University Hospital Southampton
NHS Foundation Trust

Agenda - Trust Board Meeting

Date	30/07/2020
Time	9:00 - 13:00
Location	Conference Room, Heartbeat/Microsoft Teams
Chair	Peter Hollins

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2		**Minutes of Previous Meetings held on 18 June 2020** (Not for publication) **and 30 June 2020**
3		**Matters Arising and Summary of Agreed Actions** To discuss any matters arising from the Minutes, and to agree the status of any actions assigned at the previous meeting.
OPEN ITEMS (For publication)		
4		**QUALITY, PERFORMANCE and FINANCE**
4.1	9:15	**Briefing from Chair of Audit & Risk Committee for review (Oral)** Keith Evans, Chair
4.2	9:20	**Briefing from Chair of Quality Committee for review (Oral)** Tim Peachey, Chair
4.3	9:25	**Briefing from Chair of Finance & Investment Committee for review (Oral)** Jane Bailey, Chair
4.4	9:30	**Briefing from Chair of Charitable Funds Committee for review (Oral)** Dave Bennett, Chair
4.5	9:35	**Integrated Performance Report for Month 3 for review** To review the Trust's performance as reported in the Integrated Performance Report Sponsor: Paula Head, Chief Executive
4.6	10:05	**Safeguarding Annual Report 2019/20 and Strategy 2020/21 for assurance** Sponsor: Gail Byrne, Chief Nursing Officer Attendees: Juliet Pearce, Deputy Director of Nursing and Karen McGarthy, Named Nurse for Safeguarding Children
4.7	10:25	**Finance Report for Month 3 for review** Sponsor: David French, Chief Financial Officer

5 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL

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

10:35 In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Reservation and Delegation.
Sponsor: Peter Hollins, Trust Chair

6 Follow-up Discussion with Governors

10:40

7 To note the date of the next meeting: 27 August 2020 in the Conference Room, Heartbeat/Microsoft Teams

University Hospital Southampton
NHS Foundation Trust

Minutes - Trust Board Meeting

Date	30/06/2020
Time	9:00 – 12.30
Location	via Microsoft Teams
Chair	Peter Hollins (PTH)
Present	Jenni Douglas-Todd (JD-T) Senior Independent Director/Deputy Chair Jane Bailey (JB) Non-Executive Director (NED) Dave Bennett (DB) NED Cyrus Cooper (CC) NED Keith Evans (KE) NED Tim Peachey (TP) NED Paula Head (PH) Chief Executive David French (DAF) Chief Financial Officer & Deputy CEO Gail Byrne (GB) Chief Nursing Officer Derek Sandeman (DS) Chief Medical Officer Joe Teape (JT) Chief Operating Officer *Steve Harris (SH) Chief People Officer (Interim) * Denotes non-voting member
Attendees	Susan Rudd (SR) Interim Company Secretary & Associate Director of Corporate Affairs Eight members of staff (Open Items) Six governors (Open Items)

1 Chair's Welcome, Apologies and Declarations of Interest

PTH welcomed Trust Board members and the staff and governors who would be observing. There were no declarations of interest.

2 Minutes of Previous Closed Meeting held on 28 May 2020

The minutes of the 28th May 2020 were confirmed as an accurate record.

3 Matters Arising and Summary of Agreed Actions from Closed Meeting

There were no matters arising.
The Summary of Agreed Actions was updated.

OPEN ITEMS (For Publication)

4 QUALITY, PERFORMANCE and FINANCE

4.1 Briefing from Chair of Audit & Risk Committee for review (Oral)

KE advised that the final audit report had been satisfactory. A small number of recommendations had been made and agreed but had not yet been implemented. None were major recommendations and the incoming auditors had agreed to follow them up.

The internal auditors were putting together a proposed plan which the Audit and Risk Committee would review at their next meeting.

The external audit had gone "remarkably smoothly" bearing in mind they had not been on site (due to Covid-19) and DAF said that he was pleased with the way the UHS finance team and the auditors had handled the audit.

Having heard the reported views of the auditors, the Board congratulated DAF and his team for the manner in which the accounts had been completed.

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

4.2 Briefing from Chair of Finance & Investment Committee for review (Oral)

JB advised that the committee had met on the 29th June 2020. There had been in-depth debate on a number of key issues partly due to the uncertainty about next year and the challenges of demand and capacity forecasting.

There had been detailed discussion on two major business cases, including how they should be viewed in the post C19 environment and in the context of the Trust's overall capital plan.

The committee also planned to review reports to the committee to facilitate appropriate discussion.

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

4.3 Briefing from Chair of People & OD Committee for review (Oral)

JD-T advised that the second meeting of the committee had taken place on the 29th June 2020 and she highlighted the following:-

- the approach taken by Occupational Health to the management of risk had influenced the development of National guidance.
- a HIOW ICS People Board had been established.
- amendments had been proposed to the committee's Terms of Reference because of Covid-19 and these would be brought to Trust Board.

The greatest amount of time had been spent discussing two items:-

1) culture - the inclusivity of staff during Covid-19, protected characteristics and shaping the culture within the Trust. There were a high proportion of BAME staff at UHS and it was felt that the Trust needed to do something "substantially different" to what it had done in the past.
2) capacity and resourcing post Covid-19. The complexity of bringing the workforce back into the hospital whilst Covid-19 was still in the community. The probable reduction in the Trust's ability to recruit from overseas had also been recognised.

The following comments were made:-

- SH advised that the recruitment of registered nurses from overseas had been a "major pipeline" for UHS and there was a sensitivity to re-establishing it.
- PTH queried whether data indicated that there was anything specific to Southampton, with regard to the susceptibility of BAME staff to Covid-19. JD-T advised that there was no such evidence. Some media suggested that black and minority staff were being placed disproportinately in roles at higher risk from C19 but that was not the case at UHS.
- GB thanked JD-T and SH for their work and felt that it provided a platform to ensure the Trust was listening to BAME staff.

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

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

DB advised that the Charitable Funds Committee had not met since the last Trust Board.

He advised that in the meantime some coding errors had been identified.These had been reviewed by the Finance Team and would be corrected in due course.

The charity had done particularly well during the Covid-19 crisis and funds raised were substantially ahead of plan. There was a concern, however, that donations would begin to tail-off, particuarly if there was a period of recession.

The charity team was in a "positive place" and had produced an operational plan for the coming year to bring in funds in what might be a challenging period.

GB advised that a celebration had taken place last week, where the charity had thanked the local community for their support.

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

4.5 Integrated Performance Report for Month 2 for review

PH advised that the Integrated Performance Report had been adapted to reflect the current operating environment and to align with the CQC Key Lines of Enquiry. It had also been cross referenced to reflect the Trust's Strategic Goals and the annual corporate objectives. It was likely to be a "dynamic IPR" for a period and some of the data sets may change going forward.

PTH requested that in future reports the text relating to the individual CQC domains be moved closer to the corresponding data to reduce the manipulation of paperwork.The following comments were made.

<u>Responsive:-</u>

- 3rd bullet point. TP noted that the text should be amended to read "... and the percentage of patients waiting less than 18 weeks from referral to treatment from 75% to 58%."
- TP noted that once a standard was failed mathmatically it did not provide any information about quality. PH advised that the Trust was still assessed against constitutional standards and had to report them. The observation made by TP could, however, form part of a dashboard. PTH suggested that this was discussed further at the next Trust Board.
- DB noted that there had only been a slight increase in non face-to-face Outpatient appointments during the Covid-19 period. JT said that he knew there had been an increase in phone conversations but did not think these were reflected in the data. He agreed to review figures.
- JT noted that patients spending less than 4 hours in ED in June had been at 92.8% compared to 78% the previous year. Attendances yesterday had been back over 300 and the department was managing well through this period. He said that it was also important to recognise how well the whole hospital had done at supporting ED.
- JT advised that there had been an increase in surgical referrals and the Trust faced a significant challenge in recovering capacity and "being there" for patients. The Trust was "pushing on all fronts" to remove constraints to getting work up and running and was being well supported by Occupational Health and infection prevention colleagues.

- PTH noted that whilst 92.8% was a huge improvement in ED, there had been a reduction of one third in patient numbers. He therefore questioned whether the Trust should be doing even better at achieving 95% and above.
- PTH queried whether there would be a permanent reduction in capacity due to Covid-19 restrictions and JT said that this was currently being considered by all specialties. He felt that a return to 90% of where the Trust had been previously was a reasonable aspiration. DS felt that this may be difficult, particularly because of the lack of side rooms within the hospital.

Safe:-
- DS advised that it had now been 28 days without a case of hospital acquired Covid-19 transmission and noted how important that was in keeping patients safe.
- PH said that UHS needed to be mindful of what other hospitals were doing and that it may need to think differently about how it delivered care.

Caring:-
- DB queried why there had not been a reduction in overnight bed moves (for non-clinical reasons) when there had been a reduction in bed occupancy. GB suggested this might be due to having less/restricted capacity.
- PH noted the significant change in care hours per patient day (CA10).

Well Led:-
- SH advised that whilst appraisal rates had not been as good as the Trust would have liked prior to Covid-19, they had now taken a significant hit and divisions were being encouraged to restore and improve performance.
- SH advised that there had been a growth of BAME staff at Band 7 and above and work was being done to see how that was broken down across the BAME workforce. He queried whether a single measure was appropriate in the IPR and suggested that others may need to be added.
- DS advised that medical appraisals and revalidation had been suspended during the Covid-19 period.
- DS advised that although research numbers were down, this did not reflect the quality of leadership and research.
- PTH noted that sickness absence had reduced and felt this told a "positive story" about how things had been handled during Covid-19.
- PTH noted that Research and Development had been suggested as a topic for discussion at the TBSS in September but queried whether the team might be willing to attend an earlier meeting. DS thought they would.

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

4.6 Finance Report for Month 2 for review

DAF introduced the report and advised that he would describe:-

- where the Trust was now financially
- what the financial position would look like through the remainder of the year.

During the first four months of the financial year the Trust had been under a national financial regimen under which the centre reimbursed its costs, which had enabled break-even financial performance in May.
Had the Trust been operating in the regular PbR environment, the deficit in May would have been £20m. It had been difficult to obtain relative performance data to compare UHS against others but the information in the

finance report showed what had been gathered informally. Overall UHS was in a similar position to most others but some peers' financial performance had been stronger and we were working with them to understand the opportunities for improvement.

Capital was broadly in line with Plan and the Trust was continuing with projects as best it could in the current climate. It had approved more projects than budget available in anticipation of slippage and delays in construction projects.

The cash balance was currently around £170m, significantly higher than normal because the Trust was being paid in advance for activity rather than in arrears.

With regard to Months 5 to 12, the centre was starting to discuss details of the financial architecture although nothing had been formally confirmed. The feeling was that the centre was relatively satisfied with how months 1-4 had worked e.g. that it had not let money get in the way of doing the right thing clinically but that the time was right to increase financial control and discipline to keep finances balanced with operational performance.

DAF therefore expected that the Trust would receive a fixed block of income for each month from August 2020 to March 2021 to cover all expenditure and expected it to be broadly similar to what it had spent during Months 1-4. The level of claims the Trust had submitted during Covid-19 had been in line with the national average and he therefore thought the financial challenge going forward should be manageable. Funding would, however, be directed through commissioners rather from the centre which could pose a risk.

PTH noted that the Trust was used to seeing lagging expenditure on capital and was interested to see that it had kept up reasonably well in the first few months. DAF advised that the GICU extension had been a major factor as work had been able to continue during the Covid-19 period.
RESOLVED: The Board **noted** the report.

5 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL

5.1 Feedback from Council of Governors' meeting 23 June 2020 (Oral)

PTH advised the Council of Governors had met on the 23rd June 2020 and he highlighted the following:-

- Councillor Barrie Margetts had recently taken over as the appointed governor for Southampton City Council and PTH welcomed him to Trust Board as an observer.

- DAF had presented the CEO's quarterly report as PH had been unavailable.

- Governors agreed a change in the Trust Constitution under which one of the appointed governors would be drawn from Solent University rather than Business South. This change had already been agree by Trust Board. Governors had asked that a more comprehesive review of the organisations from which governors were drawn when the Constitution was next scritinised.

- Bob Purkiss, Lead Governor, had led a discussion on engagement.

- It had been agreed to proceed with governor elections this year. There were two vacancies for staff governors and two for publicly-elected governors.

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

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

PTH asked DAF whether there had been any update on the 'stopping up' order in relation to Adanac Park. DAF advised that there had not been.

The Board agreed to ratify the actions taken by the Chair.

RESOLVED: The Board **ratified** the actions taken.

5.3 NHS Provider Licence Conditions Compliance and Self-certification for approval

The Board was advised that the Trust was required by NHSI to publish, within three months of the end of each finacial year, a corporate governance statement on behalf of the Board, confirming its compliance with the conditions of its Provider Licence.

PH advised, however, that the Trust was trying to obtain a view from NHSI on whether this was still required during the Covid-19 pandemic and her preference was to wait for their response. UHS could then ensure that it was in line with the regulators.

The following comments were made:-

- PTH queried what other trusts were doing. PH advised that there was no consistency of approach at the current time.
- He also asked whether UHS would be in breech of its licence if it had not signed the statement by the end of June. This was felt by PH not to be the case.
- KE suggested that the Board said it had been compliant with the conditions of the Provider Licence for the majority of the year and that it should be seeking clarity from NHSI regarding only the remainder of the period.

RESOLVED: The Board agreed that the opinion of NHSI be sought before any decision be made.

ACTION: *It was agreed that this would be brought back to Trust Board on the 30th July 2020.*

6 Corporate Objectives and Quarter Milestones 2020-21 for information

PH presented this paper which outlined the Corporate Objectives for 2020-21 and the quarterly milestones aligned to the each one. She advised, however, that these may need to be reviewed and adjusted in September.

The following comments were made:-

- it was a comprehensive and ambitious programme.
- the milestones were helpful.
- JB welcomed the clarity but queried whether delivery would be viable in relation to some of the milestones. PH advised that she had put the same challenge to the executives but they were supportive of the milestones. It was suggested that a review of the milestones in Q2 may be appropriate.
- GB said that there was a resource implication in relation to the Trust achieving CQC Outstanding. PH advised that a review of all resources was being undertaken.
- CC said that he liked the "aspirational nature" provided the milestones were seen as targets the Trust was working towards.
- JD-T noted the 'Outstanding Employer' milestone and suggested that the timescales may need to be reviewed following discussion at the TBSS on the 7th July 2020.
- PTH felt a specific objective was necessary on the need to establish clarity on the role of UHS within the HIOW system. PH suggested that this was part of the 'partner organisation' milestone but PTH felt that did not include specialised commissioning.

PTH welcomed the document and suggested it was brought back to Trust Board after the study session on the 7th July 2020.

RESOLVED: The Board **supported** the document.

ACTION: *It was agreed that the document was brought back to Trust Board after the study session on the 7th July 2020.*

7 To note the date of the next meeting: 30 July 2020 in the Conference Room, Heartbeat/Microsoft Teams

University Hospital Southampton NHS Foundation Trust

List of action items

Agenda item		Assigned to	Deadline	Status
OPEN ITEMS (For publication)				
Trust Board – 30/06/2020 5.3 NHS Provider Licence Conditions Compliance and Self-certification for approval				
229.	NHSI opinion	Head, Paula Rudd, Susan	30/07/2020	Completed
	Explanation action item The Board agreed that the opinion of NHSI be sought before any decision be made regarding the requirement to publish a corporate governance statement on behalf of the Board. It was agreed this would be brought back to Trust Board on 30 July 2020. Update: NHSI have confirmed it is not required.			
Trust Board – 30/06/2020 6 Corporate Objectives and Quarter Milestones 2020-21 for information				
230.	Corporate Objectives and Quarter Milestones 2020-21	Head, Paula	30/07/2020	Pending
	Explanation action item It was agreed that the document would be brought back to Trust Board after the Study Session on the 7th July 2020.			

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors dated Thursday, 30 July 2020				
Title:	**Integrated Performance Report 2020/21 Month 3**			
Agenda item:	**4.5**			
Sponsor:	**Chief Executive**			
Date:	**23 July 2020**			
Purpose	**Assurance or reassurance Y**	**Approval**	**Ratification**	**Information**
Issue to be addressed:	This report is intended to support the Trust Board in assuring that: • the care we provide is safe, caring, effective, responsive and well led in the context of the Covid 19 pandemic • at the same time we continue our journey toward our vision of World Class Care for Everyone.			
Response to the issue:	For the year 2020/21 the Integrated Performance Report has adapted to reflect the current operating environment. In particular we have aligned it with the Care Quality Commission Key Lines of Enquiry and then cut it again to reflect delivery of our Strategic Goals and annual corporate objectives.			
Implications: (Clinical, Organisational, Governance, Legal?)	This report covers a broad range of trust services and activities. It is intended to assist the Board in assuring that the Trust meets regulatory requirements and corporate objectives.			
Risks: (Top 3) of carrying out the change / or not:	This report is provided for the purpose of assurance.			
Summary: Conclusion and/or recommendation	This report is provided for the purpose of assurance.			

Integrated Performance Report

Introduction

The Trust Integrated Performance Report is presented to the Trust Board each month.

For the year 2020/21 the Integrated Performance Report has adapted to reflect the current operating environment. In particular we have aligned it with the Care Quality Commission Key Lines of Enquiry and then cut it again to reflect delivery of our Strategic Goals and annual corporate objectives in order to:

- Demonstrate that we can assure ourselves that the care we provide is safe, caring, effective, responsive and well led in the context of the Covid 19 pandemic
- Ensure that at the same time we continue our journey toward our vision of World Class Care for Everyone.

This means we have asked for some additional indicators and are in the progress of making these available for regular reporting. We might also adjust/ or add to these indicators – informing the Board and keeping a comparative narrative – if the situation changes as we work through these unusual circumstances. An example of this might be measuring vulnerable groups as the evidence around COVID emerges.

The monthly Trust Integrated Performance Report is currently complemented by a 'Covid-19 Balanced Scorecard' which is considered by the UHS Integrated Assurance Group, and also available to Board Members, on alternate weeks.

June 2020 Summary

During June the impact of Covid 19 infections upon the Trust continued, but reduced significantly.

The number of new admissions with / inpatient diagnoses of Covid 19 reduced to 1-2 per day, and the number of beds occupied by patients with Covid 19 reduced from 34 in ward beds and 13 in high care/intensive care beds on 1st June to 9 and 6 by the end of the month.

Non-elective admission volumes in total remained at approximately 90% of their normal levels.

Elective care as a whole continued to be significantly adversely impacted, both by the arrangements made to support non-elective care, and by the need to deliver elective care whilst adhering to a range of additional infection control measures.

The trust has sought to prioritise the reduced elective capacity available towards those patients requiring assessment or treatment more urgently, and to provide assessments by telephone or video whenever appropriate.

Responsive

- Emergency Department timeliness has improved further; exceeding 94% across the month of June which is a significant achievement (RE 10). Other Trusts are also achieving similar improvement, though UHS had the third best performance out of 8 'peer' Major Trauma Centres (RE9). Attendances increased compared to May but continued to be significantly lower than normal, minor injuries and illnesses are directed towards Urgent Care Centres, and enhanced infection control precautions are in place within UHS departments.

- Reductions in the amount of elective (RE 13) and outpatient (RE 16 / 17) care that we are able to provide is resulting in significant increases in the length of time that patients are waiting for appointments, investigations and treatments. We are focussed on responding to this challenge as quickly as possible but need to exercise appropriate caution to ensure service activity is increased in a way that is safe for patients and staff. The data demonstrates modest increases in elective admissions in June, and in outpatients a) a substantial increase in the contribution of non-face to face appointments b) modest increases in total activity in May and a likelihood that June activity will not increase significantly upon that even after late data is captured.

- The percentage of patients waiting up to 18 weeks from referral to treatment deteriorated further to 52% (RE 14), whilst the total number of patients waiting is approximately 9% smaller than pre-Covid (RE 15). The increase in the average waiting time for new outpatient appointments stabilised in June (RE 18), though the volume of referrals accepted had only risen slightly and remained well below pre-Covid levels (RE 12). The percentage of patients waiting more than 6 weeks for a diagnostic test (RE 20) reduced slightly in the month to 42%, whilst the total number of patients waiting increased and is now close to pre-Covid levels (RE 19).

- Cancer performance measures for May indicate that UHS 62 day performance (RE 21) was maintained and was the best amongst our 10 'peer' teaching hospitals avoiding significant deteriorations others experienced, and that 31 day performance (RE 22) improved to the best monthly result in over 12 months. Performance levels are likely to be maintained during June (based upon provisional data). The number of patients still waiting with pathways greater than 104 days (RE 23) increased, but remains well within our normal variation currently. Some concerns remain for the future however; disruption to diagnostic services still contributed to a reduction in the percentage of patients being 'diagnosed' within 28 days (RE 24), referrals for suspected cancer are now recovering quickly and are expected to return to normal levels by August, and we don't know whether suspected cancer referrals might yet increase above normal rates.

Safe

- The majority of measures indicate that safety has been maintained during June.
- The level of red flag staffing incidents (SA 14) demonstrates how redeployment of our staff between departments, employment of 110 3rd year students, and reductions in the

number of patients being seen by the hospital, have mitigated reductions in the number of staff available to work clinically.

- The Trust analyses new Covid-19 diagnoses amongst hospital inpatients (SA 5, SA6). Diagnoses made after the patient has been in hospital for more than 7 days are an indicator that a patient probably became infected whilst in the hospital, and will be investigated further on an individual basis. The number of such infections was only 1 in each of the categories in June. We are working hard to reduce them to zero, and to be able to maintain this even when the prevalence of Covid infection in the community increases. A range of additional infection prevention measures are currently in place including regular testing of all patients whether they have symptoms or not, testing staff who don't have symptoms, and increased measures to reduce the risk of transmission between our patients.
- June data highlights deterioration in the percentage of statutory and mandatory maintenance completed on time, this will be investigated further and a recovery plan implemented as required.

Caring

- The majority of measures indicate that UHS has continued to provide caring services during June.
- Nursing Care hours per patient per day reduced further, but remained significantly above our normal levels (CA 7), patients recorded as moved overnight for non-clinical reasons remained lower than average (CA 6), and no same sex accommodation breaches were recorded (CA 8).
- The number of complaints closed on time (CA 5) was well below target for a second month, reflecting disruption to complaint investigations during Covid 19 e.g. national guidance was for a pause in complaints investigations during the peak of Covid 19 admissions, team members were re-deployed to front-line clinical roles. Action has been taken to restart complaint investigations and to reduce the time that patients wait for a response to their complaint, the total number of patients waiting for a response reduced significantly during June.

Effective

- There is limited recent data available for 'effectiveness' measures this month.
    - The number of specialities and outcome measures, and the percentage of outcome measures RAG rated green, increased steadily throughout 19/20 and are reported on a quarterly basis (EF 1, EF 2).
    - The Hospital Standardised Mortality Ratios of Southampton General Hospital and UHS as a whole (EF 3), remain well within the benchmark, and are reported quarterly on a national basis.

- 100% of eligible patients were screened for alcohol and smoking (EF 5) in June which was an improvement. Advice or medication offered in relation to smoking (EF 7) also improved to 88% compared to our target of 90% or above. Advice or referral in relation to moderate/high alcohol dependence (EF 6) remained low for a second month at 75% compared to our target of 90% or above and further consideration will need to be given to the recovery in this area.

