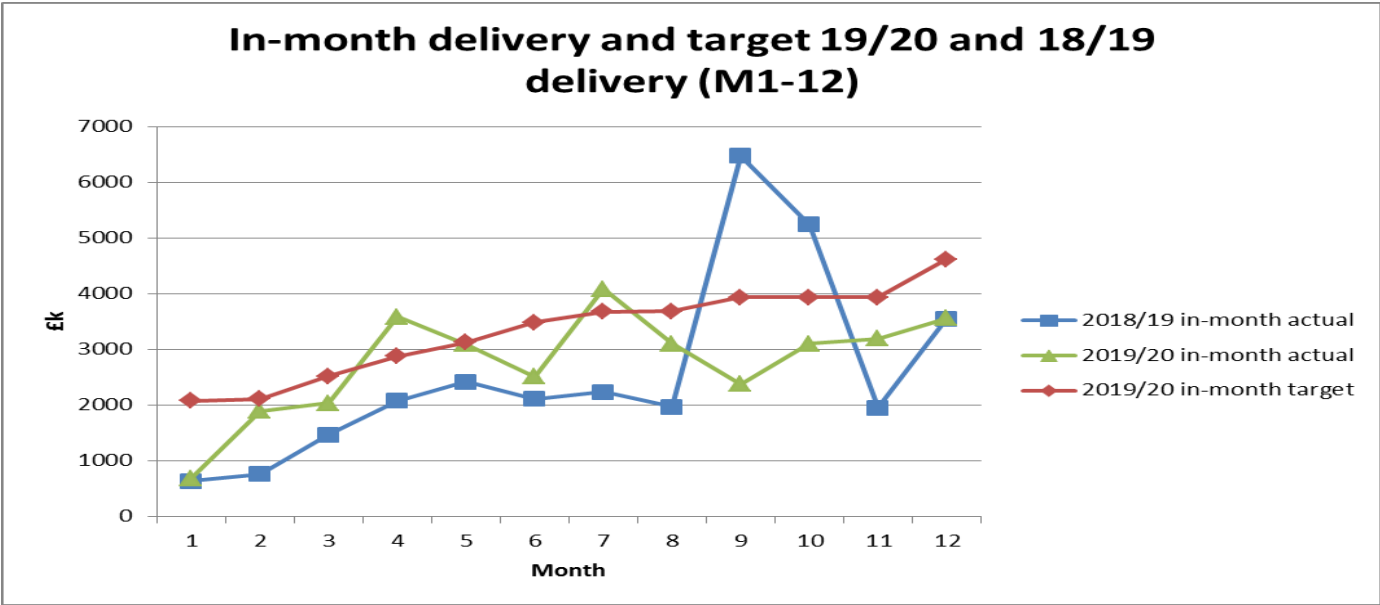


Cost Improvement Programme

CIP delivery in M12 was £3.6m against a target of £4.6m.

Total CIP delivery at M12 close is £33.3m, against a target of £40.0m, leaving a shortfall of £6.7m. This is in line with the forecast delivery presented in month 11.

- The CIP programme has :
- Delivered more in 19/20 than in the previous year (£2.3m)
 - Delivered significantly more recurrent savings in 19/20 than in the previous year (£21.2m compared to £13.1m)



Cost Improvement Programme

Delivery by division and CIP type

Key areas of success for delivery in 19/20 included cost reduction in workforce and non pay as well as productivity in clinical services.

£28m of this year's CIP delivery was achieved within clinical services, with £18.8m of this being recurrent. This compares to £20m delivery in 18/19, of which £11.5m was recurrent.

As well as transacted financial delivery, there were schemes achieved operationally in 19/20, but that could not be financially transacted due to source (both NHS and other income and budget). These schemes will still have improved the trust's financial position. Total operational benefit of the programme will be available for report in the coming week.

	LOS and Care Pathways	Workforce	NHS Patient Income	Other income	Non pay	Procurement	Cross Divisional	Total
Rec £k	3,115	1,176	11,281	1,245	3,357	831	159	21,163
Non rec £k	0	6,031	1,095	2,182	2,169	10	615	12,103
Total delivered £k	3,115	7,207	12,375	3,427	5,526	841	774	33,266

	Target	Total Delivery £k	Total rec delivery £k	Total non rec delivery £k	Delivery %
Division A Total	8,998	8,175	5,675	2,500	91%
Division B Total	7,954	5,877	4,398	1,479	74%
Division C Total	6,569	5,171	1,707	3,464	79%
Division D Total	8,428	9,175	7,028	2,146	109%
Total Clinical Services	31,949	28,399	18,809	9,589	89%
Chief Finance Officer	377	792	0	792	210%
Estates Facilities & Capital Development	1,892	2,137	1,437	700	113%
Transformation	163	178	18	160	109%
Chief Operating Officer	379	171	27	144	45%
Human Resources	312	188	178	10	60%
Informatics	453	318	118	200	70%
Clinical Governance	173	57	29	28	33%
Training, Development & Workforce	248	217	100	117	87%
Chief Executive	54	0	0	0	0%
Trust HQ Total	4,051	4,057	1,906	2,151	100%
Central schemes	4,000	811	448	363	20%
Trust Total	40,000	33,266	21,163	12,103	83%

