University Hospital Southampton
NHS Foundation Trust

Agenda Trust Board – Open Session

Date	30/03/2021
Time	9:00 - 12:45
Location	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		**Patient Story** To receive feedback from patients, carers or other stakeholders about their experience of the Trust's services.
3	9:15	**Minutes of Previous Meeting held on 28 January 2021**
4	9:20	**Matters Arising and Summary of Agreed Actions** To discuss any matters arising from the minutes, and to agree on the status of any actions assigned at the previous meeting.
5		**QUALITY, PERFORMANCE and FINANCE** Quality includes: clinical effectiveness, patient safety, and patient experience
5.1	9:25	**Briefing from the Chair of the Audit and Risk Committee (Oral)** Keith Evans, Chair
5.2	9:30	**Briefing from the Chair of the Finance and Investment Committee (Oral)** Dave Bennett, Chair
5.3	9:35	**Briefing from the Chair of the Quality Committee (Oral)** Tim Peachey, Chair
5.4	9:40	**Chief Executive Officer's Update (Oral)** Sponsor: David French, Interim Chief Executive Officer
5.5	9:55	**Integrated Performance Report for Month 11** To review the Trust's performance as reported in the Integrated Performance Report and the Quarterly Patient Safety/Experience/Infection Prevention and Control Report. Sponsor: David French, Interim Chief Executive Officer
5.6	10:35	**Inpatient Flow - Medically Optimised for Discharge Update** Sponsor: Joe Teape, Chief Operating Officer Attendee: Stephanie Ramsey, Director of Quality and Integration (Chief Quality Officer and Chief Nurse), NHS Southampton City CCG

5.7 **Ockenden Review of Maternity Services**

11:05 Sponsor: Gail Byrne, Chief Nursing Officer

5.8 **UHS Staff Survey Results 2020 Report**

11:25 Sponsor: Steve Harris, Chief People Officer
Attendees: Brenda Carter, Assistant Director of People/Kirsty Durrant, Strategic HR Projects Manager

5.9 **Plan to Address Violence and Aggression against Staff**

11:45 Sponsor: Joe Teape, Chief Operating Officer
Attendees: Sarah Herbert, Divisional Head of Nursing and Professions, Division B/Sandra Hodgkyns, Head of Emergency Planning Response and Resilience/Security

5.10 **Finance Report for Month 11**

12:05 Sponsor: Ian Howard, Interim Chief Financial Officer

6 **CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL**

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

12:15 In compliance with the Trust Standing Orders, Standing Financial Instructions and the Scheme of Reservation and Delegation.
Sponsor: Peter Hollins, Trust Chair

6.2 **Amendment to Constitution for CCG Merger**

12:20 Sponsor: Peter Hollins, Trust Chair
Attendee: Karen Flaherty, Associate Director Corporate Affairs & Company Secretary

7 **Any Other Business**

12:25 To raise any relevant or urgent matters that are not on the agenda

8 **To note the date of the next meeting: 27 May 2021**

9 **Resolution regarding the Press, Public and Others**

Sponsor: Peter Hollins, Chair
To agree, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing Orders of the Board of Directors, that representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded due to the confidential nature of the business to be transacted.

10 **Follow-up discussion with governors**

12:30

University Hospital Southampton NHS Foundation Trust

REGISTER OF INTERESTS DECLARED BY BOARD OF DIRECTORS

Name	Position/ Role	Directorship, including nonexecutive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
David Bennett	Non-Executive Director	Director, Davox Consulting Limited; Director, Royal College of General Practitioners (RCGP); Enterprises Ltd and RCGP Conferences Ltd.	Nil	Nil	Non-Executive Director, Faculty of Leadership and Medical Management.	Nil	Nil	Nil	Provision of support to the executive team in relation to the saliva mass testing project under a consultancy arrangement with the Trust for the period from 13 October 2020 to 31 December 2020.	17/08/19 1/11/19 28/11/19 13/10/20
Gail Byrne	Chief Nursing Officer	Nil	Nil	Nil	Nil	Nil	Husband is a Consultant Surgeon at UHSFT; Daughter is a midwife at UHSFT;	Nil	Chair of the Directors of Nursing Group, University Hospital Association; Chair of the Wessex Patient Safety Collaborative; Member of the Policy Board, NHS Employers.	01/04/19 17/03/20

Name	Position/ Role	Directorship, including nonexecutive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision-making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
Prof. Cyrus Cooper	Non-Executive Director	Nil	Nil	Nil	Director & Professor of Rheumatology, Medical Research Council (MRC) Lifecourse Epidemiology Unit; Vice-Dean, Faculty of Medicine, University of Southampton; Professor of Epidemiology, University of Oxford; President of the International Osteoporosis Foundation (IOF); Director of The Rank Prize Funds.	Nil	Nil	Nil	Nil	01/04/19 31/03/20
Keith Evans	Non-Executive Director	Director, Markpro Limited; Deputy Chairman/Non-Executive Director, Trakm8 plc; Director, Caswell Bay Court Management Company Limited; Director, Caswell Bay Court Company Limited; Director, Balliol College Developments Limited.	Nil	CEO/Director, Evans 7 Limited.	Nil	Nil	Nil	Nil	Nil	1/1/20 31/03/20

Name	Position/ Role	Directorship, including nonexecutive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
David French	Interim Chief Executive Officer	Director, UHS Estates Limited (UEL), a wholly-owned subsidiary of UHSFT; Director, Southampton Commercial Estates Development Partnership (CEDP) Project Company Limited, a wholly-owned subsidiary of Southampton CEDP LPP, a joint venture between UHSFT and Partnering Solutions (Southampton) Limited; Director, Wessex NHS Procurement Limited (WPL), a Joint Venture Company owned 50/50 by UHSFT and Hampshire Hospitals FT.	Nil	Nil	Member of Hampshire & Isle of Wight Counter Fraud Board; Member of Hampshire & Isle of Wight Sustainability and Transformation Partnership Capital Planning Panel.	Nil	Nil	Nil	Nil	01/04/19 01/12/19 05/10/20

Name	Position/ Role	Directorship, including nonexecutive directorship held in private companies or PLCs (with the exception of those dormant companies)	Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS	Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS	A position of authority in a charity or voluntary body in the field of health and social care	Any connection with a voluntary or other body contracting for NHS services	Related to anybody that works in the Trust	Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust	Other	Date of entry on register or amendment
Paul Grundy	Interim Chief Medical Officer	Director, UHS Pharmacy Limited (UPL), a wholly-owned subsidiary of UHSFT; Director, Brain Tumour Surgery Ltd	Nil	Nil	Trustee, Smile4Wessex (The Wessex Neurological Centre Trust)	Nil	Nil	Nil	Honorary Secretary, Society of British Neurological Surgeons; Vice President/ President Elect, British Neuro-Oncology Society; Vice-Chair and Clinical Member, NHSE/I Adult Neurosciences Clinical Reference Group	02/02/21
Steve Harris	Chief People Officer	Nil	Nil	Nil	Nil	Nil	Wife is a UHS employee. She works as an Older Persons Specialist Nurse.	Nil	Nil	01/04/19 11/07/19 30/09/20
Jane Harwood	Non-Executive Director	Director, Jane Harwood Consulting Ltd	Nil	Shareholder, Jane Harwood Consulting Ltd	Trustee/Director and Vice-Chair, Missing People Charity; Trustee, Wooden Spoon Charity.	Nil	Nil	Nil	Nil	01/10/20
Peter Hollins	Trust Chairman	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Council Member of University of Southampton.	01/04/19
Ian Howard	Interim Chief Financial Officer	Director, UHS Pharmacy Limited (UPL), a wholly-owned subsidiary of UHSFT; Director, Wessex NHS Procurement Limited (WPL), a Joint Venture Company owned	Nil	Nil	Nil	Nil	Nil	Nil	Shareholder, Micro-Precision Instruments Ltd	16/11/20

		50/50 by UHSFT and Hampshire Hospitals FT.								
Name	**Position/ Role**	**Directorship, including nonexecutive directorship held in private companies or PLCs (with the exception of those dormant companies)**	**Ownership, or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS**	**Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS**	**A position of authority in a charity or voluntary body in the field of health and social care**	**Any connection with a voluntary or other body contracting for NHS services**	**Related to anybody that works in the Trust**	**Loyalty: An officer with close ties to a decision making colleague from an organisation who may seek to do business with the Trust**	**Other**	**Date of entry on register or amendment**
Dr Tim Peachey	Non-Executive Director	Nil	Director, TP-Medcon Ltd; Clinical Safety Officer, Block Solutions Ltd.	Nil	Clinical Advisor, Bolt Partners Ltd.	Nil	Nil	Nil	Associate - Mediator, Problem Resolution Ltd; Chair of Quality Committee and Non-Executive Director, Isle of Wight NHS Trust.	21/10/19
Joe Teape	Chief Operating Officer	Nil	Nil	Nil	Nil	Nil	Nil	Nil	Nil	04/12/19

University Hospital Southampton
NHS Foundation Trust

Minutes Trust Board – Open Session

Date	28/01/2021
Time	9:00 - 11:25
Location	Microsoft Teams
Chair	Peter Hollins (PTH)
Present	Dave Bennett (DB), Non-Executive Director (**NED**) Gail Byrne (GB), Chief Nursing Officer Cyrus Cooper (CC), NED Keith Evans (KE), NED David French (DAF), Interim Chief Executive Officer Steve Harris (SH), Chief People Officer Jane Harwood (JH), NED Ian Howard (IH), Interim Chief Financial Officer Tim Peachey (TP), NED and Senior Independent Director/Deputy Chair Joe Teape (JT), Chief Operating Officer
In attendance	Suzanne Cunningham (SC), Director of Midwifery (for item 5.7) Karen Flaherty (KF), Associate Director or Corporate Affairs and Company Secretary Paul Grundy (PG), Interim Chief Medical Officer designate 3. governors (observing) 1 member of the public (for item 2) 2 members of staff (observing)
Apologies	Derek Sandeman (DS), Chief Medical Officer

DRAFT

1 Chair's Welcome, Apologies and Declarations of Interest

The Chairman welcomed all those attending to the meeting. There were no new declarations of interest.

2 Patient Story

This item was presented after item 3.

A patient joined the meeting to express her gratitude for the support being provided through the Patient Support Hub. The patient had osteoporosis and had been feeling isolated at the start of the coronavirus pandemic in 2020. The Patient Support Hub had arranged for a volunteer to deliver shopping for her weekly and the same volunteer had been doing this for her each week since then. It was an excellent service from her perspective and had helped to ensure that she had remained safe during the pandemic.

The Patient Support Hub was a new service launched to support the Trust's most vulnerable patients during the coronavirus pandemic, particularly those over the age of 70 and those with specific medical complications who needed to isolate or shield themselves. The Trust linked with voluntary organisations locally to provide a range of services such as collecting shopping, picking up prescriptions, getting to appointments and befriending.

3 Minutes of Previous Meeting held on 26 November 2020

The minutes of the meeting held on 26 November 2020 were approved as an

accurate record of that meeting.

4 Matters Arising and Summary of Agreed Actions

The following updates on the actions were provided:

- additional comparative data had been incorporated into the integrated performance report (reference 349) and this action could be closed;
- an update on the action relating to outcomes data (reference 350) would be provided at the meeting in April 2021;
- a number of opportunities for partners to join Trust Board study sessions had been identified and this action (reference 352) could be closed;
- a paper on major capital projects (reference 353) would be presented at the next meeting of the Finance and Investment Committee; and
- JT had not been able to identify any appointments in Ophthalmology that had been cancelled the day before a clinic was due to take place (reference 354), however, the contact details of the governor who had been made aware of this issue would be provided so that this could be investigated further.

5 QUALITY, PERFORMANCE and FINANCE

5.1 Briefing from the Chair of the Audit and Risk Committee

KE provided an overview of the areas covered at the Audit and Risk Committee meeting on 18 January 2021. These included monitoring of compliance with the required response times for subject access requests as a number were overdue and an update from the local counter fraud specialist, which had not highlighted any issues.

Two internal audit reports had also been presented to the committee. An internal audit review of financial controls had highlighted no significant issues and demonstrated that this area was well controlled. An internal audit review of Board governance had identified two significant issues. One related to the way in which the Trust's objectives were described. Progress to update the strategy and strategic objectives had been made since the internal audit review had been carried out in the autumn. The other significant issue related to the development of the governance structure, which had also been progressed since the review was undertaken, with the reconstitution of the Trust Executive Committee as part of the transition from the pandemic operating environment. The internal auditor would review progress against the recommendations by 31 March 2021 with a view to reassessing the overall level of assurance given following its review.

ACTION: The internal audit report on Board governance would be circulated to all Board members.

5.2 Briefing from the Chair of the Quality Committee

TP provided an overview of the Quality Committee meeting earlier that week, highlighting:

- the impact of the expansion of critical care capacity on the nurse to patient staffing ratio with intensive care specialist nurses having to care for more than one patient, although supported by other registered nursing staff;
- the increase in nosocomial (hospital-acquired) Covid-19 infections due to the new Covid-19 variant. The Trust continued to have a lower rate of

infection than the national average;

- the analysis carried out by the Trust had indicated that nosocomial infection was a significant factor in increased mortality when compared to community-acquired Covid-19 infections;
- the risk of nosocomial infections to patients who were receiving urgent surgical treatment during the pandemic, which was being mitigated by vaccinating patients receiving urgent elective treatment in advance of their admission;
- the significant rise in mental health issues among nursing and medical staff as a result of their experiences during the pandemic; and
- the delays in Ophthalmology due to reduced capacity and a high number of referrals and the potential risk of harm to patients with glaucoma and diabetes in particular while waiting to be seen and plans to increase capacity in response.

It was noted that the Trust continued to receive requests for aid from other hospitals and had accepted 21 patients into critical care to date and had offered to take a further two patients earlier that day. The constraint on the Trust's ability to continue to offer mutual aid would be staffing rather than beds. The Trust had maintained a nurse staffing ratio of one intensive care specialist nurse for every 1.9 beds supported by other registered nursing staff.

5.3 Chief Executive Officer's Update

An update was provided on the Trust's response to the Covid-19 pandemic. The number of patients with Covid-19 had increased rapidly and had peaked at over 300 patients in total and just fewer than 90 patients in critical care. The number of patients with Covid-19 was reducing and there were currently 244 patients with Covid-19 in the hospital, 75 of which were in critical care. The Trust had agreed to increase critical care capacity to 104 beds to support the NHS elsewhere. 59 of these beds had been allocated for patients with Covid-19 and 45 were reserved for other patients to ensure that the Trust could continue to provide support as a cancer hub and to the wider cardiac network.

The military had provided 20 clinical technicians to the Trust, who had been deployed in the Emergency Department and Acute Medical Unit, and Hampshire Fire and Rescue had provided staff to assist with the proning of patients in critical care, which had released nursing staff to provide other care.

The Board discussed how best to provide ongoing support to staff affected by the pandemic and allow time for staff to recover. SH and GB were developing a longer term plan, which they would set out for the Board at a later date. The Trust would need to balance the need for staff to take leave while maintaining appropriate staffing levels and carefully manage the transition from a pandemic response to the resumption of normal services. The Trust would also need to address capacity longer term.

Staff had recently received a letter from the Trust Chair enclosing a badge, a voucher for refreshments and an offer of a wellbeing day to devote to their recovery. The response from staff had been overwhelming and staff had contacted directors individually as well as sharing this on social media.

13,000 doses of the Pfizer BioNTech vaccine had been delivered by the Trust's vaccination hub and 74% of all staff and 68% of BAME (Black and Minority Ethnic) staff had received the vaccine. Managers and leaders were working to

drive uptake of the vaccine in areas where coverage was lower, recognising that there was some hesitancy around the vaccine among certain groups. A live webinar had taken place on 19 January 2021 to address concerns about the vaccine and a recording was available to staff who could not attend. The Trust had also engaged with its One Voice network and secured access to doses of the Oxford AstraZeneca vaccine for staff. NHS England and NHS Improvement (**NHSE/I**) were carrying out a weekly survey of trusts, which included the number of staff who had declined the vaccine. Second doses would start to be administered at the beginning of March 2021 in line with national guidance.

5.4 Integrated Performance Report for Month 9

The integrated performance report for month 9 was noted. During December 2020, the direct impact of Covid-19 infections on the Trust increased significantly, however, other services for patients were largely maintained during the first half of the month. The impact of Covid-19 infections had been much greater in January 2021 and had been described earlier in the meeting.

The Board discussed the following areas:

Responsive

- the number of patients medically optimised for discharge (**MOFD**) in hospital had improved in recent days due to capacity being made available at the Nuffield Health Wessex Hospital - increased NHS capacity had made minimal impact due to Covid-19 infections and staff absence;
- while the Trust's comparative performance for the number of patients waiting more than 52 weeks for treatment had improved due to having restarted services more quickly after the first wave of the pandemic, the Trust expected to see a steeper rise in the number of patients waiting more than 52 weeks by the beginning of March 2021 as all lower priority surgical activity had ceased during the latest wave of the pandemic;
- any capacity planning for recovery would also need to recognise that people may not be engaging with the NHS in the same way currently as referrals remained lower than prior to the pandemic. They were 10% lower in December 2020, whereas referrals had been increasing each month prior to the pandemic, and patients were also requesting that their surgical treatment was delayed;
- the hospital discharge programme, under which the first six weeks of continuing healthcare had been funded nationally, was due to end on 31 March 2021 and the Hampshire and Isle of Wight integrated care system (**ICS**) had made good use of this scheme and may not be able to fund this to the same extent locally;
- the number of patients waiting for diagnostics was also at its highest level in the past twelve months, which would have an impact on the numbers of patients requiring surgery; and
- the number of patients spending more than four hours in the Emergency Department remained above 90% and the Trust was the best performing among eight major trauma centres for Type 1 attendances.

ACTION: Representatives from local healthcare partners should be invited to attend the update to the Board on MOFD at its next meeting.

Safe

- the number of cases of Clostridium Difficile reported to Board during the current year had been overstated. However, the number of cases of Clostridium Difficile remained above the full year target and cases continued to be closely monitored. During the Covid-19 pandemic these had tended to be single patient events rather than outbreaks due to the use of high-grade antibiotics in the treatment of Covid-19 pneumonia;
- while the percentage of patients with a nutritional plan in place was encouraging, the Board wished to understand whether this had led to a reduction in malnutrition in patients;
- there had been an increase in the incidence of category 2 pressure ulcers as a result of the vascular impact associated with Covid-19; and
- while the number of medication errors being reported had decreased, the Trust could not be confident that staff were reporting at the same levels during the pandemic given the increased operational pressures.

ACTION: The Quality Committee would review the impact of the nutritional plan on patient nutrition.

Caring

- the negative scores in the Friends and Family Test for Maternity were principally due to the restrictions on fathers attending appointments and deliveries at the outset of the pandemic and to post-natal support as mothers were more isolated and without their usual support network during the pandemic; and
- carers were able to visit patients with learning disabilities.

Effective

- the percentage of patients screened for alcohol and smoking had decreased as screening had been embedded in pre-assessment processes that had changed as a result of the pandemic, and this would be the focus in restoring screening to previous levels.

Well-led

- a new measure has been added to the report showing the percentage of staff absent from work due to Covid-19 sickness or self-isolation, which had increased to 2.7% in December 2020 and would be nearer to 5% in January 2021;
- nursing staff shortages and sickness had led to an increase in agency costs, however, nursing staff ratios remained stable utilising the staff hub and staff released as a result of the overall reduction in the number of patients in the hospital during the pandemic as elective activity reduced;
- staff turnover had reduced, however, the long-term impact of the Covid-19 pandemic on staff was likely to affect this with a more immediate risk of staff retirement and the need to support staff to recover and maintain the pride and commitment in the organisation evident in staff surveys;
- the ability to secure national funding to support the expansion of critical care capacity, recognising that the refurbishment of the old general intensive care unit would reduce capacity as compared to current use of the space; and
- the number of theatres and anaesthetists were more likely to operate as a capacity constraint than the number of beds or nursing staff.

5.5 Finance Report for Month 9

The finance report for month 9 was noted. The following areas were highlighted:

- the main impact of the latest wave of the Covid-19 pandemic would be seen in reporting for January 2021;
- the Trust's financial position remained stable and it was anticipating delivering a breakeven position for the second half of 2020/21;
- the forecast had been amended to account for an anticipated annual leave accrual increase of £4 million, which was an allowable item;
- activity was at 84% of planned levels as specialist services continued;
- there remained uncertainty about the funding of lost activity through the Elective Incentive Scheme although this was likely to become clearer in the next few months;
- further funding associated with the reduction in activity levels was unlikely to be available given the Trust's forecast breakeven position, the reduction in expenditure on clinical supplies due to reduced activity and the reliance on internal redeployment of staff in responding to the latest wave of the pandemic; and
- a return to payments made in month, rather than in advance, after March 2021 meant that the Trust's cash position would reduce.

5.6 Update on Plan to Address Violence and Aggression against Staff

A number of elements of the plan continued to be progressed including support for staff locating absconding patients, the exclusion of violent or aggressive patients, business cases for investment, the development of the relationship with Hampshire Constabulary and reviews of the use of restrictive practice. A full update would be provided at the Board meeting in March 2021.