Well-led

- Staff sickness absence rates (WL 5) continued to improve to 3.1%, and are now within the target of <= 3.4%.
- In June, 1002 members of UHS staff were assessed as levels 2/3 in relation to their health risks if infected with Covid 19 (in many cases this will impact significantly on the individual's ability to undertake their job role (this number has since reduced to 956 due to new evidence / additional information).
- Appendix 1 contains a report by Steve Harris, Chief People Officer, relating to the UHS approach to protection of staff at risk from Covid 19
- Our Covid-19 testing of staff (or household members) increased significantly from >500 at the end of May, to approximately 2000 tests in the final week of June.
- The number of statutory and mandatory training courses being completed on time (WL 11) is a concern which has persisted over the last year - the causes of this, and potential new solutions, are being investigated.
- The percentage of non-medical appraisals completed on time (WL 2) remains at 77% for the second month. Achievement of the current target of >=92% appears unlikely this year, and work is taking place to propose a realistic target and associated recovery plan, which will retain focus on the quality of appraisals (as reflected in our staff survey).
- Medical appraisals completed on time (WL 3) are included in this report for the first time this month. Appraisals were suspended during the peak of Covid 19 and performance has been adversely affected by this.
- The majority of research related measures (WL 13-17) are now reported for Quarter 1. The trust performed well (2nd) for CRN recruitment (WL 14), but remained unchanged below target for commercial contract recruitment (WL 15). The proportion of studies closing on time / to recruitment target is slightly lower than at Q1 last year.

End

Andrew Asquith

Director of Financial and Productivity Improvement

23rd July 2020

Appendix 1

UHS approach to protection of staff at risk from COVID 19

NHS Improvement requires all Trust to publish its approach and performance on the management of risk for vulnerable staff during COVID 19. The UHS approach and current performance is set out below. NHSi have requested that all staff who are at risk are engaged in a risk assessment process. 100% of those identified at risk should be assessed by 31 July 2020.

Setting up a process early

In early February 2020 as the threat of a pandemic approached, UHS took an early precautionary approach to keeping staff safe. All staff over 60 years of age, and those with any identified underlying health condition (based on the early government guidance) were invited to complete a health questionnaire. Our records held at this time showed only 179 staff with a registered disability on ESR.

The health question identifies not only risk from underlying health conditions, but also risk based on age and gender. These were then individually risk assessed by an expanded team of consultants and nurses working with Occupational Health (We utilised returners to the register as part of this team) This ensured high quality risk assessments were undertaken with appropriate senior Occupational Health supervision of the process. Our process also has resulted in a higher level of declaration of health conditions confidentially to OH which has enabled a higher quality assessment to take place. The approach taken by UHS was published in an editorial in Occupational Medicine Journal (Society of Occupational Medicine)

All staff in the Trust have also been invited to complete a health declaration from which resulted in a risk assessment conducted by Occupational Health

Classification of risk

Each member of staff declaring risk factors was then categorised as: Level 1 (low risk – minimal adjustments); Level 2 (medium risk – stringent social distancing and working away from patients/at home); or Level 3 (high risk – must work from home) and appropriate measures taken. 3547 returns were made and 2744 staff were identified at a higher level and provided a risk category of either 1,2 or 3. Those unable to work in their substantive role were supported to undertake alternative duties.

Protecting our BAME colleagues

When it became clear nationally in April that BAME colleagues were amongst those at highest risk of Covid-19, and in line with national guidance, UHS invited all BAME colleagues to complete the health questionnaire. Our Occupational Health Team has undertaken 3 communication

drives to directly encourage BAME staff to complete the questionnaires. This has included writing directly to BAME staff to request completion of health declaration forms. Line managers have also been used to encourage declaration of underlying health conditions.

At present all BAME staff identified on ESR have been issued with a health declaration forms to complete. 1179 of those have returned identifying personal risk factors. All of these have been assessed. Of this 1014 BAME staff have been identified at higher risk and given a classification of level 1, 2 or, 3.

Additionally, our OH team contacted directly our 57 Bangladeshi colleagues urging them to complete the health questionnaire when national data within the PHE report identified people from this ethnic background to be at the highest risk. This was done immediately after the publication of the PHE report.

New starters to UHS

All new starters are risk assessed on entry to the trust and assigned one of the three levels of risk categories.

Evolving evidence and re-assessment of risk

We have continued to reassess and review risk assessments as more guidance becomes available, moving individuals between the risk levels as appropriate to ensure they are working in environments most suited to the level of risk associated with latest guidance and information available.

Reporting to NHS Improvement

UHS has been required to reports its position to NHS Improvement. The table below illustrates the UHS position as at 24 July 2020.

All staff have been invited to complete a health declaration. Those who have submitted have been counted as 'at risk'.

The final email to BAME staff provided a deadline of 17 July 2020 for returns to be made. The final email stated that we would be unable to complete a risk assessment for staff if they did not complete a risk assessment. For BAME staff who have not completed a health declaration following the 3 requests, this has been recoded as a nil return and removed from the denominator. During August there will be a further letter issued this time to home addresses of all BAME staff who have not provided a return. 48.1% of BAME staff identified as being from a BAME background on ESR have provided a health declaration for assessment. 100% of those received have been assessed.

It is recognised that we still have not received returns from a large proportion of our BAME staff, even though a deadline for return of 17 July was provided. Ensuring we can fully protect those BAME staff who have not responded is key. We are continuing to push to ensure we receive a declaration, even if there are no health conditions to declare. This will include a further email reminder, a letter to home addresses, texts messages, and also providing a list to line managers

to chase individuals. We have continued to use the BAME1Voice network to promote the importance of completing declarations.

Key details submitted to NHSi to date are:

1. Have you offered a risk assessment to all staff?	Yes
2. What % of all your staff have you risk assessed?	37.7%
3. What % of risk assessment have been completed for staff who are known to be 'at-risk', with mitigating steps agreed where necessary?	99.5%
4. What % of risk assessment have been completed for staff who are known to be from a BAME background, with mitigating steps agreed where necessary?*	100%

**Note staff identified as BAME background who have not responded to requests for health declarations have been excluded from the denominator. These however are being continued to be actively encouraged to respond.*

Additional steps taken to keep our staff safe

In addition to the risk assessments offered, UHS has been delivering the following actions to support our BAME staff and keep them and their families safe:

- Daily/weekly communications relating to Covid-19 providing staff with relevant information and advice
- Use of an innovative new personal respirator (PeRSO hood) designed in partnership with the University of Southampton.
- A comprehensive FFP3 FIT Mask Testing service (mindful of cultural issues such as wearing beards/facial hair and head coverings)
- Weekly virtual meetings between the One Voice (BAME) Staff Network and Executives and senior managers
- Guidance was issued to all managers outlining UHS expectations of actions they need to take in order to help keep our BAME staff as safe as possible (i.e. ensuring health declaration forms have been completed, appropriate PPE provided, staff know that testing is available to them and family members, support with mental wellbeing and concerns about bringing the virus home to loved ones and those sharing homes)
- Reviewing and acting upon local data and intelligence in relation to ethnicity, i.e. patient trends by ethnicity, staff sickness and Covid-19 related leave, rostering data, FTSU reports
- Responding to and supporting staff through complaints raised around bullying, harassment and discrimination
- Using the FTSU guardian (and the network of champions across the Trust) to ensure people are able to raise concerns regarding COVID 19.

Steve Harris
Chief People Officer

Integrated KPI Board Report

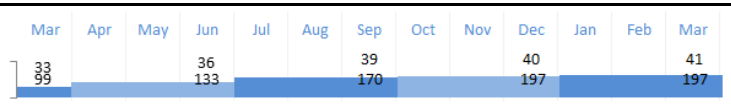
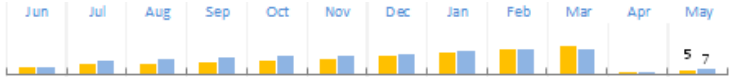
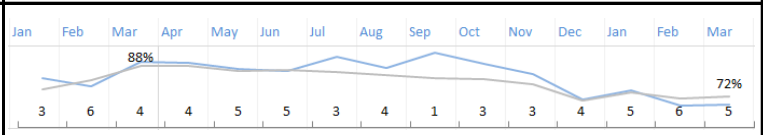
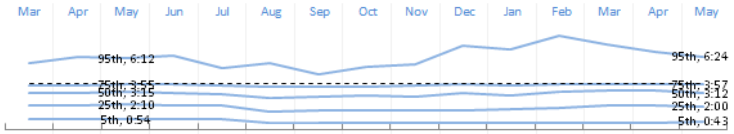
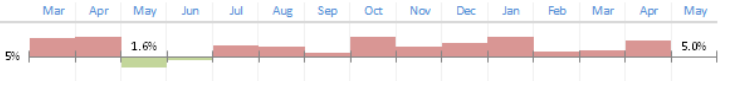
covering up to

Jun 2020

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

Report Guide

University Hospital Southampton NHS
NHS Foundation Trust

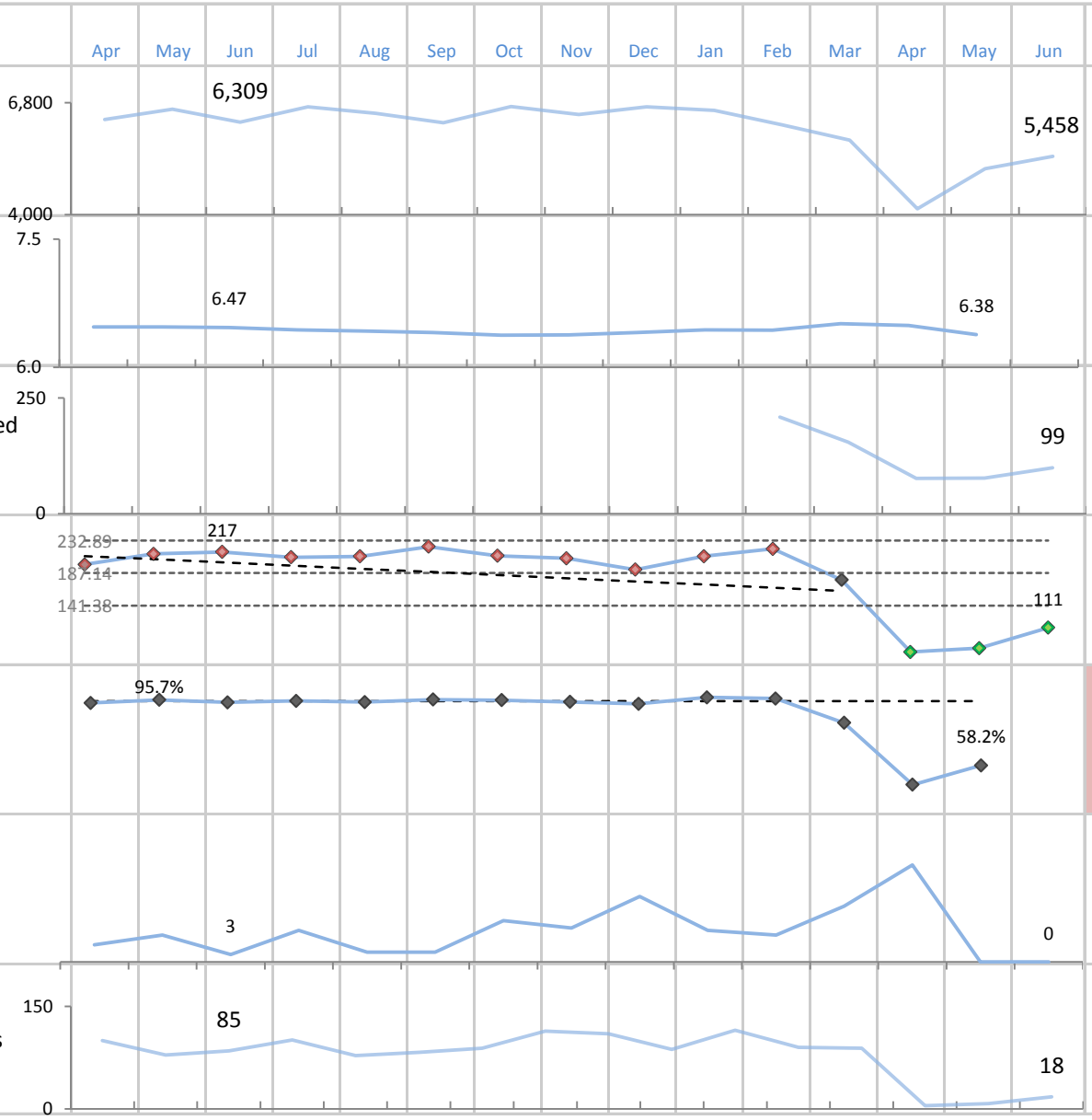
Chart Type	Example	Explanation
Cumulative Column		A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year		A cumulative year on year column chart is used to represent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

July 2020

RESPONSIVE

University Hospital Southampton NHS
NHS Foundation Trust

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Target
RE1	Non-elective Spells (including CDU)			6,309												5,458	-
RE2-L	Non Elective LOS Rolling 12 months			6.47											6.38		-
RE3	Number of patients medically optimised for discharge															99	-
RE4-N	Longer LOS Census average (Patients with LOS >=21days)			217												111	-
RE5-I	Adult midday bed occupancy		95.7%												58.2%		90-95%
RE6	Last minute cancelled operations not readmitted within 28 days			3												0	-
RE7	Hospital initiated cancelled ops <24hrs			85												18	-

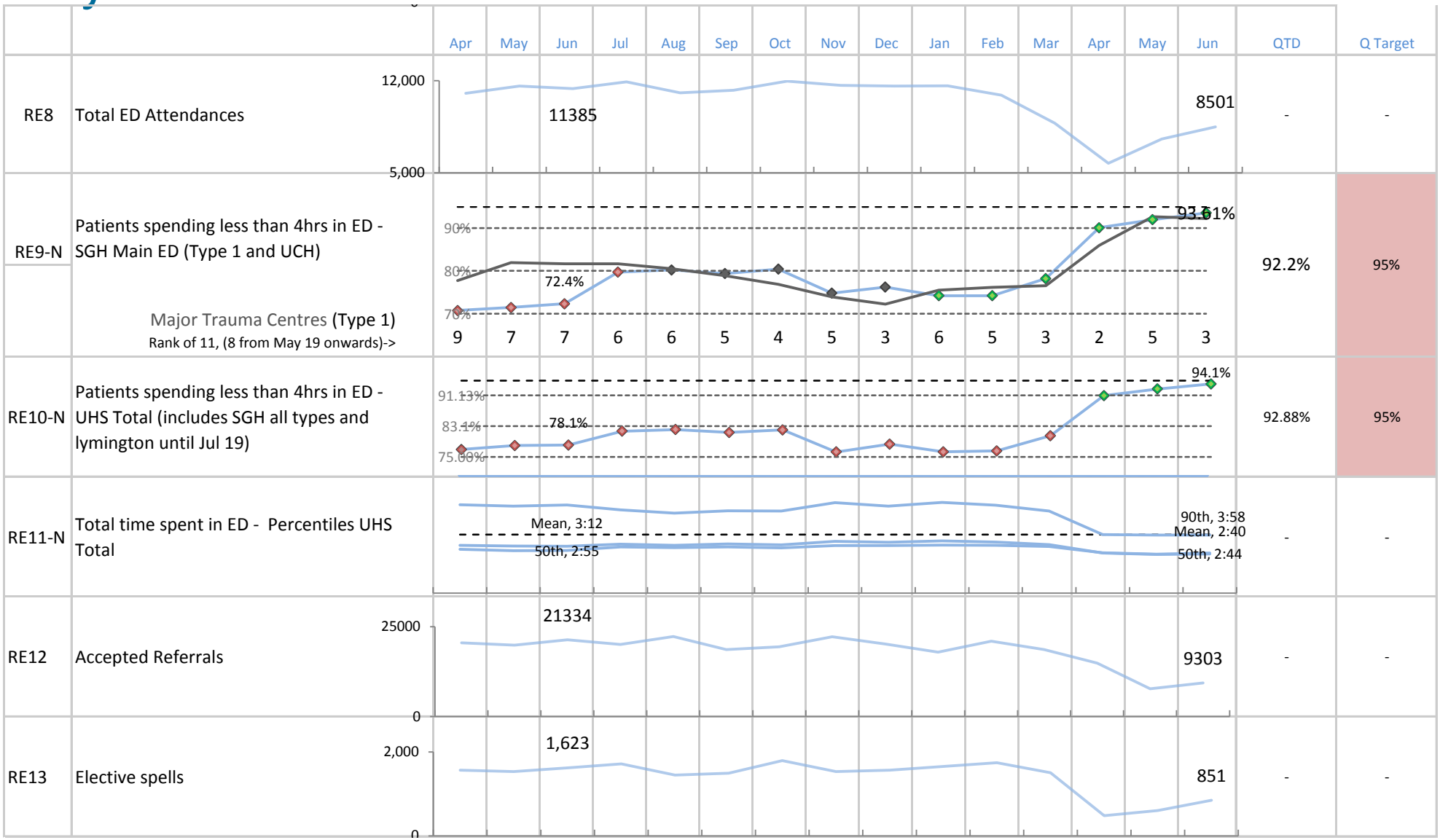


Current Data | Benchmark
Previous Year | Target

July 2020

RESPONSIVE

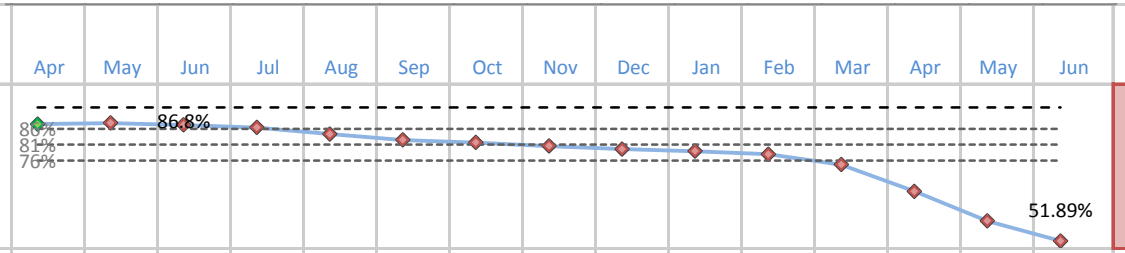
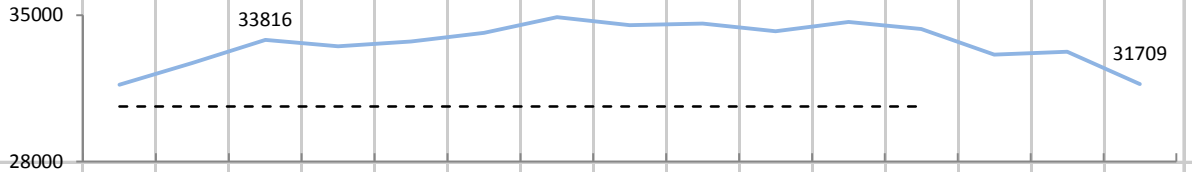
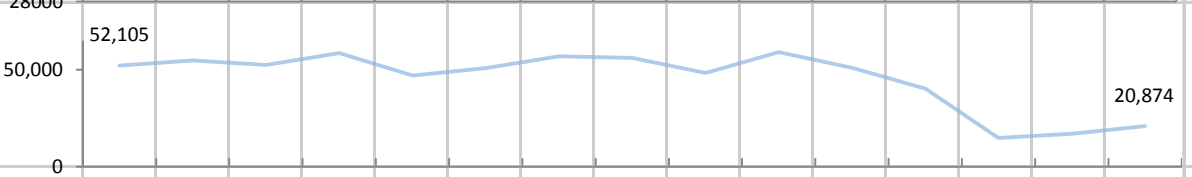
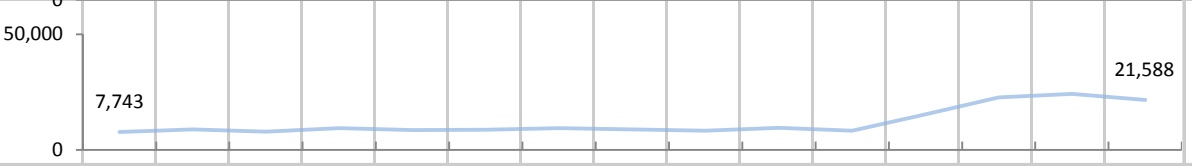
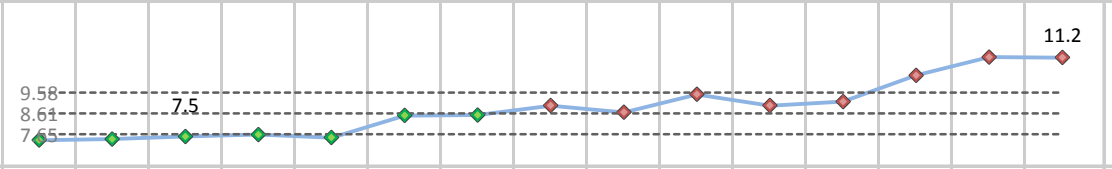
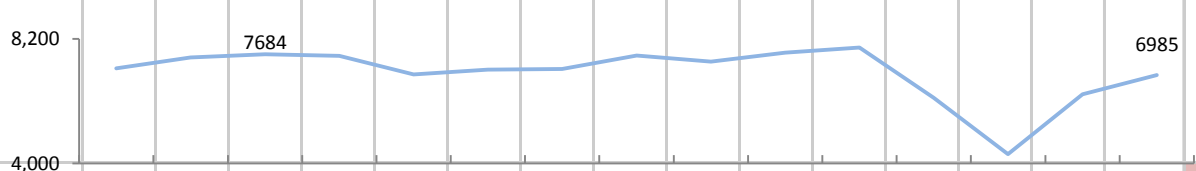
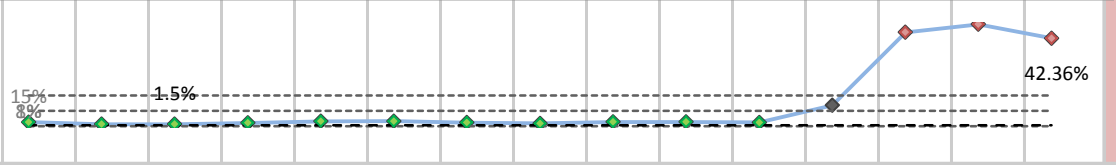
University Hospital Southampton NHS
NHS Foundation Trust



July 2020

RESPONSIVE

University Hospital Southampton NHS
NHS Foundation Trust

			Target
RE14-N	% Patients on an open 18 week pathway (within 18 weeks)		>=92%
RE15-N	Total number of patients on a waiting list		
RE16	Face to Face OPA		-
RE17	Non-Face to Face OPA		-
RE17 - Latest month is awaiting approx ~3k OPA to be reported			
RE18	Average weeks waited for first outpatient appointment		-
RE19	Patients waiting for diagnostics		-
RE20-N	% of Patients waiting over 6 weeks for diagnostics		<=1%

Current Data | Benchmark
Previous Year | Target

July 2020

RESPONSIVE

University Hospital Southampton NHS
NHS Foundation Trust

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Target /May	no.patients to recover target	QTD
RE21-N	62 day Performance Benchmark (data reported nationally at due dates) Teaching Hospitals vs.			82.8%											76.5%	N=> 90% L=> 95%	N = 23 L= 31 of 170.5	77%
	UHS Total Rank(of 10)->	6	8	3	6	5	7	8	6	4	5	6	5	5	1			
RE22-N	31 day cancer wait performance (latest data held by UHS)														94.49%	N=> 96%	N=22 of 757	93%

31 day initial decision to treatment (target of 96%) in May 96.7%. 62 day GP referral to treatment (target of 85%) in May 75.9%