Cash

The cash balance was £97.3m at the end of March 2020, £47.5m above Plan. This is primarily due to:

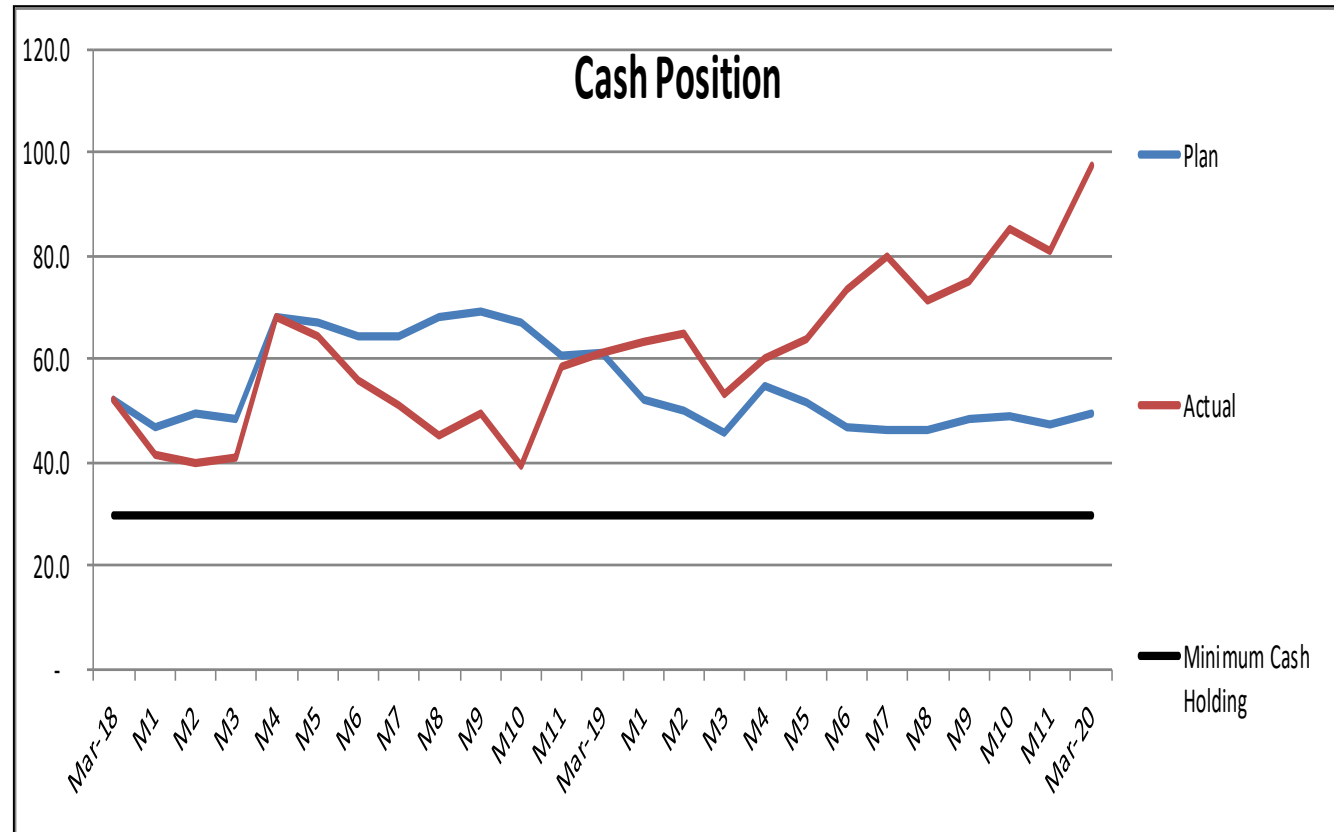
1) Working capital position better than plan by circa £35m. The Accounts Receivable position is better than Plan due to improvements in negotiated payment arrangements with Commissioners. Accounts Payable continues to be an area of focus for the finance team.

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

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

4) Net spend on property, plant and equipment (through capital expenditure and lease interest and principal payments) £25m less than Plan. £9.7m of this was centrally funded with cash receipts in year.

Cash is not expected to remain at these levels moving into 2020/21 as efforts are made to reduce the payables balance.



Capital Expenditure

(Fav Variance) / Adv Variance

The capital programme ended the year with net spend after donations of £48.3m. This is £3.1m lower than the forecast at February however is higher than the risk adjusted position by £1.8m. £9.7m of PDC funded projects were completed in part or full in 2019/20.

Contracting and equipment delays in March meant the position was suppressed by c£3m. The most significant project, GICU, ended the year with spend of £9m against an original plan of £12m due to slippage. The project remains on plan overall however.