5.7 Response to Ockenden Review of Maternity Services

SC joined the meeting. The Quality Committee had reviewed the quality of the Trust's maternity services at its meeting in November 2020 and the response to the Ockenden report at its meeting earlier that week. NHSE/I had requested assurance that the Trust has acknowledged and responded to the report's 'immediate and essential actions' and a further twelve urgent clinical priorities.

A review and gap analysis had been completed and the report provided assurance of the completion of the following actions:

- the assurance assessment tool, which was included with the report and would also be shared with the local maternity system;
- revisiting the actions from previous Care Quality Commission inspections and other reviews of maternity services;
- a maternity workforce gap analysis;
- a review of workforce and planning;
- a review of midwifery leadership; and
- a review of the actions set out in the Report of the Morecambe Bay Investigation published in May 2015.

There would be a greater focus on sharing of learning from serious incidents and quality oversight locally and regionally as a result of the report. While the Ockenden report had highlighted that parents did not feel their voices had been heard at any level, there were already a number of ways in which parents could make their voices heard within the Trust, including a Maternity Voices Partnership and participation in the review of serious incidents. The

independent senior advocate role identified in the report was not yet in place and the Trust was awaiting further information about this role. The Trust had appointed a named non-executive director to support the independent challenge to the oversight of maternity and neonatal services, however, the precise nature of the role was not yet clear due to differences in the description in the Ockenden report and the assessment tool.

The Trust's maternity service did not have any issues recruiting staff and had the right numbers of staff based on the national tool, particularly with the number of births having reduced. A questionnaire on staffing had also been received to report on staffing numbers. From an obstetric perspective staffing would need to be reviewed to ensure the recommendations for medical handover between day and night staff each day of the week were implemented in addition to the handovers that already took place.

It was agreed that the Quality Committee would review the process and any further guidance on how to meet the requirements on the reporting of maternity serious incidents to the Board and the scope and implementation of the new roles.

ACTION: The Quality Committee would review the Ockenden report and the other actions identified at its meeting in March before making recommendations to the Board.

6 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL

6.1 Feedback from the Council of Governors' (CoG) Meeting 20 January 2021

The Chair summarised the areas considered at a very busy CoG meeting on 20 January 2021. These included an update on the emerging operational plan, which would be considered in more detail by the CoG's Strategy and Finance Working Group, the process for appraisal of the chair and non-executive directors and the appointment process for an associate non-executive director.

6.2 Register of Seals and Chair's Actions

DECISION: The Board ratified the application of the Trust seal and the Chair's actions set out in the report.

6.3 Trust Board Committee Terms of Reference

i) Audit and Risk Committee

DECISION: The terms of reference for the Audit and Risk Committee were approved.

ii) Quality Committee

DECISION: The terms of reference for the Quality Committee were approved.

7 Any Other Business

The NHS Blood and Transplant Service had recognised the outstanding performance of the Trust's organ donation team during the pandemic, which had exceeded every measure set nationally.

Although DS could not be present for this part of the meeting, the Chair wished to acknowledge and express the Board's gratitude for the leadership DS had provided as Chief Medical Officer since October 2015 and his contribution to

the Trust and to the Board. He was delighted that DS would be continuing to work with the Trust in his new role at the ICS.

8 To note the date of the next meeting: 30 March 2021

9 Items circulated to the Board for reading

There were no items circulated to the Board for reading.

10 Resolution regarding the Press, Public and Others

DECISION: The Board resolved that, as permitted by the National Health Service Act 2006 (as amended), the Trust's Constitution and the Standing Orders for the Practice and Procedure of the Board of Directors, representatives of the press, members of the public and others not invited to attend to the next part of the meeting be excluded due to the confidential nature of the business to be transacted.

The meeting was adjourned.

University Hospital Southampton
NHS Foundation Trust

List of action items

Agenda item		Assigned to	Deadline	Status
Trust Board – Open Session 26/11/2020 3.7 Integrated Performance Report for Month 7				
350.	Outcomes data	Grundy, Paul	29/04/2021	Pending
	Explanation action item DS to check whether there would be an increase in the number of processes for which there was outcomes data. Update 14/1/21: Plan for achieving actions measurement in all specialities in UHS strategy to deliver over 5 years. Update 28/1/21: An update to be provided at the meeting in April 2021.			
Trust Board – Open Session 26/11/2020 3.8 Inpatient Flow - Medical Optimised for Discharge Update				
351.	Progress update	Teape, Joe	30/03/2021	Pending
	Explanation action item JT to present an update on progress in three months. Item deferred to the March meeting.			
Trust Board – Open Session 26/11/2020 8 Follow-up discussion with Governors				
354.	Cancelled appointments in Ophthalmology	Teape, Joe	30/03/2021	Pending
	Explanation action item JT requested further details of the example cited in order to investigate this further. TB 28/1/21: JT had not been able to identify any appointments in Ophthalmology that had been cancelled the day before a clinic was due to take place, however, the contact details of the governor who had been made aware of this issue would be provided so that this could be investigated further.			

Trust Board – Open Session 28/01/2021 5.1 Briefing from the Chair of the Audit and Risk Committee (Oral)				
392.	Board Governance IA Report	Flaherty, Karen	01/02/2021	Completed
	Explanation action item The internal audit report on Board governance would be circulated to all Board members.			
Trust Board – Open Session 28/01/2021 5.4 Integrated Performance Report for Month 9				
393.	Responsive - Medically Optimised for Discharge (MOFD)	Teape, Joe	30/03/2021	Pending
	Explanation action item Representatives from local healthcare partners should be invited to attend the update to the Board on MOFD at its next meeting.			
394.	Safe - patient nutrition	Byrne, Gail Peachey, Tim	30/03/2021	Pending
	Explanation action item The Quality Committee would review the impact of the nutritional plan on patient nutrition.			
Trust Board – Open Session 28/01/2021 5.7 Response to Ockenden Review of Maternity Services				
395.	Ockenden report review	Byrne, Gail Peachey, Tim	30/03/2021	Pending
	Explanation action item The Quality Committee would review the Ockenden report and the other actions identified at its meeting in March before making recommendations to the Board.			

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Report to the Trust Board of Directors				
Title:	**Integrated Performance Report 2020/21 Month 11**			
Agenda item:	**5.5**			
Sponsor:	**Chief Executive Officer**			
Date:	**30 March 2021**			
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 KPI Board Report

covering up to

February 2021

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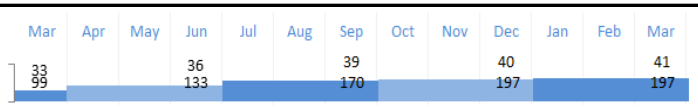
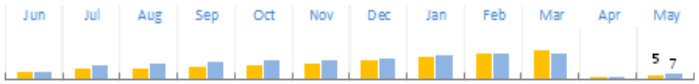
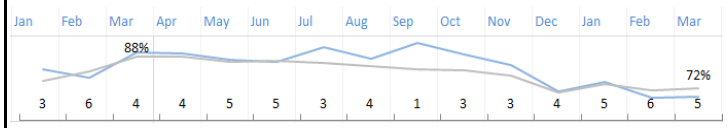
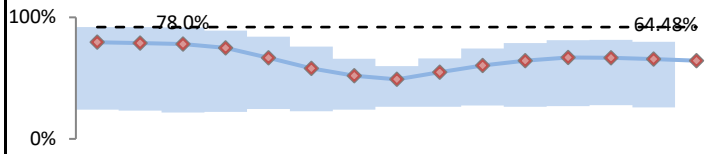
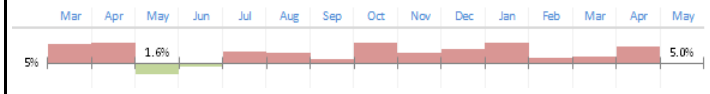
Report Guide

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 & bar Benchmarked		The line shows our performance and the bar underneath represents the range of performance of benchmarked trusts (bottom = lowest performance, top = highest performance)
Control Chart		A control chart shows movement of a variable in relation to its control limits (the 3 lines = Upper control limit, Mean and Lower control limit). When the value shows special variation (not expected) then it is highlighted green (leading to a good outcome) or red (leading to a bad outcome). Values are considered to show special variation if they -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 its target each month. Green bars represent the value the metric is achieving better than target and the red bars represent the distance a metric is away from achieving its target.

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.

We adjust / add to these indicators – informing the Board and keeping a comparative narrative – as the situation changes as we work through these unusual circumstances.

February 2021 Summary

During February the direct impact of COVID-19 infections upon the Trust continued to be significant, patients with a confirmed COVID-19 diagnosis during their admission:

- Started the month at 262 (67 of which were in intensive care / high care)
- Finished the month at 129 (39 of which were in intensive care / high care)

This compares to the 'first wave' of COVID-19, which at UHS peaked with 173 inpatients (38 of which were in intensive care / high care).

Non-elective spell volumes overall were approximately 86%, and Elective spells at all hospital sites 42%, of February 2020 levels.

March to date has seen significant improvement, and by 23rd March the number of patients in UHS with current COVID-19 infections (not directly comparable to the numbers above) was 'only' 11. This reduction in COVID-19 needs in March has been accompanied by a phased resumption of the elective admissions that were stopped in January (for patients with lower clinical priority).

Key aspects of performance for consideration this month include:

• Activity levels in elective care were reduced to 57% of pre-Covid levels in January and 42% in February, compounding the adverse impacts on patient access that occurred during 2020. This is increasing the total number of patients waiting for treatment (now 7% above pre-pandemic levels), and in particular the number of patients who have already waited an excessive period of time to receive treatment (with hundreds of patients waiting >78 weeks, and thousands waiting >52 weeks). There are indicators that March onwards may see a slowing in this deteriorating situation, but it is not yet clear when elective waiting times will start to improve, and it seems likely that the recovery will take many months / more than one year despite best efforts.

• Cancer performance remains relatively stable, and somewhat better than our peer group, though below target for both the 62 day and 31 day standards. Treatment within 31 days, for patients after a decision to treat them for cancer has been made, is a concern - there have been three consecutive months below target (though provisional data for February indicates that there has since been a significant improvement in both these areas).

• National NHS Staff Survey results are now available from the feedback provided by our staff during autumn. Feedback on UHS as a place to work, and the trends in this, are on the whole positive. The proportion of non-medical staff receiving an appraisal on time is currently 77% compared to our target of >=92, whilst some of the causes of this are understandable it remains a significant cause for concern within the Trust. It is planned to discuss this further at forthcoming partnership meetings between the executive and divisional teams.

• Emergency Department timeliness improved from 87% to 89% (RE 9 and 10). UHS was the second best performing amongst the 8 'peer' Major Trauma Centres we benchmark with for Type 1 attendances (RE9). Attendance numbers remained at 71% of the normal level (RE 8), whilst enhanced infection control precautions remained in place.
• Referral volumes (RE 12) in February 2021 were reduced compared to those in the previous month, and 77% of those in February 2020 (on a like for like measurement basis, and even after adjustment for the 2020 leap year).
• In January UHS delivered similar levels of elective activity to our peer group, though with a relatively higher level of non-elective demand (RE 28-31). In February UHS elective spell volumes (excluding daycases, including independent sector use) were only 42% of February 2020 due to the actions that had been necessary to provide ward and intensive care capacity for patients with COVID-19.
• The percentage of patients waiting up to 18 weeks from referral to treatment was 64.5%, continuing the deterioration since December (RE 14), UHS is now 9th out of a group of 20 teaching hospitals on this measure. The total number of patients waiting is 7% above pre-Covid (Jan 2020) levels, and increased by 856 patients this month.
• The number of patients waiting more than 52 weeks (RE16) has increased by a further 522, rising from 40 at the end of March 2020, to 3331 at the end of February. Similar trends are being experienced widely, and UHS remained 6th best (in a group of 20 Teaching hospitals).
• UHS now has 342 patients waiting more than 78 weeks from referral to treatment (RE 32), an increase from 234 at the end of January. The vast majority of such patients are waiting for admission, and the largest numbers require care in Orthopaedics, ENT and Oral Surgery specialities.
• The percentage of patients waiting more than 6 weeks for a diagnostic test (RE 21) reduced by 4% in the month. The total number of patients waiting (RE 20) has reduced for the second consecutive month, but is still 10% higher than in February 2020.
• Cancer performance measures for January indicate stable performance:
  o UHS 62 day performance (RE 22) has improved by less than 1% to 78.6%. UHS improved from 4th to 2nd amongst our 10 'peer' teaching hospitals as others deteriorated.
  o 31 day performance (RE 23) remained stable but below target at 93% in January, which represents 61 patients treated after 31 days within that month. Significant challenges relate to subsequent treatment with Radiotherapy (27 patients), and subsequent surgical treatments of skin cancer (13 patients). Provisional data for February indicates that there has since been significant improvement in both these areas.
  o The 28 day faster diagnosis (RE 25) performance declined in the month, but remained above target.

RESPONSIVE

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target
RE1	Non-elective Spells (including CDU)			6,248												5,356	-
RE2-L	Non Elective LOS - Rolling 12 months (Solid) Monthly (Dashed)			6.43												5.75	-
RE3	Number of inpatients that were medically optimised for discharge (monthly average)			211												120	-
RE3 - New measurement from February 2020																	
RE4-N	Longer LOS Census average (Patients with LOS >=21days)			220												134	-
RE5-I	Adult midday bed occupancy			97.1%												76.6%	90-95%
RE6	Last minute cancelled operations not readmitted within 28 days			11												9	-
RE7	Last minute cancelled operations			88												13	-

Current Data Benchmark
Previous Year Target

RESPONSIVE

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	QTD	Q target
RE8	Total ED Attendances	12,000		10892												7748	-	-
		5,000																
RE9-N	Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH)	91%														88.6%	89.0%	95%
		83%		74.3%												76.85%		
		75%																
	Major Trauma Centres (Type 1) Rank of 8->	3	6	5	3	2	5	3	3	4	2	2	1	1	1	2		
RE10-N	Patients spending less than 4hrs in ED - UHS Total (includes SGH all types)	91.81%														89.5%	89.8%	95%
		84.7%		76.6%														
		77.99%																
RE11-N	Total time spent in ED - Percentiles UHS Total			90th, 6:00												90th, 4:35	-	-
				Mean, 3:29												Mean, 3:06		
RE12	Accepted Referrals	27,000		21082												15632	-	-
		0																
RE13	Elective spells (excluding daycase)	2,000		1,749												728	-	-
		0																

Current Data Benchmark
Previous Year Target

RESPONSIVE

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Target
RE14-N	% Patients on an open 18 week pathway (within 18 weeks) with teaching hospital min-max range and rank (of 20)	100% 78.0% 30%														64.5%	>=92%
		13	15	18	12	14	14	7	6	7	7	10	10	10	9		
RE15-N	Total number of patients on a waiting list (18 week referral to treatment pathway)	38,000		34676												36554	
		30,000															
RE16-N	Patients on an open 18 week pathway (waiting 52 weeks+) with teaching hospital min-max range and rank (of 20)	9000														3331	
		0		27													
		15	15	15	13	13	13	11	11	11	10	9	6	6	6		
RE32	Patients on an open 18 week pathway (waiting 78 weeks+)	400														342	
		200															
		0	0														
RE17	Face to face outpatient attendances	50,000	59,123												30,908		-
		0															
RE18	Non-face to face outpatient attendances	40,000													27,768		-
		20,000	9,604														
		0															

RE18 - Latest month is awaiting approx ~3k outpatient attendances to be reported

RE19	Average weeks waited for first outpatient appointment	12.00														9.4	-
		10.37		8.8													
		8.85															
		7.00		7.34													

Current Data Benchmark
Previous Year Target

RESPONSIVE

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Target /Feb	Patients to recover target	QTD
RE20-N	Patients waiting for diagnostics			7907											8703		-	
RE21-N	% of Patients waiting over 6 weeks for diagnostics with teaching hospital min-max range and rank (of 20)	11	11	12	10	3	7	7	9	13	14	14	11	12	9	32.2%	<=1%	
RE22-N	62 day Performance Benchmark (data reported nationally at due dates, combined metric - standard/screening/upgrade) Teaching Hospitals vs. UHS Total Rank(of 10)->	75.7%		72.5%											78.6% / 68.8%	N=> 90% L=> 85%	N = 22 L= 12 of 194	78%
		4	5	6	5	5	1	2	1	1	1	5	7	4	2			
RE23-N	31 day cancer wait performance (Latest data held by UHS, Combined measure – First and Subsequent Treatments of Cancer)	96.5%		92.8%											93.2%	N=> 96%	N=25 of 891	92.89%
															89.0%			
RE24-N	Snapshot of waits > 104 days (from referral on a 62 day pathway)	29	35	27	29	11	25	36	17	9	11	25	24	17	16	-	-	-
RE25-N	28 Day Faster Diagnosis		79.0%												75.9%	=>75 %	-	82.23%

Current Data | Benchmark
Previous Year | Target

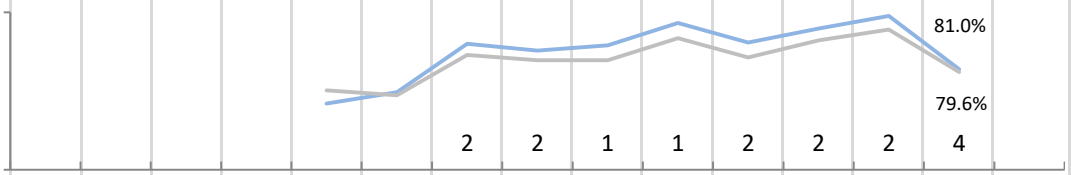
RESPONSIVE

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target	QTD
RE26	My Medical Record - UHS patient logins			7,080												17,073	-	-
RE27	Number of Estates Help desk requests and percentage completed on time			1632												1242	-	-
				84.9%												89.0%	>85%	88.8%
RE28	Elective inpatient activity - % of same month last year															63.9%		
	UHS															60.8%		
	Corporate peer average																	
	Rank-->							2	2	2	2	2	1	1	4			
RE29	Non-elective inpatient activity - % of same month last year															87.5%		
	UHS															80.9%		
	Corporate peer average																	
	Rank-->							4	4	2	2	2	3	2	2			
RE30	1st outpatient attendances - % of same month last year															72.8%		
	UHS															71.2%		
	Corporate peer average																	
	Rank-->							2	2	2	2	2	2	2	3			

Current Data | Benchmark
Previous Year | Target

RESPONSIVE

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target	QTD
RE31	Follow up outpatient attendances - % of same month last year UHS Corporate peer average Rank-->							2	2	1	1	2	2	2	4		-	-



RE28-RE31 corporate peers group size = 7

Current Data
Previous Year
Benchmark
Target

• February saw an unusually high number (7) of medication incidents reported with moderate or severe harm (SA 8). 4 incidents related to the use of insulin and the care of diabetic patients within UHS; the specific details and locations of the each of the incidents were different. The Inpatient Diabetes Outreach Team are aware of the incidents, and support education and training in an effort to avoid incidents like these. Of the other 3 incidents, one related to a GP prescribing error rather than one within UHS, another to problems in placement of a nasojejunal tube resulting in omitted oral fluids (so not directly related to use of a medication), and the third involved the wrong patient receiving a dose of anticoagulant. The current grading of the incidents are provided by the member of staff reporting the incident, and this will be validated as part of the investigation into each one. Medication incidents will continue to be monitored closely in order that further actions can be taken if required.

• 2 cases of 'probable' transmission (SA6) and 2 cases of 'healthcare-acquired' COVID-19 (SA5) occurred in UHS inpatient services during February. This reflects a continuation in the reduction in transmission events seen in the second half of January, and is a significant achievement in the context of high occupancy with patients with COVID-19.

• There were only two additional Clostridium Difficile infections in February. The cumulative total is now 57, compared to a year to date target of <=58 (SA 1).

• The percentage of patients found to have a nutrition plan in place dropped significantly during February. The results are being reviewed to identify any patterns and improvement opportunities. These results should currently be interpreted with caution; audit sample sizes and coverage of different care groups has been reduced during the pandemic, and in February only 115 patient records / 6 wards were reviewed.

• The continued avoidance of MRSA Bacteraemia, and pressure ulcers causing moderate/severe harm, and very low levels of high harm falls due to omissions in care, are all encouraging.