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Target /May	no.patients to recover target	QTD
RE23	Snapshot of waits > 104 days (from referral on a 62 day pathway)	28	26	33	38	41	55	52	41	29	35	27	29	11	25	-	-	-
RE24-N	28 Day Faster Diagnosis		85%											73%	74%	=>75%	11 of 857	73%
RE25	My Medical Record - UHS patient logins			3,358											5,732		-	-
RE26	Number of Estates Help desk requests and percentage completed on time			1579											1399		-	-
				83.3%											88.1%		>85%	88.3%

Current Data Benchmark
Previous Year Target

July 2020

SAFE

University Hospital Southampton NHS
NHS Foundation Trust

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly Target	YTD	YTD Target
SA1-N	Cumulative Clostridium difficile															19 15	5	15	<=15
SA2	MRSA bacterium																0		
SA3	Clinical cleaning scores for very high risk areas			99												99	98	-	-
SA4	Serco cleaning scores for very high risk areas			99												99	98	-	-
SA5	**Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission												20	30	14	1	-	63	-
SA6	**Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission												26	24	14	1	-	64	-
SA7	Number of pressure ulcers causing moderate/severe harm																-	0	-

Current Data Benchmark
Previous Year Target

July 2020

SAFE

University Hospital Southampton NHS
NHS Foundation Trust

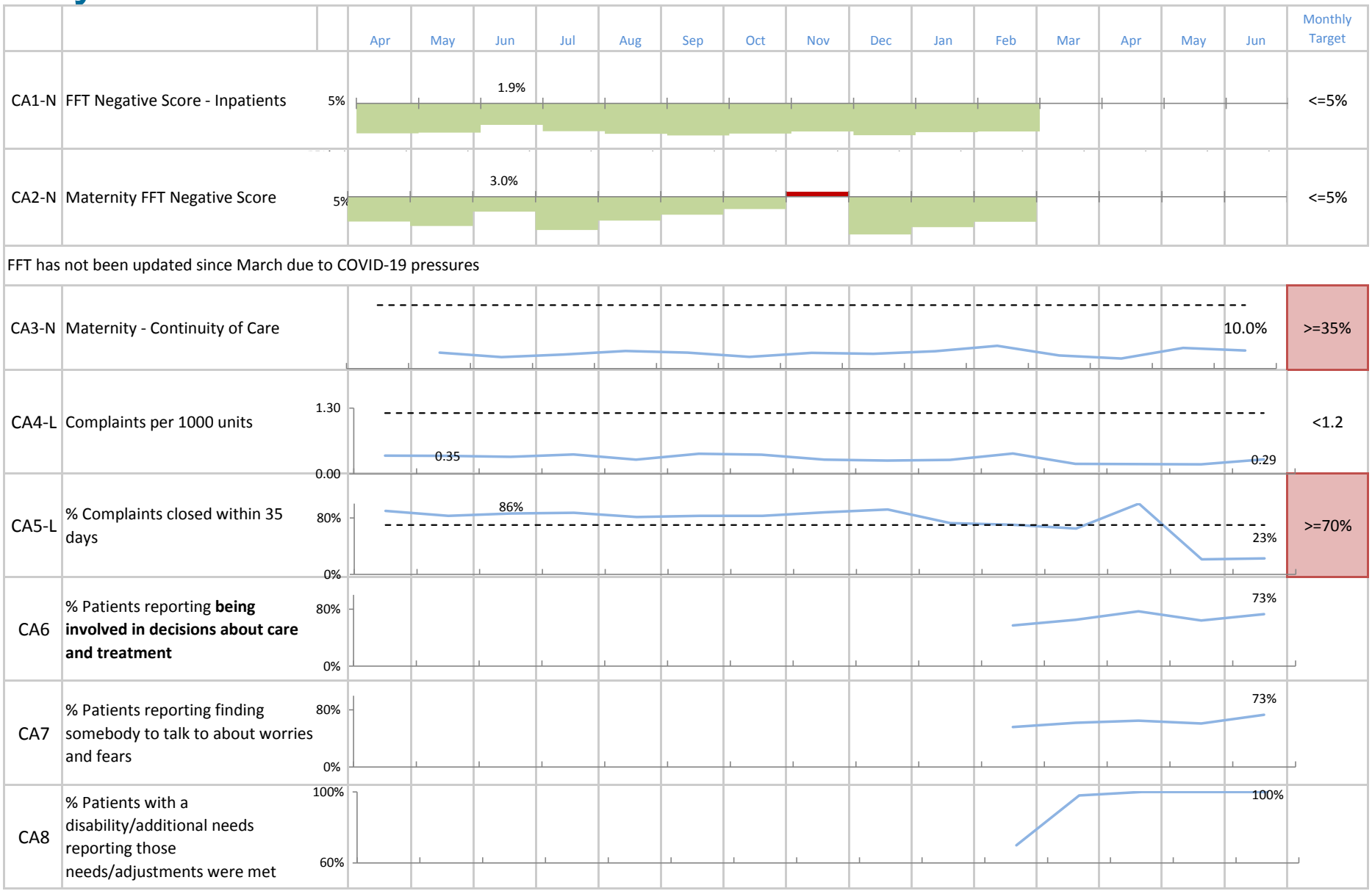
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	month target	YTD	YTD Target
SA8-N	Medication Errors (severe/Moderate)	3														3	<=3	7	<=9
SA9	Antibiotic usage	4000	4,625												5,743				
SA10	Serious Incidents Requiring Investigation (SIRI)		5												1		-	3	-
SA11	Number of high harm falls (omissions in care)	10 / 0	2	1	2	0	4	5	1	3	1	1	0	0	0	0	0	-	0	-
SA12	% patients with a nutrition plan in place		96.27%														-	-	-
SA12 - on hold until further notice due to COVID-19 pressures																			
SA13	Number of fully and partially accredited wards	100 / 0	46	50	3 51	56	56	58	61	60	59	5 61	4 59	4 58	4 58		-	-	-
SA14	Red Flag staffing incidents	100 / 0		32												10	-	-	-
SA15	Number of statutory and mandatory maintenance jobs planned and percentage completed on time	350 / 50	224													225			
		80.0%	100.0% 92.37%		99.1%											85.3%	>95%	-	>95%

Current Data | Benchmark
Previous Year | Target

July 2020

CARING

University Hospital Southampton NHS
NHS Foundation Trust



Current Data Benchmark
Previous Year Target

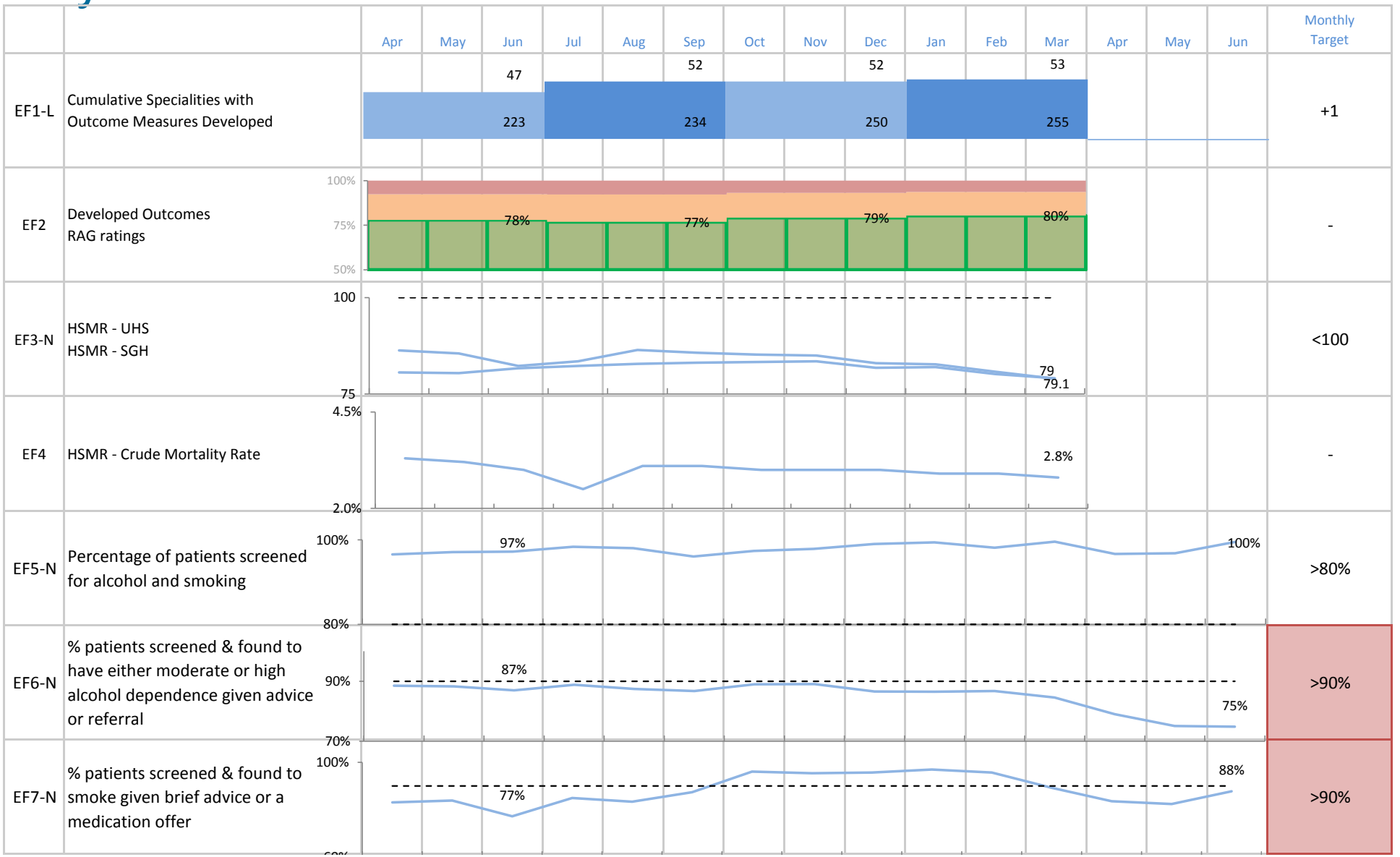
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly Target
CA9	Overnight ward moves with a reason marked as non-clinical	144.98 / 77.08 / 9.18		99												50	-
As expected CHPPD for all areas this month is still elevated at 12.50 (RN 8.0, HCA 4.6) with ward only areas also elevated at 10.6 (RN 5.8, HCA 4.9). This is reflective of new ward configurations, roster changes, additional staff deployments and reduced patient numbers related to the COVID- 19 staffing restart plan.																	
CA10	Total nursing staff all inpatient areas - Care hours per patient day (CHPPD)	18.0 / 13.0 / 8.0		8.7												12.5	-
CA11	Same Sex Accommodation (Non Clinically Justified Breaches)	40.0 / 20.0 / 0.0	4	5	2	4	11	4	1	1	0	12	32	15	0	0	0	-

Current Data Benchmark
Previous Year Target

July 2020

EFFECTIVE

University Hospital Southampton NHS
NHS Foundation Trust



Current Data
Previous Year
Benchmark
Target

July 2020

WELL LED

University Hospital Southampton NHS
NHS Foundation Trust

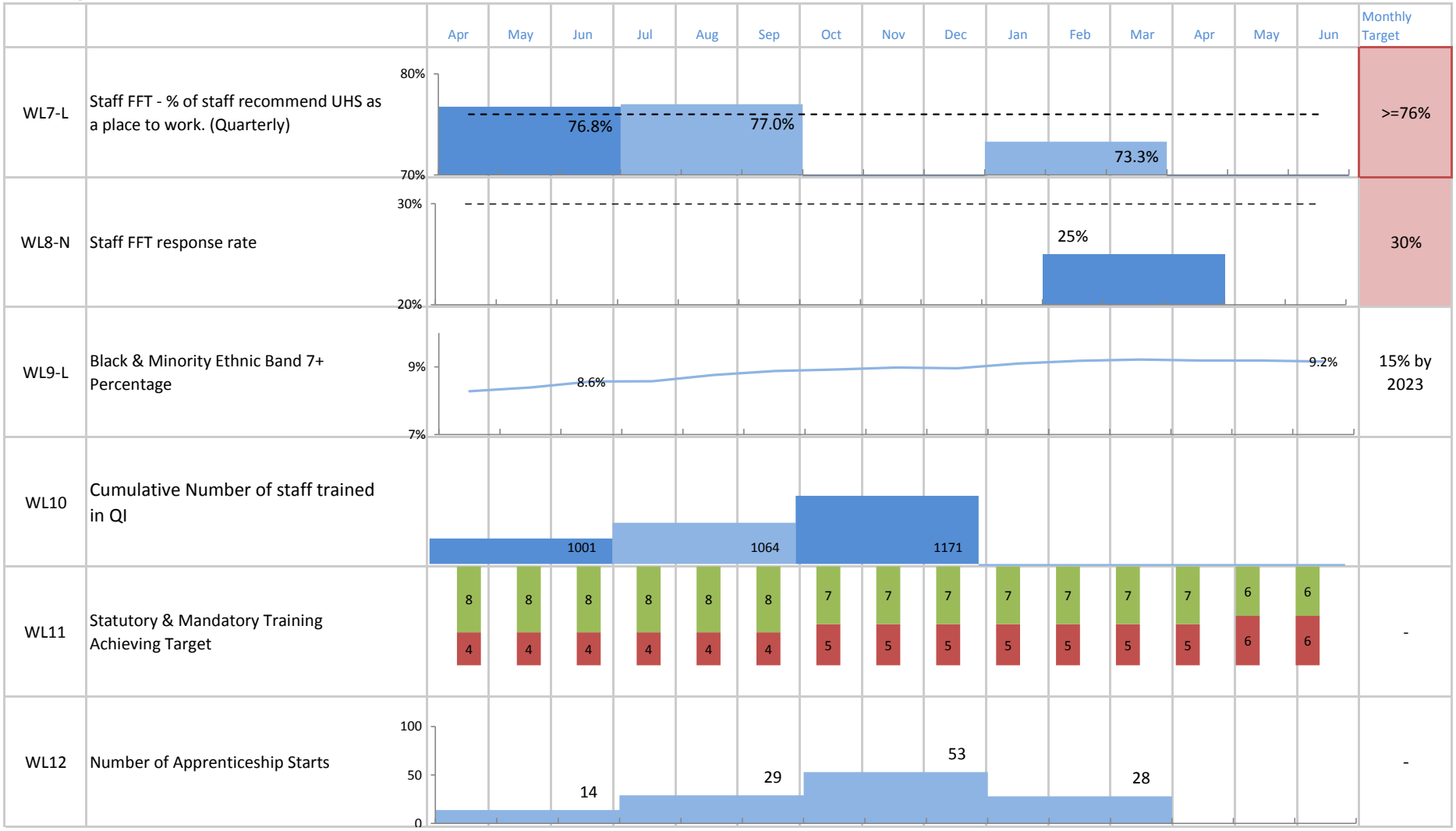
		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly Target
WL1-L	Substantive Staff - Turnover	13.90% 13.22% 12.95%		12.9%												12.9%	<=12%
WL2-L	Staff - Non-medical appraisals completed - Rolling 12-months	95% 85% 75%		85.73%												76.92%	=>92%
WL3-L	Staff - Medical appraisals completed - Rolling 12-months	100.00% 50.00% 0.00%														65.50%	
WL4-L	Staff vacancies	10.00% 5.00% 0.00%														6.00%	
WL5-L	Staff - Sickness absence	4.40% 3.7% 3.05%		3.35%												3.11%	<=3.4%
WL6	Numbers of at risk staff (level 2&3) relating to COVID-19	2000 1000 0														1002	

Current Data | Benchmark
Previous Year | Target

July 2020

WELL LED

University Hospital Southampton NHS
NHS Foundation Trust



July 2020

WELL LED

University Hospital Southampton NHS
NHS Foundation Trust

		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Monthly Target
WL13-L	Comparative CRN Recruitment Performance by clinical specialty			58%			44%			52%			56%			52%	>=50%
WL14-L	Comparative CRN Recruitment Performance - weighted			3			5			6			5			2	Top 5
WL15-L	Comparative CRN Recruitment - contract commercial			16			15			13			13			13	Top 10
WL16-L	Proportion of studies closing in FY on time and to recruitment target - non-commercial			56%			65%			65%			88%			50%	>=80%
WL17	NIHR CRF & BRC publications Year on year growth			137			246			329			408				

Current Data Benchmark
Previous Year Target

Section	KPI	KPI Name	Type	Detail
Responsive	RE16/17	Non-/Face to face outpatient appointments	Change	Have included an additional months data -the latest month contains some first cut data.
Safe	SA2,3,4 & 9	New metrics	Addition	New metrics available for reporting from this month in the Safe section.
Caring	CA6,7&8	New metrics	Addition	New metrics available for reporting from this month in the Caring section.
Well led	WL3,4 & 6	New metrics	Addition	New metrics available for reporting from this month in the Well led section.

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors dated 30 July 2020				
Title:	**Safeguarding Annual Report 2019-20**			
Agenda item:	**4.6 i)**			
Sponsor:	**Gail Byrne, Chief Nursing Officer**			
Date:	**30 July 2020**			
Purpose	**Assurance or reassurance** x	**Approval**	**Ratification**	**Information**
Issue to be addressed:	The safeguarding annual report summarises the key achievements and activity for 2019/2020 and highlights key areas of work for 2020/2021 for adult, child and maternity safeguarding within UHSFT. This includes the Paediatric Liaison Nursing Service, and the LD and Autism Liaison Service. This year has seen an increase in activity across all services which are evident within the report. The teams have continued to adapt their collaborative working approaches both within UHSFT and across the multi-agency partnership in order to meet this demand. Due to the current NHS challenges with Covid-19, the report has been written to provide high level assurance as to the safeguarding arrangements within UHSFT.			
Response to the issue:	Members of the board are asked if the report gives the required assurance around UHSFT adult (including learning disability), child and maternity safeguarding services. Summary of key points within the report include:: • Progress updates and what we have achieved since the last annual report. This includes the development and completion of the safeguarding strategy. • Activity data and analysis • Patient story for adult and child (transition) • Key areas of work for 2020/21			
Implications: (Clinical, Organisational, Governance, Legal?)	The safeguarding report outlines the strategic and operational work of the safeguarding team which encompasses clinical, organisational and governance implications			
Risks: (Top 3) of carrying out the change / or not:	Not applicable			
Summary: Conclusion and/or recommendation	The safeguarding annual report has highlighted the safeguarding team's activity for 2019/20. From a strategic and operational perspective this is pivotal to ensure we continue to improve outcomes for children and adults. The key areas of work for 2020/21, are outlined at the end of the report, and align with the safeguarding strategy standards which are also being presented to Board today.			

Hospital Heroes nominees 19/20

Safeguarding Annual Report 2019/2020

Karen Mcgarthy, Named Nurse Safeguarding Children

Tracy Whale, Named Nurse Safeguarding Adults

Julie Davies
Named Midwife Safeguarding

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University Hospital Southampton
NHS Foundation Trust

Introduction

This years safeguarding annual report summarises the key achievements and activity for 2019/2020 and highlights key areas of work for 2020/2021 for adult, child and maternity safeguarding within UHSFT. This includes the Paediatric Liaison Nursing Service, and the LD and Autism Liaison Service.

This year has seen an increase in activity across all services which is evident within the report. The teams have continued to adapt their collaborative working approaches both within UHSFT and across the multi-agency partnership in order to meet this demand.

Due to the current NHS challenges with Covid-19, this report has been written to provide high level assurance as to the safeguarding arrangements within UHSFT.

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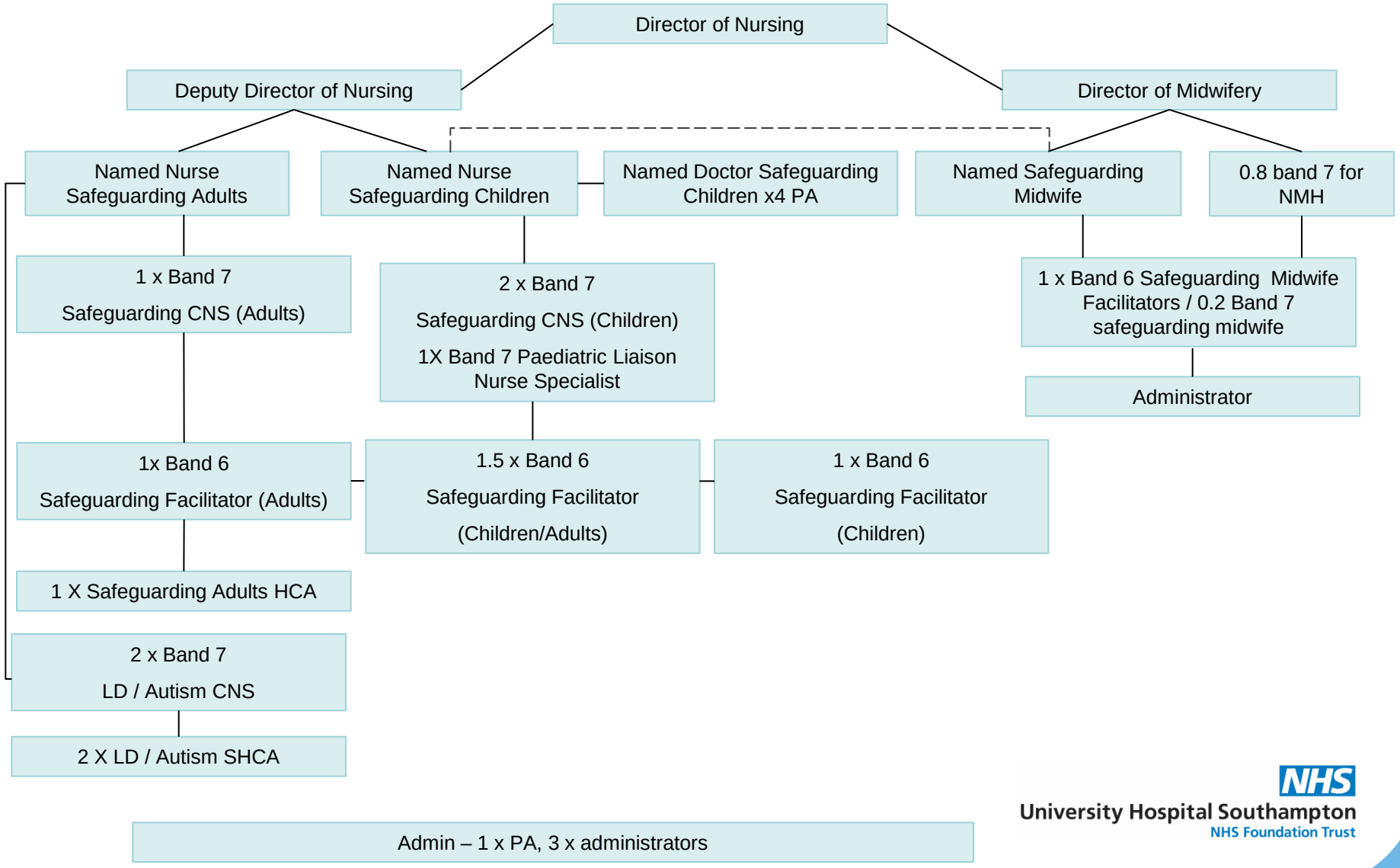
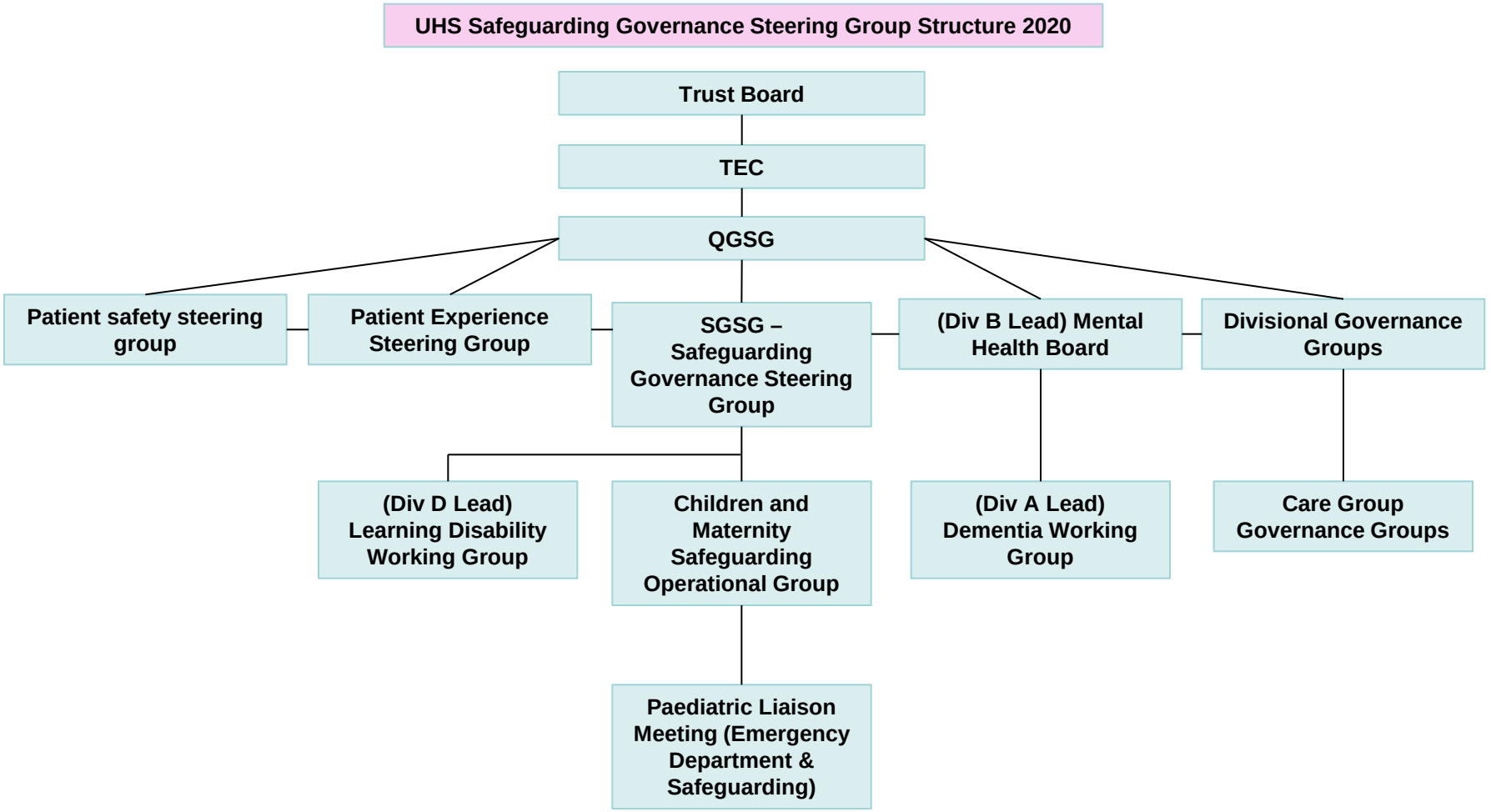
NHS Foundation Trust