Several items of mitigation were approved late in 2019/20 and £546k is included relating to Covid-19 equipment which we anticipate being centrally funded. £1.7m of spend also relates to projects that were brought forward from 2020/21. This offsets slippage on some of the key estates projects for example GICU and Children's and Adults ED.

Overall the year end position was £1m below the revised plan set in July 2019.

Scheme	Month			Full Year		
	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's
Childrens Hospital	88	17	71	1,196	581	615
ED Adult Resus	126	(23)	149	1,501	1,114	387
IT Schemes	525	481	44	7,246	5,992	1,254
Strategic Maintenance	246	1,032	(786)	4,000	4,496	(496)
Medical Equipment Panel	80	77	3	2,100	1,547	553
GICU Expansion	2,300	1,557	743	12,122	9,000	3,122
Refurbish Eye Theatre	0	6	(6)	60	31	29
Energy Efficiency	0	430	(430)	1,473	1,742	(269)
New Theatres E level	0	513	(513)	3,236	3,010	226
Urology Day Unit	0	27	(27)	2,177	1,909	268
Steam Project	0	321	(321)	103	654	(551)
Princess Anne Theatre Ventilation	0	49	(49)	355	448	(93)
Spend to Save	167	99	68	847	354	493
Radiotherapy Equipment	0	37	(37)	834	776	58
Divisional / Donated Equipment	150	205	(55)	1,350	768	582
Decorative Improvements / Staff Fund	80	(89)	169	741	101	640
Other Projects	338	117	221	4,472	4,738	(266)
ED offices and minors space	0	614	(614)	0	614	(614)
CT, MR & Mammography	0	590	(590)	0	590	(590)
Endoscopy	0	585	(585)	0	585	(585)
Capital Mitigations	0	1,590	(1,590)	0	1,737	(1,737)
Coronavirus Equipment	0	546	(546)	0	546	(546)
Total Excluding Finance Leases	4,100	8,781	(4,681)	43,813	41,333	2,480
Finance Leases-IISS	407	1,296	(890)	4,880	4,899	(19)
Finance Leases-Other	286	1,125	(839)	3,433	4,187	(754)
Total Capital Expenditure	4,793	11,202	(6,409)	52,126	50,419	1,707
Donated Asset Additions	(263)	565	(828)	(2,796)	(2,118)	(678)
Total Net CDEL Expenditure	4,530	11,767	(7,237)	49,330	48,301	1,029
Memo:						
Internal Funding				31,738	27,984	3,754
External Funding				12,075	13,349	(1,274)
Total				43,813	41,333	2,480

Statement of Financial
Position

(Fav Variance) / Adv Variance

The closing statement of financial position for 2019/20 illustrates net assets £15.4m ahead of plan. This is driven by cash which is £47.5m in excess of plan some of which was achieved as a result of 18/19 PSF bonus payments totalling £9.5m which were received in year in addition to more centrally funded fixed assets than originally planned.

Working capital movements have created significant contra variances between payables, receivables and cash that are interrelated. Accounts payable continues to be an area of focus.

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	403.7	379.0	(24.7)	403.7
Inventories	16.5	16.2	15.2	(1.0)	16.2
Receivables	105.9	75.5	72.8	(2.6)	75.5
Cash	61.5	49.8	97.3	47.5	49.8
Payables	(110.5)	(82.7)	(115.7)	(33.0)	(82.7)
Current Loan	(3.3)	(4.6)	(3.3)	1.2	(4.6)
Current PFI and Leases	(7.0)	(4.4)	(7.3)	(2.9)	(4.4)
Net Assets	435.6	453.5	438.1	(15.4)	453.5
Non Current Liabilities	(18.2)	(18.3)	(20.4)	(2.1)	(18.3)
Non Current Loan	(14.6)	(12.0)	(11.5)	0.5	(12.0)
Non Current PFI and Leases	(33.0)	(34.6)	(33.4)	1.2	(34.6)
Total Assets Employed	369.8	388.7	372.9	(15.8)	388.7
Public Dividend Capital	211.0	223.7	220.7	(3.0)	223.7
Retained Earnings	125.0	139.5	131.9	(7.5)	139.5
Revaluation Reserve	33.8	25.5	20.2	(5.3)	25.5
Other Reserves	0.0	0.0	0.0	0.0	0.0
Total Taxpayers' Equity	369.8	388.7	372.9	(15.8)	388.7