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Target	YTD	YTD target
SA1-N	Cumulative Clostridium difficile				40 70	5 5	14 11	19 15	24 18	27 32	30 39	35 43	42 50	48 52	54 55	60 57	6	57	<=58
SA2	MRSA bacteraemia															0	0		
SA3	Clinical cleaning scores for very high risk areas			99												99	98	-	-

Current Data Benchmark
Previous Year Target

SAFE

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Target	YTD	YTD target
SA4	Serco cleaning scores for very high risk areas			99												99	98	-	-
SA5	**Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated)				19	28	12	1				8		10	39	2	0	100	-
SA6	**Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated)				25	24	13	1				7	2	6	59	2	0	114	-
SA7	Number of pressure ulcers causing moderate/severe harm															0	-	0	-
SA8-N	Medication Errors (severe/Moderate)			4												7	<=3	27	<=33
SA9	Antibiotic usage per 1000 admissions			4,846											5,703				
SA10	Serious Incidents Requiring Investigation (SIRI)			6												8	-	56	-
SA11	Number of high harm falls (omissions in care)	1	3	0	0	0	0	0	2	0	0	0	0	0	0	0	-	2	-

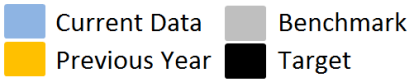
Current Data Benchmark
Previous Year Target

SAFE

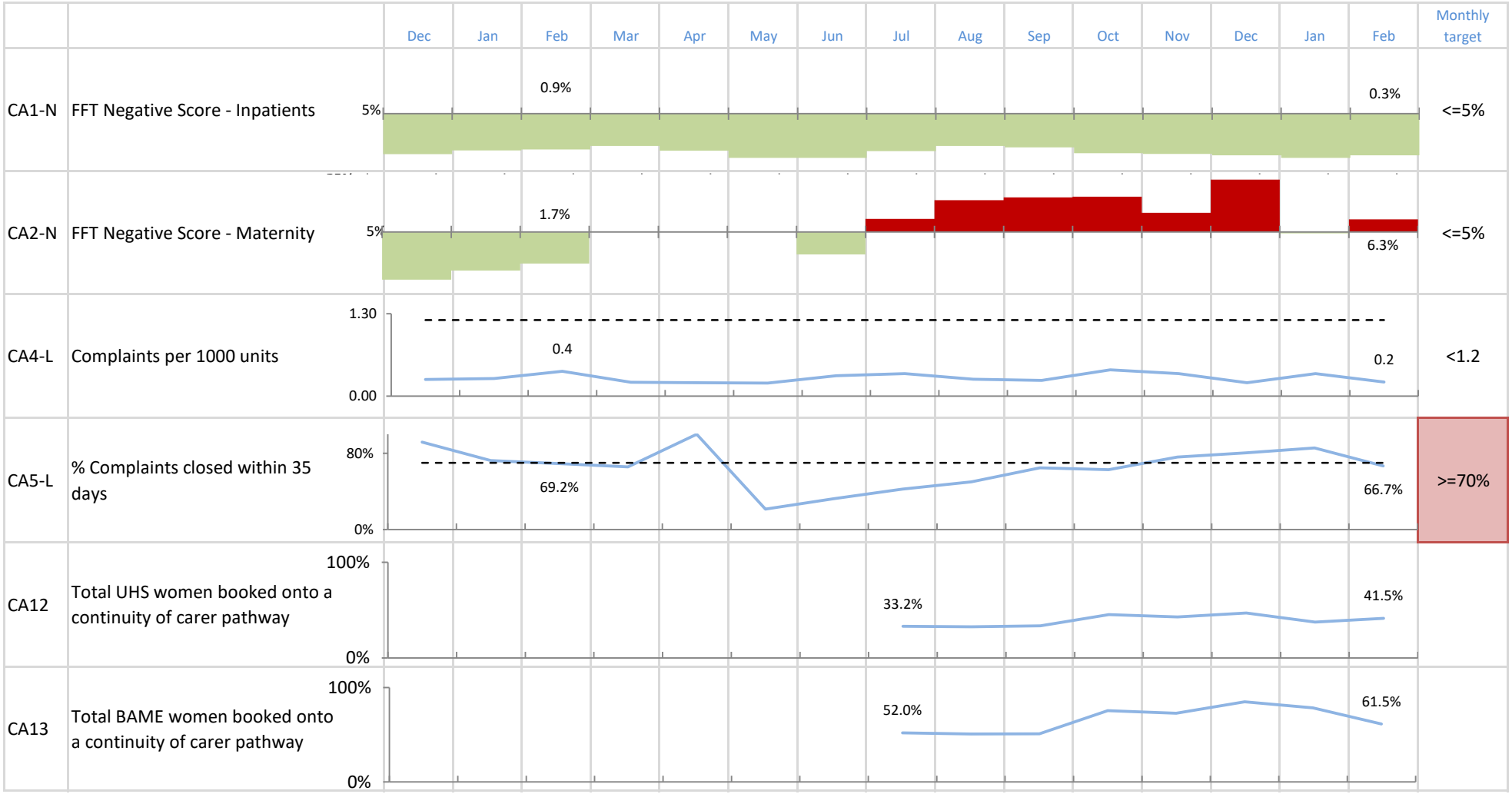
		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Target	YTD	YTD target
SA12	% patients with a nutrition plan in place	100% 80%		96.8%												88.7%	-	-	-
SA13	Red Flag staffing incidents	100 50 0		39												9	-	-	-
SA14	Number of statutory and mandatory maintenance jobs planned and percentage completed on time	350 50		184												187			
		100.0% 96.2% 87.9%														95.7%	>95%	-	>95%

Current Data Benchmark
Previous Year Target

• Inpatient feedback (CA 1) continues to be good, and significantly better than 'target'.
• Maternity patient negative feedback (CA 2) was 6%, compared to the 'target' of <=5%, in the month of February. Performance will continue to receive close monitoring.
• Maternity Continuity of Carer is now monitored through three measures which are new to the IPR (CA12 - CA14). These measures report the percentage of women booked onto the antenatal service in a way that is designed to provide them with continuity of carer, based on the month of entry to the service. In addition to monitoring the service offered to all women, we also separately monitor the service offered to BAME Women, and Women living within the most deprived localities (via Index of multiple deprivation postcode data). These measures reflect NHSE targets below:
    • By March 2021 - 35% of women to be booked onto a continuity of carer pathway
    • By March 2021 - 35% of BAME women to be booked onto a continuity of carer pathway
    • By March 2021 - 35% of vulnerable women to be booked onto a continuity of carer pathway
• Our trends indicate significant improvements since such monitoring began last summer, and UHS performance currently compares favourably to the majority of other Trusts within Hampshire and Isle of Wight. A further expansion in the continuity of care team capacity is planned for for June 2021 to enable all of our BAME and women living in the most deprived areas to be booked onto a continuity of carer pathway.
• The proportion of complaints resolved within 35 days (CA 3) fell to 67% compared to our normal target of 70% in February. UHS response times have been temporarily extended to 55 days until April 19th reflecting the pressures on clinical teams during the most recent COVID-19 peak.
• The percentage of patients reporting being involved in decisions about care and treatment (CA 6) remains at 87%, slightly below the target of 90%. This feedback will be investigated further, and the potential for actions for improvement considered.
• Feedback from patients also reporting a disability / additional needs (CA 8) is relatively low in volume, and the chart has now been amended to highlight this limitation.

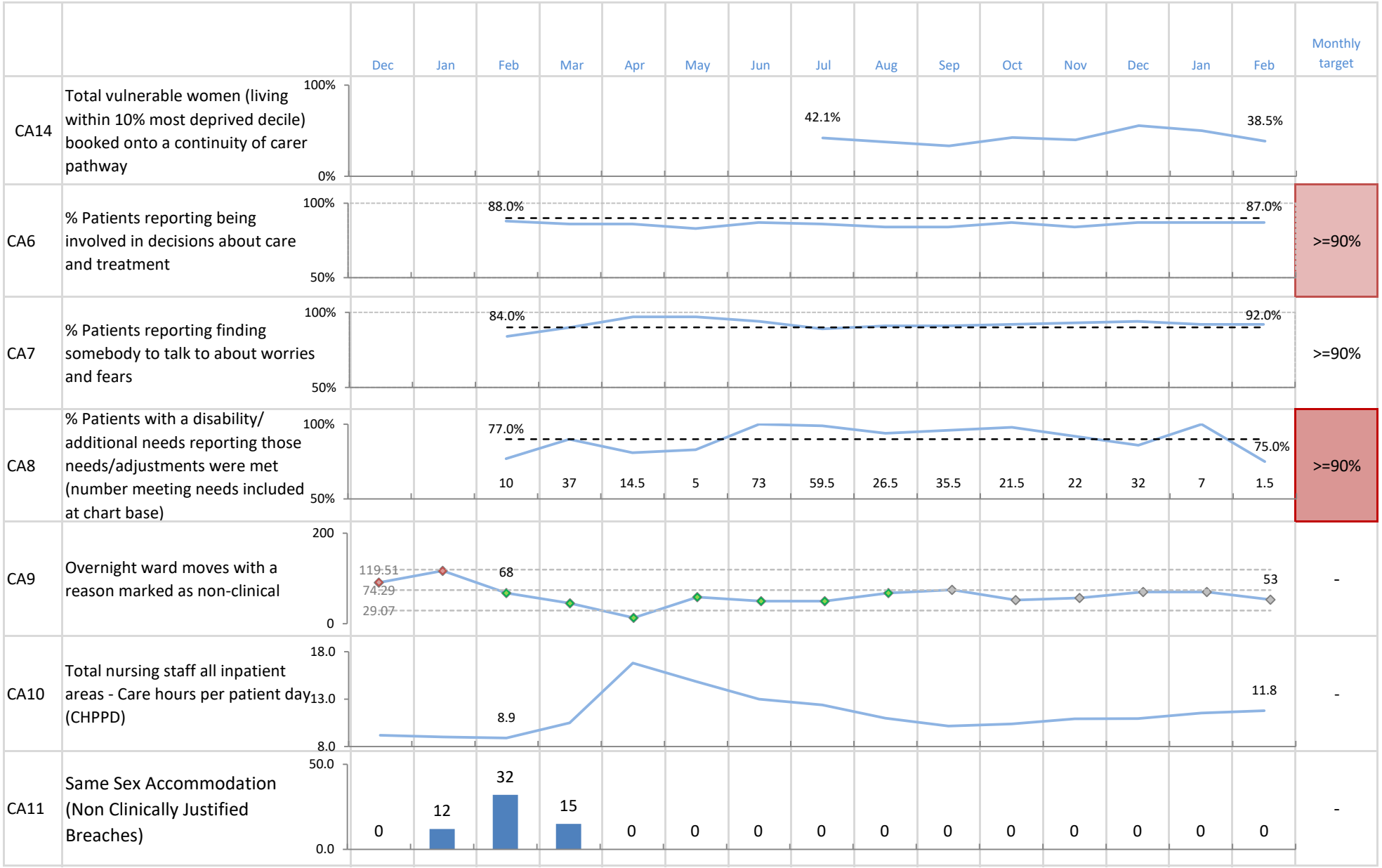


CARING



Current Data
Previous Year
Benchmark
Target

CARING

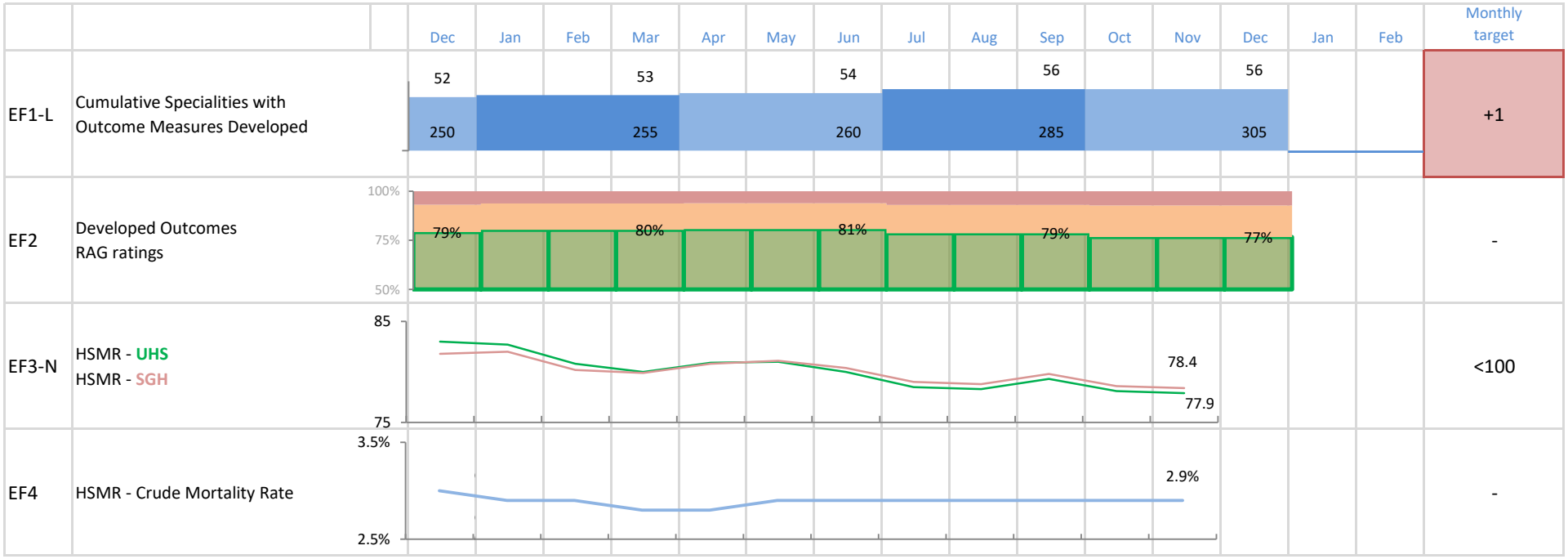

Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Monthly target
CA14
Total vulnerable women (living within 10% most deprived decile) booked onto a continuity of carer pathway
100%
0%
42.1%
38.5%
CA6
% Patients reporting being involved in decisions about care and treatment
100%
50%
88.0%
87.0%
>=90%
CA7
% Patients reporting finding somebody to talk to about worries and fears
100%
50%
84.0%
92.0%
>=90%
CA8
% Patients with a disability/ additional needs reporting those needs/adjustments were met (number meeting needs included at chart base)
100%
50%
77.0%
75.0%
10
37
14.5
5
73
59.5
26.5
35.5
21.5
22
32
7
1.5
>=90%
CA9
Overnight ward moves with a reason marked as non-clinical
200
0
119.51
74.29
29.07
68
53
-
CA10
Total nursing staff all inpatient areas - Care hours per patient day (CHPPD)
18.0
13.0
8.0
8.9
11.8
-
CA11
Same Sex Accommodation (Non Clinically Justified Breaches)
50.0
0.0
0
12
32
15
0
0
0
0
0
0
0
0
0
0
0
-
Current Data
Benchmark
Previous Year
Target

EFFECTIVE

• There is no additional data available this month relating to EF 1-2.

• Hospital Standardised Mortality Ratio data for November (EF 3-4) demonstrates stability, with achievements significantly better than would be expected on average.

• Measures relating to patients screened for smoking and harmful alcohol consumption (EF 5), and those found to smoke and given brief advice or a medication offer (EF 6), appear to demonstrate partial recovery during February. Performance will continue to be monitored to confirm whether it recovers further as the impact of COVID-19 pressures reduce.



EFFECTIVE

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target
EF5-N	Percentage of patients screened for alcohol and smoking	100% 60%		86.8%												75.3%	>80%
EF6-N	% patients screened & found to have either moderate or high alcohol dependence given advice or referral	100% 80%		98.2%												97.5%	>90%
EF7-N	% patients screened & found to smoke given brief advice or a medication offer	100% 60%		95.7%												85.9%	>90%

Current Data Benchmark
Previous Year Target

WELL LED

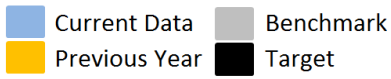
• UHS results and the response rate from the national annual NHS staff survey which took place during the autumn have now been added to the IPR (WL 8/9). The results were encouraging, suggesting an improvement compared to both the previous annual survey and the UHS quarterly staff survey undertaken in Q4 2019/2020. A detailed report is provided to Trust Board separately.

• Medical appraisal rates (WL 3) improved by a further 7%, to 92%, in February.

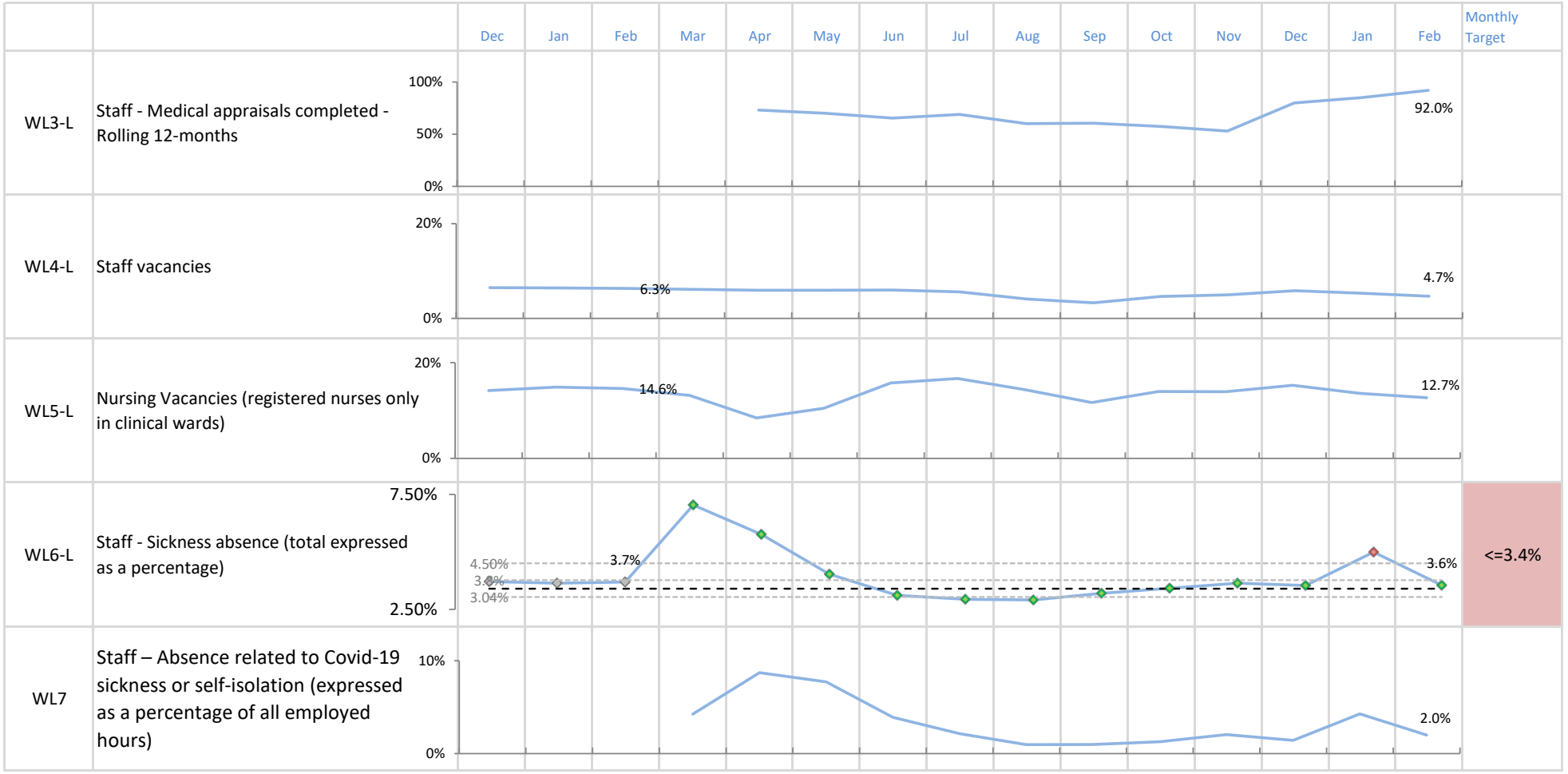
• Non-medical rates (WL 2) recovered by 1% to 76% in February, remaining significantly below the target of 92%. Further improvements in the percentage completed are anticipated in the next two months, and it is planned to discuss this further at forthcoming partnership meetings between the executive and divisional teams.

• Overall sickness absence (WL 6) fell back to 3.6% in February, only 0.2% above target. COVID-19 related absence also reduced, and accounted for 2% of employed time during the month of February.

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly Target
WL1-L	Substantive Staff - Turnover	13.73%		13.7%												12.4%	<=12%
		12.99%															
		12.26%															
WL2-L	Staff - Non-medical appraisals completed - Rolling 12-months			84.5%												76.5%	=>92%
		70%															



WELL LED


Dec
Jan
Feb
Mar
Apr
May
Jun
Jul
Aug
Sep
Oct
Nov
Dec
Jan
Feb
Monthly Target
WL3-L
Staff - Medical appraisals completed - Rolling 12-months
100%
50%
0%
92.0%
WL4-L
Staff vacancies
20%
0%
6.3%
4.7%
WL5-L
Nursing Vacancies (registered nurses only in clinical wards)
20%
0%
14.6%
12.7%
WL6-L
Staff - Sickness absence (total expressed as a percentage)
7.50%
2.50%
4.50%
3.7%
3.6%
3.04%
<=3.4%
WL7
Staff – Absence related to Covid-19 sickness or self-isolation (expressed as a percentage of all employed hours)
10%
0%
2.0%
Current Data
Previous Year
Benchmark
Target

WELL LED

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target
WL8-L	% of staff recommend UHS as a place to work: UHS Quarterly staff FFT National NHS Staff Survey	80%			73.3%									77.0%			>=76%
		70%															
WL9-N	Response rate of - staff recommend UHS as a place to work: UHS Quarterly staff FFT National NHS Staff Survey	60%			26.0%									50.0%			30%
		20%															
WL10-L	% of Band 7+ staff who are Black and Minority Ethnic	11%		9.2%												10.1%	15% by 2023
		7%															
WL11	% of Band 7+ Staff who have declared a disability or long term health condition	14%														13.6%	-
		12%															

WL12- QI training programme, and reporting, is currently temporarily suspended as team members support urgent change programmes as part of our Covid 19 response and recovery																	
WL12-L	Statutory & Mandatory Training Achieving Target	7 5	7 5	7 5	7 5	7 5	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	6 6	-
WL13-L	Number of Apprenticeship Starts	100		28			23			44			49				-
		0															

Current Data Benchmark
Previous Year Target

Research

- Performance is updated quarterly, there is no additional information this month
- The presentation of WL 18 has been revised to clarify the trend in publication numbers.

		Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Monthly target
WL14-L	Comparative CRN Recruitment Performance by clinical specialty	52%			56%			52%			28%			36%			
WL15-L	Comparative CRN Recruitment Performance - weighted	6			5			2			2			7			Top 5
WL16-L	Comparative CRN Recruitment - contract commercial	13			13			13			17			7			Top 10
WL17-L	Proportion of studies closing in FY on time and to recruitment target - non-commercial	65%			88%			50%			43%			45%			>=80%
WL18	NIHR CRF & BRC cumulative quarterly publications			600	452			120			261			424			
				0	581			137			246			329			

Current Data
Previous Year
Benchmark
Target

Changes and Corrections

Section	KPI	KPI Name	Type	Detail
Caring	CA12	Total UHS women booked onto a continuity of carer pathway	Addition	Addition of new metric in line with national reporting requirements
Caring	CA13	Total BAME women booked onto a continuity of carer pathway	Addition	Addition of new metric in line with national reporting requirements
Caring	CA14	Total vulnerable women (living within 10% most deprived decile) booked onto a continuity of carer pathway	Addition	Addition of new metric in line with national reporting requirements
Caring	CA3	Maternity - Continuity of care	Removal	Removal of metric -replaced by CA12, CA13 & CA14
Well Led	WL18	NIHR CRF & BRC cumulative publications, financial year to date	Change	Moved to display 24 months (8 quarters), most recent 4 quarters vs previous 4 quarters
Well Led	WL7	Staff – Absence related to Covid-19 sickness or self-isolation (expressed as a percentage of all employed hours)	Change	Changed from a month end snapshot to a total percentage for the month
Responsive	RE32	Patients on an open 18 week pathway (waiting 78 weeks+)	Addition	Added new metric

Nursing and midwifery staffing hours - February 2021

Report notes

Our staffing levels are continuously monitored and we will risk assess and manage our available staff to ensure that safe staffing levels are always maintained

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

Staffing on intensive care and high dependency units is always adjusted depending on the number of patients being cared for and the level of support they require. Therefore the numbers will fluctuate considerably across the month when compared against our planned numbers. This is particularly relevant as we worked to appropriately manage the COVID-19 surge in line with national guidance

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

CHPPD (Care Hours Per Patient Day)
This is a measure which shows on average how many hours of care time each patient receives on a ward /department during a 24 hour period from registered nurses and support staff - this will vary across wards and departments based on the specialty, interventions, acuity and dependency levels of the patients being cared for. In acute assessment units, where patients are admitted , assessed and moved to wards or theatre very swiftly, the CHPPD figures are not appropriate to compare.

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

During December 2020 and January 2021 a growing number of our clinical areas started to again move and change specialty and size to respond to the changing COVID-19 situation (e.g. G5-G9, Critical Care and RHDU). These changes have often been swift in nature and the data in some cases therefore may not be fully reflective of all of these changes.

Wards Full Name		Registered nurses Total hours planned	Registered nurses Total hours worked	Unregistered staff Total hours planned	Unregistered staff Total hours worked	Registered nurses % Filled	Unregistered staff % Filled	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
CAN C4 Solent Ward Clinical Oncology	Day	1262	1254	966	1042	99.4%	107.8%	4.0	4.1	8.1	Safe staffing levels maintained.
CAN C4 Solent Ward Clinical Oncology	Night	966	833	645	1091	86.2%	169.2%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
CAN C6 Leukaemia/BMT Unit	Day	2615	2467	166	143	94.3%	86.7%	7.5	0.4	7.9	Safe staffing levels maintained.
CAN C6 Leukaemia/BMT Unit	Night	1847	1837	0	112	99.4%	Shift N/A				Safe staffing levels maintained.
CAN C6 TYA Unit	Day	693	688	324	207	99.3%	63.8%	8.8	4.8	13.7	Safe staffing levels maintained.
CAN C6 TYA Unit	Night	607	621	0	511	102.4%	Shift N/A				Safe staffing levels maintained.
CAN C2 Haematology	Day	2160	1915	1053	821	88.7%	77.9%	5.1	2.7	7.8	Safe staffing levels maintained; Beds flexed to match staffing.
CAN C2 Haematology	Night	1611	1278	966	874	79.3%	90.5%				Safe staffing levels maintained; Beds flexed to match staffing.
CAN D3 Ward	Day	1462	1544	663	1005	105.6%	151.5%	4.8	3.9	8.7	Safe staffing levels maintained.
CAN D3 Ward	Night	927	958	636	1059	103.3%	166.4%				Safe staffing levels maintained.
Critical Care	Day	20193	30570	5142	4668	151.4%	90.8%	28.7	4.2	32.9	Additional beds open in the month; increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas.
Critical Care	Night	19712	28640	4471	4095	145.3%	91.6%				Additional beds open in the month; increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas.
SUR E5 Lower GI	Day	1376	942	641	973	68.4%	151.8%	6.0	5.6	11.7	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR E5 Lower GI	Night	644	635	322	507	98.6%	157.3%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR E5 Upper GI	Day	1359	902	711	1147	66.4%	161.3%	5.6	6.4	12.0	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR E5 Upper GI	Night	640	623	324	610	97.3%	188.6%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR F10E	Day	1347	1098	635	787	81.6%	123.9%	9.2	6.9	16.1	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR F10E	Night	644	678	322	553	105.3%	171.6%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR F11 IF	Day	1781	1385	722	880	77.7%	121.8%	4.6	3.7	8.2	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR F11 IF	Night	644	656	644	748	101.8%	116.1%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR Acute Surgical Unit	Day	1366	859	759	724	62.9%	95.4%	8.7	5.7	14.3	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR Acute Surgical Unit	Night	645	655	644	271	101.6%	42.0%				Safe staffing levels maintained

SUR Acute Surgical Admissions	Day	1980	1445	565	1146	73.0%	202.7%	3.7	2.9	6.5	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR Acute Surgical Admissions	Night	967	934	643	716	96.5%	111.3%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
SUR F5 Ward	Day	1735	1395	1208	915	80.4%	75.7%	6.0	3.9	9.9	Safe staffing levels maintained; Beds flexed to match staffing.
SUR F5 Ward	Night	966	932	644	598	96.5%	92.9%				Safe staffing levels maintained
SUR F10 Surgical Ward	Day	1044	705	490	379	67.5%	77.2%	4.8	2.9	7.6	Safe staffing levels maintained; Beds flexed to match staffing.
SUR F10 Surgical Ward	Night	645	461	322	322	71.5%	100.0%				Safe staffing levels maintained; Beds flexed to match staffing.
ECM Acute Medical Unit	Day	3089	3830	3052	2941	124.0%	96.4%	8.7	6.7	15.5	Safe staffing levels maintained
ECM Acute Medical Unit	Night	3209	3955	2243	3078	123.3%	137.3%				Safe staffing levels maintained
MED D5 Ward	Day	1132	1318	1529	1156	116.4%	75.6%	3.1	2.7	5.7	Safe staffing levels maintained; Staff moved to support other wards.
MED D5 Ward	Night	966	944	855	814	97.7%	95.2%				Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers.
MED D6 Ward	Day	931	988	1033	1621	106.2%	156.9%	2.8	4.1	6.9	Patient requiring 24 hour 1:1 nursing in the month.
MED D6 Ward	Night	623	681	1072	811	109.3%	75.7%				Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit.
MED D7 Ward	Day	660	836	998	968	126.7%	96.9%	3.5	3.6	7.1	Safe staffing levels maintained:Patients requiring 24 hour 1:1 nursing in the month.
MED D7 Ward	Night	644	644	311	587	100.0%	188.9%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
MED D8 Ward	Day	973	1123	1331	1200	115.4%	90.1%	3.3	3.4	6.7	Safe staffing levels maintaned; Staff moved to support other wards.
MED D8 Ward	Night	644	714	862	714	110.8%	82.9%				Staff moved to support other wards.
MED D9 Ward	Day	1109	1386	1438	1222	124.9%	85.0%	3.1	2.9	5.9	increase in acuity/dependency of patients in the month; Safe staffing levels maintained.
MED D9 Ward	Night	966	863	854	910	89.3%	106.6%				Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
MED E8 Ward	Day	1005	1010	1198	1460	100.5%	121.9%	3.2	4.1	7.4	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas.
MED E8 Ward	Night	633	644	644	656	101.8%	101.8%				Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
MED E7 Ward	Day	963	992	1564	1847	103.1%	118.1%	2.8	3.7	6.5	Band 4 staff working to support registered nurse numbers; Additional beds open in the month; Non-ward based staff supporting areas.
MED E7 Ward	Night	966	920	656	656	95.2%	100.0%				Safe staffing levels maintained; Additional beds open in the month.
MED Respiratory HDU	Day	2109	1741	413	713	82.6%	172.8%	26.3	9.1	35.4	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Staffing appropriate for number of patients.
MED Respiratory HDU	Night	1923	1675	322	472	87.1%	146.4%				Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Staffing appropriate for number of patients.
MED C5 Isolation Ward	Day	1447	1409	1938	815	97.3%	42.0%	10.2	6.0	16.2	Safe staffing levels maintained; Staffing appropriate for number of patients.
MED C5 Isolation Ward	Night	1281	1050	956	645	82.0%	67.5%				Safe staffing levels maintained; Staffing appropriate for number of patients.
MED D10 Isolation Unit	Day	1001	912	1228	891	91.1%	72.6%	3.6	3.4	7.0	Safe staffing levels maintained.
MED D10 Isolation Unit	Night	639	748	645	657	117.0%	101.8%				Safe staffing levels maintained.
MED G5 Ward	Day	932	1098	1707	1393	117.9%	81.6%	3.5	3.4	6.9	Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas.
MED G5 Ward	Night	966	943	656	633	97.6%	96.5%				Safe staffing levels maintained by sharing staff resource; increase in acuity/dependency of patients in the month.
MED G6 Ward	Day	926	1071	1634	1314	115.7%	80.4%	3.9	4.1	8.0	Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas.
MED G6 Ward	Night	966	805	674	690	83.3%	102.4%				Safe staffing levels maintained by sharing staff resource; increase in acuity/dependency of patients in the month.
MED G7 Ward	Day	659	742	1000	1020	112.5%	102.0%	4.5	5.6	10.1	increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas.
MED G7 Ward	Night	644	667	748	748	103.6%	100.1%				Safe staffing levels maintained; increase in acuity/dependency of patients in the month.

MED G8 Ward	Day	955	934	1719	1382	97.8%	80.4%	3.4	4.5	7.9	Increase in acuity/dependency of patients in the month; Non-ward based staff supporting areas.
MED G8 Ward	Night	943	794	828	897	84.1%	108.3%				Safe staffing levels maintained by sharing staff resource; increase in acuity/dependency of patients in the month.
MED G9 Ward	Day	979	1127	1364	1170	115.1%	85.8%	3.7	3.6	7.4	Safe staffing levels maintained; Staffing appropriate for number of patients; increase in acuity/dependency of patients in the month.
MED G9 Ward	Night	633	851	858	768	134.6%	89.5%				Safe staffing levels maintained; Staffing appropriate for number of patients; increase in acuity/dependency of patients in the month.
CHI High Dependency Unit	Day	1470	1136	0	0	77.2%	Shift N/A	11.3	0.0	11.3	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI High Dependency Unit	Night	966	1013	0	0	104.9%	Shift N/A				Safe staffing levels maintained.
CHI Paed Medical Unit	Day	1725	1835	258	723	106.4%	280.4%	15.4	6.5	21.9	Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained; Additional beds flexed open.
CHI Paed Medical Unit	Night	1542	1608	610	742	104.3%	121.6%				Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained; Additional beds flexed open.
CHI Paediatric Intensive Care	Day	5464	4909	506	360	89.8%	71.2%	37.8	3.0	40.8	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Paediatric Intensive Care	Night	5152	4815	437	403	93.4%	92.1%				Safe staffing levels maintained.
CHI Piam Brown Unit	Day	3424	2388	108	11	69.7%	10.5%	13.1	0.0	13.1	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained.
CHI Piam Brown Unit	Night	1299	972	0	0	74.8%	Shift N/A				Beds flexed to match staffing; No requirement for Support workers; Skill mix swaps undertaken to support safe staffing across the Unit; Safe Staffing Maintained.
CHI Ward E1 Paed Cardiac	Day	1873	1505	560	565	80.3%	100.9%	8.6	2.8	11.4	Band 4 staff working to support registered nurse numbers; Non-ward based staff supporting areas; Safe staffing levels maintained.
CHI Ward E1 Paed Cardiac	Night	1288	1343	322	345	104.3%	107.2%				Safe staffing levels maintained.
CHI Ward G2 Neuro	Day	702	631	0	0	89.9%	Shift N/A	8.8	0.1	8.9	Non-ward based staff supporting areas; Safe staffing levels maintained.
CHI Ward G2 Neuro	Night	622	705	0	12	113.4%	Shift N/A				Safe staffing levels maintained.
CHI Ward G3	Day	2076	1915	1575	589	92.2%	37.4%	7.5	2.2	9.7	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit; Beds flexed to match staffing.
CHI Ward G3	Night	1538	1282	924	330	83.4%	35.7%				Beds flexed to match staffing; Safe staffing levels maintained.
CHI Ward G4 Surgery	Day	2221	1876	1098	685	84.5%	62.3%	8.0	2.3	10.4	Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing.
CHI Ward G4 Surgery	Night	1540	1431	616	286	92.9%	46.4%				Safe staffing levels maintained.
W&N Bramshaw Womens Unit	Day	1069	646	638	394	60.4%	61.8%	9.2	4.3	13.5	Safe staffing levels maintained; Beds flexed to match staffing.
W&N Bramshaw Womens Unit	Night	644	644	334	207	100.0%	62.1%				Safe staffing levels maintained; Beds flexed to match staffing.
W&N Neonatal Unit	Day	6235	4848	1554	1065	77.7%	68.5%	10.9	2.4	13.3	Safe staffing levels maintained; Professional judegement used to allocate when staff compromised and ITU pts nursed 1:2..
W&N Neonatal Unit	Night	4912	4039	1209	891	82.2%	73.7%				Safe staffing levels maintained; Professional judegement used to allocate when staff compromised and ITU pts nursed 1:2..
W&N PAH Maternity Service	Day	7609	7073	2527	1919	93.0%	75.9%	4.8	1.4	6.2	Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.
W&N PAH Maternity Service	Night	4897	4348	1607	1278	88.8%	79.6%				Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.
CAR CHDU	Day	3605	3791	2015	1330	105.2%	66.0%	16.6	4.9	21.5	Staff moved to support other wards; This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR CHDU	Night	3157	3384	1234	793	107.2%	64.3%				Staff moved to support other wards; This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty.

CAR Coronary Care Unit	Day	1662	2368	878	955	142.5%	108.8%	11.8	4.5	16.3	Safe staffing levels maintained;Increase in acuity/dependency of patients in the month.
CAR Coronary Care Unit	Night	1512	2163	825	770	143.0%	93.3%				Safe staffing levels maintained; Staff moved to support other wards.
CAR Ward D4 Vascular	Day	1593	1141	997	1071	71.6%	107.4%	5.5	6.0	11.4	Beds flexed to match staffing; This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty; Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
CAR Ward D4 Vascular	Night	711	640	924	875	90.0%	94.7%				Safe staffing levels maintained; This ward has a high number of siderooms and if acuity/dependency of patients is raised Registered nurse or support workers are required to special on night duty; Band 4 staff working to support registered nurse numbers; Staff moved to support other wards.
CAR Ward E2 YACU	Day	1439	1128	742	943	78.4%	127.1%	4.6	3.9	8.5	Beds flexed to match staffing; Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E2 YACU	Night	599	624	308	517	104.0%	167.9%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E3 Green	Day	1559	528	1421	485	33.9%	34.2%	2.9	2.9	5.8	Staff moved to support other wards; E3 Green staff redeployed to other areas, as beds closed in month. Safe staffing maintained.
CAR Ward E3 Green	Night	616	288	716	311	46.8%	43.4%				Staff moved to support other wards; E3 Green staff redeployed to other areas, as beds closed in month. Safe staffing maintained.
CAR Ward E3 Blue	Day	1067	944	1072	981	88.5%	91.5%	4.5	5.4	10.0	Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E3 Blue	Night	617	550	616	804	89.1%	130.5%				Beds flexed to match staffing; Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E4 Thoracics	Day	1369	1197	1082	1222	87.4%	112.9%	5.2	5.5	10.6	Beds flexed to match staffing; Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E4 Thoracics	Night	880	935	396	1023	106.2%	258.3%				Safe staffing levels maintained; Additional staff used for enhanced care - Support workers; Skill mix swaps undertaken to support safe staffing across the Unit; We have to move a thoracic nurse to COVID wards.
CAR Ward D2 Cardiology	Day	1228	863	665	981	70.3%	147.6%	3.5	5.1	8.7	Beds flexed to match staffing; Additional staff used for enhanced care - Support workers; Staff moved to support other wards.
CAR Ward D2 Cardiology	Night	616	463	638	948	75.1%	148.5%				Beds flexed to match staffing; Additional staff used for enhanced care - Support workers; Staff moved to support other wards.
NEU Acute Stroke Unit	Day	1365	1247	2494	1702	91.4%	68.2%	4.0	5.9	10.0	Patient requiring 24 hour 1:1 nursing in the month; safe staffing maintained
NEU Acute Stroke Unit	Night	924	718	1540	1199	77.7%	77.9%				Patient requiring 24 hour 1:1 nursing in the month; safe staffing maintained.
NEU Regional Transfer Unit	Day	906	1103	359	253	121.7%	70.5%	8.9	5.1	14.0	Patient requiring 24 hour 1:1 nursing in the month; staff moved to support other wards.
NEU Regional Transfer Unit	Night	605	517	616	671	85.5%	108.8%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU ward E Neuro	Day	1847	1458	936	1558	78.9%	166.5%	3.8	4.1	7.9	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU ward E Neuro	Night	1224	1139	924	1243	93.0%	134.5%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU HASU	Day	1411	1261	330	481	89.3%	145.8%	6.9	3.2	10.2	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.
NEU HASU	Night	1232	869	308	517	70.5%	167.9%				Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers; Patient requiring 24 hour 1:1 nursing in the month.

NEU F7 Ward	Day	1476	1312	1055	1071	88.9%	101.5%	5.1	5.1	10.2	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU F7 Ward	Night	924	826	1039	1050	89.4%	101.1%				Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Ward D Neuro	Day	1741	1497	1771	1876	86.0%	105.9%	3.7	4.6	8.3	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Ward D Neuro	Night	1232	1233	1464	1452	100.0%	99.2%				Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
T&O Ward Brooke	Day	959	1105	1030	725	115.1%	70.4%	5.8	4.7	10.4	Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward Brooke	Night	644	646	644	688	100.2%	106.9%				Safe staffing levels maintained.
T&O Trauma Admissions Unit	Day	835	642	685	639	76.8%	93.4%	26.8	26.5	53.4	Staffing appropriate for number of patients.
T&O Trauma Admissions Unit	Night	617	539	616	528	87.4%	85.7%				Staffing appropriate for number of patients.
T&O Ward F1 Major Trauma Unit	Day	2204	1868	1700	2044	84.8%	120.2%	4.8	5.0	9.8	Band 4 staff working to support registered nurse numbers.
T&O Ward F1 Major Trauma Unit	Night	1610	1577	1593	1539	97.9%	96.6%				Safe staffing levels maintained.
T&O Ward F2 Trauma	Day	1451	1322	1733	1859	91.1%	107.2%	3.2	4.7	7.9	Safe staffing levels maintained.
T&O Ward F2 Trauma	Night	924	858	1222	1385	92.8%	113.4%				Safe staffing levels maintained.
T&O Ward F3 Trauma	Day	756	563	931	417	74.5%	44.7%	5.1	3.7	8.8	Staff moved to support other wards; Staffing appropriate for number of patients; Beds flexed to match staffing.
T&O Ward F3 Trauma	Night	429	232	572	165	54.0%	28.8%				Staff moved to support other wards; Staffing appropriate for number of patients; Beds flexed to match staffing.

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Inpatient flow - Medical Optimised for Discharge**			
Agenda item:	**5.6**			
Sponsor:	**Chief Operating Officer**			
Date:	**30 March 2021**			
Purpose	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **X**
Issue to be addressed:	To update Trust Board on the current position relating to medically fit for discharge and planned work being led on by both external partners and internally within the Trust.			
Response to the issue:	See below			
Implications: (Clinical, Organisational, Governance, Legal?)	Clinical and organisational			
Risks: (Top 3) of carrying out the change / or not:	1. Bed capacity impacting on front door flow in terms of queueing in ED and the potential impact on our Elective programme 2. Increased length of stay and associated impact this has on hospital acquired infection and overall patient experience. 3. Overall higher occupancy levels and impact this has on UHS staffing levels both clinical and nursing.			
Summary: Conclusion and/or recommendation	Since the last update to the Board the hospital and system have managed the second wave of Covid and therefore progress has been impacted. However there have been some improvements with latest numbers of MOFD patients reducing. The Trust internal action plan is being progressed and regular engagement with system leads to address delays is in place. Based on current performance standards, and current counting, the optimum position for MOFD patients in acute hospital beds is likely to be between 60 to 80 patients daily. With more flexible use of overall capacity this remains achievable. The Board are asked to note the updated provided, the actions proposed and it is suggested a further update on progress is provided in 3 months.			