Team structure



University Hospital Southampton NHS Foundation Trust

Governance structure



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Progress updates – Safeguarding

Last year (18/19) we said we would;	We have achieved (19/20);
Raise awareness of the safeguarding dashboard to ensure it is effective in supporting divisional governance arrangements / scrutiny around safeguarding	Dashboard used to inform reporting quarterly to all divisional governance forums. Further work underway to produce automated reports for divisions and care groups on a quarterly basis
Continue to improve governance arrangements to facilitate learning from safeguarding reviews	Learning disseminated via SGSG, quarterly reporting to divisions and updating training. Divisional link roles now in place to support this.
Develop joint adult and child training package in line with the respective intercollegiate documents	Joint level 2 face to face package now being delivered on Trust statutory and mandatory days
Complete the joint supervision policy	Completed and ratified
Continue alignment around safeguarding agenda specialities e.g. ED and maternity	On-going; work commenced on joint guidance for; Domestic abuse, FGM, Prevent, Modern Slavery and Offender Management
Continue to improve the use of technology - Apex	Apex continues to be streamlined in order to make it more user friendly and allow better data capture
Continue to raise awareness of the MCA & DoLS agenda including preparation, where possible, for the implementation of LPS	Robust MCA action plan in place; includes innovation such as simulated training and legal masterclasses
Completion of the safeguarding strategy	Draft document ready for wider consultation

Key achievements- Safeguarding Adults

- New and ratified multi-agency Section 42 table top process – increased effectiveness in learning and local ownership, better efficiency in management and closure
- Development of an options appraisal for adult level 3 safeguarding training in partnership with local stakeholders – presented and signed off at SGSG
- Focused development plan to support improvement of safeguarding practices in ED – increase in referral numbers noted and sustained
- Complete review and overhaul of adult safeguarding staffnet pages
- 6 weekly meetings with MCA executive lead
- Biggest trust wide MCA audit undertaken in December 2019 allowing development of a focused action plan. Shows good compliance with the Act when the Hampshire toolkit is used
- Bi-monthly MCA forums for all Trust staff
- Development and pilot of MCA simulated training – good feedback
- Development and delivery of first of three legal MCA master classes
- Updated profiling of all staff to levels 1 & 2 MCA e-learning packages
- Further refinement of the DoLS process to allow better oversight, support, training and education of the process – development of support worker role to lead this

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NHS Foundation Trust

Key achievements- Safeguarding Adults continued

- Awareness raising events held throughout National Safeguarding Awareness Week in November 2019
- Engagement with local and national Mental Capacity Amendment Act (2019) implementation groups
- Development of quick reference safeguarding adult lanyard cards
- Divisional leads identified and regular supervision / update sessions established; includes embedding messages from safeguarding adult reviews, national and local guidance/policy
- Development of daily virtual multi-agency huddles to triage every referral received in a more efficient way
- Continued engagement with the Local Safeguarding Adults Boards
- Continued partnership working with patient safety and patient experience teams to ensure approaches are aligned and themes are triangulated
- New pilot apex module devised with technologists to make electronic referrals even quicker and easier for staff to complete and to further refine the data we are able to capture – in trial phase
- Further support and embedding of the multi-agency risk management framework (MARM) in to practice

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Key achievements- Safeguarding Children

- Electronic APEX referral launched in July 2019 , enabling staff to review UHS safeguarding children actions and enabling accurate capture of key performance indicators
- Paediatric Liaison Team – review of PLNS service including implementation of RAG rating, paper light processes and meetings with senior leads in community providers . This has enabled the risk due to the previous backlog to be removed from the Trusts risk register
- ICON (abusive head trauma prevention) launch across child health and emergency department in Nov 2019. This will be audited in Autumn 2020
- Safer sleep (prevention of sudden infant death) launch child health and emergency department in Nov 2019. This will be audited in Autumn 2020
- Revision and re-launch of UHS safeguarding information leaflet in June 2019 with further revision in Nov 2019. This is for parents/carers when further investigations are required, and aligns with the parents child protection radiological information leaflet on the investigations that are required
- MCA and future implementation of LPS formally and verbally reported through Division C governance groups including training for child health sisters and matrons
- Embedding Local safeguarding Children Partnership (LSCP) guidance, protocols, recommendation from multiagency audits. Agenda item on Children and Maternity safeguarding Governance Group. Included in quarterly SGSG report, divisional governance reports, shared at child health sisters meetings, safeguarding champions meetings and embedded in level 3 training

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Key achievements- Safeguarding Children continued

- Established and manage the Section 85 Children Act 1989 referral system for children who are admitted to UHS for a consecutive period of at least three months
- Established Safeguarding Link Leads in neonatal unit, eye casualty, child health to work in collaboration with the named nurse to embed the safeguarding agenda, which includes embedding messages from serious case reviews, national and local guidance/policy
- Development of serious incident reporting template and shared with heads of service, including director of nursing. Examples include, unexpected child death, non-accidental injury, complex mental health issues, complex safeguarding cases – including Child Exploitation (CE)
- Joint Targeted Area Inspection (JTAI) 'dry runs' completed for Hampshire Safeguarding Children Partnership and Southampton Safeguarding Children Partnership (SSCP). Outcome and learning shared at SSCP Board and further actions reviewed and monitored through the SSCP safeguarding improvement practice group

AUDITS

- Bruising protocol audit – to be re audited in July 2020. Recommendations and actions shared with divisional governance groups, at the safeguarding steering group. Actions being monitored
- Was not brought audit – recommendations and actions shared with divisional governance groups, at the safeguarding steering group . Actions being monitored

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Key achievements – adults and children

- PWC Internal Audit undertaken in 18/19 although not reported until April 2019 – good feedback showing improvement on audit 3 years earlier, rated low risk.
- CQC inspection undertaken December 2018 / January 2019 although not formally reported on until April 2019. Trust safeguarding processes well reflected and staff understood their responsibilities
- Section 11 quality visit undertaken in March 2019, formal feedback, reported in April 2019. Identified strengths and some areas of improvement. Strengths included
  - ‘Implementation of the corporate safeguarding team is positive and aligns with the increasing focus on a ‘Family Approach’ to safeguarding. All staff knew where to access advice and support from the safeguarding team’.
  - ‘Introduction of safeguarding facilitator roles is positive and crucial in ensuring that children at risk are identified, supported and referred.’
  - ‘All staff knew how to escalate internally if they were concerned about the safety of a child, most referred to discussing with their manager, senior nursing staff and the safeguarding team’.
- Mandatory FGM Enhanced Dataset implemented. The process is managed through the safeguarding team and includes submitting information to NHS Digital on FGM patients who have received care at UHSFT

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Key achievements – adults and children continued

- Input in to the National Pathfinder Project - a programme aimed at establishing comprehensive health practice in relation to domestic abuse and wider issues related to Violence Against Women & Girls in acute hospital trusts, mental health trusts and community-based IRIS programmes in GP practices
- Further development of the Transition Facilitator role which ensures all 16 & 17 year olds admitted to adult areas are identified and reviewed
- Development of joint adult and child safeguarding face to face training package, level 2, delivered on Trust statutory and mandatory rolling half day
- Hospital heroes nomination and attendance at award ceremony
- Three team of the month nominations
- Development of team visual management board supported by daily huddles
- Development of offender management, Prevent, and Modern Slavery guidance documents – awaiting ratification
- Response to supporting UHSFT staff and families during Covid 19 pandemic with production of weekly briefing, ICON advice and safer sleep advice in relation to Covid 19 pandemic, and domestic abuse . Developed new ways of working collaboratively and supporting staff within a framework to keep families safe.

Key achievements - Maternity

- Launch of FGM guidelines in Maternity and FGM-is in August 2020 The programme is managed by Maternity safeguarding team and an Obstetrician with special interest in FGM
- March/April 2019 ICON programme launched across UHS Maternity services and NNU. It is now fully embedded across our wards and community areas. Families receive information re ICON and safe Sleep on discharge from hospital and community. They are signposted to support via websites and Healthier Together app. This will be audited in Autumn 2020
- All babies discharged from the NNU now receive a 'Baby Safety Information' pack covering ICON, Safer Sleep, 'Signs your baby may be unwell' and the Healthier Together app information
- From May 2020 all baby's being discharged from wards where we identify they may potentially be at increased risk of traumatic head injury and SUDI Mothers will be offered the 'Baby Safety Information' Pack (Mothers under age of 19 years, Late pre-term baby's and families who have additional social risk factors)
- Introduction of the Neonatal Safeguarding Lead to work alongside Maternity Safeguarding team. Neonatal safeguarding Lead has developed an Safeguarding SBAR tool to add communication when transferring babies where there is/was social care involvement/current concerns. In April 2020 this was launched across the Wessex network to use within their own areas and to aid when transported to another area
- In October 2019, The 'Was Not Bought' leaflet was adopted by the NNU, with a copy now being issued with every missed appointment letter. This will be due for audit later this year
- Embedding Local safeguarding Children Board (LSCB) guidance, protocols, recommendation from multiagency audits in level 3 training and supervision

Key achievements - Maternity continued

- The Maternity Liaison Form was introduced to inform analysis and risk assessment and use of Unborn protocol and has now been adopted by other Midwifery teams across the network
- Launch of NEST SBAR to improve communication on handover from Universal Midwives to NEST Midwifery Team
- Supervision and support for NEST Midwives is embedded and well received in a Group Setting
- Launch of the Perinatal Mental Health Champions across Maternity and the expansion and raised profile of this role
- Successful Maternity and Perinatal Mental Health study day on the 5th of March which was so well attended and received
- Embedding Local safeguarding Children Board (LSCB) guidance, protocols, recommendation from multiagency audits into practice through level 3 training, policy reviews and supervision
- Contributing to the HIPS Hampshire wide Unborn/Newborn Audit 2019 and now working towards changes in guidelines with other agencies recommended from audit
- Working with Local GP's to support introduction of multi-agency Vulnerable family meetings
- Feb 2020 Participated in the Zero Tolerance Day and events held in Southampton to showcase risks from Harmful Practices (FGM, Honour Based Violence and Breast ironing)
- Response to supporting maternity staff and families during Covid-19 pandemic with Perinatal mental health webinars, ICON advice and safe sleep advice in relation to Covid-19 pandemic, domestic abuse and harmful cultural practices. Finding new ways of working and supporting staff within a framework to keep families safe.

Safeguarding Story – children transition

Jake, 16 years old who was admitted to the UHSFT general intensive care unit following level 1 trauma, resulting from an incident with other young people. It was identified he had a social worker and an appropriate, timely referral to the safeguarding team was completed by the ward staff.

On receipt of the referral, the safeguarding transition nurse (STN), visited the ward and spoke directly with the parents identifying that Jake had longstanding mental health issues and his lifestyle choices were impacting on his ability to remain safe.

During Jakes recovery, the STN, spoke with him directly about his lifestyle choices and to offer advice and support.

During Jakes admission the STN had ongoing communication with ward staff, the consultant paediatrician, CAMHS , children social services and external health agencies. He was discharged back to his family with ongoing support from community services.

<u>Reflections on areas of good practice</u>

- Jakes clinical care enabled him to make an excellent and speedy clinical recovery
- Prompt communication to safeguarding demonstrating staff knowledge of the need to refer to the safeguarding team
- Jakes safety was a high priority; he was a child on an adult ward and with the circumstances of his admission, had potential ongoing risk. This was managed by regular communication with UHSFT staff and external agencies
- Jake was communicated with directly, his voice was able to be heard, clearly recorded and actions were taken to safeguard him
- This admission was an excellent example to demonstrate the role of the STN specialising in the 16-21 age group
- The named nurse for safeguarding children and the safeguarding clinical nurse specialist had oversight of this admission at all times.
- The case demonstrates the UHSFT trusts values – patients first, working together and always improving

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Safeguarding Story - adult

Ann, 31, was admitted to UHS following an assault resulting in a significant brain injury. The clinical area in which she was admitted, notified the UHS Safeguarding Adults Team (SAT) shortly after admission. There were concerns about how to take action in the patients best interests where she was unable to express her wishes and there was substantial long term conflict within the family. In addition, potential links to county lines activity were being investigated by a regional serious crimes unit. This required a high level of anonymization and protection planning.

As Ann's admission progressed, her family and friends were demonstrating behaviours that were considered inappropriate towards the patient herself and abusive towards the staff who were caring for her. A large number of services and agencies were involved in this patient's care, and protection planning was co-ordinated by the UHS Safeguarding Adults Team and led by the locality Matron. Of particular note, it was determined as necessary to limit Ann's family's access to her due to concerns about their behaviours. This required legal consideration given the implications for Article 8 of the Human Rights Act (1998). SAT were also required to advise in relation to treatment without consent under the Mental Capacity Act (2005) and ensuring lawful Deprivation of Liberty Safeguards (DoLS). Consideration was given to other 'at risk' family members and subsequent further safeguarding referrals to community teams made.

<u>Of note, good practice identified in this situation:</u>

- Prompt referral by the clinical team
- Ann was kept at the centre of decision making and planning in line with making safeguarding personal (The Care Act, 2014) and the Mental Capacity Act (2005)
- Regular and clear communication between clinical teams and UHS SAT allowing for highly responsive co-ordination of services and multi-agency protection planning
- A sound awareness of the patient's rights under the European Convention of Human Rights and Mental Capacity Act (2005) ensuring appropriate frameworks were being used and advice was sought from appropriate professionals
- Ensuring a 'family approach' and consideration and management of risks to others

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Activity – Safeguarding Adults

19/20 Safeguarding Referrals = 1503 (73% increase on 18/19)

19/20 DoLS = 555 (10% increase on 18/19)

Total number of SAMA cases: 23

Training delivered; adult sessions = 26 / joint adult & child sessions = 10

Statutory Activity

- 9 statutory scoping's for SAR's
- Contribution to 3 statutory domestic homicide reviews
- Contribution to 4 multi-agency reviews
- Support of 2 court of protection cases

AER's screened: 807

Complaints screened: 9

Section 42 enquiries: 129

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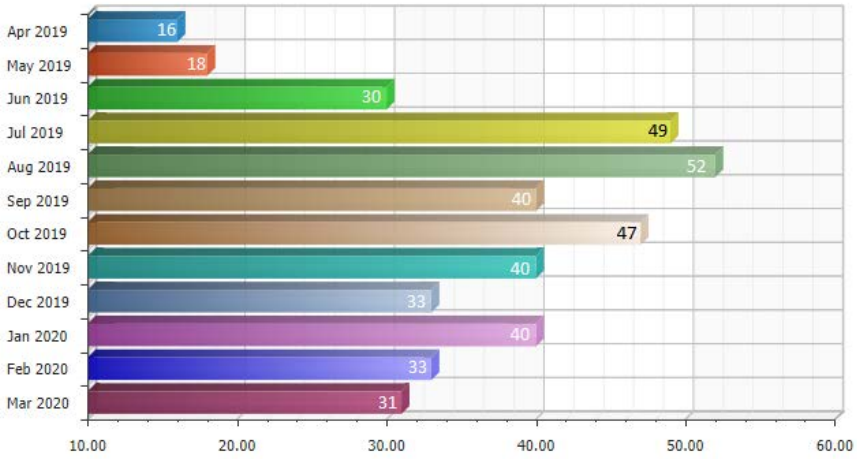
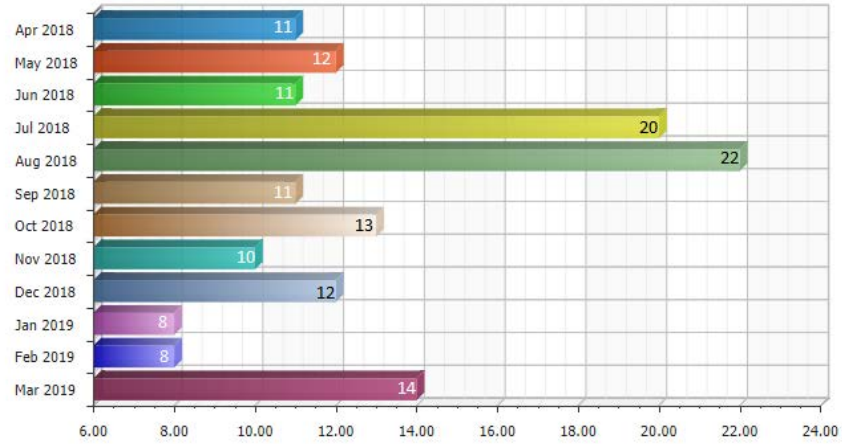
Activity – Safeguarding Adults

ApEX referrals made by users working in ED for all quarters



This graph shows ED referral figures for **19/20** which shows a 65% increase on ED referrals from the previous year



This graph shows the ED referral figures for **18/19** as a comparison

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Analysis of Safeguarding Adults data

- The 73% increase in safeguarding adults referrals from 18/19 is largely due to the service improvement focus within ED which has seen a formal increase in the identification and management of safeguarding concerns
- DoLs referrals have stayed fairly stable since last annum with only a 10% increase in referrals. Out of these only 1 was formally granted by the Supervisory Body - the rest were withdrawn due to discharge or death prior to assessment. The national delay in assessment is on the Trust risk register
- The 77% increase in SAMA referrals on last year is likely due to the increased awareness of the role, as well as better links with HR, therefore better notification of potential SAMA cases. (These are cases when there is an allegation against a person in a position of Trust)
- Section 42 enquiries include those cases that are also a SIRI or a SEC
- The team are working with technologists on how best to record on Apex informal activity such as telephone advice / support and meetings attended

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Activity – Safeguarding Children

19/20 Safeguarding referrals = 1764 (1718 in 18/19, indicating a small increase of referrals).Since July 2019 (when children's APEX referral lunched, of, the total number 320 APEX referrals were for 16 & 17yr olds

Telephone/email advice = 666 (355 in 18/19, an increase of 289 contacts)

UHSFT Serious incidents template completed = 41 (for unexpected child deaths, non accidental injury, complex cases and distributed to key leads within the organisation).

AER's screened: 120.

Statutory Activity

- 24 requests for statutory scoping's for serious case reviews.
- Of the 24 requests, the Safeguarding Team have contributed to 10 of these, due to the child/sibling/parents receiving care at UHSFT

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Activity – Safeguarding Children

Total number of LADO cases = 32 (this includes UHSFT and staff not employed by UHSFT)

Paediatric Liaison Nurse Specialist (PLNS) Team, triaged 3766 Information Sharing Forms (ISF's) (increase of 972 ISF's from 18/19)

PLNS reviewed 25463 Emergency Department attendance letters to ensure all children who are aged 0-17 years have had an ISF completed where appropriate

The Princess Anne Neonatal Unit (NNU) is one of the largest units in the country caring for up to 23 intensive and high dependency beds and 14 special care cots; The PLNS Team have been responsible for disseminating 1243 NNU Reports (new admissions and updates)

Safeguarding Children Training Level 3 – 32 sessions delivered

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Analysis of Safeguarding children data

- Safeguarding children referrals have stayed fairly stable since last annum. There is an increase in advice calls, this is likely to be attributed to more robust measures to ensure all activity is captured.
- UHSFT Serious incidents template was commenced in April 2019, the aim to ensure UHSFT senior management have oversight of cases referred to the safeguarding children team. The data will be compared with future 20/21 data.
- The significant increase in ISF's is likely to be attributed to the service improvement focus within ED which has seen a formal increase in the identification and management of safeguarding concerns for adults where it is identified they are a carer/parent of children.
- The team are working with technologists to develop a dashboard for children's activity as well as progressing the current paper led information sharing form to an apex referral platform.