Report to the Trust Board of Directors dated Thursday 30 April 2020			
Title: Communication During COVID-19			
Category	Quality, Performance, and Finance		
Agenda item	5.4		
Sponsor	Chief Executive		
Author	Steve Harris, Chief People Office - Interim		
Provenance	<p>Communications during COVID 19 management has been discussed at:</p> <ul style="list-style-type: none"> • Executive Assurance Group • Daily executive huddles (standing daily item) • Board Operational Group 		
Classification	This Report is unclassified.		
Purpose and recommendation	<p>The paper is presented for REVIEW.</p> <p>The board is provided with a summary of the communications activity that has taken place during COVID-19. The paper focuses on our internal approach, our management of the media, and our interactions with wider stakeholders.</p> <p>Board is requested to:</p> <ul style="list-style-type: none"> • Note the actions that have been taken to date with Communications • Discuss any other opportunities that the board feel could be utilised 		
Relevant strategic goals	<input type="checkbox"/> Goal 1: Improving patient journeys.	<input type="checkbox"/> Goal 2: Delivering value-based health and care.	<input checked="" type="checkbox"/> Goal 3: Supporting healthy lives.
	<input checked="" type="checkbox"/> Goal 4: Building an expert and inclusive workforce.	<input type="checkbox"/> Goal 5: Being agile in meeting people's needs.	<input type="checkbox"/> Goal 6: Creating leading-edge research, education, and innovation.
Assurance framework links	<ul style="list-style-type: none"> • BAF05 – Capacity and capability gaps in the workforce lead to an inability to provide safe and timely care • BAF07 – Poor staff wellbeing and engagement leads to an inability to deliver safe and timely care. Risk of harm to staff 		
Impact assessments			
Other standards affected	CQC Well lead		

1.0 Introduction and Purpose

- 1.1 COVID-19 has presented UHS, and indeed the whole country, with one of the biggest humanitarian challenges since the Second World War. The impact of COVID-19 is likely to be the primary focus for the whole NHS for many months and remain a consistent dominating force in the national and international media.
- 1.2 The non-executive directors have requested the UHS Trust board discuss the strategic communication approach of UHS.
- 1.3 This short paper outlines the strategy UHS has adopted, the actions taken to meet this, and is intended to provide a platform for discussion with the Board.

2.0 Objectives of the UHS communications strategy during COVID-19

- 2.1 On 27 March Lucy Melling (New Communications Director) presented an outline strategy for management of communications during COVID-19. This was accepted by the Executive Assurance Group.
- 2.2 The goal of communication during the COVID-19 crisis is to protect and promote the reputation of UHS NHS Trust by providing comprehensive communications to key stakeholders (internal and external) consistent with our brand vision, mission and values.
- 2.3 This was specifically to:
 - Provide subject matter expertise and media/social intel to the executive and COVID-19 operational decision-making groups
 - To provide effective horizon scanning and intelligence gathering; increasing our ability to become proactive rather than reactive “
 - Be the key point of contact for the national communications team and other stakeholder communications teams
 - Produce tailored , trusted collateral and regular briefing materials for specific audiences: staff; patients; public; stakeholder organisations; volunteers; members;
 - Align output with the national directives and messaging strategy of NHS England and where appropriate and authorised, tailored to reflect UHS NHS FT requirements and priorities
 - Oversee media management both proactive and reactive
- 2.4 Communications are phased approach in line with the wider operational focus, supporting the five COVID-19 work-streams: (prepare, endure, recovery, transform)
 - Operations
 - Quality Assurance
 - Clinical
 - People
 - Future

3.0 Management of internal communications

- 3.1 The internal communications strategy has been to ensure staff across the Trust have easy access to key information on a regular basis through a range of mediums. This includes ensuring the ability to provide two-way communications with staff on the key issues.

3.2 Facebook Workplace has been made the key platform for communications for staff. Staff are able to access Workplace from their mobiles and tablet devices. Prior to COVID-19 Workplace had 3.7k users. This now stands at 7.7k (nearly 75 per cent of the Trust) and continues to grow. All content posted on Staffnet is replicated on Workplace to ensure remote access can be gained.

3.3 Key aspects of internal communication have included:

Executive briefings	<ul style="list-style-type: none"> Initially, twice weekly face to face briefings for Q&A with staff prior to social distancing Subsequently, weekly videos (now using Microsoft teams) with exec team members addressing key themes. These have included PPE, operational planning, virus behaviour, infection control, health and wellbeing. These briefings are regularly viewed by up to a half of all active users. Weekly written briefings by Chief Operating Officer
Staff Briefing	<ul style="list-style-type: none"> Daily briefing on key updates to staff on key issues. Published on Workplace and Staffnet. Regularly viewed by in excess of 1.5k users
Two way feedback	<ul style="list-style-type: none"> Use of questions posted on workplace to develop Q&A Monitoring of posts and questions and issues raised on social media platforms – leading to direct responses or ensuring issues are covered in the weekly staff video or through Staffnet Planned implementation of Live Microsoft teams session with key executive team members to answer questions
Safe Space Live	<ul style="list-style-type: none"> Live session hosted by Dan Winter Bates, and supported by the psychology team, to focus on staff wellbeing. Guests have included Dr Nitin Mahobia, Mr Paul Grundy, Dr Christina Rene, and Steve Harris
Celebrating Success	<ul style="list-style-type: none"> Use of staff stories for internal platforms and external media to celebrate the work of our staff and showcase innovation Has included formal corporate stories, in addition to organically generated content from staff members sharing photos, stories and other media of their experiences

3.4 The communications team also conducts a weekly temperature check/sentiment analysis of staff views across our media platforms (see appendix 1). General feedback on communication has been very positive. Staff have particularly welcomed the transparent approach that has been taken by the executive team in relation to issues such as PPE. The intel also allows, on an ongoing basis for the communications team to monitor and actively manage any emerging reputational issues that potentially contravene the Trust social policy guidelines.