1. Introduction

In November 2020, an action plan was presented to Trust Board on the UHS inpatient flow programme. The programme is specifically focused on medically optimised for discharge (MOFD) patients delayed in UHS and the collaborative work being led with System Leaders to reduce delays. The measure of MOFD records patients that are medically and nursing optimised but who are not necessarily therapy optimised which will mean that they will often still have onward care needs and may be more dependent than the previous measure of Delayed Transfers of Care. As reported to the Board at the last update progress has been made. Under the old measure of Delayed Transfers of Care (DTOC) the delay for patients nearly halved when comparing January 2021 against the previous January 2020 (averaging 65 compared to 104).

Ahead of next winter, UHS will not have additional bed capacity so reducing MOFD and length of stay is imperative. The impact of insufficient beds can have a significant and detrimental impact on patients requiring planned care (elective operating) as well as our ability to move patients from the Emergency Department into the hospital.

This report provides an update on the current MOFD position within UHS, as well as highlighting actions being worked on both from an internal and external perspective to improve this position and embed any changes into business as usual.

Since the last report, the Trust's Chief Operating Officer (COO) team have also reached out to learn from other parts of the NHS. In January 2021, COO team with system leads and the Local Authority attended a regional discharge meeting with NHS Improvement. This was then followed up in March 2021 with a discharge benchmarking exercise with Oxford University Hospital Foundation Trust.

Ongoing areas of concerns highlighted are:

- Average Length of Stay (LoS) is impacted by the number of specialist services delivered by the Trust thus making comparisons difficult. Our numbers will always be higher than comparisons with District General Hospitals due to the longer stay patients within our specialist services.
- We have multiple specialist services across the Trust and therefore our Consultants are not ward-based. Consistency of practice on wards is therefore harder to achieve.
- The Trust is challenged by completing same day discharges before 5pm. This needs to improve.
- A lack of specialist rehabilitation (Spinal, Head Injury and Stroke for West Hants) out of hospital means patients wait at UHS on Support Level 3 pathway (complex). Work across the system needs to take place to expand rehabilitation offering where delays frequently occur.
- Capacity for four times a day double-up care at home remains significantly challenged.
- The majority of discharges occur over 5 days not 7, there are some discharges to community hospitals at weekends but achieving weekend discharges remains a challenge across the system.

Key findings from the discussion with Oxford were:

- Oxford bed occupancy of 950, average 40 MOFD, compared UHSFT of 1,000 & 120
- Oxford do not count Support Level 0 – Home without support. UHS figure is approx. 20-25 every day for this measure and this it is important to note that there are issues with comparisons of MOFD based on counting methodology hence the need to move to measuring patients based on Criteria to Reside(Criteria to Reside sets out the clinical rationale for a patient being in hospital).
- Oxford have 7 day a week patient hub calls to triage placements and escalate delays, the arrangements across our system are not universally 7 days.
- They have a housing officer who case manages homeless pathway

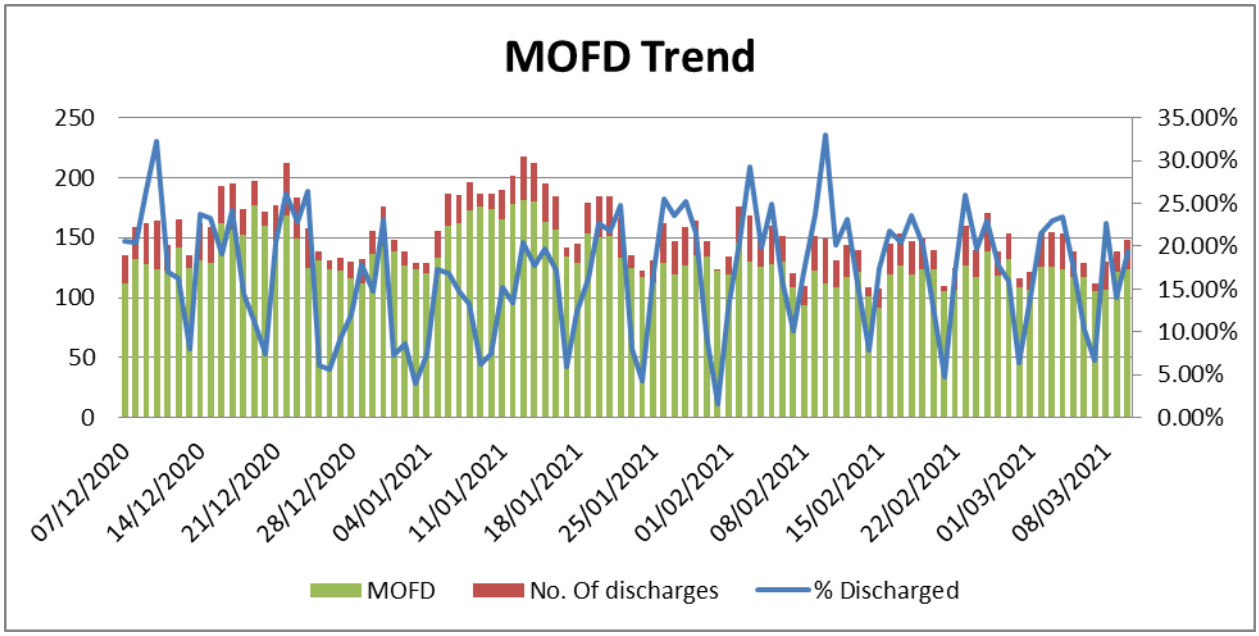
- Brokerage and CCG and Discharge Hubs operate over 7 days, avoiding referral delays. Locally only elements of the Single Point of Access (the Community Trusts, Care Home Select and local authority) operate over 7 days.
- Social services work on the patients ahead of MOFD
- The Trusted Assessor role is in place and they complete the Onward Care Referral forms and send direct to the provider. (this role has recently commenced locally)
- They have fewer refusals from providers

2. Current Performance

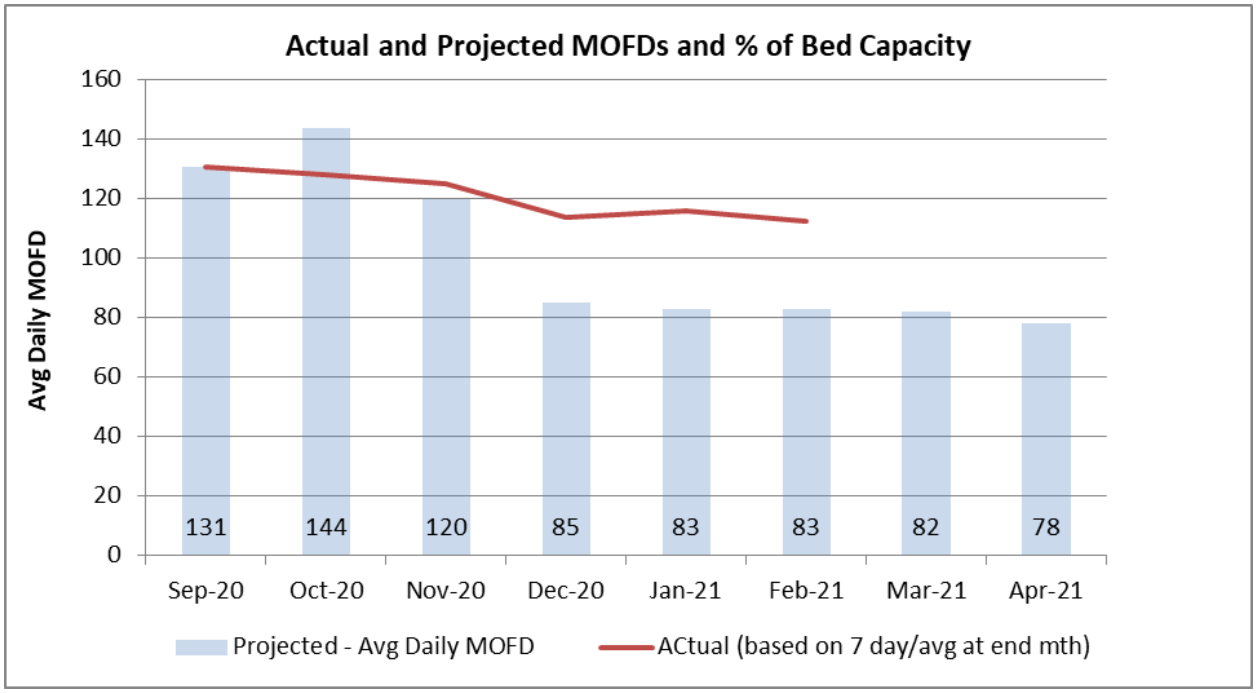
Across the Health system there are weekly (and more often during Covid) Bronze Command meetings to work together to address the challenge of reducing delays. There is also a weekly Onward Care Systems Leads meeting to trouble shoot and monitor processes. As part of this process improvement trajectories and Key Performance Indicators were signed by off across the system in Oct 2020. Details of performance against these targets are covered below:-

Current position - Medically Optimised for Discharge (MOFD)

The graph below shows the current quarter's performance, peaking at 182 MOFD patients and then improving over the last four weeks to an average of 120. The steep dips in the graph for % discharged are weekends and Bank Holidays.



The graph below shows performance against the trajectory agreed in October 2020:-



The table below shows performance against the detailed key performance indicators. A snapshot of performance against these is reported to the Finance and Investment Committee and the Board will be aware that all but one of these targets is being achieved as yet.

		Target	Feb 2021 %
KPI 01	The number of acute beds occupied per day by patients who are MOFD	Revised to 9.6%	**15%**
KPI 02	The number and percentage of patients that are **discharged home** with support against the total number of patients discharged	85%	**89%**
KPI 03	The number and percentage of patients that are discharged on **pathway/support level 0 within 24 hours** of becoming MOFD	95%	**81%**
KPI 04	The number and percentage of patients that are discharged on **pathway/support level 1 (restarts & returns) within 24 hours** of becoming MOFD	90%	**71%**
KPI 05	The number and percentage of patients that are discharged on **pathway/support level 2 within 48 hours** of becoming MOFD	90%	**64%**
KPI 06	The number and percentage of patients that are discharged on **pathway/support level 3 within 72 hours** of becoming MOFD	85%	**37%**
KPI 07	The number of reported **safety concerns**	10	**14**
KPI 08	The number of patients discharged and **readmitted within 48 hours**	Less 15%	Not available
KPI 09	The number of patients discharged and **readmitted within 14 days**	Less 15%	Not available
KPI 10	The number and percentage of **cancelled discharges due to non-clinical reasons**	0%	**3%**

A significant proportion of the Medically Optimised delays relate to Support Level 3 (SL3) who are the most complex patients, many of whom will require residential care or significant home care support. The proportion falling into SL3 since the Covid pandemic was declared, and the new discharge arrangements introduced along with the move to MOFD, has doubled -and this has put significant pressure on the social care market. The key distinction is that Medically Optimised for Discharge (MOFD) means that patients are medically and nursing optimised but may not be therapy optimised which means some will be more dependent. Without good therapy in the community, their chances of regaining optimum independence is greatly reduced, resulting in further pressures on social care:

What impacted on achieving the previous trajectory reported to the Board?

- **Covid outbreaks impacting on Discharge to Assess (D2A) capacity** – during the months of Dec/Jan/Feb, there have been a significant number of outbreaks in the care home sector resulting in homes being closed to admissions. For example in Southampton alone, 4 of the 7 D2A contracted homes have been closed for most of January owing to Covid outbreaks - this currently accounts for 15 out of 29 vacant beds being unusable.

- **Hotel (20 beds)** – usage of the hotel accommodation (20 beds) has been much lower than expected and has had no impact on reducing the number of MOFDs awaiting discharge. It should be noted that hotel capacity was commissioned for less complex patients on Support Level 1 or at the lower end of Support Level 2 on the basis of the national modelling which showed a far greater proportion of patients falling into these categories than has been seen in Southampton (as can be seen in the table above).

- **Earlier in the Day Discharge –** plans to increase the % of referrals being made to the Community Discharge Hubs/Single Point of Access Hub before 12 noon (and therefore increasing the potential for same day discharge) have not progressed as expected owing to medical workload pressures in the hospital. This was expected to have a significant impact on MOFD from December onwards which has not been realised. Latest data (for the 4 week period 15 Feb – 14 March) provided by the Southampton Single Point Of Access (SPOA) showed that 48% of all onward care referrals from the ward came after 2pm and 66% after 12 noon.

- **7 Day Working** – plans to increase the flow of discharges over the weekend have not progressed owing to wider system pressures – particularly in the care home market – the extent of what can be achieved is severely restricted by constraints in the wider social care system.

- **Community hospital beds** – Covid outbreaks on the wards have resulted in reduced capacity particularly during January which saw overall occupancy fall below 70% – so where additional capacity has been increased, e.g. Snowdon (5 beds), it has not been possible to use it

3. System Plans

Moving forward, the system has revisited the previous trajectory, firstly to understand what the levels of MOFD would look like going forward based on the onward care capacity that is currently available, and secondly to model how much capacity would be required to meet daily flow and understand where the pressure areas lie. Based on the current MOFD position, demand modelling, and an increase in onward care capacity coming on line in February (13 additional D2A beds) the number of MOFD on any given day would reduce to an average of 82 by April – 9.5% of occupied beds – closely reflecting the target that was originally set. However, this assumes that all D2A and community beds are being fully used and it is known that this is currently not the case.

In order to achieve this position and improve upon it, there is therefore a need to better understand what, as well as capacity, is impacting on the delays. An analysis of the daily run rate for patients being made MOFD has demonstrated that there is in fact sufficient D2A and Rehab bed capacity to meet demand, whilst there is an under-supply of specialist rehab capacity (the modelling suggests a deficit of 8- 15 beds which reflects what we have been seeing in practice). The key areas of capacity gaps include:-

- Support Level 2 Home – this will be patients waiting for a package of care and home based reablement.
- Support Level 3 Home – this will be complex patients waiting for a domiciliary care package with a significant amount of care, e.g. requiring 3-4 times a day double up
- Support Level 3 Care Home – this will be patients waiting for a nursing home placement

Further analysis of those waiting for a care home placement showed that while the majority had placements identified, in many cases the patients were waiting for a care home to assess them, the care home had requested further information or the hospital was waiting to hear the outcome of the assessment, There was a smaller proportion of patients whose needs were so complex that finding a home that could meet them was the problem – specifically these included:

- Patients with delirium (estimated to be about 3 in any given week)
- Patients with Dementia and challenging behaviour (about 3 in any given week)
- Patients who are Covid contact (about 1 in any given week)
- Patients who are non-weight bearing (about 3 in any given week)

With regard to the other pathways (Support Level 3 home and Support Level 2 home), the main reasons for delay related to:

- process (e.g. ensuring all the information is available in a timely way, ensuring that last minute cancellations are minimised)
- home care capacity particularly for those patients requiring multiple double up care calls and
- specific gaps relating to homeless pathways.

In order to address these findings and further reduce the number of MOFD patients awaiting discharge, the following actions are therefore being put in place by the wider system:

<u>Process improvements</u>

- Continue and expedite work already planned to improve process and earlier discharge as identified in the Onward Care Action Plan. Progress has been impacted by workload pressures particularly during December and January. There now needs to be a renewed focus on:
    - Earlier in the day ward/board rounds thereby increasing the proportion of onward care referrals in the morning (currently around 50% are made after 2pm)
    - Embedding the use of criteria to reside across all wards
    - 7 day working and weekend discharge
    - Further reducing failed discharges and cancellations for non-clinical reasons, rolling out the positive progress already made to all wards
- Deep dive of processes specifically relating to SL3 to identify and address specific blockages in this pathway – process mapping complete – due for discussion at Onward Care Leads meeting at the end of March
- Revisit the Homelessness pathway, particularly identifying and removing blockages relating to patients who are homeless but have no social care needs
- Develop a specific pathway for patients with delirium
- Ongoing work with care home market to meet increased complexity of need and improve responsiveness in terms of completion of assessment and decision making

- Continued development of Trusted Assessment model

Additional Capacity

- Explore options for increasing specialist rehab beds. To include converting the 8 beds at Deerleap to specialist rehab, thereby making all 16 Deerleap beds specialist rehab
- Explore options for increasing flexibility and use of Community Hospital beds for step down of the harder to place patients identified above (non weight bearing, challenging dementia).
- Widening the number of D2A settings who will take COVID contact patients through negotiations with care home providers

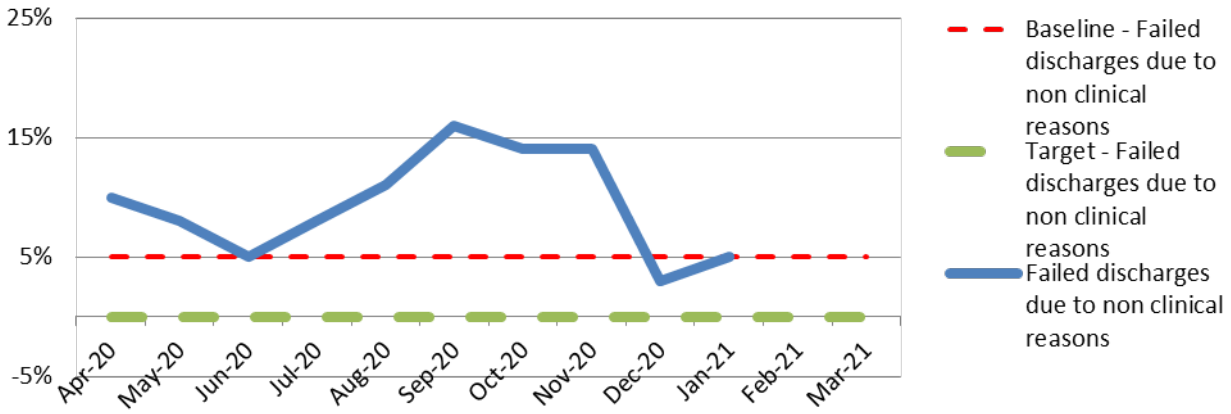
These actions are being built into an updated Onward Care action plan.

4. Internal Work Programme

The Trust established in November 2020 an internal programme of work with the aim to improve and embed our local actions. This includes a series of enablers as unable to reduce MOFD with one work stream. A summary of the current action plan is summarised in Appendix A. The initial focus of the internal programme has been for Support Level 0 (home with no support) (SL1) and Cancelled Discharge to ensure high consistent performance for the easier simple discharges. Good progress has been made with this work showing that with ongoing targeted attention to each area we can make an impact on overall performance and numbers.

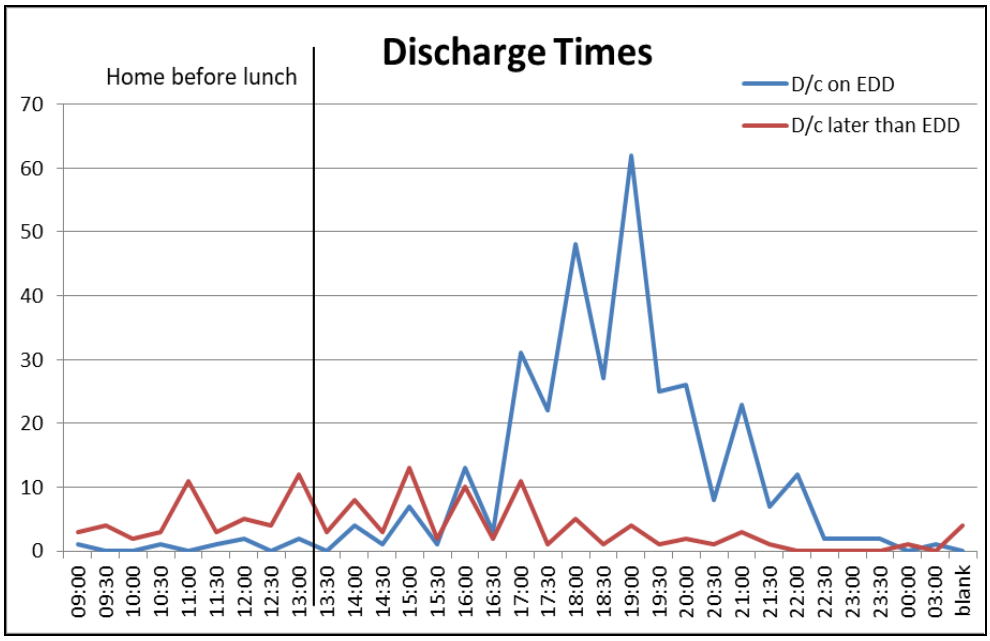
The number and percentage of failed discharges due to non-clinical reasons- Target- 0%

Currently below baseline but above target. Audit and action plans started.



Support Level 0

For those patients with no onward care needs that are discharged the same day as planned, they are leaving UHS between 5-7pm. Patients that do not leave on their expected date for discharge are leaving on average between 1-3pm. The UHS Medical Lead for Flow has an action to review how Hospital Discharge Summary process can be completed in advance of the expected discharge date.