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Activity – Maternity

- Maternity Liaison Forms 2019-2020 = 956 forms (16.58 % increase on 2018/19)
- Mash referrals submitted by Maternity 2019-20 = 360 (71.42 % increase on 2018/19)
- Safeguarding Training sessions delivered by Maternity Safeguarding team in 2019-20 = 20
- Unborn/ New-born's Subject to Child Protection Plan= 78 (50% increase on 2018/19)
- Unborn/New-born's subject to Child in Need Plan = 75 (50% increase on 2018/19)
- FGM-cases 22 highlighted to service and FGM –is recorded since august 2019 = 6 9not collected previously
- Baby's removed from birth from mother =4 (1 baby removed 2018-19)
- Number of Baby's placed In Foster Care on Discharge from Hospital = 17 (41.66 % on 2018/19)
- Number of Mother and Baby Placement Foster Care on Discharge = 16 (116% increase on 2018/19)

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Analysis of Maternity Statistics

The increase in activity can be accounted for by the following factors

- National picture increased social vulnerabilities and childhood poverty and the recognition of the impact on the unborn/newborn has lead to increased statutory service involvement and professional awareness
- The 4 LSCB unborn/new-born protocol is embedded in all midwifery social risk assessments, triage, Booking and teaching on level 3 training. This has increased awareness by UHS midwives
- The safeguarding team assess Midwifery Concerns liaison form using signs of safety and think family approach
- Women with moderate to severe mental health concerns now have a Midwifery Concerns Liaison form
- Increase in safeguarding supervision and introduction of NEST teams in 2018
- The team changed the statistic collection data in July 2019 to allow more scrutiny
- Information share requests are no longer routinely sent to CSC this has been replaced by MASH referrals

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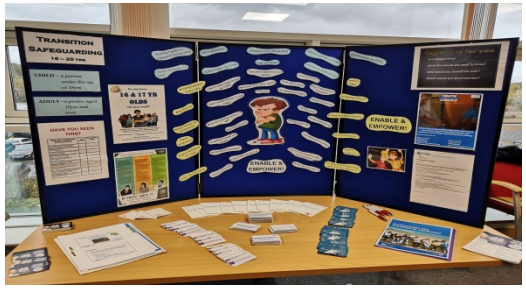
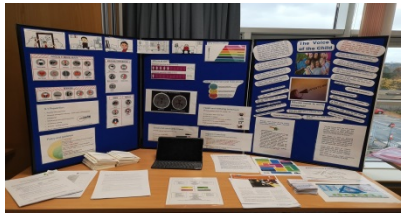
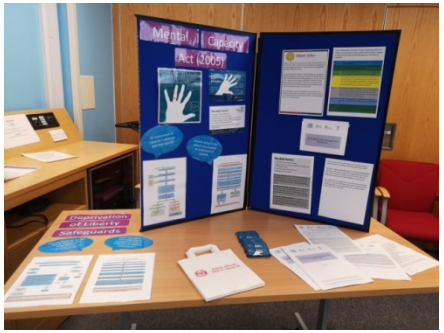
Safeguarding Awareness Week Nov 2019

A number of multi-agency events were held at UHSFT throughout the week to raise awareness of safeguarding to patients, staff and visitors.







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Training Compliance

Trust Annual report Data as of 21.05.20

	Div A	Div B	Div C	Div D	Trust HQ	Trust	Trust Target
Safeguarding Adults level 1 (3yr)	89.9%	91.1%	92.5%	93.5%	85.9%	91.3%	>85%
Safeguarding Adults level 2 (3yr)	71.3%	79.4%	80.0%	77.2%	86.5%	76.0%	>85%
Mental Capacity Act level 1	67.3%	64.9%	64.5%	75.5%	50.3%	67.3%	>85%
Mental Capacity Act level 2	65.9%	69.0%	69.9%	67.8%	51.9%	65.9%	>85%
Prevent levels 1&2	88.6%	89.0%	92.4%	87.4%	86.5%	88.6%	>85%
Prevent level 3	52.7%	55.5%	68.3%	61.9%	40.3%	63.5%	>85%
Child Protection (Level 1) (3Yr)	89.1%	91.8%	93.7%	90.3%	87.2%	89.1%	>85%
Child Protection (Level 2) (3Yr)	87.1%	87.5%	92.3%	89.9%	77.5%	87.5%	>85%
Child Protection (Level 3) (3Yr)	74.2%	69.2%	89.7%	85.7%	70.8%	84.2%	>85%

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Progress updates – LD / Autism

Last year we said we would;	We have achieved;
Ongoing delivery of the LD and autism strategies	On-going delivery against annually benchmarked standards and bi-monthly reviewed RAG rated work plan
An increased focus on training, to include ongoing development of the champions programme	• 95 champions have received training for their role • In response to Learning disability and autism training for health and care staff (2019) consultation, subsequent 'Right to be heard' (2019) response and Oliver's Campaign, UHS LD & Autism team have benchmarked their training against HEE Learning Disability Framework (Oct 2019) & Autism Capabilities Framework (Oct 2019) and are supporting a regional bid to develop & pilot national LD & Autism training packages
Learning disability quality contract developed in partnership with local CCG – now in place for 2019/2020 - focused on implementation of the NHS learning disability improvement standards. This includes learning disability / autism friendly wards	Pilot audit of ward E2; successfully met agreed standards. Three other wards across varying divisions are also now undertaking this initiative including child health.
Development of an Apex module as a model for referring and case managing patients with an LD and / or autism	This work has been commenced and is with the Trust's technologists for development.
Clinical lead role - revisiting roles and responsibilities	Roles and responsibilities completed. Establishing a lead needs to be re-visited.
Ongoing collaboration with the patient experience team to further develop the carers strategy and the use / availability of accessible information.	Carers lead role appointed to by patient experience. Close links established in order to input in to trust wide strategy.

Key achievements- Learning Disability (LD) / Autism

- Daily ED, CDU & AMU Walkabouts established
- UHS Workplace based ‘Support Group for Autistic Employees’ established
- Launch of UHS Facebook based ‘Autism patient forum’
- UHS Facebook based ‘Learning disability forum’ established
- Development of Paediatric LD & Autism Liaison post
- Development of South Acute Nurses Network
- Learning Disability Strategy 12 month benchmark completed
- Autism Strategy 12 month benchmark completed
- Launch of LD & Autism Friendly wards / UHS Quality Contract – four areas identified within UHS
- Participation in bid to develop Oliver McGowan LD/Autism training resources (national initiative)
- Automatic email alerts for patients who are flagged on eCamis (learning disability &/or Autism)
- On-going development of ApEx application to manage case load / capture data
- On-going development of patient database: mortality data, flags, Hospital Passports & accessible information needs (interim whilst apex being developed)
- Established as a placement for Winchester University Learning Disability Student Nurses – 3 Students given opportunities with the team this year
- Support of Portsmouth University Student Nurses & University Hospital Southampton trainee Nurse Associate’s with developmental placements
- Shadowing opportunities for UHS staff and students

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Key achievements- Learning Disability (LD) / Autism

- Support of Southampton City Community LD Team/return to practice LD Nurse in November 2019
- Shadowing opportunities for UHS staff and students, including VAST
- Recruitment of learning disabled volunteer, started with the team in August 2019
- Recruitment of autistic volunteer, started with the team in August 2019
- Multiple training sessions delivered; therapies, T&O, RHDU study day, medicines management study day, LD & autism champions training, surgical band 7 leaders (Autism from the employee perspective, learning disability within UHS)
- Attendance at / support of: Trust learning disability & autism working group, LD Partnership Board, learning disability friendly working group in partnership with SHFT & WHCCG , complex & delayed discharge working group in partnership with SCCCG & WHCCG, ED adults at risk governance, Trust long term illness & disability group, Local Safeguarding Adults Board SAR task & finish group, patient experience committee, palliative care working group
- Support of national accessible information standards project
- Attendance / support at the pulmonary hypertension's monthly clinic
- Support of local Mencap 'Treat Me Well' Campaign – celebrated and recognised nationally
- Participation in LeDeR programme; support to LeDeR reviewers at UHS, reporting deaths and attending UHS reviews
- Participation in NHS Benchmarking Year 2; Learning Disability improvement standards

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Referrals – LD / Autism Liaison Team

Month	LD	Autism	LD & Autism	Inappropriate	Mortality	Total	Q total
April 19	57	9	0	7	0	73	240
May 19	68	9	5	6	0	88	
June 19	51	10	7	10	1	79	
July 19	68	10	7	17	1	103	279
Aug 19	64	6	2	14	0	86	
Sept 19	64	7	5	16	0	90	
Oct 19	78	14	2	29	2	122	304
Nov 19	80	14	8	24	1	103	
Dec 19	52	19	8	25	0	79	
Jan 20	80	14	8	36	0	137	338
Feb 20	70	11	10	26	0	115	
Mar 20	49	14	6	16	1	86	
Total	781	137	68	226	6	1,161	

- These referral figures show a 37% increase on last year (up from 735 referrals). This is likely due to stepping up the number of automatic notifications the team receive when a patient known to have an LD and / or autism attend the hospital.
- Referrals are deemed ‘inappropriate’ when on triage, its is established that the individual does not have an LD and / or autism. This is always fed back and the staffnet page has been updated to clearly reflect referral criteria.
- All mortalities of those with an LD and / or autism are identified at the Internal Medical Examiners Group. A mini review is then undertaken by the team in partnership with patient safety to ensure there is no immediate learning identified.

  All deaths have been referred to LeDeR as per national protocol.

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Key areas of work for 2020/21

Joint

- Review and refinement of the joint safeguarding supervision policy
- Planning and implementation of the Mental Capacity Amendment Act (2019) and the Liberty Protection Safeguards
- Sign off and implementation of the safeguarding strategy
- Development of joint training strategy – family approach
- Continued work with Domestic Abuse Pathfinder Network to improve training and ensure an integrated approach with partners agencies to tackle domestic abuse and honour based violence

Adult specific

- Continue work to improve and embed the application of the Mental Capacity Act (2005) in practice to ensure successful implementation of the Liberty Protection Safeguards (includes further development of legal master classes and simulated training)
- Development of a safeguarding adult leaflet for patients and visitors to align to the principles of 'making safeguarding personal'
- Completion and launch of level 3 safeguarding adult training
- Finalise and launch new safeguarding adult Apex module (including refined dashboard)

Children's

- Audits – bruising protocol re-audit, safeguarding proforma audit, child exploitation audit, ICON.
- As with adults, continue work to improve and embed the application of the Mental Capacity Act (2005) in practice to ensure successful implementation of the Liberty Protection Safeguards which applies to 16-17 year olds
- Continue to improve the use of technology – Apex, children's dashboard and ISF
- Finalise Level 3 safeguarding training reporting and guidance

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Key areas of work 2020/21 continued

LD / Autism

Further roll out of the LD friendly ward initiative

Recruitment to, and further development of the Paediatric Liaison Nurse role

On-going input in to the development and pilot of national mandatory LD and autism training packages

Maternity

- Launch of CP-is in maternity
- Continued review/participate in work streams identified from unborn protocol audit across HIPS and embed this policy
- Audit of safe sleep, ICON and FGM and develop training package for new starters
- Further development of safeguarding proforma to link this with apex system
- Develop safeguarding network across SHIP for maternity safeguarding leads

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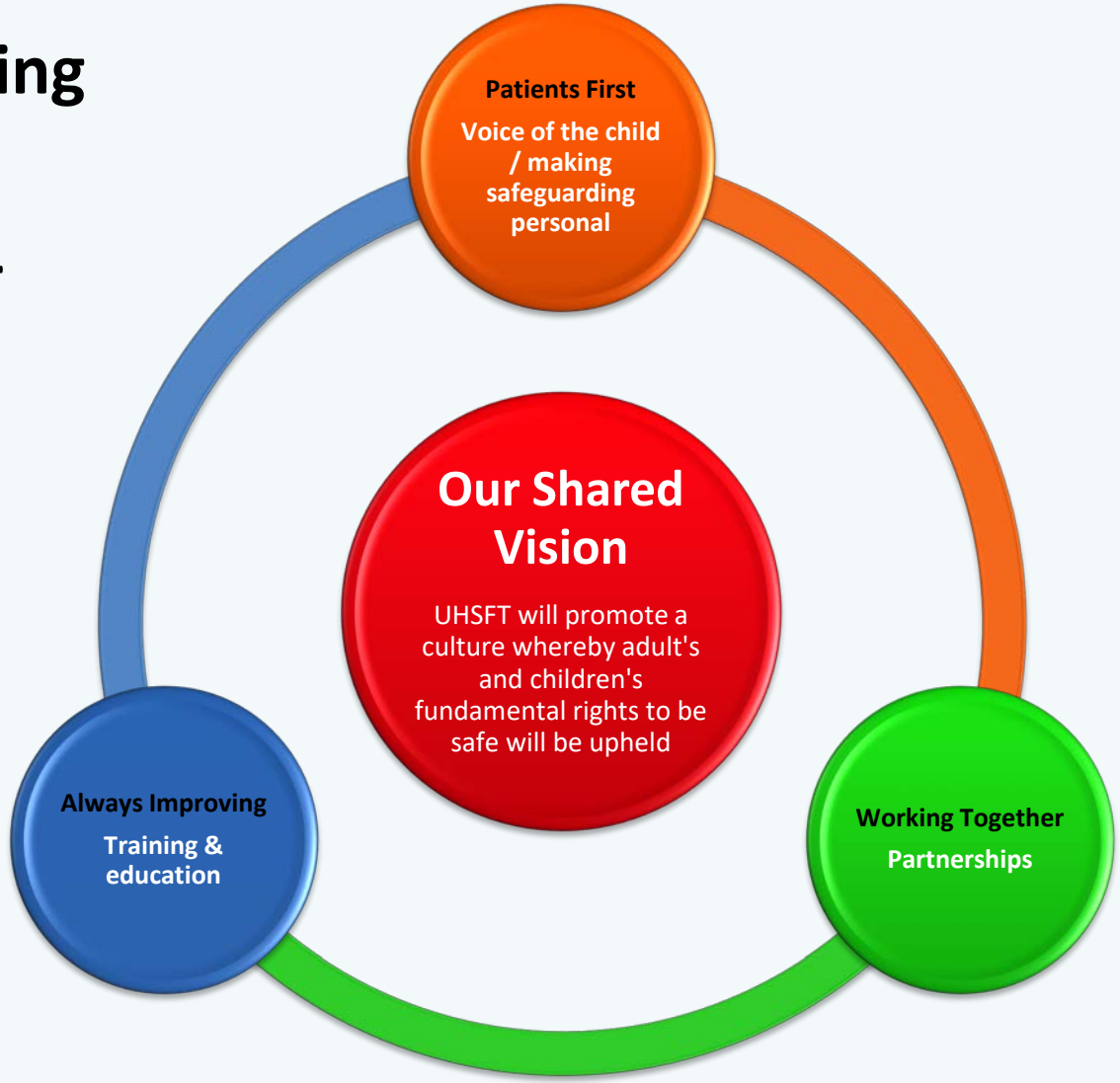
Report to the Trust Board of Directors dated 30 July 2020				
Title:	**Safeguarding Strategy 2020-21**			
Agenda item:	**4.6 ii)**			
Sponsor:	**Gail Byrne, Chief Nursing Officer**			
Date:	**30 July 2020**			
Purpose	**Assurance or reassurance** **x**	**Approval**	**Ratification**	**Information**
Issue to be addressed:	The safeguarding strategy sets out UHSFT's purpose and vision to ensure that service users continue to get a robust, consistent and person-centered response in relation to safeguarding, when accessing our services. Due to the ever changing current climate of healthcare this strategy has been set out for one year with the aim of benchmarking current service provision for the key areas highlighted. The results of this will then be used to set out a 3 year plan.			
Response to the issue:	Members of the board are asked if the strategy gives the required assurance around the UHSFT strategies purpose and vision to safeguard children and adults.			
Implications: (Clinical, Organisational, Governance, Legal?)	The safeguarding strategy outlines the strategic and operational plan which encompasses clinical, organisational and governance implications			
Risks: (Top 3) of carrying out the change / or not:	Not applicable			
Summary: Conclusion and/or recommendation	The safeguarding strategy has highlighted its purpose of • working in partnership to uphold the rights of children and adults • ensuring that the voice of the adult and / or child is at the centre of all we do (making safeguarding personal) • promoting a family approach to safeguarding • supporting an open and transparent culture whereby safeguarding is everybody's business This is outlined within the 3 standards, aligned to the trusts values within the safeguarding strategy The strategy outlines the plan of action for improving the qualitative and quantitative safeguarding outcomes for children and adults under our care and will be monitored though the safeguarding governance steering group.			

Safeguarding Strategy 2020-2021



Introduction

The term ‘safeguarding’ covers everything that assists children, young people and adults at risk to live a life that is free from abuse and neglect and which enables them to retain independence, wellbeing, dignity and choice.

It encompasses prevention of harm, exploitation and abuse through provision of high quality care, effective responses to allegations of harm and abuse, responses that are in line with local multi-agency procedures and lastly, using learning to improve services to patients.

Every NHS-funded organisation and each individual healthcare professional working within them has a responsibility to ensure that the principles and duties of safeguarding children and adults are holistically, consistently and conscientiously applied; the well-being of those children and adults being at the heart of what they do.

UHSFT recognises that safeguarding is a shared responsibility, and remains committed to working in collaboration with multi-discipline and multi-agency partners to safeguard the adults and children that use our services.

Furthermore, UHSFT endeavours to provide a range of activities to support key areas of safeguarding work, embrace change, respond to emerging themes and strive to ensure all safeguarding processes are robust and effective.

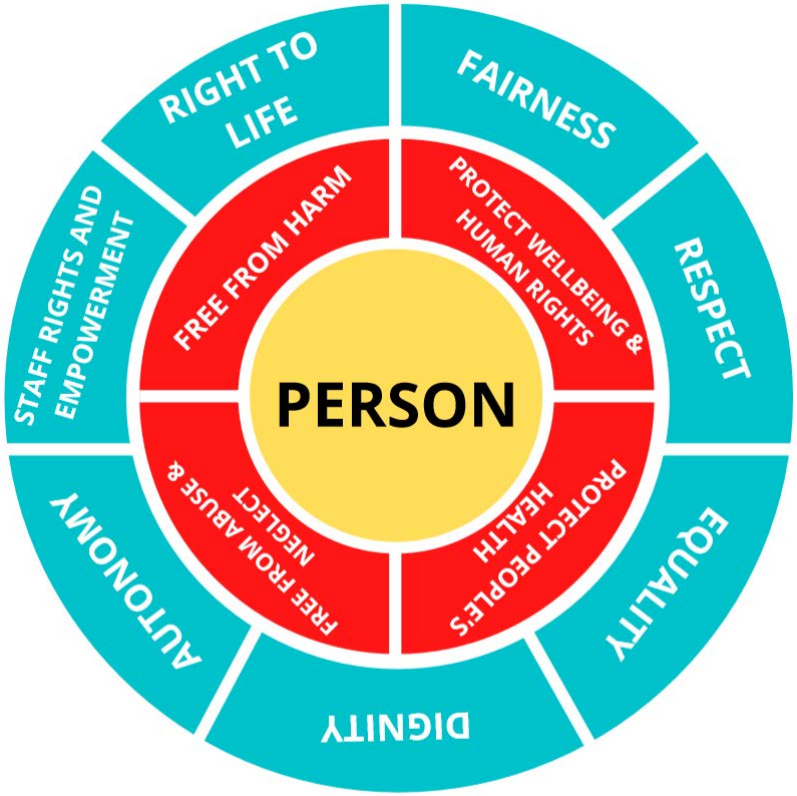
This safeguarding strategy therefore sets out UHSFT’s purpose and vision to ensure that service users continue to get a robust, consistent and person-centered response in relation to safeguarding, when accessing our services.

Due to the ever changing current climate of healthcare this strategy has been set out for one year with the aim of benchmarking current service provision for the key areas highlighted. The results of this will then be used to set out a 3 year plan.

Purpose

- To work in partnership to uphold the rights of children and adults
- To ensure that the voice of the adult and / or child is at the centre of all we do (making safeguarding personal)
- To promote a family approach to safeguarding
- To support an open and transparent culture whereby safeguarding is everybody's business

This strategy is underpinned by the Human Rights Act (1998)



Human Rights and Safeguarding

Everyone has a responsibility to be aware of the rights of others and to show respect for them. The Human Rights Act (1998) sets out fundamental rights and freedoms that everyone in the UK is entitled to. The following articles have been highlighted as they specifically pertain to the care of people accessing UHSFT services and the role of safeguarding;

- Right to life (Article 2);
- Right to be free from torture and treatment of a degrading nature (Article 3);
- Right to be free from slavery and labour that is forced and not of free will (Article 4);
- Right to liberty and security (Article 5);
- Right to have your private and family life respected (Article 8);
- Right to free thought, conscience and religion and the right to freely express your personal beliefs (Article 9);

Legislative Framework for Children (including LAC) and Adults

- UN Convention on the rights of the child 1989 – adopted by the UK in 1990
- Children Act 1989 & 2004
- The Crime and Disorder Act 1998
- Female Genital Mutilation Act 2003
- The Mental Capacity Act 2005
- Convention on the Rights of Persons with Disabilities 2006
- Mental Health Act 2007
- NICE guidance: Promoting the quality of life of looked-after children and young people – PH No 28 (2010 updated 2015)
- Children and Families Act 2014
- The Care Act 2014
- Modern Slavery Act 2015
- Serious Crime Act 2015

- Promoting the health and well-being of Looked After Children Statutory Guidance 2015
- Looked After Children: Knowledge, skills and competences of health care staff 2015
- Care & Support Statutory Guidance- Section 14 Safeguarding
- Children and Social Work Act 2017
- 'Working together to safeguard children' Statutory Guidance (HM Government 2018)
- Adult Safeguarding: Roles and Competencies for Health Care Staff 2018
- Safeguarding Children, Young People and Adults at Risk in the NHS: Safeguarding Accountability and Assurance Framework
- Safeguarding Children and Young People:
  Roles and Competencies for Healthcare Staff: Intercollegiate Document (RCN, 2019)

Standard 1 – patients first; voice of the child / making safeguarding personal

What is it and why is it important?

Voice of the child;
Serious case reviews and local reviews frequently highlight the importance of seeing; observing and hearing the child and ensuring the practitioner clearly records this. Providing an environment in which the child feels confident, safe and powerful is fundamental for the child to have the opportunity to express their views and feelings. UHSFT has a commitment to delivering a child focused approach to safeguarding ensuring the child is at the centre of all safeguarding enquiries, supporting and promoting their welfare and protecting them from harm.

Making Safeguarding Personal; (MSP) enables safeguarding to be done with, and not to, people – 'no decision about me, without me'.

UHSFT has a commitment to ensuring a person-focused approach to safeguarding. MSP is person led and outcome focused, ensuring that the individual is engaged in the safeguarding process and so enhancing involvement, choice and control as well as improving quality of life, wellbeing and safety.

The adult concerned must always be at the centre of adult safeguarding enquiries, and their wishes and views sought at the earliest opportunity.

How will we achieve it?

Current safeguarding referral processes support staff to complete an apex referral as well as the safeguarding proforma. The proforma documentation supports staff to record the child's voice.
Emergency department information sharing forms support staff to complete for identified safeguarding concerns. Ensuring the child's voice is captured, recorded and when appropriate acted upon is required to promote the child's wellbeing and prevent harm. The safeguarding team continually drive this message through training, supervision, ward rounds and when supporting and advising staff with safeguarding referrals. Safeguarding nurse specialists will continue to be visible and provide leadership to ensure the child's voice is captured to enable an outcome focused approach.

MSP is integrated in to the current referral processes. The team will undertake further work to understand how well this is being applied in practice. In addition, safeguarding nurse specialists will continue to be visible and provide leadership in ensuring an outcome focused approach.

Furthermore, through embedding the Mental Capacity Act (2005) and shared decision making in practice, it ensures all we do aligns with putting people at the centre of decision making, promoting empowerment and choice.