4.0 External Media Management

4.1 As the pandemic has developed there has been a concerted effort to ensure the profile of UHS, and its expert workforce, is sustained and even enhanced. A balanced approach has been taken to the NHSi/E request for control. This has included showcasing the positive efforts of our staff and how well the hospital has prepared.

- 4.2 The media has been used as a platform to communicate key messages such as the need to ensure our community still use our hospital for urgent treatment, essential announcements and to showcase research, innovation and successes.
- 4.3 In March, during the prepare phase, there were 784 items (70.77% positive, 24.23% neutral, 4.98% negative) with a broadcast audience of 88 million, an online reach of 190 million, a print circulation of six million and a value of £1.2 million. Figures for April have not yet been collated but a selection of highlights is available in the appendices. In total around half of all coverage has been national. This has provided a positive platform for showcasing world-class care, agility in reconfiguring services to meet people's needs, clinical outcomes and commitment to patient care.
- 4.4 Subsequently, to support the objectives of the endure phase, the press office has worked to deliver national media partnerships and proactive news opportunities that showcases the Trust's ability in this crisis to continue to convey our values of: world-class innovation, patient care and team and leadership expertise. Highlights include:
- Transformation of our emergency service pathway covered on BBC and ITV including the message the hospital is still open and we urge patients who are unwell to still attend,
 - A unique regular series on our COVID-19 work through BBC Radio 4's 'Inside Health' programme showcasing our experts weekly. Areas covered so far have included: Overall management of COVID-19, emergency care, maternity, neonates, and physiotherapy.
 - A partnership with BBC News to produce video diaries of our staff
 - Widespread national coverage of a book developed for children by a PICU nurse which saw downloads increase from 15,000 to 260,000,
 - National and international coverage of the Synairgen inhaled drug therapy study
 - Widespread national coverage of UHS involvement in guidance for parents and national and local coverage of UHS participation in vaccine trials
 - Contribution to a paper in The BMJ on service reconfiguration and highlighted digital developments at the Trust.
 - The recent use of the innovative ResPRO hood for our front line staff covered across multiple TV and online outlets.
- 4.5 Through-out this period, press office has reactively responded to around 20 media enquires a day (100 a week). Working to ensure balanced coverage within any potential negative stories that may unfairly emerge whilst carefully maintaining and developing relationships with regional and national journalists. News stories have also played a significant role in the growth and engagement on the Trust's social media platforms. Supporting external reputation on our own channels and boosting staff morale.
- 4.6 A list of media examples during COVID-19 is listed in appendix 2.

5.0 External Stakeholder Communications

5.1 UHS has kept key stakeholders informed in the following ways:

Stakeholder	Messaging
Patients and Service Users	<ul style="list-style-type: none"> ● General messaging about changes to hospital services through the website, social media, and also covered by the Daily Echo (for example visitor restrictions) ● Specific direct service instructions to patients and service users has been managed on an individual basis (changes to treatment etc)

Trust members	<ul style="list-style-type: none"> • We are currently preparing the latest issue of 'In Touch' membership newsletter, which focuses on COVID-19 and explains how the Trust has responded and risen to the challenges involved along with some of the positive staff stories • We will explore how we are able to use the technology which is now in place including video conferencing as a new way to engage with our membership
GPs	<ul style="list-style-type: none"> • Liaising with colleagues in CCGs and the LMC on messages, which will be helpful to primary care. This has also led to additional contact between the Trust and GP groups.
Health Watch Southampton	<ul style="list-style-type: none"> • Regular provision of media information to Harry Diamond from the press office.
Local stakeholder MPs	<ul style="list-style-type: none"> • Early briefing took place between Paula Head and Southampton MPs

5.2 There has also been a growth in our external engagement on our digitally facing platforms. The Trust's official Facebook account has grown from 11.2k followers to 13.2k followers – amongst the highest level for comparable size Trusts nationally. The Trust twitter account has grown from 11.6k followers to 12.6k followers.

5.3 There has been an impressive growth in our organic reach across these platforms. Daily reach on Facebook (how many people see our posts without any promotion) has more than doubled since 24 March (<16k to >30k) with a few posts surpassing 100,000 views. Our impressions on Twitter (how many people see our tweets each month) have also doubled (<100k to >200k).