5. Further Actions

In addition to the actions above the following internal actions are being prioritised a part of the next phase of the programme:-

Enabling Actions to reduce MOFD: (To be completed by end of April 2021)

- Golden Patient principle for those with onward care needs, so ready by 10am.
- Daily management of Support Level 1 (SL1) by Onward Care system Lead for those staying longer than 24 hours
- Support Level 0 (SL0) audit actions implemented with all Care Groups
- Cancelled on the day of discharge audit actions
- Ward performance dashboards
- Inpatient reviews with Exec/Care Groups underpinned by data held on a regular basis
- Better IT integration so not working off three different systems plus paper notes

Actions to directly reduce MOFD: (To be started by end of April 2021 and completed by end of July 2021)

- Understand the number of assessments happening in UHS before discharge as opposed to Discharge to Assess (D2A).
- Friday handover by Consultant to ensure patients are 'ready for weekend discharge'
- 7 day working – Duty Social Worker decisions/In-reach Inpatient Rehab/Equipment
- Support the development of Trust Assessor roles.
- Review of the Onward Care Referral process and performance, targeting firstly weekend completion.
- System review of discharge processes.
- Identify pathway opportunities for long stay patients over 21 days that are not medically optimised but could receive their treatment outside of an acute hospital.

6. Conclusions and Recommendations

Since the last update to the Board the hospital and system have managed the second wave of Covid and therefore progress has been impacted. However there have been some improvements with latest numbers of MOFD patients reducing. The Trust internal action plan is being progressed and regular engagement with system leads to address delays is in place. Based on current performance standards the

optimum position for MOFD patients in acute hospital beds is likely to be between 60 to 80 patients daily. With more flexible use of overall capacity this remains achievable.

The Board are asked to note the updated provided, the actions proposed and it is suggested a further update on progress is provided in 3 months.

APPENDIX A

Project	Action	Status
Leadership	Appointment of Associate Medical Directors for Flow. Operational and Exec SRO	Complete Complete
Governance	Fortnightly UHS Steering Group. Weekly Operational capacity meeting. Data shared within UHS and understood at ward level COO Care Group performance meetings inc. MOFD / LLOS. MOFD target based on actual turnover.	Complete Complete Started Developing Started
Weekend Discharges	Friday handover by Consultant to ensure patients are 'ready for weekend discharge'.	Not achieving
Criteria to Reside	Implement and establish meaningful reporting. Use data and themes to change culture about why patients remain in an acute bed, including commissioning opportunities.	Started Not started
Discharge processes	Understand weekend provision for SL1-3 and identify any bottlenecks where processes slow down. Daily report shared with teams showing patient level examples from the day before for non-clinical cancellations. 10 minutes for tomorrow review to see how prepared we are for patients discharges tomorrow.	Started Complete Not started
Cancelled Discharges	Cancelled on the day of discharge audit for non-clinical reasons	Complete
Support Level 0 (No onward care needs)	Audit those not meeting KPIs, create targeted actions	Complete
Support Level 1 (Return / Re-start)	Allocate named SL1 Lead(s) for UHS to work on a daily basis with clinical areas / teams Daily management of SL1 MOFD patient list	Complete Start Mar 21
Support Level 2 (Rehab / Reablement)	Nuffield bed model with clear criteria and referral process. Named SL2 Lead(s) for UHS to work on a daily basis with Solent/Southern. Process implemented to review patients referred but deemed still 'Not medically fit for Rehab'.	Complete Not started Started March
Support Level 3 (Complex discharges)	Info about each patient on the eWhiteboard stating their onward care needs so easily understood by all.	Developing
Repatriations	Repats - review with COO team compliance against the System agreed policy and agree escalation process where patients remain at UHS 3+ days.	Not achieving
Long length of stay reviews	Weekly e-mail alerts to each Care Group/Divisional Management teams providing patient level lists all of their long stay patients. Re-enforce Trust LLOS process with each care group for compliance and consistency.	Complete Started March

Report to the Trust Board of Directors				
Title:	**Ockenden Review of Maternity Services**			
Agenda item:	**5.7**			
Sponsor:	**Gail Byrne, Chief Nursing Officer**			
Author:	**Suzanne Cunningham, Director of Midwifery and Professional Lead for Neonatal Services** **Marie Cann, Safety and Quality Assurance Midwifery Matron**			
Date:	**30 March 2021**			
Purpose	**Assurance or reassurance**	**Approval** ✓	**Ratification**	**Information**
Issue to be addressed:	1. Ockenden Report update from the emerging findings and recommendations of the independent review of Maternity at the Shrewsbury and Telford Hospital NHS Trust released 10 December 2020. The report has highlighted a number of emerging themes and therefore released 'local actions for learning and immediate and essential actions for Maternity in advance of the completion of the final report, due later in the year. In February 2021 UHS Maternity submitted the required response to NHS England and NHS Improvement (NHSE), which has now provided the UHS Maternity with verbal feedback on the initial rating of compliance. A number of the local actions are identified for the Board's acknowledgement. 2. National Maternity Dashboard Better Births (2016), the report of the National Maternity Review, recommended that a nationally agreed set of indicators should be developed to help local maternity systems track, benchmark and improve the quality of maternity services. The dashboard also shows descriptive statistics and demographic data (sourced from MSDS), which provides a profile of the maternity population and activity within a given provider. This includes data on, for example, number of bookings, deliveries and births, maternal age, BMI and ethnicity. This report firstly provides an update on the verbal feedback provided and relates to the 'Assurance Assessment Tool' and on the 'Workforce and Leadership' information. Secondly the report provides information relating to the National Maternity Dashboard for consideration.			
Response to the issue:	**1. Ockenden Report** UHS Maternity has acted on the feedback from NHSE and has produced a gap analysis based on the verbal feedback for both the 'Assurance Assessment Tool' and the 'Workforce and Leadership' actions which can be seen in Appendix 1. The information contained in Appendix 1, demonstrates that of the 32 actions UHS Maternity is: • compliant with 19 • 2 actions are rated blue as the information is not available to the UHS maternity and more information will be provided from the National team • 9 Amber actions which have actions in place to ensure they should be rated as green by July 2021 as they form part of the NHS Resolution Maternity Incentive Scheme (MIS) • 2 actions are rated as Red (pertain to the same requirement). The 'Red' rated requirement relates to the Enhancement Safety immediate and essential action. This action asks that '*all maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months*.'			

UHS Maternity has devised a report template that can be provided to both the Trust Board and the Local Maternity Service (LMS), which will contain information relating to maternity safety including a summary of Serious Incidents (SIs) and moderate harm incidents as directed. It is proposed that this information is provided on a monthly basis to all committees that are required to have oversight of Maternity. In addition the information and the SI reports will be shared with the Maternity Safety Champions.

Although the above action states that information should be provided at least every three months, UHS Maternity plans to provide the report on a monthly basis to the two Board Safety Maternity Champions and the Chief Medical Officer followed by a quarterly maternity safety report to Quality Committee before sharing this with the Trust Board. The rationale for providing a monthly report to committees is in response to the second action described below.

The second action links to the urgent clinical priorities and asks for '*a plan to implement the Perinatal Clinical Quality Surveillance Model*' and '*that all maternity SIs are shared with Trust Boards at least monthly and the LMS, in addition to reporting as required to* Healthcare Safety Investigation Branch *(*HSIB*)'*.

The Perinatal Clinical Quality Surveillance Model is designed to ensure there is responsibility within systems and frameworks to ensure there is appropriate management of performance and to reduce unwarranted variation. The Model is based on a number of principles including strengthening Trust Board oversight for quality, strengthening LMS and the Integrated Care System (ICS) role in quality oversight, Regional oversight for perinatal clinical quality and National oversight for perinatal clinical quality and identifying concerns, taking proportionate action and triggering escalation. In summary the Model asks providers to seek to improve Trust Board oversight of maternity and to help ensure that issues are addressed in a timely fashion without the need for external intervention.

Lastly, UHS Maternity was provided with verbal feedback on the 'Workforce and Leadership' actions for which there was positive feedback and Maternity should be rated as green for all actions. The Trust Board has already noted that the culture and leadership in the service is an essential part of improving safety and quality and an update of this will be provided in the quarterly maternity safety reports to the Quality Committee.

2. National Maternity Dashboard

The data provided in Appendix 2, covers the period of November 2020 (latest data available) and provides an overarching view of Clinical Quality Improvement Metrics for UHS Maternity Services. The metrics information for UHS Maternity generally demonstrates outcomes within the interquartile range of all other maternity units and within the Mothers and Babies Reducing Risk through Audit and Confidential Enquiries (MBBRACE) benchmark. To note that some data within the maternity dashboard requires further data quality review and these improvements will be seen as information submitted to the Maternity Service Data Set (MSDS) from UHS Maternity improves and once the new BadgerNet system is in place in June 2021.

UHS Maternity succeeds in supporting women with vaginal birth following a caesarean section with the National value being 16.3 and UHS being 50 (per 1000). Maternity is in the upper interquartile for babies first feed of breast milk and the number of women with the national value being 71.6 and UHS being 70.3 (per 1000).

There are further improvements required in relation to, babies with an APGAR score between 0-6 (per 1000). Maternity and Neonatal services have been committed to investigating the data produced and prior to COVID was regularly reviewing babies on an individual level to understand more about the reasons why these babies received an APGAR score of less than 7

	at 5 minutes. Quality improvements were in place through education and training, which will now be reinstated as maternity returns to normal. There is additional information available to UHS Maternity on National Maternity Indicators within the National Dashboard which will require a greater level of review and interrogation to enable Maternity to demonstrate improvements on the more historical data information.
Implications: (Clinical, Organisational, Governance, Legal?)	As previously stated the interim Ockenden Report calls upon all maternity services at local, regional and national levels to make significant improvements within maternity services. Implications for not meeting the actions may impact on safety and not supporting or improving the outcomes for women and babies. The service also recognises the impact of leadership and culture and continues to support and improve this alongside the national asks for improvement. The National Maternity Dashboard is publically available and outcome indicators may have a reputational impact on the Trust and on UHS Maternity.
Risks: (Top 3) of carrying out the change / or not:	The risk implications for the Trust and UHS Maternity sit within a number of frameworks including: • Failure to meet the Maternity Safer Care requirements including the NHS Resolution CNST requirements and Saving Babies' Lives. • Reputational risk. • Failure to meet the requirements for CQC compliance.
Summary: Conclusion and/or recommendation	UHS Maternity can confirm that it has received verbal feedback on the information submitted to NHSE, which overall has been positive. Many of the Amber actions would be representative of many maternity services across the country and actions are in place for all of the Amber actions along with ongoing monitoring to ensure these will be delivered appropriately. In the future there will be a 'portal' for the collection of evidence to support Trust compliance with the actions. UHS Maternity plans to continue to compare data metrics from the National Maternity Dashboard against our own locally produced data and will seek to improve outcomes for mothers and babies. National and local dashboards are reviewed and monitored through the UHS Maternity and Trust governance frameworks. Maternity are seeking support from the Trust Board for the following: 1. Agreeing to receive a quarterly report of reporting for the overall maternity safety issues including SIs; Perinatal Mortality Report Tool; Early Notification Scheme; Red Flag incidents; staff concerns and evidence of listening to families including complaints following submission to the Quality Committee. 2. All SIs and moderate harm incidents will be provided to the Trust Board Safety Champions and the Local Maternity System monthly. These proposals have been reviewed and are recommended by the Quality Committee.

Appendix 1 – Gap Analysis based on feedback on the UHS Maternity Service 'Local Actions for Immediate and Essential Actions'

University Hospital Southampton NHS Foundation Trust

Key	
G	Complete
A	Actions in progress
R	No current actions in place
B	Not rated until in place

No	Recommendation	Core components	UHS Maternity		
			NHS England RAG	Action Required	Predicted Rating
1	**Enhanced Safety**	Clinical change where required must be embedded across trusts with regional clinical oversight in a timely way. Trusts must be able to provide evidence of this through structured reporting mechanisms e.g. through maternity dashboards. This must be a formal item on LMS agendas at least every 3 months.		N/A	N/A
		External clinical specialist opinion from outside the Trust (but from within the region), must be mandated for cases of intrapartum fetal death, maternal death, neonatal brain injury and neonatal death.		Currently rated Amber however, a new SHIP LMS Perinatal Quality & Safety Forum is commencing 11th March.	Will be rated Green once a meeting has been held.
		All maternity SI reports (and a summary of the key issues) must be sent to the Trust Board and at the same time to the local LMS for scrutiny, oversight and transparency. This must be done at least every 3 months		Currently rated as Red as requires a formal process for reporting to the Trust Board. Reporting to the LMS will be through the new SHIP LMS Perinatal Quality & Safety Forum.	Will be rated Green once an agreed process for reporting is in place.
		Requirements for NHS Resolution Maternity Incentive Scheme (MIS)		N/A	N/A
		Links to urgent clinical priorities **a)** A plan to implement the Perinatal Clinical Quality Surveillance Model, further guidance will be published shortly **b)** All maternity SIs are shared with Trust boards at least monthly and the LMS, in addition to reporting as required to HSIB		Currently rated as Red as requires a formal process for reporting to the Trust Board.	Will be rated Green once an agreed process for reporting is

					in place.
2	**Listening to Women and Families**	Trusts must create an independent senior advocate role which reports to both the Trust and the LMS Boards.		Not currently rated as senior Advocate role not in place.	
		The advocate must be available to families attending follow up meetings with clinicians where concerns about maternity or neonatal care are discussed, particularly where there has been an adverse outcome.		Not currently rated as senior Advocate role not in place.	
		Each Trust Board must identify a non-executive director who has oversight of maternity services, with specific responsibility for ensuring that women and family voices across the Trust are represented at Board level. They must work collaboratively with their maternity Safety Champions.		N/A	N/A
		Requirements for NHS Resolution Maternity Incentive Scheme (MIS)		N/A	N/A
		Links to urgent clinical priorities **a)** Evidence that you have a robust mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership (MVP) to coproduce local maternity services **b)** In addition to the identification of an Executive Director with specific responsibility for maternity services, confirmation of a named non-executive director who will support the Board maternity safety champion bringing a degree of independent challenge to the oversight of maternity and neonatal services and ensuring that the voices of service users and staff are heard. Further guidance will be shared shortly.		N/A	N/A
3	**Staff Training and Working Together**	Trusts must ensure that multidisciplinary training and working occurs and must provide evidence of it. This evidence must be externally validated through the LMS, 3 times a year.		N/A	N/A
		Multidisciplinary training and working together must always include twice daily (day and night through the 7-day week) consultant-led and present multidisciplinary ward rounds on the labour ward.		N/A	N/A

		Trusts must ensure that any external funding allocated for the training of maternity staff, is ring-fenced and used for this purpose only.		N/A	N/A
		Requirements for NHS Resolution Maternity Incentive Scheme (MIS)		Currently Amber as MIS or CNST due for submission in July 2021. Actions in place to achieve compliance with NHSR requirements.	
		Links to urgent clinical priorities **a)** Implement consultant led labour ward rounds twice daily (over 24 hours) and 7 days per week. At 0800 and 2000 **b)** The report is clear that joint multi-disciplinary training is vital, and therefore we will be publishing further guidance shortly which must be implemented, In the meantime we are seeking assurance that a MDT training schedule is in place.		N/A	N/A
4	**Managing Complex Pregnancy**	Through the development of links with the tertiary level Maternal Medicine Centre there must be agreement reached on the criteria for those cases to be discussed and /or referred to a maternal medicine specialist centre.		N/A	N/A
		Women with complex pregnancies must have a named consultant lead		N/A	N/A
		Where a complex pregnancy is identified, there must be early specialist involvement and management plans agreed between the woman and the team		N/A	N/A
		Requirements for NHS Resolution Maternity Incentive Scheme (MIS)		Currently Amber as MIS or CNST due for submission in July 2021. Actions in place to achieve compliance with NHSR requirements. SBL requirements related to NHSR.	
		Links to urgent clinical priorities **a)** All women with complex pregnancy must have a named consultant lead, and mechanisms to regularly audit compliance must be in place **b)** Understand what further steps are required by your organisation to support the development of maternal medicine specialist centres		Currently Amber as further actions in place to achieve compliance. Actions require further information on the next steps from the CCGs.	Will be rated Green once audit completed.

5	**Risk Assessment Throughout Pregnancy**	All women must be formally risk assessed at every antenatal contact so that they have continued access to care provision by the most appropriately trained professional		N/A	N/A
		Risk assessment must include ongoing review of the intended place of birth, based on the developing clinical picture.		N/A	N/A
		Requirements for NHS Resolution Maternity Incentive Scheme (MIS)		Currently Amber as MIS or CNST due for submission in July 2021. Actions in place to achieve compliance with NHSR requirements. SBL requirements related to NHSR.	
		Links to urgent clinical priorities **a)** A risk assessment must be completed and recorded at every contact. This must also include ongoing review and discussion of intended place of birth. This is a key element of the Personalised Care and Support Plan (PSCP). Regular audit mechanisms are in place to assess PCSP compliance		N/A	N/A
6	**Monitoring Fetal Wellbeing**	All maternity services must appoint a dedicated Lead Midwife and Lead Obstetrician both with demonstrated expertise to focus on and champion best practice in fetal monitoring.		Currently Amber as requires a Midwife to be in place to achieve compliance. Lead Obstetrician in place.	Will be green when Midwife in place (in next 2 months).

		The Leads must be of sufficient seniority and demonstrated expertise to ensure they are able to effectively lead on: - • Improving the practice of monitoring fetal wellbeing – • Consolidating existing knowledge of monitoring fetal wellbeing • Keeping abreast of developments in the field • Raising the profile of fetal wellbeing monitoring • Ensuring that colleagues engaged in fetal wellbeing monitoring are adequately supported • Interfacing with external units and agencies to learn about and keep abreast of developments in the field, and to track and introduce best practice. • The Leads must plan and run regular departmental fetal heart rate (FHR) monitoring meetings and cascade training. • They should also lead on the review of cases of adverse outcome involving poor FHR interpretation and practice. • The Leads must ensure that their maternity service is compliant with the recommendations of Saving Babies' Lives Care Bundle 2 and subsequent national guidelines.		All of the actions are currently in place however, rated as Amber as no Midwife currently in place.	Will be green when Midwife in place (recruited in next 2 months).
		Requirements for NHS Resolution Maternity Incentive Scheme (MIS)		Currently Amber as MIS or CNST due for submission in July 2021. Actions in place to achieve compliance with NHSR requirements. SBL requirements related to NHSR.	
		Links to urgent clinical priorities **a)** Implement the saving babies' lives bundle. Element 4 already states there needs to be one lead. We are now asking that a second lead is identified so that every unit has a lead midwife and a lead obstetrician in place to lead best practice, learning and support. This will include regular training sessions, review of cases and ensuring compliance with saving babies' lives care bundle 2 and national guidelines.		Currently Amber as MIS or CNST due for submission in July 2021. Actions in place to achieve compliance with NHSR requirements. SBL requirements related to NHSR.	