How will we measure it?

By the end of 2021 UHSFT- to audit the safeguarding proforma and emergency department records to ensure the child voice is captured and actions taken to promote the child's welfare.

By the end of 2021, UHSFT will have undertaken an audit against current practice using the national MSP toolkit developed and updated by The Local Government Association in 2020. The toolkit aims to provide practical support to people working in practice.
https://www.local.gov.uk/msp-toolkit

Standard 2 – Working together; Partnerships

What is it and why is it important?

It is widely understood that responsibility to try and prevent, recognise and respond to harm or abuse applies to a wide range of services and individuals. Responsibilities specifically for NHS staff are enshrined in international and national legislation (NHS Accountability and Assurance Framework 2019). It is vital that we work in partnership to ensure that adults and children are holistically, consistently and conscientiously supported when safeguarding concerns are identified. Whilst UHSFT collaborates with a range of external multi-agency partners and patients, the focus of this standard is about working in partnerships with; the emergency department, maternity services, adult services and child health to ensure a consistent and family approach for our patients.

How will we achieve it?

Strategically, the Safeguarding Governance Steering Group brings together senior leads from across these departments to support delivery of the safeguarding agenda. We will continue to use this forum to engage with stakeholders and shape future practice. The Safeguarding team engage and collaborate with the wider safeguarding system including the Hampshire and Southampton boards/partnerships and subgroups.

Operationally, on a daily basis, we work and manage safeguarding cases with external multi-agency partners. The Multi-Agency Risk Management Framework (MARM) is well embedded and will continue to be used to support patients 'at risk' in a collaborative way.

We will commit to setting up a working group which brings together safeguarding leads from each of the above areas to align policies and processes.

How will we measure it?

By the end of 2021 there will be formal working group set up for leads across each of the above departments with a work plan outlining how all trust wide guidance documents, i.e. for domestic abuse, female genital mutilation, will be reviewed and aligned.

Standard 3 – Always improving; Training and Education

What is it and why is it important?

To ensure patients receive pro-active and high quality safeguarding it is important that the healthcare workforce is suitably skilled and supported. The intercollegiate documents for adults and children set out the roles and competencies for staff at every level working within healthcare services. Because the children's intercollegiate document is more established in practice, the aim of this standard is to align training and education across the adult and child agenda's which will ensure; a full family approach to safeguarding, mandatory and regulatory compliance with the documents and opportunity to learn when things go wrong.

How will we achieve it?

We will ensure a full review of trust wide safeguarding training in partnership with key stakeholders from divisional education teams and departments across the trust. Where appropriate, links will be made with partner providers across the STP footprint and in particular with the local integrated care systems, as set out in the NHS Long Term Plan, which will include pass porting of training.

How will we measure it?

By the end of 2021 there will be a joint adult and child safeguarding education strategy that will include a full delivery plan.

Delivery of the Strategy

Accountability

Standard NHS Safeguarding contract

Hampshire and Southampton Safeguarding Children's Partnership

Hampshire and Southampton Adults Boards

Quarterly and Annual Reports submitted to commissioners and internal, governance groups i.e. Child and Maternity Safeguarding Operational Group, Safeguarding Governance Steering Group, Quality Governance Steering Group, Trust executive Committee, and board

Key Groups and Committees Responsible For Delivering This Strategy

The Trust's Safeguarding Governance Steering Group (SGSG) is responsible on behalf of the Trust Executive Committee and Trust Board, for monitoring the delivery of this strategy.

The Safeguarding Team led by the Children's, Adult and Midwifery named nurses are responsible for the delivery of this strategy.

Additional Trust groups include, but are not exclusive to;
Clinical Accreditation Scheme and Clinical Quality
Patient Safety steering group
Divisions and Care Groups
Child and Maternity operational group
Statutory and Mandatory Operational Group

Each monitors local delivery via their boards and governance groups, and report progress via Quality Governance Surveillance Group

Staff Roles and Responsibilities

It is all staff's responsibility to promote and safeguard the welfare of children and adults in their care.

All staff have a statutory obligation to escalate any safeguarding concerns to a senior member of staff or the safeguarding team.

Item 4.7

University Hospital Southampton NHS
NHS Foundation Trust

2020/21 Finance Report - Month 3

Report to:	**Board of Directors and Finance & Investment Committee** **July 2020**
Title:	**Finance Report for Period ending 30/06/2020**
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 to date Highlights:

1. In June 2020, the Trust reported a breakeven position. A 'top-up' payment of £5.1m (£1.7m in May) was however required to supplement the block contract in order to fully offset trust expenditure. The financial regime in place for April 2020 – July 2020 provides trusts with a minimum breakeven guarantee.

2. In month £3.3m (£2.1m pay and £1.2m non pay) was incurred on additional expenditure related to Covid-19. This was up £0.4m from May with non pay costs the area of increase due to protective equipment.

3. The main themes seen in M3 were :
   - Clinical income was funded via block payment rather than activity based. If payment had continued on a payment by results basis the trust would have received £12m less income. This gap has however improved by £7.9m compared to May.
   - Elective income was indicatively 56% of planned levels (35% in May) and Non Elective income was 84% of planned levels (73% in May) . The Trust is not financially exposed to the risk of underperformance due to the current block contract.
   - Activity within independent sector hospitals increased 25% from May (c600 patients up from 475 in May). Currently the cost of independent sector hospital provision is met centrally.
   - Pay remained broadly static, reducing by £0.1m from May. The YTD overspend correlates with the additional level of expenditure being incurred due to Covid.
   - Non Pay spend increased £3.8m from May due to increased pass through drugs and devices (£1.1m), activity related clinical supplies and other non pay increases (£1.7m), protective equipment spend increases (£0.4m) and a deteriorating position within R&D (£0.6m).

Finance: I&E Summary

A breakeven financial position prevailed for month 3 following 'top-up' income of £5.1m in addition to the safety net provided by block contract payment. The top-up value increased by £3.4m from May.

Total clinical income was reported as £0.8m behind plan continuing on trend. All NHS clinical contracts are on a block with the exception of the channel islands who have underperformed. Other income was £1.5m behind plan as private patients together with education and training and other SLA income are reporting adverse variances due to Covid-19.

Pay costs were marginally down from May (£0.1m). They remain adverse to plan due to £6.3m of Covid expenditure YTD.

Pass through drugs and devices costs increased significantly (up £1.1m) as CF prescribing continued to follow an upward trend. Clinical supplies, drugs and other non pay collectively increased by £2.1m from May. This was predominantly driven by activity increases ; however in part driven by Covid costs which increased by £0.4m as protective equipment continues to be required in high volumes. R&D also reported a £0.6m loss in month.

		Current Month			Year to Date			M1 - 4		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Emergency Budget £m	Ave Done £m	To Do £m
NHS Income:	Clinical	54.1	53.4	0.8	162.4	160.4	2.1	216.6	53.5	56.2
	Pass-through Drugs & Devices (Blocked)	9.9	9.9	0.0	29.7	29.7	0.0	39.7	9.9	9.9
Other income	Other Income excl. PSF	10.2	8.7	1.5	30.5	24.2	6.3	40.7	8.1	16.5
	Top Up Income	-	5.1	(5.1)	-	9.0	(9.0)	0.0	3.0	-9.0
Total income		**74.2**	**77.0**	**(2.8)**	**222.7**	**223.3**	**(0.6)**	**297.0**	**71.4**	**73.7**
Costs	Pay-Substantive	41.0	42.6	1.6	123.0	126.8	3.7	164.5	42.3	37.7
	Pay-Bank	1.9	2.4	0.5	5.8	7.8	2.0	7.8	2.6	-0.1
	Pay-Agency	1.1	0.8	(0.4)	3.5	2.2	(1.3)	4.9	0.7	2.7
	Drugs	1.4	1.4	0.0	4.3	4.4	0.1	6.1	1.5	1.7
	Pass-through Drugs & Devices	9.9	10.1	0.2	29.7	28.1	(1.7)	39.7	9.4	11.6
	Clinical supplies	4.1	5.5	1.4	12.3	14.6	2.3	16.4	4.9	1.9
	Other non pay	11.6	11.1	(0.5)	34.5	30.5	(3.9)	44.8	10.2	14.3
Total expenditure		**71.0**	**73.9**	**2.9**	**213.1**	**214.4**	**1.3**	**284.1**	**71.5**	**69.7**
EBITDA		**3.2**	**3.1**	0.1	**9.6**	**8.9**	0.7	**12.9**	3.0	**3.9**
EBITDA %		4.3%	4.1%	0.3%	4.3%	4.0%	0.3%	4.3%		
	Depreciation	2.2	2.3	0.1	6.5	6.7	0.2	8.6	2.2	1.8
	Non Operating Income/Expenditure	0.9	0.9	(0.1)	2.8	2.2	(0.6)	3.9	0.7	1.7
Surplus / (Deficit)		**0.1**	**(0.0)**	**0.1**	**0.3**	**0.0**	**0.3**	**0.4**	**0.0**	**0.4**

Underlying Run Rate Position

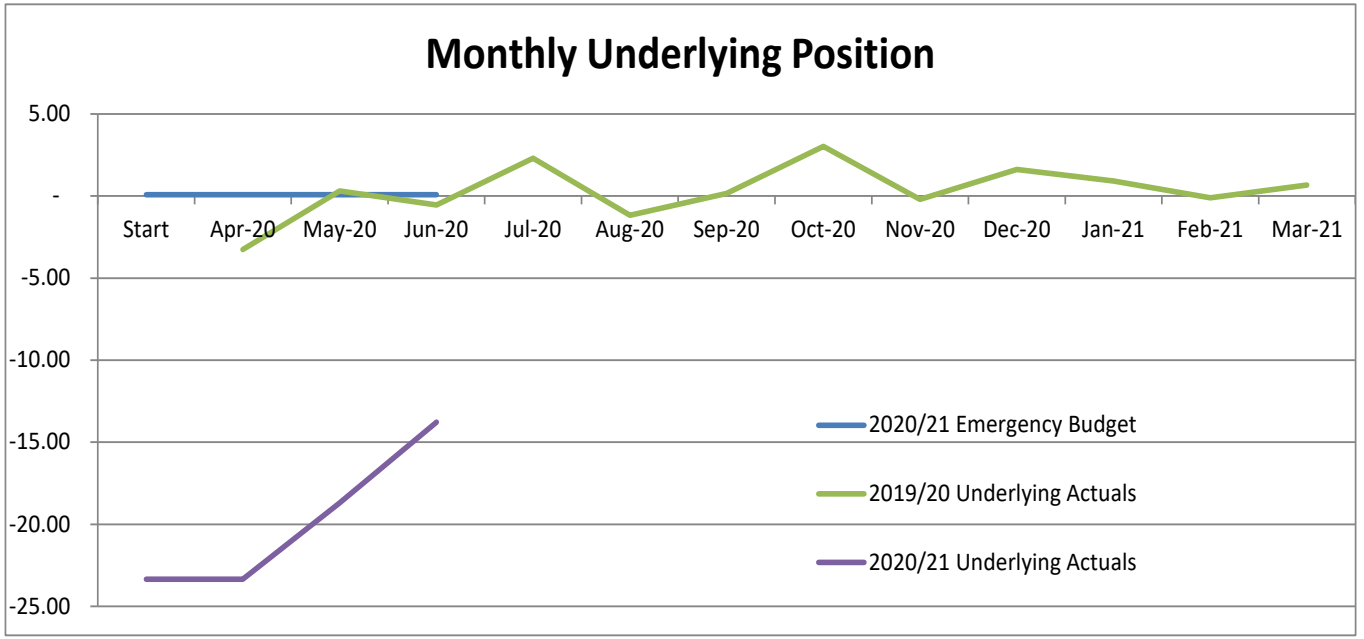
These graphs show the actual underlying position for the trust throughout 2019/20 and for April to June 20/21.

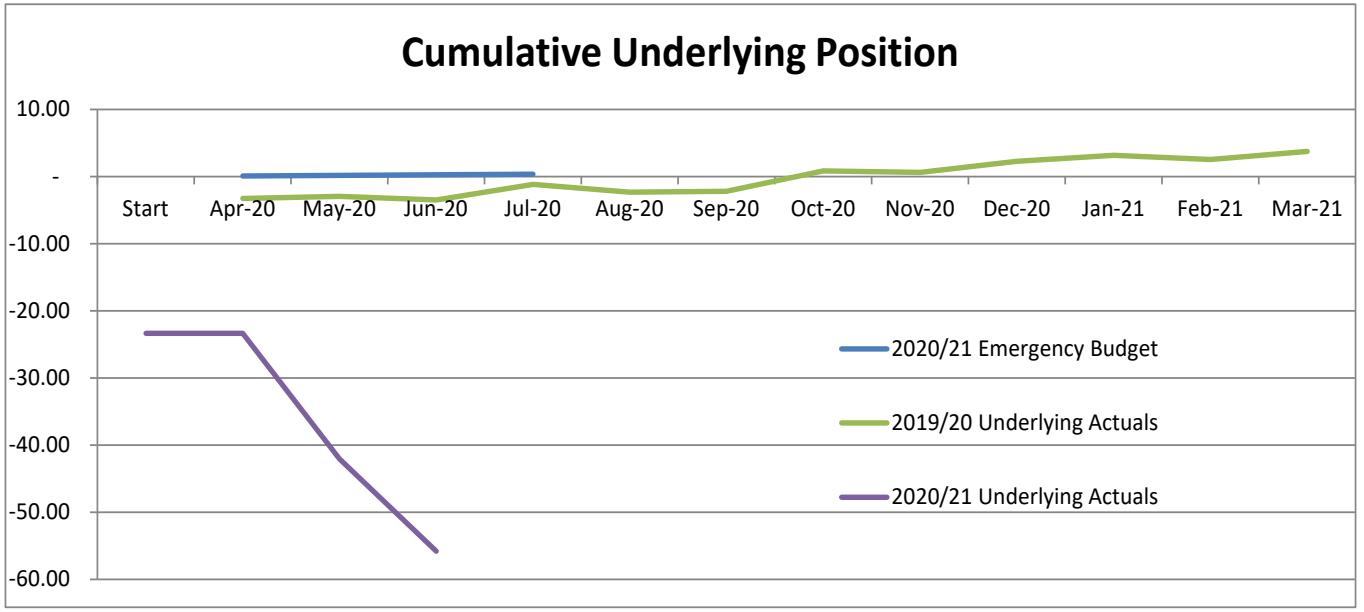
The following have been removed from 20/21 position:

- The block contract uplift of £12m in month (£57m YTD) which represents the value of income over and above that which would have prevailed under PbR.
- Covid-19 related expenditure of £3.3m in month (£10.2m YTD).
- 'Top-up' funding of £5.1m in month (£9m YTD) which bridges financial performance to breakeven.

This illustrates that without the funding safety net of the current financial regime a deficit in month of £13.8m (£55.8m YTD) would have prevailed. This is driven by activity levels that have been suppressed as a result of Covid-19 infection control measures and productivity limitations.

The underlying monthly position will be monitored throughout the year as recovery and restoration continues.





Clinical Income

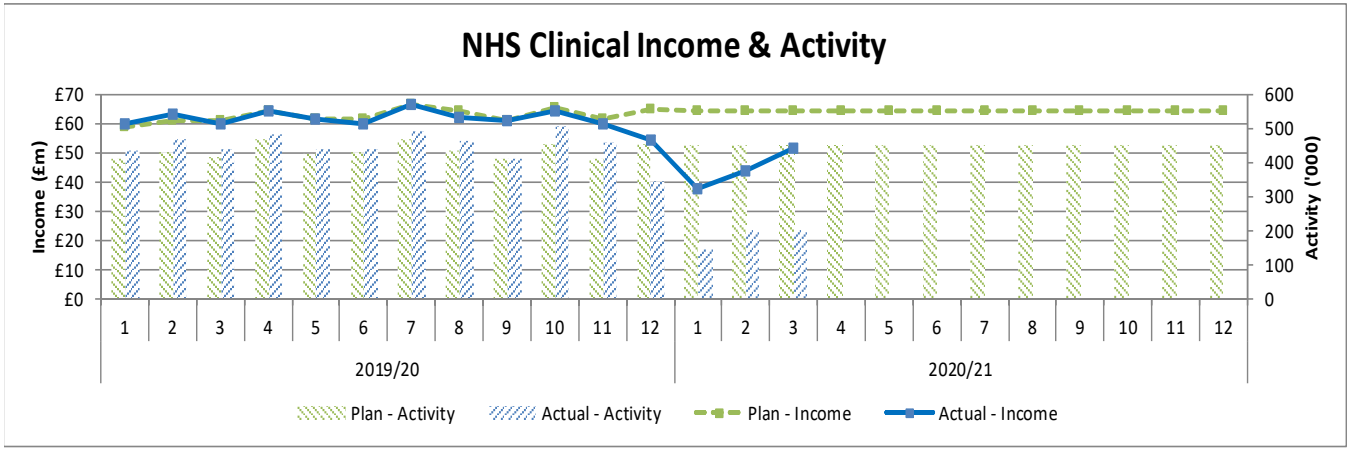
Clinical income for the month of June was £0.8m adverse to plan and including Non NHS income was £1m adverse to plan. Much of this income is now fixed with confirmed block contract funding in place for April to July. The adverse variance is driven by channel islands activity as the trust is still on a PbR contract which is underperforming due to activity limitations.

June has seen improvements from May with PbR equivalent income 80% of block contracted values. Elective activity increased, representing 56% of planned levels (up from 36% in May) and non elective values increased to 84% of planned levels (up from 78% in May). Independent sector hospitals continue to be utilised and activity within these increased 25% from May to June to nearly 600 patients. An additional 250 theatre sessions also took place on the SGH site in June when comparing to May.

The graphs overleaf show trends over the last 15 months and the impact of Covid-19.

(Fav Variance) / Adv Variance

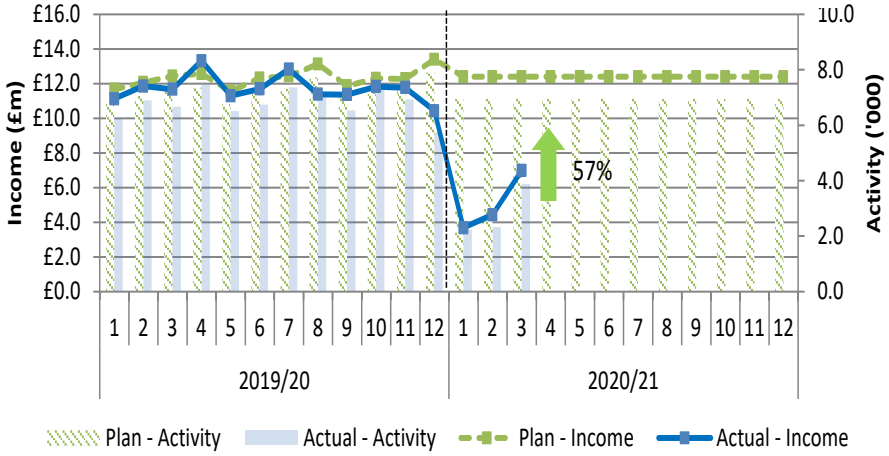
POD GROUP	2020/21 In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	Emergency budget M1-M4 £000s	2019/20 YTD Actuals £000s
NHS Clinical Income								
Elective Inpatients	£12,393	£6,980	£5,413	£37,180	£15,096	£22,083	£49,573	£34,648
Non-Elective Inpatients	£18,725	£15,784	£2,941	£56,174	£42,749	£13,424	£74,899	£53,300
Outpatients	£7,129	£5,555	£1,573	£21,386	£14,384	£7,002	£28,514	£20,763
Other Activity	£11,306	£8,376	£2,929	£33,917	£23,718	£10,199	£45,223	£31,602
CQUIN	£669	£452	£217	£2,006	£1,237	£768	£2,674	£2,098
Blocks & Financial Adjustments	(£137)	£830	(£967)	(£410)	(£1,480)	£1,070	(£547)	£522
Other Exclusions	£4,024	£3,194	£830	£12,072	£9,330	£2,742	£16,263	£12,045
Pass-through Exclusions	£9,955	£10,125	(£170)	£29,739	£28,074	£1,665	£39,652	£27,565
Subtotal NHS Clinical Income	*£64,063*	*£51,297*	*£12,766*	*£192,063*	*£133,110*	*£58,953*	*£256,251*	*£182,543*
Covid block adjustments	£0	£11,968	(£11,968)	£0	£57,026	(£57,026)	£0	£0
Total NHS Clinical Income	**£64,063**	**£63,265**	**£798**	**£192,063**	**£190,136**	**£1,927**	**£256,251**	**£182,543**
Non NHS Clinical Income								
Private Patients	£545	£438	£107	£1,636	£651	£985	£2,179	
CRU	£208	£169	£40	£625	£490	£135	£833	
Overseas Chargeable Patients	£127	£47	£80	£381	£213	£168	£508	
Total Non NHS Clinical Income	**£881**	**£654**	**£227**	**£2,642**	**£1,354**	**£1,287**	**£3,521**	
Grand Total	**£64,943**	**£63,919**	**£1,025**	**£194,705**	**£191,490**	**£3,214**	**£259,771**	**£182,543**