6.0 Next Steps

6.1 Board is requested to:

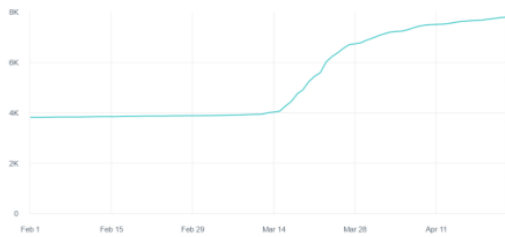
- Note the actions that have been taken to date with Communications
- Discuss any other opportunities that the Board feel could be utilised

Our channels



Workplace

- 7,763 users (+126 this week)
+103% increase since 1 February



- 3,000 daily active users (weekdays)
- 2,000 active on weekend days
- 345 posts across 267 groups each week
- 2,890 comments, 15,367 reactions, 5,659 messages sent in last 28 days

Coronavirus (COVID-19) updates group

- Users most active 7am to 10am
- More than 2,000 daily active users (2/3 of total daily users)
- 143 comments, 513 reactions in a week

Our channels



Facebook

- 13.2k followers (+443 new this week)
- Posts reached 250,961 people this week
- avg 2.6k post clicks, 750 reactions/comments on each post

Twitter

- 12.6k followers (+384 this month)
- 27 tweets with 194k impressions in April
- 1,812 mentions of @UHSFT in April
- 29 retweets, 80 likes, 62 link clicks on average per post

Trust name	Facebook		Twitter
	Likes	Engagements (Comments, reactions, shares)	Followers
Portsmouth	22.4k	22.9k engagements	8.1k
Cambridge	18.6k	57.8k engagements	14k
Oxford	15.2k	14.5k engagements	13.5k
Guys/Thomas's	14.9k	13.8k engagements	27.8k
UHS	13.5k	205.1k engagements	12.7k
North Bristol	7.7k	3.7k engagements	13.2k

Workplace

What staff are talking about:

- ❑ Social distancing 🧯
- ❑ Messages of condolence for Katy
- ❑ Praise for Boost Boxes
- ❑ Microsoft Teams - keen to see digital meetings used after COVID-19
- ❑ Praise for UHS Digital and IT support via Workplace app
- ❑ Praise for Workplace video briefings

What staff are asking for:

- ❑ total figures of COVID-19 deaths and discharges
- ❑ clearer COVID-19 data
- ❑ good news (potential for reward/recognition?)
- ❑ enforcement of social distancing
- ❑ clearer guidance on scrubs
 - ❑ (who needs them, can we accept homemade, etc)



Video briefings on the Workplace app, which can be easily accessed on my phone at any time, has helped keep me better informed.

Workplace

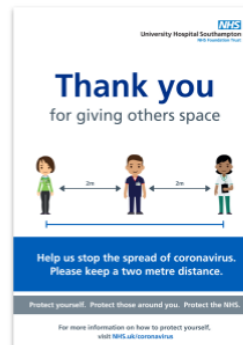
🧯 Hot topic: social distancing

Staff have been concerned with the lack of social distancing within the Trust, particularly in queues (fit testing, Feast), in stairwells and in photos/videos.

Suggestions have been made:

- ❑ Keep left policy
- ❑ Staircases - one for up, one for down
- ❑ Lines on the floor (for queues)

A poster and screensaver was shared on Thursday, 23 April for dissemination around the Trust.



@UHS_IPT shared a suggestion of a 'keep left' policy seen in Wye Valley NHS Trust

Facebook and Twitter

Praise and positive messages

- Hundreds of comments/reactions to vaccine trial
- Positive reaction and support on news stories
- COVID/NHS related poems being shared (by patients and staff)
- Lots of offers of donations (face shields, scrubs, laundry bags etc)
- Patient stories getting great engagement (opportunity to give insight into the hospital)
- Praise for 'Thank you NHS' messages (especially Coxford Road)

Concerns and considerations


- Some posts about people using 'key worker status' to demand free food or priority access
- Donations of crochet hearts for families and patients who are separated (good news)

Facebook and Twitter

University Hospital Southampton has become the first healthcare provider in the country to widely introduce a pioneering protective respirator hood for staff treating patients with coronavirus (COVID-19). The equipment, designed by researchers at the University of Southampton and the NIHR Southampton Biomedical Research Centre in collaboration with clinicians at UHS, was developed into a prototype in an a...earer's

More than four times our average engagement on first day of posting

It captures clean air through a High Efficiency Particulate Air (HEPA) filter with bell-mounted fan pack, can be worn continuously for eight to nine hours and is reusable after appropriate cleaning. Continue reading at <https://www.uhs.nhs.uk/.../hospital-trust-becomes-first-to-in-...>



341,016 People reached 91,600 Engagements Boost Post

421 comments 3.4K shares

Popular topics

- COVID-19 vaccine trial
- Insights into the Trust (day in the life, etc)
- Introduction of PeRSo respirators/reassurance of PPE stock
- How we're keeping family and patients connected
- Promoting wellbeing during lockdown
- Positive messages of recovered patients/thanking public for donations

Top posts from other Trusts

- Oxford: reminder to get medical help if you need it
- Portsmouth: #ThankYouThursday (staff thanking key workers)
- Cambridge: staff dance videos
- Guys/Thomas: 3D printing farm for face shields

Facebook

Intensive care peer support group

This Facebook group was set up in November 2019 and is a safe space for patients who have been in one of our units and their families. The group was set up by Fiona Hall, GICU sister, with support from the communications team. Clinical psychologists are also involved to provide support.