7	**Informed Consent**	All maternity services must ensure the provision to women of accurate and contemporaneous evidence-based information as per national guidance. This must include all aspects of maternity care throughout the antenatal, intrapartum and postnatal periods of care		N/A	N/A
		Women must be enabled to participate equally in all decision-making processes and to make informed choices about their care		N/A	N/A
		Women's choices following a shared and informed decision-making process must be respected		N/A	N/A
		Requirements for NHS Resolution Maternity Incentive Scheme (MIS)		N/A	N/A
		Links to urgent clinical priorities a) Every trust should have the pathways of care clearly described, in written information in formats consistent with NHS policy and posted on the trust website. An example of good practice is available on the Chelsea and Westminster website.		Currently rated as Amber - Further actions on information on the website to be taken forward.	Once further information on the website this will be rated Green.
8	**Additional Information**	We are asking providers to review their approach to NICE guidelines in maternity and provide assurance that these are assessed and implemented where appropriate. Where non-evidenced based guidelines are utilised, the trust must undertake a robust assessment process before implementation and ensure that the decision is clinically justified.		N/A	N/A
Workforce and Leadership		Can you demonstrate an effective system of clinical workforce planning to the required standard?		N/A	N/A
		Can you demonstrate an effective system of midwifery workforce planning to the required standard?		N/A	N/A
		We are asking providers to undertake a maternity work-force gap analysis, to have a plan in place to meet the BirthRate Plus (BR+) (or equivalent) standard by the 31st January 2020 and to confirm timescales for implementation.		N/A	N/A
		Director of Midwifery in every trust: Every trust should have a Director of Midwifery, with a Head of Midwifery in every maternity unit within the organisation. This would help protect people from the risk posed by dysfunctional maternity		N/A	N/A

	services by enabling problems to be identified and escalated more quickly.			
	Regional & national lead midwives: A lead midwife at a senior level in all parts of the NHS, both nationally and regionally		N/A	N/A
	More consultant midwives: We would like to see at least one consultant midwife in every maternity unit. For those responsible for providing services in remote and rural areas, one option could be to appoint a consultant midwife across more than one trust / health board, providing consistency and clarity of professional guidance for this very specific kind of midwifery service.		N/A	N/A
	Specialist midwives in every trust: A range of specialist midwife roles should be the norm in every trust / health board across the United Kingdom. The mix of specialisms will depend upon the needs of the service locally. Midwives should have access to and be able to draw upon these midwives' skills and experience as they strive to deliver and improve care e.g.: • smoking cessation • FGM specialist • substance misuse • mental health specialist		N/A	N/A
	Strengthening midwifery leadership in education & research: Lead Midwives for Education (LMEs) are experienced, practising midwife teachers who lead on the development, delivery and management of midwifery education programmes 13. They help to ensure high standards in midwifery education and are a vital intermediary between the professional regulator (the Nursing and Midwifery Council) and the universities.		N/A	N/A
	Fund ongoing midwifery leadership development: A commitment to fund ongoing midwifery leadership development.		N/A	N/A
	Professional input into the appointment of midwife leaders: Directors and Heads of Midwifery must have the skills, experience and credibility to lead and manage maternity services. The appointment of the right individual is an important matter, and selection procedures within the NHS should be focused on ensuring that the right people get into the right jobs.		N/A	N/A

University Hospital Southampton
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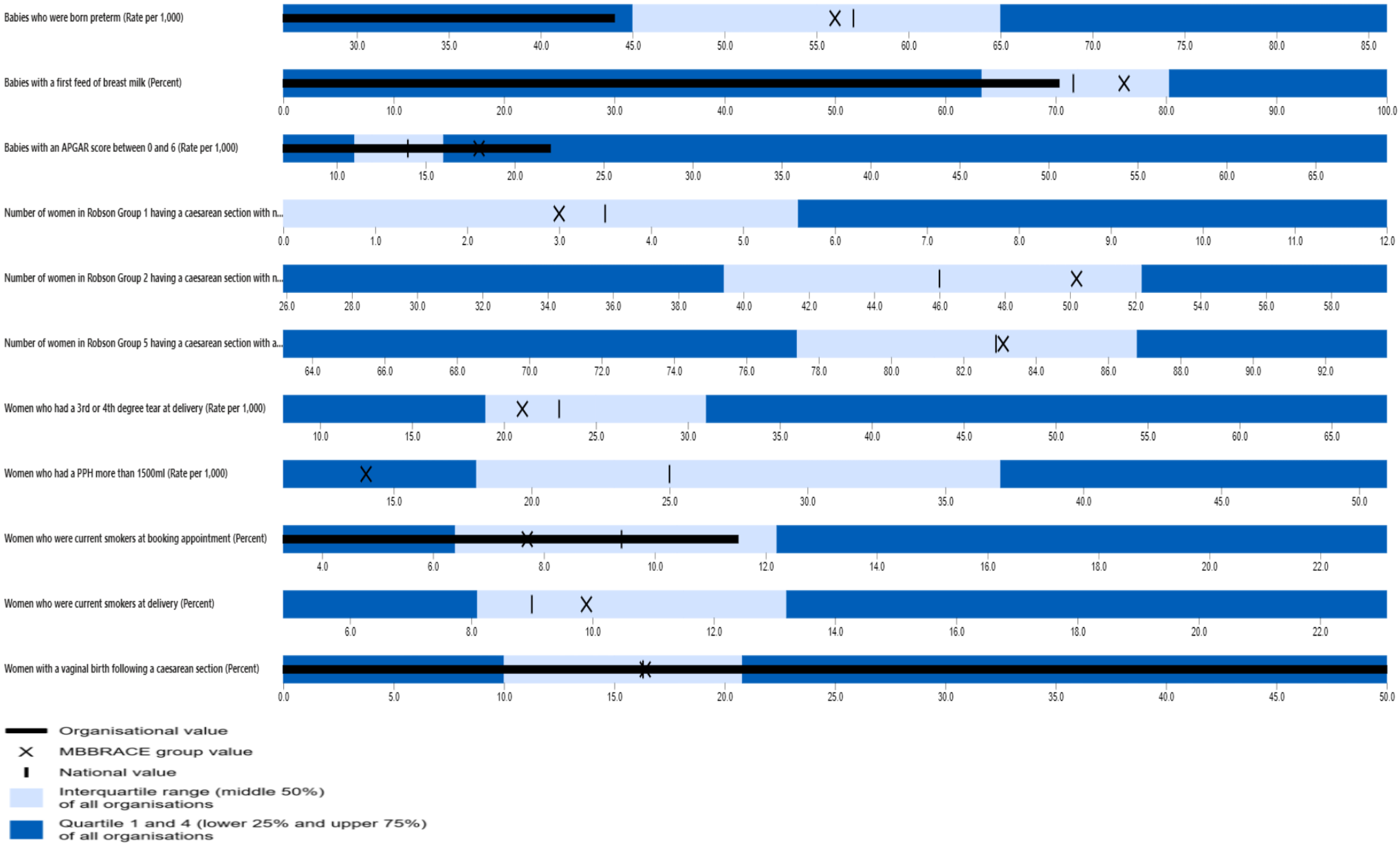


Report to the Trust Board of Directors				
Title:	**UHS Staff Survey Results 2020**			
Agenda item:	**5.8**			
Sponsor:	**Steve Harris, Chief People Officer**			
Author:	**Brenda Carter, Assistant Director of People** **Kirsty Durrant, Strategic HR Projects Manager**			
Date:	**30 March 2021**			
Purpose	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **X**
Issue to be addressed:	The 2020 National NHS Staff Survey results were published on 11 March 2021. This report provides a summary of the results, including key areas of success and concern.			
Response to the issue:	The National Staff Survey results for UHS provide many areas of success. UHS continues to be a Trust with high overall staff engagement, and has an excellent level of recommendation as a place to work. There are continuing challenges where improvement is needed in relation to inclusion, and violence and aggression. Health and Wellbeing support through the continuing COVID-19 pandemic will also be a vital element of people activities during the next year.			
Implications: (Clinical, Organisational, Governance, Legal?)	National Staff Survey results are published and available on the website of the NHS Survey Coordination Centre. The UHS scores and comparative rankings are available with free access. UHS has a continuing obligation to meet its legal requirements in relation to equality legislation.			
Risks: (Top 3) of carrying out the change / or not:	BAF04 - Inability to recruit, develop and train a diverse and inclusive workforce that is necessary to meet our strategic goals.			
Summary: Conclusion and/or recommendation	**Recommendation and Next Steps** The Board is asked to: • Note the key findings of the survey • Note the plan for a more detailed discussion at People and OD Committee on 21 April 2021 • Support the continued focus of corporate priority areas outlined			

1. Introduction and Purpose

1.1 Each year, UHS is required to participate in the National NHS Staff Survey. This survey is based on a series of nationally prescribed questions on aspects of staff experience for employees. The survey was conducted between 30th September and 27th November 2020. It should be noted this took place before the most recent wave of COVID in January 2021.

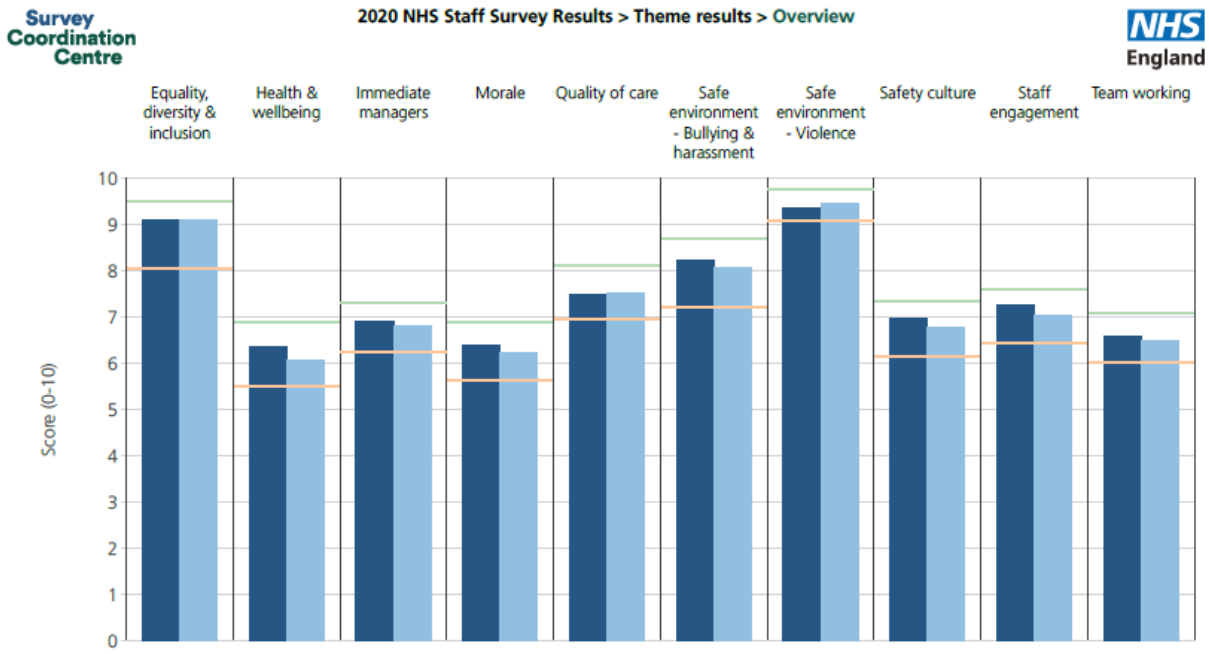
1.2 2020 was one of the most challenging years in the history of the NHS. The COVID-19 pandemic placed an unprecedented challenge on our staff, requiring them to adapt, change roles, and support the running of the Trust in ways never seen before.

1.3 This report sets out a summary of key performance areas.

2. Summary of Performance in 2020 results

2.1 The UHS results from 9 of the 10 themes are at, or above the Acute Trust average (see Figure 1).

2.2 The overall survey response rate has slightly decreased from 51.5% to 50.1%, however this still represents 5,747 staff, and is above the national average of 45% (reduced from 47.7% in 2019).



	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	9.1	6.4	6.9	6.4	7.5	8.2	9.4	7.0	7.3	6.6
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	5,696	5,723	5,738	5,632	5,206	5,571	5,706	5,665	5,814	5,747

Figure 1 – 2020 UHS Staff Survey Results (Themes)

2.3 The benchmarking groups slightly changed in 2020, with UHS now benchmarked with Acute and Acute & Community Trusts. There are now 128 organisations in this group, compared to 85 in 2019.

2.4 More detail behind key theme areas can be found in appendix A.

2.5 In 2020, the free text comments were restructured to focus on Covid-19 specific questions. A detailed thematic analysis of staff survey free text comments is being produced by Picker for further analysis

3. Participation rates

3.1 In 2020, UHS had a response rate of 50.1%, representing 5,747 staff (a decrease from 51.5%, representing 5,814 in 2019). The national acute average response rate was 45.4% in 2020.

4. Significance Testing

4.1 The 10 key themes were significance tested to show areas of statistically significant change, shown in (Figure 2 below).

4.2 This shows that the areas with statistically significant decrease compared to 2019 are Equality, Diversity & Inclusion; Immediate Managers; Violence; and Team Working. WRES and WDES question results can be found in appendix C and D.

4.3 Health & Wellbeing has had a significant increase from 2019.

Theme	2019 score	2019 respondents	2020 score	2020 respondents	Statistically significant change?
Equality, diversity & inclusion	**9.2**	5693	**9.1**	5696	↓
Health & wellbeing	**6.2**	5729	**6.4**	5723	↑
Immediate managers †	**7.1**	5731	**6.9**	5738	↓
Morale	**6.4**	5612	**6.4**	5632	Not significant
Quality of care	**7.5**	5200	**7.5**	5206	Not significant
Safe environment - Bullying & harassment	**8.3**	5655	**8.2**	5571	Not significant
Safe environment - Violence	**9.4**	5681	**9.4**	5706	↓
Safety culture	**7.0**	5674	**7.0**	5665	Not significant
Staff engagement	**7.3**	5810	**7.3**	5814	Not significant
Team working	**6.7**	5711	**6.6**	5747	↓

Figure 2 – Significance Testing

5. Areas of success and challenge

5.1 Things to celebrate:

- The UHS results are at, or above, the Acute Trust average in 9 out of 10 themes.
- 77% of staff would recommend UHS as a place to work (10th in the country).
- UHS is the top Acute Trust in the HIOW ICS.
- Staff engagement at UHS has remained consistently high (7.3) compared to the NHS average (7).
- Engagement amongst BAME staff is 7.5, above the overall Trust average of 7.3.
- 87% of staff agree that care of patients is the top priority at UHS (increased from 85% in 2019).
- UHS is ranked as 20th in Acute and Acute & Community Trusts for staff engagement overall.
- UHS has seen statistically significant improvements in the 'Health and Wellbeing' theme. This has increased from 6.2 to 6.4.
- UHS is ranked 1st in the whole south east region for staff satisfaction with flexible working, and 8th in the country overall. UHS is at 61% against an acute average of 56%.

5.2 Areas of challenge:

- Care groups / departments showing most deviation from average scores are primarily in Division A and Division B, these areas were most impacted by treating Covid+ patients, and recognition of this additional factor across this, as well as all areas, is essential.
- Equality, Diversity and Inclusion has decreased from 9.2 to 9.1, with key drivers here including a reduction in perception that UHS act fairly with regard career progression, and a material increase in experience of discrimination at work from both patients, relatives and the public (increase from 7% to 8%), and from managers and colleagues (increase from 6% to 7%).
- The score for violence remained static at 9.4 for UHS; however the national average has improved to 9.5, resulting in UHS falling below average for this question. There has been a large increase in staff experiencing physical violence from patients, relatives and the public (increase from 15% to 17%, 1,040 staff), from managers (increase from 0.4% to 0.8%, 45 staff), and colleagues (increase from 1.3% to 1.6%, 94 staff).
- The Immediate Managers theme has reduced from 7.1 to 6.9, with significant decreases in manager support, feedback and feeling valued, and inclusion for decision making.

6. Engagement scores

6.1 Comparative engagement scores are set out below including advocacy for the organisation. There is an increase in advocacy of UHS as a place to work and be treated. However motivation and involvement (the other key measures of engagement) dropped. Overall staff engagement score remained at 7.3.

6.2 Engagement Scores

	NHS average	**2020**	**2019**
Overall	7.0	7.3	7.3
BAME Staff	7.3	7.5	7.5
LID staff	6.7	6.9	7.0

6.3 Advocacy

	Would recommend UHS as a place for treatment		Would recommend UHS as a place to work	
	2020	**2019**	**2020**	**2019**
UHS overall	87%	84%	77%	73%
BAME Staff	90%	86%	82%	78%
LID staff	83%	80%	69%	65%

7. Next Steps

7.1 Using the staff survey results the following actions are recommended for UHS to take forward.

7.2 Next steps are summarised in 4 key areas:

- Communication to our staff and wider stakeholders
- Corporate actions
- Local actions
- Developing the UHS people Strategy

7.3 Communication

7.3.1 The Chief People Officer provided an executive briefing video to staff summarising our results. This has been published through all core UHS channels.

7.3.2 UHS external social media channels have celebrated the key highlights of the results.

7.4 Corporate Actions

7.4.1 With recognition of staff capacity following the pandemic, increased focus corporately is on wellbeing of staff and safe restoration of activity.

7.4.2 There are already a number of action plans, and improvement work being implemented within UHS which will support the activity needed to address elements within the survey outcomes. These include:

Area of challenge	**Response**
Violence and Aggression	The Violence and Aggression Steering Group have set out a number of actions to reduce incidences of violence and aggression, as well as to provide support to those who experience this. These include: • 'No Excuse for Abuse' campaign, running a series of engagement posters and engaging activities. • Reducing Restrictive Practice, with additional training for staff in breakaway and restrictive practice. • Planned introduction of a patient and visitor exclusion policy (red card system) subject to Trust Board approval. • Additional investment considerations in security and a LSMS role. • Enhanced wellbeing support to staff who experience significant challenges through our TRiM team.

Wellbeing of our staff	There are a number of wellbeing activities planned, to support UHS staff with recovery from the Covid pandemic. These include: • Emotional healing, with a focus on developing quality conversations with staff about their wellbeing, support for leaders to be able to help their own teams through these conversations, and creation of 'Time to Share' sessions, to focus on culture within UHS. • Physical rest, through proactive management of annual leave, and encouraging staff to use their wellbeing day. • Continued celebration and gratitude of our staff through the 'We are UHS' programme, including running Hospital Super Heroes in the summer. • Strategic review and commitment to continue to expand flexible working offers, with specific commitment to embed our remote working approach as business as usual. • Plan to sensitively bring staff back to work post shielding where risk is appropriate, and where both vaccinations have been received. This will include psychological wellbeing support for those who have been offsite for long periods. • Utilisation of charitable capital funds (including Banksy sale) to create appropriate legacy remembrance and infrastructure enhancements to staff wellbeing.
Inclusion	Continued implementation of agreed plans for action for diverse groups. These include: • Introduction of data on Equality, Diversity and Inclusion (EDI) within the Divisional performance review process. First meetings during April. • Re-start of the inclusive leadership programme following the most recent wave of COVID. 50 individuals from diverse backgrounds also receive Board mentorship as part of this programme. • Implementing agreed changes to the recruitment process to improve transparency of shortlisting, rigour on decision making, and composition of selection panels to improve independence. • Providing training for managers to develop confidence having conversations relating to a staff members' protected characteristics. • Implementing a programme to improve the role of positive allies in the Trust. The Actionable Allyship programme roll out begins with the Board in April Trust Board Study Session. • Ongoing dialogue and engagement with executives and senior managers at network meetings, including an organisation-wide conversation on inclusion, as well as promoting success and talent in BAME and LID groups, as well as other diverse groups. • Investment in support for network leads. Provision of paid protected time in addition to a leadership development offering from.
Succession planning	New approach to succession planning, talent management and leadership development: • Building on feedback from the Staff Survey and Cooper Review, to develop more systematic, transparent and effective approaches to talent management and succession planning across the Trust. • An overhaul of our current leadership development offerings to bring in line with the UHS Strategy aspirations, including an increased focus on compassion and inclusivity.

7.5 Local actions

7.5.1 Results have already been shared with Divisions and THQ departments. HR Business Partners are working with senior teams to establish priority areas of local focus.

7.5.2 Divisions are asked to work on local areas of priority and improvement.

7.5.3 Care Groups have been asked to develop action plans locally, with 4 key areas of focus.

7.5.4 A summary of Care Group results is contained in appendix B.

7.6 Developing the UHS People Strategy

7.6.1 These results will be used to form baseline KPIs for the development of the UHS People Strategy. Following the drafting of the UHS corporate strategy this will now be developed.

7.6.2 Recognising that the results were from the period prior to the latest wave of COVID, it is planned that the national re-introduction of the Quarterly Friends and Family Test will be used as a vehicle to conduct further surveying of staff in Quarter 1 of 2021/22. This will include detailed questions on areas of challenge.

8. Recommendation and Next Steps

8.1 The Board is asked to:

- Note the key findings of the survey.
- Note the plan for a more detailed discussion at People and OD Committee on 21 April 2021.
- Support the continued focus of corporate priority areas outlined in 7.4.3.
- Note that these results will form the baseline for KPIs in the development of the new People Strategy.

Appendix A: Response Detail

1.0 Staff Engagement

1.1 Overall, staff engagement (advocacy, involvement and motivation) has remained at 7.3. UHS is ranked as 20th in Acute and Acute & Community Trusts for staff engagement overall.

1.2 Overall engagement scores have been either 7.3 or 7.4 since 2016. However, there are some staff groups that report below/above average levels of staff engagement. Groups that are below the Trust average include: Additional Professional, Scientific and Technical (6.9), Allied Health Professionals (7.2), Estates and Ancillary (6.8). Groups that are at or above the average include Nursing and Midwifery Registered (7.4), Medical and Dental (7.3) and Admin & Clerical (7.3).

1.3 Staff engagement is lower from the younger workforce (7.0 for ages 16-30); increasing to 7.3 for ages 31-40, and then 7.4 for the 41-65 age groups.

1.4 Staff who declare a disability when completing the survey (19% of responses) have statistically lower engagement scores, with this group scoring 6.9, compared to staff who have declared no disability, scoring 7.4.

1.5 Staff engagement for BAME colleagues is higher than average, at 7.5.

1.6 Enthusiasm for role has decreased from 77% to 75%, and looking forward to going to work has decreased from 64% to 61%.

2.0 Covid-19 Questions

2.1 For 2020, NHS England added additional questions to understand impact of the pandemic on staff.

2.2 When asked if they worked on a Covid-19 ward or area at any time, 36% of staff selected 'yes'. This was below the average of 39%.

2.3 23% of staff had been redeployed due to the pandemic, slightly above average of 20%.

2.4 33% of staff had been required to work remotely / from home due to the pandemic, above the national average of 26%.

2.5 For staff needing to shield, there was a total of 12% of UHS staff reporting they had been shielding (9% for themselves, 3% for a household member).

2.6 Free text questions for 2020 were targeted to Covid, full thematic analysis will be provided in April 2021 from the NHS Survey Coordination Centre.

2.6.1 Thinking about your experience of working through the Covid-19 pandemic, what lessons should be learned from this time?

- "I actually think that everyone has coped really well during the pandemic. The measures put into place have been very good".
- "New ways of communicating from the top down were excellent and really kept us informed".
- "Good communication and dissemination of information when it's been a fast changing world".
- "I think the Trust has handled this extremely well. The only thing I think that could be reviewed was removing the door staff too early".
- "Working through the initial stages of the pandemic was one of the most horrific experiences of my life. This constant change and disregard for staff safety during the initial weeks was horrifying".
- "Not to take us for granted- constant rising pressures, dealing with the unknown, jobs changing etc., we are exhausted and deflated".
- "Clinical waste bags which are designated for the used masks by the entrances should be changed more often as they are often overflowing".
- "That the Trust at the beginning of the pandemic did not always provide staff with the correct PPE to look after Covid+ patients".