Clinical Income

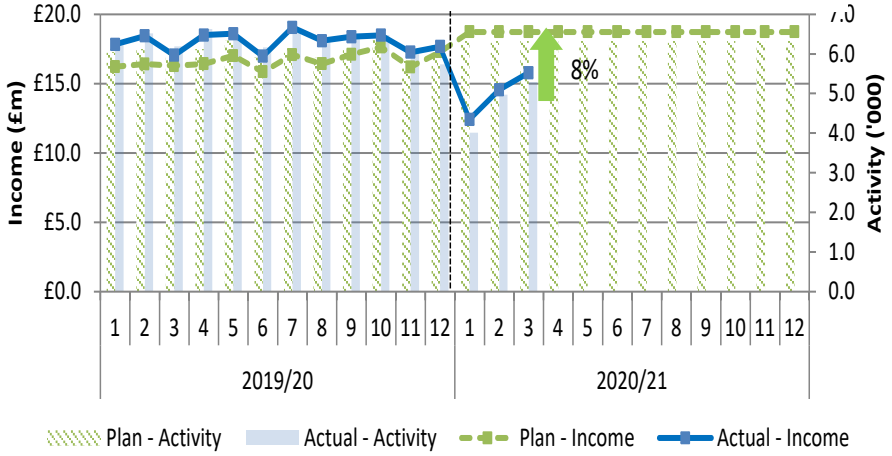
Elective spells

In month -3,077 activity, -£5,412,834
YTD -12,413 activity, -£22,083,395



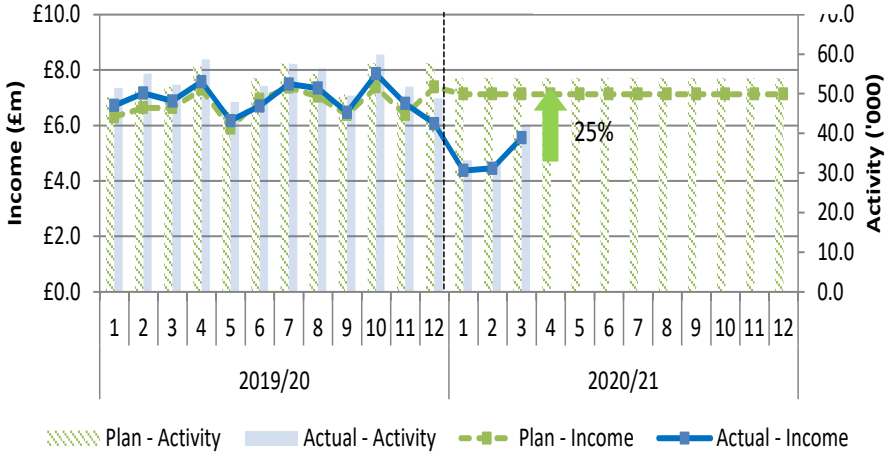
Non elective spells

In month -1,038 activity, -£2,940,681
YTD -4,720 activity, -£13,424,421



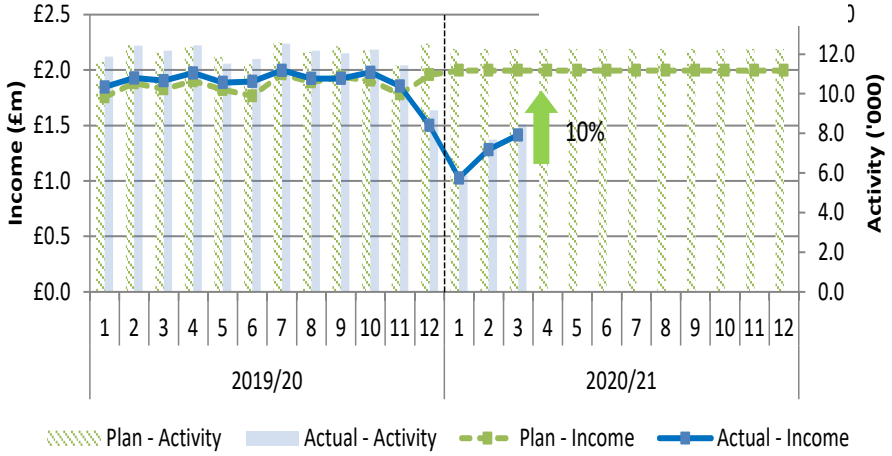
Outpatients

In month -11,924 activity, -£1,573,225
YTD -54,140 activity, -£7,002,020



A&E

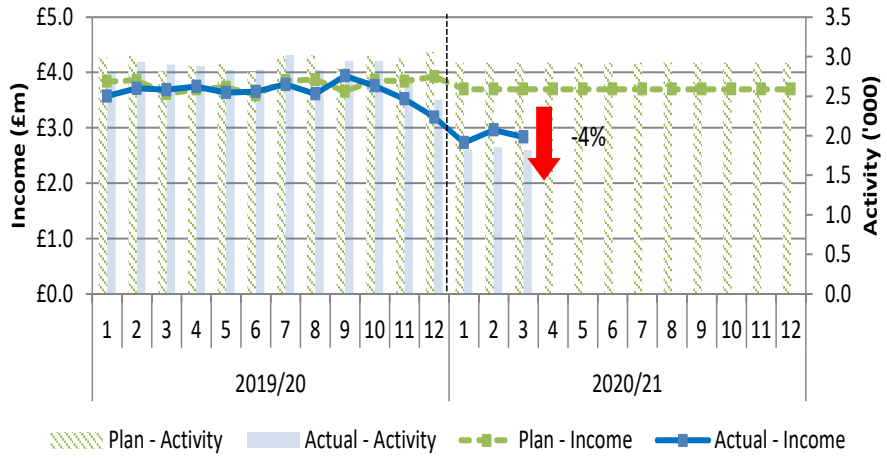
In month -3,805 activity, -£581,078
YTD -14,751 activity, -£2,263,869



Clinical Income

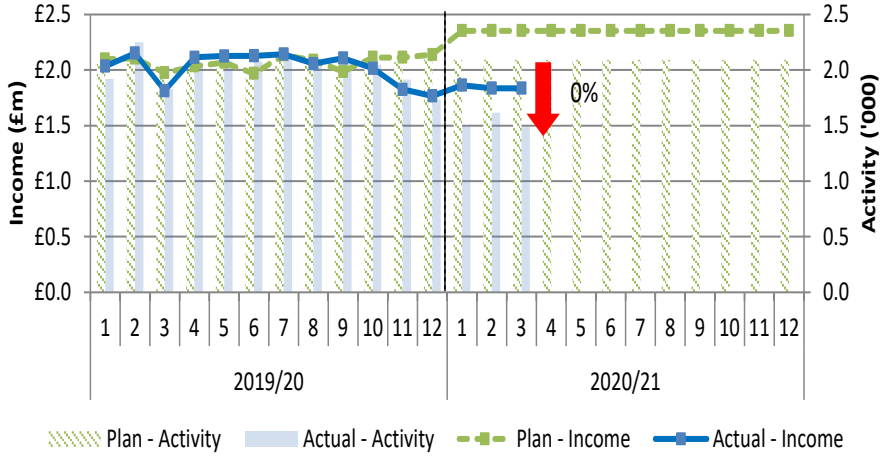
Adult critical care

In month -1,104 activity, -£861,861
YTD -3,276 activity, -£2,564,804



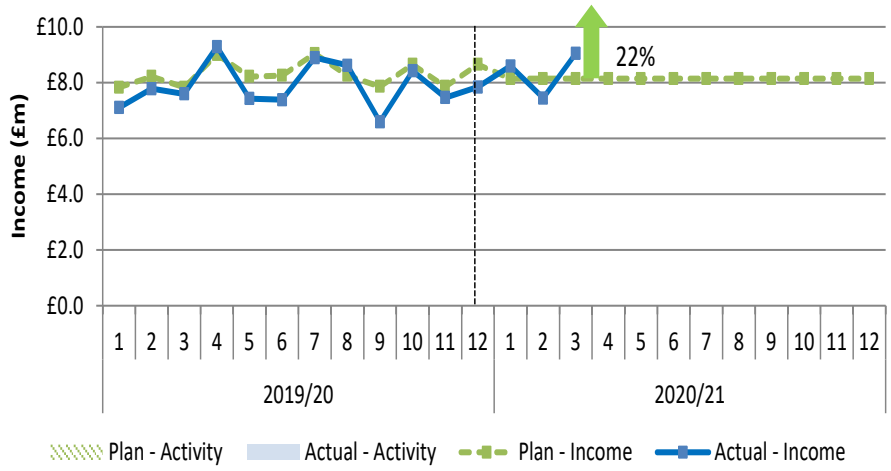
Neonatal & paediatric critical care

In month -605 activity, -£516,969
YTD -1,681 activity, -£1,522,782



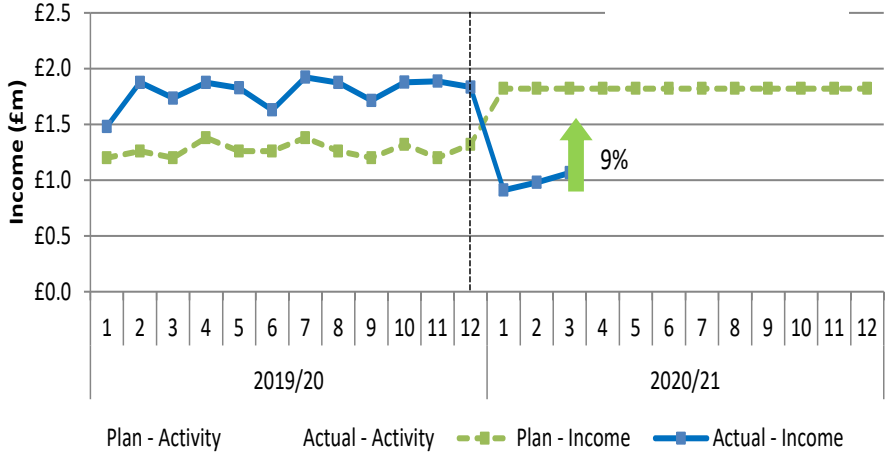
Tariff excluded drugs

In month +£908,856
YTD +£672,946



Tariff excluded devices

In month -£753,619
YTD -£2,503,135



Note: Drugs impacted by CF drugs approved by NICE from April – circa £19m FYE

Income and Activity

The tables shown illustrate by division and care group the % of the activity and income plan being achieved across quarter 1 for Elective, Non Elective and Outpatient Activity.

Elective activity has improved in June but remains just 56% of planned levels. No care group is reporting greater than 77% with Ophthalmology and Orthopaedics noticeably under 50%. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.

Non Elective activity levels have also increased in June but are still 16% short of plan. As lockdown measures are eased activity levels is expected to increase especially with traumatic specialties. Covid admissions are included within non elective and are thought to have a tariff income shortfall driving a variation between income % and activity %.

Outpatient activity has improved in June to 78% of planned levels. Significant variance exists at care group level however.

Elective Activity as % of Plan		Activity as % of Plan			Income as % of Plan		
Division	Care Group	Apr 20	May 20	Jun 20	Apr 20	May 20	Jun 20
DIVISION A	CANCER CARE	54%	55%	77%	50%	49%	74%
	SURGERY	27%	30%	52%	32%	44%	63%
DIVISION A Total		**39%**	**41%**	**64%**	**36%**	**45%**	**65%**
DIVISION B	OPHTHALMOLOGY	4%	10%	46%	7%	11%	48%
	SPECIALIST MEDICINE	29%	31%	51%	23%	26%	54%
DIVISION B Total		**23%**	**26%**	**49%**	**17%**	**20%**	**52%**
DIVISION C	CHILD HEALTH	41%	42%	61%	27%	40%	59%
	WOMEN'S HEALTH	49%	40%	53%	55%	45%	51%
DIVISION C Total		**43%**	**42%**	**59%**	**34%**	**41%**	**57%**
DIVISION D	CARDIOVASCULAR & THORACIC	31%	35%	65%	36%	38%	58%
	NEUROSCIENCES	50%	41%	66%	35%	40%	72%
	RADIOLOGY	25%	24%	43%	28%	34%	41%
	TRAUMA & ORTHOPAEDICS	12%	21%	35%	12%	22%	38%
DIVISION D Total		**30%**	**31%**	**53%**	**29%**	**34%**	**54%**
Total		**32%**	**34%**	**56%**	**30%**	**36%**	**56%**

Non Elective Activity as % of Plan		Activity as % of Plan			Income as % of Plan		
Division	Care Group	Apr 20	May 20	Jun 20	Apr 20	May 20	Jun 20
DIVISION A	CANCER CARE	79%	93%	93%	68%	75%	85%
	SURGERY	46%	79%	90%	56%	88%	105%
DIVISION A Total		**56%**	**83%**	**91%**	**60%**	**83%**	**98%**
DIVISION B	ACUTE MEDICINE	85%	76%	87%	72%	79%	89%
	EMERGENCY MEDICINE	45%	81%	83%	35%	68%	77%
	OPHTHALMOLOGY	64%	53%	47%	76%	52%	50%
	SPECIALIST MEDICINE	33%	74%	37%	38%	80%	43%
DIVISION B Total		**62%**	**78%**	**84%**	**60%**	**76%**	**84%**
DIVISION C	CHILD HEALTH	45%	58%	66%	71%	65%	86%
	WOMEN'S HEALTH	83%	90%	90%	89%	101%	94%
DIVISION C Total		**71%**	**80%**	**82%**	**82%**	**88%**	**91%**
DIVISION D	CARDIOVASCULAR & THORACIC	59%	71%	74%	49%	56%	62%
	NEUROSCIENCES	75%	86%	83%	83%	100%	91%
	RADIOLOGY	45%	67%	50%	48%	64%	45%
	TRAUMA & ORTHOPAEDICS	67%	65%	85%	84%	79%	98%
DIVISION D Total		**64%**	**72%**	**78%**	**66%**	**73%**	**77%**
Total		**63%**	**78%**	**84%**	**66%**	**78%**	**84%**

Outpatient Activity as % of Plan		Activity as % of Plan			Income as % of Plan		
Division	Care Group	Apr 20	May 20	Jun 20	Apr 20	May 20	Jun 20
DIVISION A	CANCER CARE	103%	106%	102%	69%	64%	69%
	SURGERY	56%	59%	83%	37%	36%	51%
DIVISION A Total		**78%**	**81%**	**92%**	**53%**	**50%**	**61%**
DIVISION B	ACUTE MEDICINE	34%	47%	80%	32%	23%	58%
	EMERGENCY MEDICINE	44%	72%	89%	41%	67%	78%
	OPHTHALMOLOGY	27%	43%	66%	24%	37%	59%
	SPECIALIST MEDICINE	59%	53%	75%	37%	34%	51%
DIVISION B Total		**44%**	**48%**	**71%**	**32%**	**35%**	**54%**
DIVISION C	CHILD HEALTH	87%	67%	90%	57%	46%	62%
	SUPPORT SERVICES	54%	46%	45%	37%	32%	24%
	WOMEN'S HEALTH	63%	61%	74%	52%	51%	72%
DIVISION C Total		**71%**	**59%**	**73%**	**53%**	**46%**	**61%**
DIVISION D	CARDIOVASCULAR & THORACIC	59%	64%	85%	53%	55%	71%
	NEUROSCIENCES	68%	58%	87%	28%	11%	42%
	RADIOLOGY	65%	36%	58%	28%	29%	23%
	TRAUMA & ORTHOPAEDICS	50%	47%	62%	39%	38%	51%
DIVISION D Total		**59%**	**56%**	**78%**	**40%**	**34%**	**55%**
Total		**61%**	**60%**	**78%**	**61%**	**62%**	**78%**

Productivity

Covid-19 has had, and will continue to have, a significant impact on productivity within the organisation. The impact of this is shown in the tables illustrating reduced theatre productivity and increased staff costs per £ of income.

Productivity reductions are driven by three underlying factors:

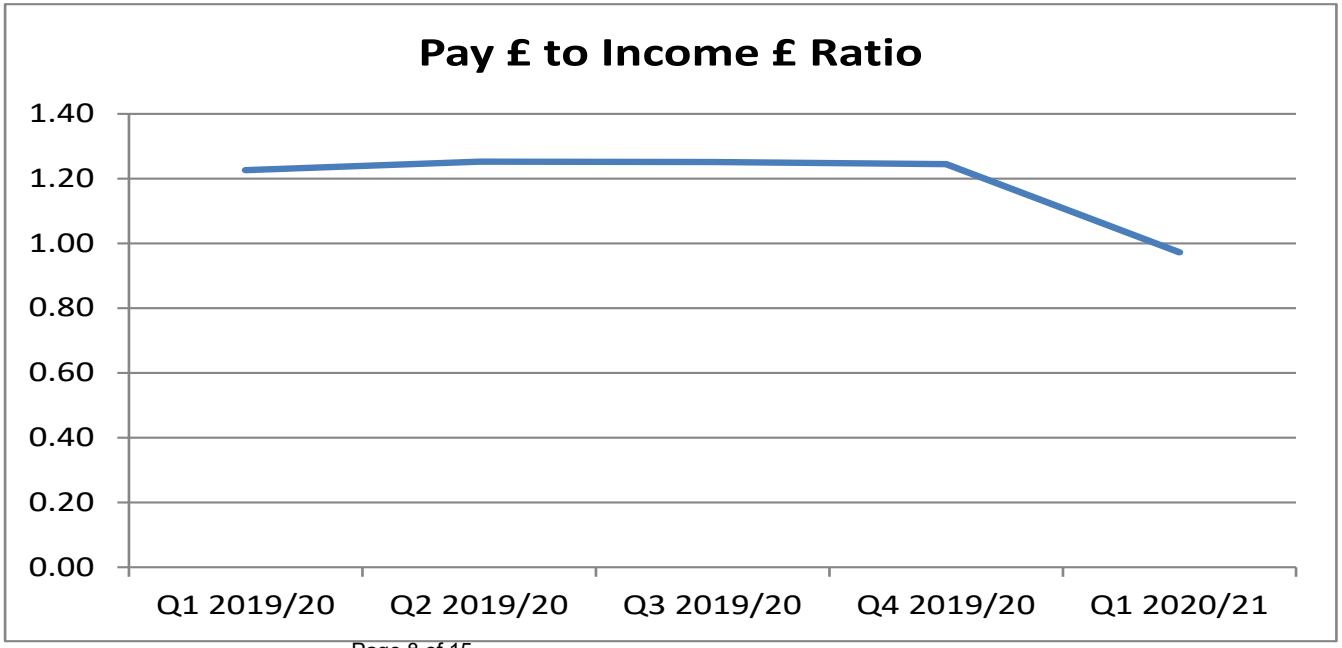
1) The need to maintain a safe environment meaning social distancing, infection control practices and PPE requirements have all put additional time into clinical practices.

2) The direct cost of Covid-19 for additional equipment, PPE, and infection control materials plus staffing to maintain segregated pathways.

3) The cost of safeguarding staff resulting in 900 WTE classified as level 2 or 3 by Occupational Health.

The above constraints have all reduced the 'top speed' of the organisation.

	Patients Per Theatre List				
Specialties (with over 20 sessions in 20/21)	Q1 2019/20 (Baseline)	Apr-20	May-20	Jun-20	% change (Q1 19/20 v June 2020)
General Surgery	3.77	3.14	3.25	3.24	-14%
Hepatobiliary & Pancreatic	1.98	1.38	1.36	1.37	-31%
Max Fax	2.84	1.62	1.64	2.00	-30%
ENT	3.50	2.04	1.57	2.53	-28%
Colorectal	2.47	1.48	1.43	1.22	-51%
Ophthalmology	4.04	2.08	1.83	2.85	-29%
Child Health	3.44	2.54	2.73	2.78	-19%
Women and Newborn	3.24	2.82	2.94	2.92	-10%
Cardiovascular & Thoracic	2.47	2.09	2.03	2.40	-3%
Neurosciences	2.45	1.59	1.70	1.55	-37%
Trauma & Orthopaedics	3.75	2.49	2.42	2.65	-29%
Spinal	2.41	1.83	2.00	1.86	-23%
Trustwide	**3.11**	**2.23**	**2.26**	**2.41**	**-23%**

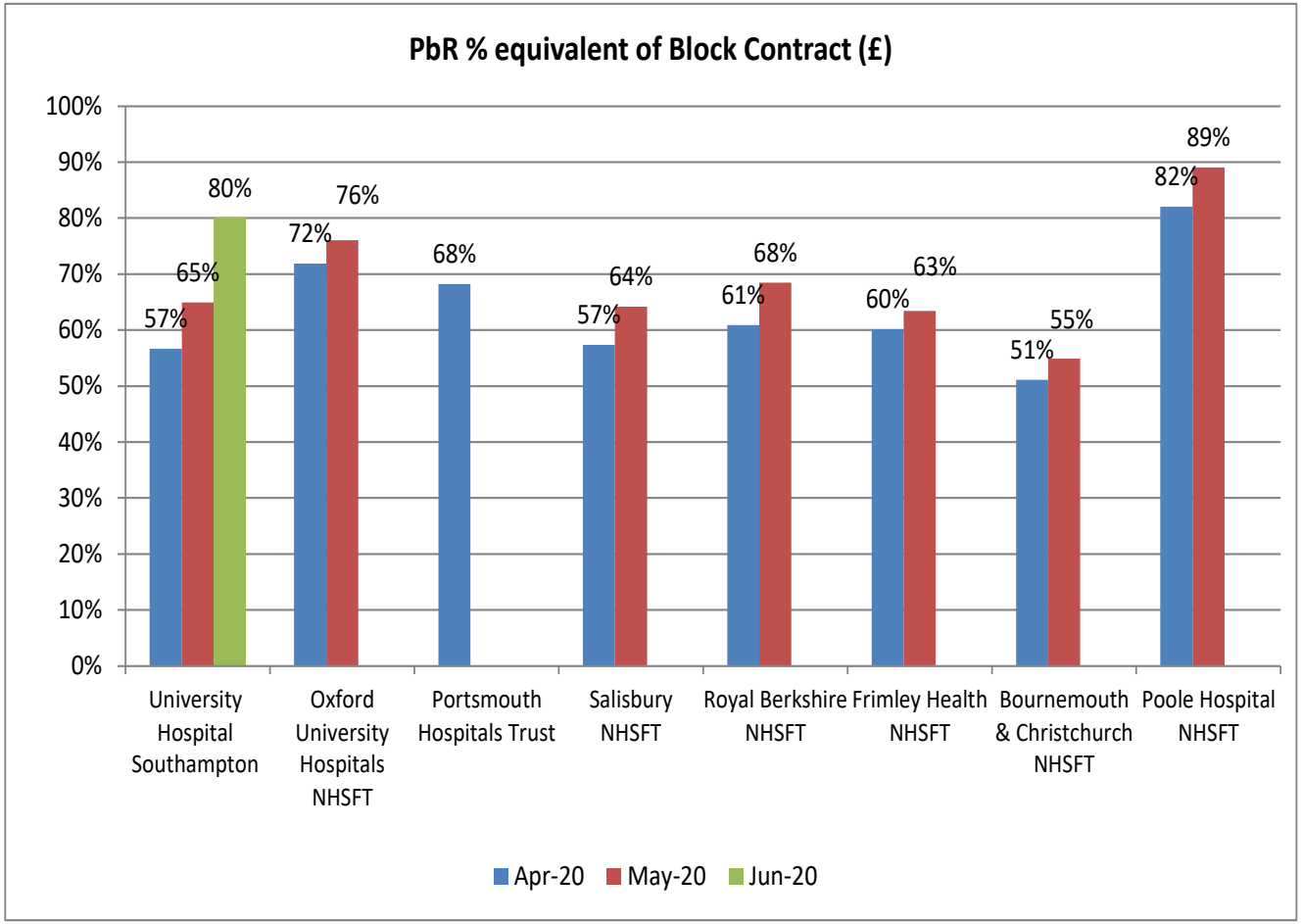


Benchmarking

The current financial reporting framework of being brought back to break-even whilst achieving lower levels of activity makes it difficult to assess the performance of the Trust.

It is therefore important we measure our performance against our peers. Unfortunately data on activity and underlying financial performance of peers is limited; however the graph shows the comparator performance of neighbouring hospital trusts when assessing their level of PbR equivalent revenue as a % of their block contract.

Distortions could exist (e.g. high cost drugs, specialised high-cost activity) however, and this isn't necessarily in correlation with productivity. For example one of 'higher performers' shown made a £10m Covid claim compared to £4m by UHS in month 1. The level of private sector provision available locally in addition to the specific geography for each trust all has a bearing. There is currently not enough information to draw firm conclusions from this data.