In the last month, this group has been used by relatives of patients in ICU more often for COVID patients. This is an incredibly positive and heartwarming support group.

Members post news of relatives coming out of ICU/off of ventilators as well as giving support when members receive sad news. There is huge praise for the ICU staff.

The group is linked to our main Trust Facebook page and users must fill out some information to gain access.

Additional updates

Promoting exec messages on Workplace

Executives on Workplace have been identified as 'key people' - posts published on the platform will be automatically promoted to all staff.

Messages that execs post on their own profile will be promoted to the workforce. Comments left on posts by 'key people' are also shown more often to promote their presence.

Rationale: This is a great opportunity for engagement and to show personal touch from exec team. This will also raise individual profiles and exec presence across Trust.

Current promoted accounts:

- Paula Head
- Gail Byrne
- David French
- Joe Teape
- Peter Hollins
- Steve Harris

If you would like to be added as a promoted account or would like to discuss Workplace further, please email Ashley Hartridge.

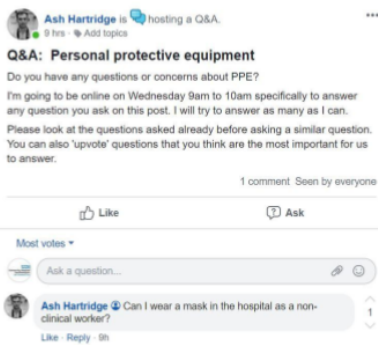
Additional updates

New Q&A function on Workplace

Workplace has introduced a new form of post called Q&A. This works similar to a normal written post, but instead of comments, it allows users to post questions and upvote those that they think are most important.

One way of using this would be to gather questions to answer on a particular topic.

Rationale: some members of staff have been concerned that questions aren't being answered. Text-based Q&A sessions would be an effective way of responding.



Ash Hartridge is hosting a Q&A. 9 hrs · Add topics

Q&A: Personal protective equipment
Do you have any questions or concerns about PPE?
I'm going to be online on Wednesday 9am to 10am specifically to answer any question you ask on this post. I will try to answer as many as I can.
Please look at the questions asked already before asking a similar question. You can also 'upvote' questions that you think are the most important for us to answer.