**May data not available for PHT*

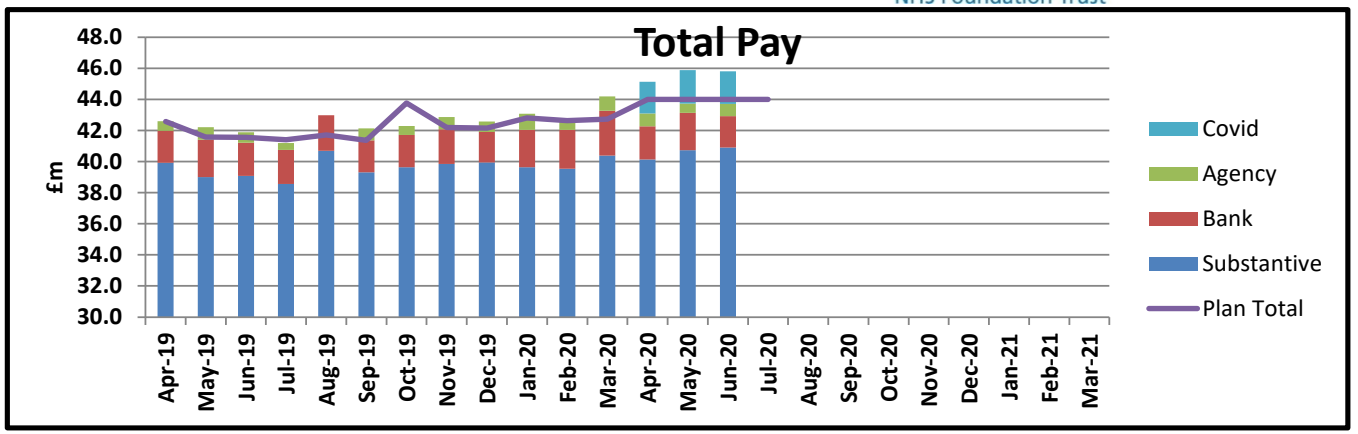
***June data not available at time of report but aiming to be available for the Committee*

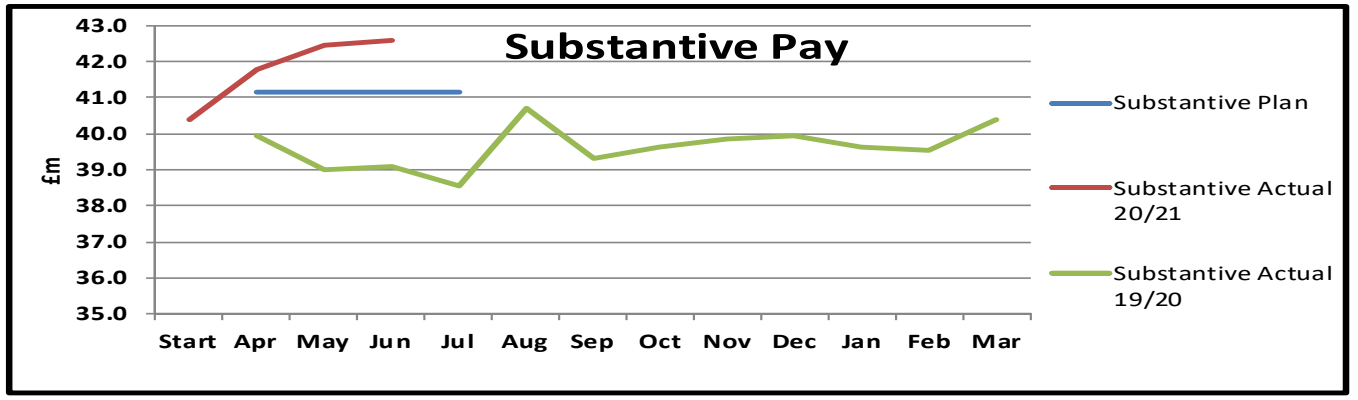
Substantive Pay Costs

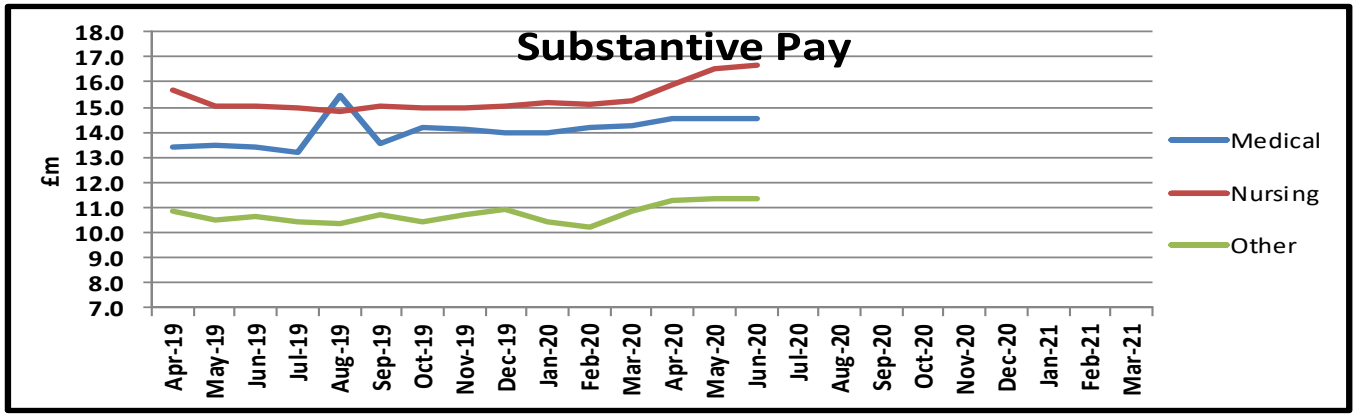
Total pay expenditure in June was £45.8m (down £0.1m from May). Bank holiday enhancements were again incurred totalling £0.35m.

Covid related staffing expenditure totalled £2.1m. This has funded sickness / self isolation backfill in addition to increased medical and nursing staffing costs, and other elements of workforce expansion. These additional elements are now starting to reduce however a significant fixed proportion of cost remains.

Over 900 WTE (8.5%) are currently classified by occupational health as level 2 or 3 meaning they may have reduced ability to perform normal duties. This presents a significant risk within recovery planning however progress has been in the last month with regards to enabling these staff to return to work and it is hoped that from August nearly all staff can return in some way.







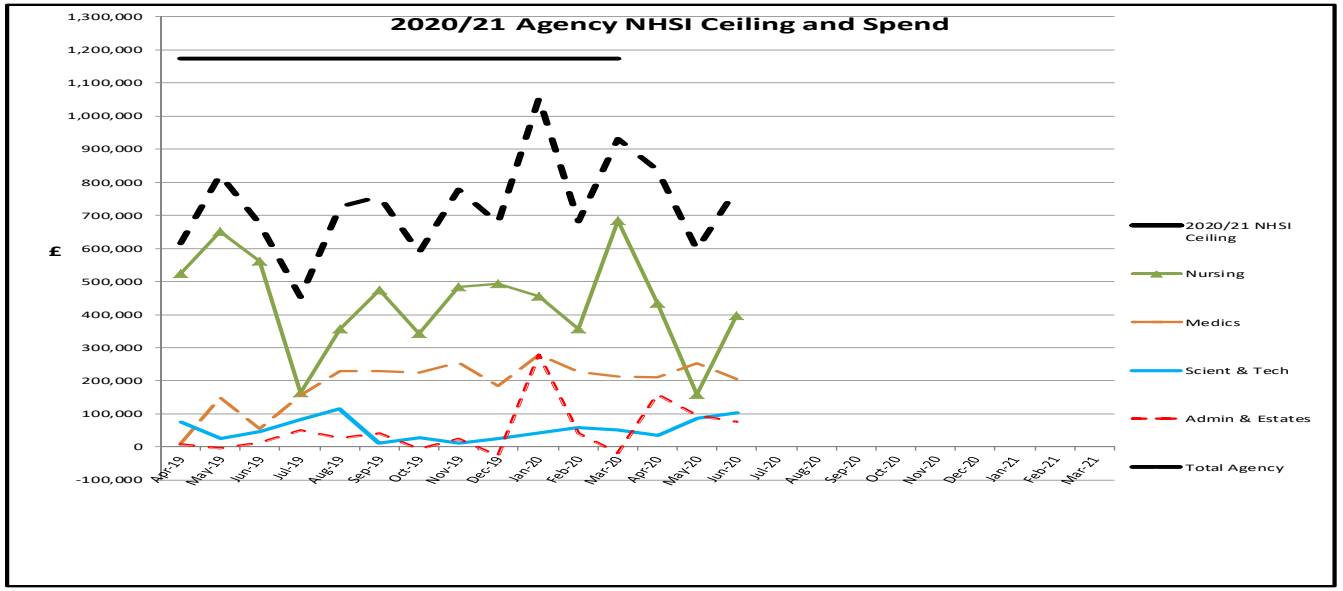
University Hospital Southampton NHS
NHS Foundation Trust

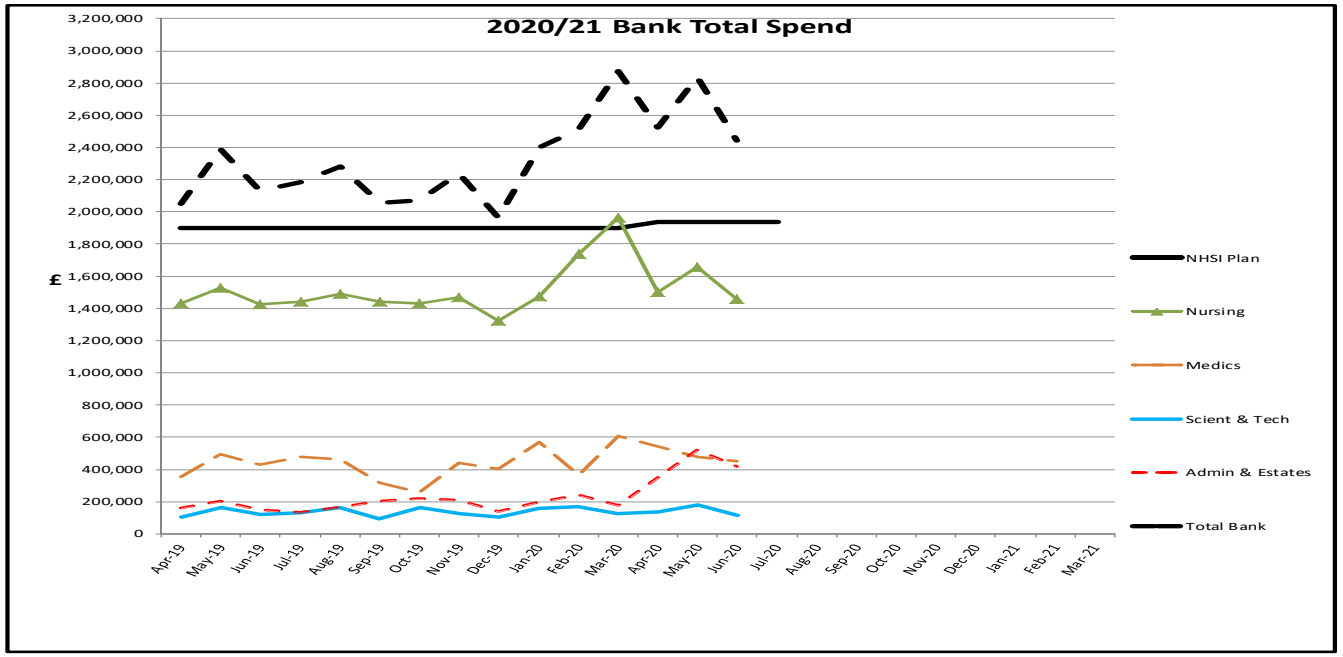
Temporary Staff Costs

Agency spend has increased by £0.15m from May to June. This was however offset by reductions in bank spend.

Staffing requirements have been flexed down in many elective focused service areas in order to support Covid-19 patients and avoiding the need for high cost agency however recovery plans are now starting to be implemented meaning agency costs are likely to return to pre-Covid levels.

Expenditure on bank staff was down from May by £0.4m. This continues to be above average levels of spend in 19/20 predominantly relating to increased sickness and self isolation backfill. Admin bank usage has also increased significantly as staffing has been required to man entrances and exits to the trust 24/7 costing £150k in month. This area of spend is under review as it has led to admin and estates bank spend doubling when compared to pre-Covid levels.

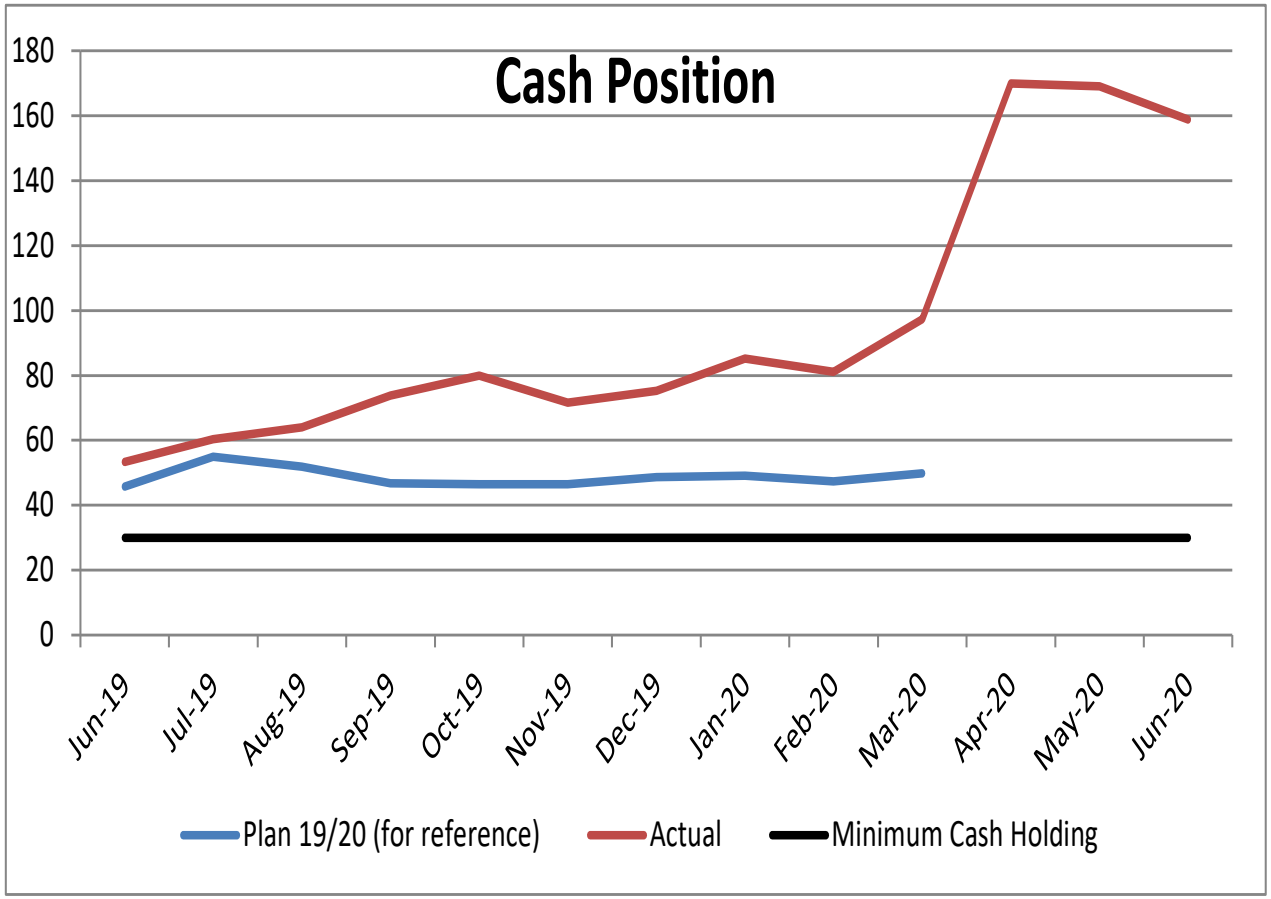




Cash

The cash balance reduced slightly from May to June as payables balances reduced £8.7m. The significant step change seen from April follows a change in the cash regime of the NHS as monthly block contract payments are now paid in advance of the month required. This is an interim measure due to Covid and is likely to be reversed in year.

Adjusting for that, cash still continues to remain significantly higher than the minimum holding.



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Capital Expenditure

(Fav Variance) / Adv Variance

The capital expenditure position for the year to June shows expenditure of £14.3m against a plan of £13.2m, £1.1 above that budget. However, excluding Covid 19 related expenditure, which should be reclaimed, the expenditure is £12.0m, £1.1m below budget.

Excluding leases and externally funded schemes, expenditure was £0.3m below plan in the year to date. The most significant underspend is in IT (£0.6m), although IT resource has been diverted onto Covid projects.

The GICU scheme is the scheme most notably ahead of plan (by £0.3m). The forecast currently shows delivery to plan with further slippage assumed to offset forecast variances. Expenditure on leases is currently below budget (by £1.0m), but is currently forecast to hit budget by the end of the financial year.

	Month			Year to Date			Full Year		
Scheme	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's	Plan £000's	Actual £000's	Var £000's
Childrens Hospital/ED Adult Resus	0	106	(106)	890	561	329	1,141	1,502	(361)
IT Schemes	847	251	596	1,582	1,014	568	7,564	7,564	0
Strategic Maintenance	250	235	15	704	682	22	3,750	3,750	0
Medical Equipment Panel	0	125	(125)	213	340	(127)	1,000	1,000	0
GICU Expansion	1,631	1,563	68	4,687	5,006	(319)	12,128	12,128	0
Fit out of E Level, Vertical Extension	76	41	35	134	106	28	5,013	5,013	0
Refurbish Eye Theatre	0	119	(119)	8	132	(124)	1,849	1,849	0
Theatre K Plant Room	0	26	(26)	150	189	(39)	334	334	0
Spend to Save	160	65	95	383	265	118	910	910	0
Radiotherapy Equipment	265	1	264	466	155	311	700	700	0
Decorative Improvements / Staff Fund	50	0	50	150	0	150	600	600	0
ED offices and minors space	1	0	1	19	16	3	586	586	0
Fit out of E &F level North Wing Courtyard	351	58	293	1,185	473	712	1,207	636	571
East Wing Annex Shell	0	0	0	0	12	(12)	1,490	1,490	0
Oncology Ward Build	510	365	145	574	486	88	5,782	5,782	0
Other Projects	375	183	192	945	605	340	3,926	4,444	(518)
Assumed Slippage	(805)	0	(805)	(1,700)	0	(1,700)	(4,468)	(4,776)	308
Total Trust Funded Capital excl Finance Lea	**3,711**	**3,138**	**573**	**10,390**	**10,041**	**349**	**43,512**	**43,512**	**0**
Finance Leases - Medical Equipment Panel	100	0	100	200	0	200	2,200	2,200	0
Finance Leases - Divisional Equipment	42	0	42	126	0	126	500	500	0
Finance Leases - IISS	1,045	997	48	1,445	997	448	5,535	5,535	0
Finance Leases - Other	100	0	100	219	19	200	2,265	2,265	0
Donated Asset Additions	0	0	0	0	0	0	(3,482)	(3,482)	0
Total Trust Funded Capital Expenditure (CDE	**4,998**	**4,136**	**862**	**12,380**	**11,058**	**1,322**	**50,530**	**50,530**	**0**
Energy Efficiency	247	564	(317)	690	947	(257)	1,667	1,667	0
Fit out of E Level, Vertical Extension	0	0	0	0	0	0	5,000	5,000	0
Digital Maternity (STP Wave 3)	0	0	0	0	0	0	1,350	1,350	0
Digital Outpatients (STP Wave 3)	0	0	0	0	0	0	589	589	0
HSLI Enterprise Wide Scheduling	37	4	33	111	12	99	444	444	0
Pathology Digitisation	0	0	0	0	0	0	1,080	1,080	0
Coronavirus Equipment and Works	0	988	(988)	0	2,289	(2,289)	0	2,606	(2,606)
Total CDEL Expenditure	**5,282**	**5,691**	**(409)**	**13,181**	**14,306**	**(1,125)**	**60,660**	**63,266**	**(2,606)**

University Hospital Southampton NHS
NHS Foundation Trust

Statement of Financial Position

(Fav Variance) / Adv Variance

The June statement of financial position illustrates net assets of £436.3m which is broadly similar to May.

Working capital movements have created contra variances between payables and cash that are interrelated. This relates to positive progress in reducing the accounts payable backlog.

Accounts payable is distorted when compared to 2019/20 as it includes £63m of deferred income as block contract payments are currently paid in advance. Normalising for this payables have reduced by £11m compared to the closing position for 2019/20. It continues to be an area of focus for the finance department.

Statement of Financial Position	2019/20 Actuals £m	2020/21 M2 Act £m	2020/21 M3 Act £m	2020/21 MoM Movement £m
Fixed Assets	379.0	383.1	386.1	3.1
Inventories	15.2	14.4	14.2	(0.2)
Receivables	73.0	57.0	56.3	(0.7)
Cash	97.3	169.1	158.9	(10.2)
Payables	(115.6)	(176.6)	(167.9)	8.7
Current Loan	(3.3)	(3.5)	(3.5)	(0.0)
Current PFI and Leases	(7.4)	(7.8)	(7.8)	0.1
Net Assets	**438.2**	**435.6**	**436.3**	**0.8**
Non Current Liabilities	(20.4)	(20.0)	(20.6)	(0.7)
Non Current Loan	(11.5)	(10.8)	(10.5)	0.3
Non Current PFI and Leases	(33.4)	(32.2)	(32.6)	(0.4)
Total Assets Employed	**372.9**	**372.6**	**372.6**	**(0.0)**
Public Dividend Capital	220.7	220.7	220.7	0.0
Retained Earnings	132.0	131.7	131.6	(0.0)
Revaluation Reserve	20.2	20.2	20.2	0.0
Other Reserves	0.0	0.0	0.0	0.0
Total Taxpayers' Equity	**372.9**	**372.6**	**372.6**	**(0.0)**

Financial Regime Changes

This page highlights the expected changes to the financial regime.

At present is not known how block contract values will be calculated and whether this will be prescriptive at an organisational level; however it is known they will be channelled via STPs. This could present another layer of risk if local negotiations are required and guarantees not provided for the 8 months remaining of 20/21.

The key change is the removal of top-up payments or Covid cost reimbursement. Financial risk is now expected to be fully managed by the system / provider rather than centrally managed.

The pace of recovery represents a significant tension as investment in additional resources is currently being requested by certain areas; however represents a cost increase that may not be provided for within any block contract provision.

NHS Financial Regime

- Interim Financial Regime April 2020 – July 2020 (Phase 2)
  - Block contract payment based on NHS clinical income from M1-9 2019/20
  - Top-up payment ensured minimum breakeven guarantee and that marginal Covid costs were covered
  - **Extended for August 2020 and possibly September 2020**
  - **Trust Board is asked to approve roll-over of M1-4 budgets for M5, plus M6 if the national regime is extended.**

- Interim Financial Regime **September / October** 2020 – March 2021 (Phase 3)
  - Block contract recalculated (unknown methodology and amount still to be confirmed)
  - Removal of Top-up payments or Covid reimbursement
  - Channelled through STP's (unknown if organisation specific amounts)
  - Shifts risk substantially to providers to manage costs of Covid and recovery
  - Potential for **Independent Sector** contract to be changed – national contract available that can be called upon locally, rather than fully negotiated nationally – TBC.
  - Break glass if second Covid-19 peak – exact definition TBC
  - Likely to include activity trajectory / performance targets, with **marginal rate of payment** linked to activity levels (TBC).

Report to the Trust Board of Directors dated 30 July 2020				
Title:	**Register of Seals, and Chair's Actions**			
Agenda item:	**5.1**			
Sponsor:	**Chairman**			
Date:	**30 July 2020**			
Purpose:	**Assurance or reassurance**	**Approval**	**Ratification** **Y**	**Information**
Issue to be addressed:	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.			
Response to the issue:	The Board has agreed that the Chair may undertake some actions on its behalf. The following actions have been undertaken by the Chair. All awards of contract are subject to a full tender process.			
Implications: (Clinical, Organisational, Governance, Legal?)	Compliance with the NHS Foundation Trust Code of Governance (probity, internal control) and UHS Standing Financial Instructions and Scheme of Reservation and Delegation.			
Risks: (Top 3) of carrying out the change / or not:				
Summary: Conclusion and/or recommendation	The Board is asked to **ratify** the Chair's Action.			

1 Signing and Sealing

There were no seals affixed since the last report.

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 Consultant Clinical Excellence Awards 2020/21** by re-direction of national money to University of Southampton at a cost of £2,100,000 (no vat). Approved by the Chair on 16 July 2020.

3 Recommendation

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