1 comment · Seen by everyone

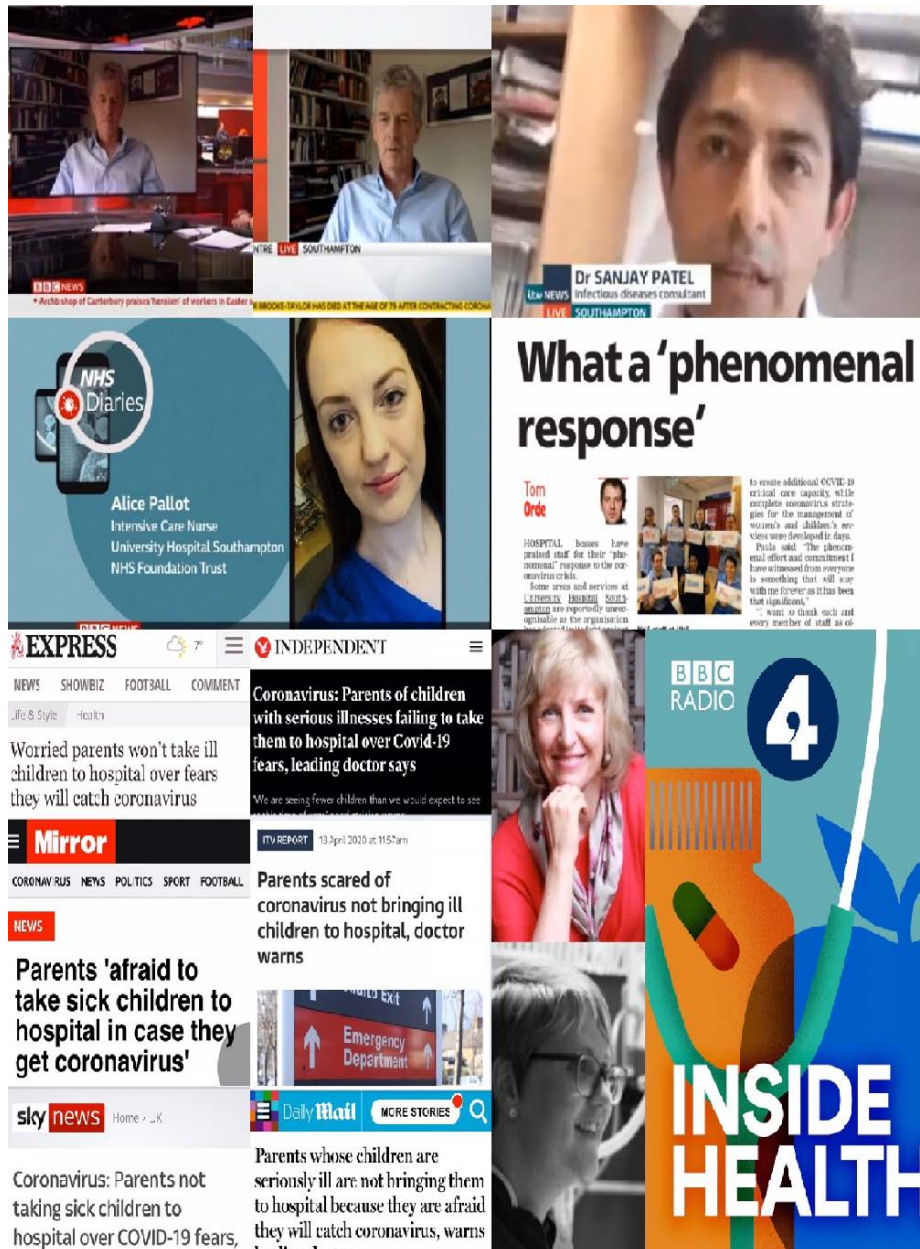
Like Ask

Most votes ▾

Ask a question...

Ash Hartridge Can I wear a mask in the hospital as a non-clinical worker?
Like · Reply · 5h

COVID-19 media activity: weekly summary (12 to 19 April)



Critical care consultant Professor Mike Grocott, who is also vice-president of the Royal College of Anaesthetists, talked to Sky News, BBC News and was quoted in a number of national newspapers on providing reassurance to patients following concerns of a national shortage of anaesthetic medicines. Prof Grocott also commented in the [Daily Mail](#) on recovery after an ICU stay and [The Sun](#) and [The Times](#) on 'proning'.

CEO Paula Head and COO Joe Teape's thank you message to staff was covered by BBC Radio Solent, Wave 105 FM and the [Daily Echo](#). ([Press release](#), [Facebook](#), [Twitter](#), [Linked In](#)).

Paediatric infectious diseases expert Dr Sanjay Patel's guidance for parents on children's illnesses during the pandemic was covered widely in the national media ([Daily Mirror](#), [Daily Express](#), [Daily Mail](#), [Sky News](#), [The Independent](#), [The Metro](#)) and included interviews on [ITV News](#) (national) and LBC Radio. ([Press release](#)).

[BBC News](#) covered a poem by ICU nurse Tori Wills about working on the frontline.

[BBC Radio 4's Inside Health](#) interviewed consultant obstetrician Jo Mountfield on advice for pregnant women and new mums and neonatal/COVID-19 matron Fiona Lawson on changes to neonatal services.

[The Daily Telegraph](#) and [The Sun](#) listed the experience of care team's new messaging service to keep families in touch with their loved ones among the top positive stories of the moment. Also covered by the [Daily Echo](#), BBC Radio Solent and the Daily Mirror. ([Press release](#)).

Paediatrician Dr Kate Pryde was interviewed by BBC Radio Solent about changes to processes at Southampton Children's Hospital during COVID-19 as well as new ways of working including virtual consultations.

Heart FM ran an interview clip with children's research sister Jane Martin ahead of the weekly Clap for the NHS.

BBC South Today and ITV Meridian interviewed Dr Simon Hughes, UHS consultant anaesthetist and a member of the Hampshire and Isle of Wight Air Ambulance, on HIOWAA's partnership with the RAF during COVID-19 to transfer critically ill patients from remote locations. HEMS care group manager Justin Sanders was also interviewed on the partnership by LBC Radio.

Professor Saul Faust, director of the NIHR Southampton Clinical Research Facility, talked to BBC Radio Solent about the nationally-prioritised study at UHS to find out how COVID-19 affects adults and children who are more vulnerable to infections. ([Press release](#), [Facebook](#), [Twitter](#), [Linked In](#)).

[BBC News](#) at 6pm and 10pm on Saturday ran a piece on ICU nurse Alice Pallot and her video diary recorded on a shift last week.

We issued a story on Sunday on how researchers in Southampton are set to begin trials of a vaccine pioneered in the UK which could protect against COVID-19. This has so far been covered by the [Daily Mail](#), the Daily Mirror, The Daily Telegraph, the [Huff Post](#), the [Evening Standard](#), LBC Radio, the [Daily Echo](#), [ITV Meridian](#), BBC Radio Solent, Heart FM, the [Portsmouth News](#), [RTE](#) in Ireland and outlets in France, Germany and Australia ([9 News](#), [The Australian](#), [2ST](#)) with more to come. ([Press release](#), [Facebook](#), [Twitter](#), [Linked In](#)).

Statements

The [Financial Times](#) reported briefings sent to staff by COO Joe Teape about a national shortage of surgical gowns as part of the daily staff briefing email. A statement was issued in response.