2.6.2 What worked well during Covid-19 and should be continued?

- "The regular updates given by the management initially on a daily basis then weekly have somehow eased the apprehension and fear of uncertainty on the unit. By making themselves visible to staff made everybody feel supported and reminded them that they were not on their own and things are being made to make it better".
- "When mask wearing was made compulsory for patients and staff and when the main entrance was manned to ensure only authorised people were allowed into the hospital with their temperature taken, also, when staff were tested weekly, this made me feel safe at work".
- "Realisation that working from home is viable for many backroom staff, and could free up office space".
- "There [have] been significant improvements with changes to practice such as online outpatient prescribing, delivery of medications, telephone consultations, access to better IT services, online educational sessions via [MS] teams".
- "Remote clinical review: Attend Anywhere should be offered as the norm if a physical examination or physical intervention is not needed for those patients with access to the technology to support it".
- "Freedom to make decisions with lighter governance can be hugely transformational when used appropriately".

3.0 Health and Wellbeing

3.1 UHS has seen statistically significant improvements in the 'Health and Wellbeing' theme. This has increased from 6.2 to 6.4, driven by factors including flexible working options, a significant increase in perception that UHS take positive action on health and wellbeing, and a large reduction in the number of staff coming to work when not well enough to perform their duties.

3.2 Staff reporting flexible working opportunities increased from 59% to 61%, significantly above the national average of 56%.

3.3 Staff selecting 'Yes, definitely' to the question 'Does your organisation take positive action on health and wellbeing?' increased from 33% to 36%, above the national average of 32%.

3.4 Levels of work related stress have increased at UHS from 37% to 43%, slightly below average (44%).

3.5 However, the reported rates of staff coming to work when not feeling well enough to perform their duties has decreased from 53% to 42%.

4.0 Equality and Diversity

4.1 When asked if UHS act fairly with regard to career progression/promotion regardless of demographics, the respondents selecting 'yes' has decreased to 88% (from 90% in 2019).

4.2 Staff experiencing discrimination at work from patients / service users, their relatives or members of the public has increased from 7% to 8%, and discrimination from managers / colleagues has increased from 6% to 7%.

4.3 However, staff reporting that adequate adjustments have been made where required to enable them to undertake their role has increased from 78% to 80%.

5.0 WRES and WDES

5.1 Out of the 4 Workforce Race Equality Standard (WRES) questions in the staff survey, there has been a negative change in all 4 areas compared to the 2019 results. These are:

5.1.1 Staff experiencing harassment, bullying or abuse from patients or their relatives (31% of BAME staff, compared to 52% of white staff);

5.1.2 Staff experiencing harassment, bullying or abuse from colleagues (29% of BAME staff, compared to 21% of white staff);

5.1.3 Staff experiencing discrimination from managers or colleagues (16% of BAME staff, compared to 6% of white staff);

5.1.4 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (78% of BAME staff, compared to 90% of white staff).

5.2 Out of the 9 Workforce Disability Equality Standard (WDES) questions in the staff survey, 5 have decreased from 2019, and 4 have improved. These are outlined below.

Scores decreased from 2019:

5.1.5 Staff experiencing harassment, bullying or abuse from other colleagues (27% of staff with a Long Term Condition (LTC) or illness, compared to 16% of staff without);

5.1.6 Staff who believe that UHS provides equal opportunities for career progression or promotion (85% of staff with a LTC/illness compared to 89% of staff without);

5.1.7 Staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties (33% of staff with a LTC/illness compared to 24% of staff without);

5.1.8 Staff satisfied with the extent to which UHS values their work (43% of staff with a LTC/illness compared to 55% without);

5.1.9 Staff engagement for staff with a LTC/illness is 6.9 for 2020, compared to 7.0 in 2019.

Scores improved from 2019:

5.1.10 Staff experiencing harassment, bullying or abuse from patients or their relatives (30% of staff with a LTC/illness, compared to 25% of staff without);

5.1.11 Staff experiencing harassment, bullying or abuse from managers (13% of staff with an LTC/illness compared to 9% of staff without);

5.1.12 Staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it (50% of staff with a LTC/illness compared to 47% of staff without);

5.1.13 80% of staff with a LTC/illness say that UHS has made adequate adjustment(s) to enable them to carry out their work (this is an increase from 78% in 2019).

6.0 Immediate Managers

6.1 Support received from immediate manager has decreased from 73% to 71%. Managers providing clear feedback has decreased from 65% to 62%, and managers asking for opinions before making decisions affecting individuals work has decreased from 59% to 56%.

6.2 There has been a slight decrease in managers taking a positive interest in health and wellbeing, from 72% to 71%.

6.3 There has also been a decrease in managers valuing individual's work, from 76% to 73%, with encouragement from immediate manager decreasing from 74% to 71%.

7.0 Morale

7.1 Involvement in decision making within department has decreased from 54% to 51%, with choice in deciding how to do own work reducing from 58% to 57%.

7.2 However, staff thinking about leaving UHS has decreased from 24% to 23%, with those looking for a new role at a different organisation in the next 12 months decreasing to 18% (from 19% in 2019).

8.0 Team Working

8.1 Staff reporting that their team has a set of shared objectives has decreased to 74% (from 75%).

8.2 Teams often meeting to discuss effectiveness has significantly decreased from 60% to 56%.

9.0 Safe Environment

9.1 There has been an increase across bullying and harassment. Experience of bullying and harassment from patients and their relatives has remained static at 26%; from managers has increased from 9% to 10%; and from colleagues from 17% to 18%.

9.2 Staff reporting physical violence at work has increased also. Experience of physical violence from patients and their relatives has increased from 15% to 17%; from manager has increased from 0.4% to 0.8%; and from colleagues has increased from 1.3% to 1.6%.

Appendix B: Care Group / Directorate Results

	Equality, Diversity and Inclusion	Health and Wellbeing	Immediate Managers	Morale	Quality of Care	Safe Environment - Bullying and Harassment	Safe Environment - Violence	Safety Culture	Staff Engagement	Team Working
Division A - 1,106	**8.8**	**5.8**	**6.6**	**6.1**	**7.5**	**7.9**	**9.2**	**6.8**	**7.1**	**6.2**
Cancer Care - 316	9.0	5.9	6.7	6.2	7.3	8.4	9.5	6.9	7.1	6.1
Critical Care - 239	8.5	5.6	6.5	5.9	7.6	7.4	8.1	6.9	6.9	6.1
Theatre and Anaesthetics - 317	8.8	5.8	6.2	6.0	7.8	7.9	9.5	6.6	7.0	6.3
Surgery - 234	8.9	6.0	6.9	6.3	7.4	7.9	9.4	6.9	7.2	6.4
Division B - 1,058	**8.7**	**6.1**	**6.8**	**6.3**	**7.5**	**7.7**	**8.9**	**6.9**	**7.2**	**6.5**
Emergency Care - 237	8.4	5.9	6.6	6.1	7.1	6.9	8.0	6.8	7.1	6.3
Medicine - 275	8.4	6.1	7.2	6.6	7.7	7.5	8.2	7.3	7.6	6.9
Ophthalmology - 119	9.0	5.6	6.6	6.2	7.4	7.7	9.7	6.9	6.9	6.2
Pathology - 178	8.7	5.8	6.2	5.9	7.5	8.6	9.8	6.7	6.9	6.2
Specialist Medicine - 249	9.2	6.5	7.1	6.6	7.5	7.9	9.6	6.9	7.3	6.8
Division C - 1,291	**9.4**	**6.3**	**6.7**	**6.4**	**7.2**	**8.4**	**9.6**	**7.0**	**7.2**	**6.5**
Child Health - 373	9.5	6.5	6.7	6.5	7.3	8.3	9.4	7.1	7.3	6.4
Clinical Support - 506	9.5	6.3	6.9	6.3	7.0	8.7	9.6	6.8	7.1	6.7
Women and Newborn - 412	9.3	6.2	6.6	6.5	7.4	8.1	9.8	7.1	7.3	6.4
Division D - 1,137	**9.1**	**6.4**	**7.2**	**6.6**	**7.8**	**8.0**	**9.0**	**7.2**	**7.4**	**6.6**
CV&T - 329	9.1	6.4	7.3	6.6	7.7	8.1	9.3	7.2	7.5	6.7
Neuro - 257	9.0	6.3	7.0	6.6	7.5	7.6	8.5	7.0	7.3	6.4
Radiology - 271	9.3	6.6	7.0	6.4	7.8	8.3	9.6	7.3	7.2	6.7
T&O - 280	8.9	6.5	7.5	6.7	8.0	7.7	8.5	7.4	7.6	6.8
THQ - 1,105	**9.3**	**6.9**	**7.2**	**6.5**	**7.5**	**8.8**	**9.8**	**6.9**	**7.3**	**6.9**
Chief Finance Officer - 74	9.4	7.3	7.6	6.9	7.4	9.2	10.0	7.1	7.6	7.2
Clinical Development - 157	9.3	6.9	7.4	6.5	7.3	8.8	9.8	7.0	7.5	7.1
Estates - 162	9.2	6.8	7.0	6.3	7.0	8.5	9.7	6.4	7.0	6.3
HR - 129	9.3	7.1	7.4	6.5	7.7	9.4	9.8	7.2	7.5	7.2
Informatics - 155	9.5	7.6	7.5	6.8	7.6	9.1	9.7	7.0	7.4	7.2
R&D - 202	9.4	6.6	7.1	6.4	7.6	8.9	9.9	7.0	7.3	6.9
THQ Other Services - 226	9.3	6.9	7.0	6.5	7.5	8.7	9.7	6.9	7.3	6.6

2020 UHS Average	9.1	6.4	6.9	6.4	7.5	8.2	9.4	7.0	7.3	6.6
2020 Acute and Acute&Community Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5

RED	Score lower than the national average for Acute Trusts
AMBER	Score between national Acute average and the UHS average
GREEN	Score higher than the UHS average

Appendix C: WRES data

Workforce Race Equality Standard	Demographic	UHS 2017	UHS 2018	UHS 2019	UHS 2020	Acute and Acute&Community Trust Average 2020
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	24.5%	24.3%	25.7%	25.2%	25.4%
	BME	23.6%	25.2%	28.0%	30.5%	28.0%
Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	20.8%	21.7%	21.0%	21.3%	24.4%
	BME	26.0%	28.0%	25.7%	28.5%	29.1%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	White	89.7%	90.7%	91.3%	90.3%	87.7%
	BME	78.0%	74.5%	82.1%	77.6%	72.5%
Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months	White	7.1%	6.4%	5.3%	5.5%	6.1%
	BME	14.6%	13.0%	13.0%	16.0%	16.8%

Appendix D: WDES data

Workforce Disability Equality Standard	Demographic	UHS 2018	UHS 2019	UHS 2020	Acute and Acute&Community Trust Average 2020
Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	Non-Disabled	23.3%	25.0%	25.2%	24.5%
	Disabled	32.3%	30.8%	30.0%	30.9%
Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months	Non-Disabled	9.1%	8.0%	9.1%	10.8%
	Disabled	15.3%	15.8%	13.7%	19.3%
Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	Non-Disabled	16.6%	16.4%	16.2%	17.8%
	Disabled	26.3%	24.6%	26.7%	26.9%
Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it	Non-Disabled	45.4%	45.5%	46.9%	45.8%
	Disabled	50.8%	49.1%	49.6%	47.0%
Percentage of staff who believe that their organisation provides equal opportunities for career progression or promotion	Non-Disabled	89.2%	90.7%	88.8%	86.3%
	Disabled	86.1%	85.4%	84.9%	79.6%
Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties	Non-Disabled	21.9%	18.9%	23.6%	23.4%
	Disabled	30.2%	31.2%	33.1%	33.0%
Percentage of staff satisfied with the extent to which their organisation values their work	Non-Disabled	56.0%	56.4%	54.9%	49.3%
	Disabled	46.8%	44.5%	42.7%	37.4%
Percentage of disabled staff saying their employer has made adequate adjustment(s) to enable them to carry out their work	Disabled	81.5%	77.9%	79.8%	75.5%
Staff engagement score (0-10)	Non-Disabled	7.5	7.4	7.4	7.1
	Disabled	7.1	7.0	6.9	6.6

Appendix E: Comparative Placing
All comparisons against Acute and Acute & Community Trusts

Theme	UHS Score	UHS Rank (out of 128)
Equality, Diversity and Inclusion	9.1	64
Health & Wellbeing	6.4	15
Immediate Managers	6.9	32
Morale	6.4	27
Quality of care	7.5	69
Safe environment - Bullying & Harassment	8.2	33
Safe environment - Violence	9.4	110
Safety Culture	7.0	21
Staff Engagement	7.3	20
Team Working	6.6	42

Top 30 Trusts

	Trust Name	Region	Engagement Score
1	Northumbria Healthcare NHS Foundation Trust	North East And Yorkshire	7.584237
2	St Helens and Knowsley Teaching Hospitals NHS Trust	North West	7.581603
3	Surrey and Sussex Healthcare NHS Trust	South East	7.503918
4	Guy's and St Thomas' NHS Foundation Trust	London	7.462539
5	Sherwood Forest Hospitals NHS Foundation Trust	Midlands	7.402917
6	Royal Berkshire NHS Foundation Trust	South East	7.393153
7	Alder Hey Children's NHS Foundation Trust	North West	7.369347
8	Yeovil District Hospital NHS Foundation Trust	South West	7.366107
9	The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	South West	7.363756
10	University College London Hospitals NHS Foundation Trust	London	7.35145
11	Royal Surrey County Hospital NHS Foundation Trust	South East	7.333213
12	South Warwickshire NHS Foundation Trust	Midlands	7.321044
13	Ashford and St Peter's Hospitals NHS Foundation Trust	South East	7.288543
14	Somerset NHS Foundation Trust	South West	7.282576
15	Northern Devon Healthcare NHS Trust	South West	7.279977
16	Sheffield Children's NHS Foundation Trust	North East And Yorkshire	7.277065
17	Milton Keynes University Hospital NHS Foundation Trust	East Of England	7.269583
18	Airedale NHS Foundation Trust	North East And Yorkshire	7.25938
19	The Newcastle upon Tyne Hospitals NHS Foundation Trust	North East And Yorkshire	7.256922
20	University Hospital Southampton NHS Foundation Trust	South East	7.255355
21	Kingston Hospital NHS Foundation Trust	London	7.254831
22	West Suffolk NHS Foundation Trust	East Of England	7.227826
23	Chesterfield Royal Hospital NHS Foundation Trust	Midlands	7.227227
24	Western Sussex Hospitals NHS Foundation Trust	South East	7.224855
25	Maidstone and Tunbridge Wells NHS Trust	South East	7.221478
26	Poole Hospital NHS Foundation Trust	South West	7.218798
27	Mid Cheshire Hospitals NHS Foundation Trust	North West	7.216025
28	The Royal Wolverhampton NHS Trust	Midlands	7.213732
29	Frimley Health NHS Foundation Trust	South East	7.205986
30	Birmingham Women's and Children's NHS Foundation Trust	Midlands	7.202426

Hampshire and IOW ICS

	Trust Name	Engagement Score
20	University Hospital Southampton NHS Foundation Trust	7.3
48	Hampshire Hospitals NHS Foundation Trust	7.1
58	Portsmouth Hospitals University NHS Trust	7.1
98	Isle of Wight NHS Trust (acute sector)	6.9

(Solent NHS Trust and Southern Health NHS Foundation Trust are not comparable as scored within the Mental Health Trusts group).

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Plan to Address Violence and Aggression against Staff**			
Agenda item:	**5.9**			
Sponsor:	**Chief Operating Officer**			
Author:	**Chief Operating Officer**			
Date:	**30 March 2021**			
Purpose	**Assurance or reassurance Y**	**Approval**	**Ratification**	**Information**
Issue to be addressed:	To provide an update to the Trust Board following the staff stories of violence and aggression that were presented to Trust Board 31October 2019 and the subsequent update presented in September 2020.			
Response to the issue:	The paper provides an update for the Board on the Trust's current position in relation to violence and aggression. It summarises the progress made since the Board heard from staff about violence and aggression at UHS and the impact of this on them. It outlines the proposed changes required post Covid-19 to the Trust's overall approach to the violence and aggression agenda and required funding.			
Implications: (Clinical, Organisational, Governance, Legal?)	Clinical, Organisational, Governance, Legal			
Risks: (Top 3) of carrying out the change / or not:	The top 3 risks are; 1. Inability to reduce violence and aggression towards staff at UHS 2. Inability to meet the Trust policy and national guidance on violence and aggression 3. Increase in staff members off work due to violence and aggression incidents, impacting on services and finances			
Summary: Conclusion and/or recommendation	The Trust Board is asked to:- • note the report and actions • endorse the approach in relation to the exclusion policy • note the additional funding required to implement the recommendations and that this will be included in the Trust's budget-setting considerations for 2021-22.			

1. Background

The Trust Board heard from staff about violence and aggression management within the Trust at its meeting on 31st October 2019.

A follow up progress paper was produced for the Board in September 2020 and the Board asked the Executive Team to consider a more ambitious plan to address this issue.

The purpose of this paper is to provide an update for the Board on the Trust's current position in relation to violence and aggression and the progress made. It outlines the proposed changes required post Covid-19 to the Trust's overall approach to the violence and aggression agenda and ultimately intends to seeks the Board's support for this.

2. Detailed Report

Progress made to date is summarised below including a number of recommended actions that require Board support.

2.1 Governance

Governance – The Violence and Aggression group is fully operational under the leadership of Sarah Herbert, Divisional Head of Nursing & Therapies. The reformed group has met on three occasions and has a prioritised work plan focusing on three key areas: standardisation of policies, procedures and process, staff wellbeing and restrictive practice. Details of this are set out below.

2.2 Exclusion policy

As part of the Violence and Aggression group we have developed a procedure to exclude violent and aggressive individuals from UHS care and premises when they repeatedly display unacceptable behaviour which cannot be managed by de-escalation, anticipatory care planning and the challenging behaviour protocol. This type of policy is operational in other organisations across the NHS and will have support from our people.

This procedure should be used to invoke sanctions, up to and including the sanction of exclusion from UHS treatment and premises, when individuals are persistently violent or aggressive despite attempts to manage and de-escalate this behaviour. Where necessary individuals may be asked to leave the premises immediately and support from security services or the police will be obtained if the individual does not cooperate with this. In this event, where there are ongoing care or treatment requirements, UHS will endeavour to arrange this with another provider.

The procedure has three stages (formal warning, yellow card, and red card) which are usually used progressively. However where the behaviour so warrants the procedure may be commenced at any one of the stages. The document outlining the procedure has undergone consultation across the Trust and has been received well by all staff groups and is now being reviewed by the Trust's solicitors. The policy has been approved by the Trust Executive Committee and the Trust Board is asked to endorse the approach.

The Board is asked to endorse the approach.

2.3 Stakeholders

Since the last Board we have met with Hampshire Constabulary and developed a much improved working relationship with clarity of expectations on each side. Their contribution to the Violence and Aggression group has been extremely supportive. They have presented at the Violence and Aggression group on the issue of hate crime and we are now actively working with them to align our reporting systems to reduce duplication in reporting for staff, increase the reporting of hate crime to the police and gain better detailed information on this issue. They have been supporting workshops in the Trust around the introduction of operation Cavell and issues relating to violence and aggression. We are working closely with the police to pursue convictions in all appropriate incidents, our liaison officer supporting staff in writing statements and the police will continue to use our security footage as evidence. Regular catch ups with Hampshire Police are planned and we are clear on mutual expectations and escalation.

2.4 Security Management

To combat violence and aggression within the Trust it is required to have a focused attention by a security specialist. A full time LSMS (Local Security Management Specialist) would be able to support the clinical teams in the development and implementation of a violence and aggression strategy, encompassing both reactive tactics to reduce the impact of violence and aggression, but also a scheduled preventative plan to inform staff and improve reporting.

While the current structure of security provides an excellent person guarding function, there requires greater management time dedicated to the reduction of violence and aggression. Most other NHS trusts have a dedicated LSMS working alongside nursing and the Emergency Planning function. It is the recommendation of this report that the LSMS function is established as a separate role and a dedicated action plan be developed.

2.5 Absconding Patients

The Violence and Aggression group have been undertaking a review of how the Trust responds to absconding patients. Historically Mitie (our security contractor) have been unwilling to agree to staff leaving the site perimeter, which has at times left UHS staff vulnerable when trying to return absconding patients to their clinical areas. We are working with both the police and ambulance service to support the challenges absconding patients present. Monthly meetings have also been established with the patient safety team, police and mental health matron to review patient incidents of absconding and how we can work collaboratively to address this problem. Already these meetings have identified a number of workstreams to focus on such as securing the site and implementing identification/prevention techniques. We have also benchmarked our policy, and looked at it in context of new national guidance 'The multi-agency response for adults missing from health and care settings' a national framework for England published in October 2020. We have concluded that our current policy reflects a fair and proportionate response. It asks for support from the police in medium/high risk patients and doesn't say that staff must go off site but instead a dynamic risk assessment should be made to decide to the best response which in certain cases may be following a vulnerable patient until help can be obtained. The key action will be to ensure that staff are educated and versed on the policy which will be implemented as part of the violence and aggression launch of new policies and support in place.

2.6 Enhanced Security

There is a need to enhance resources for security in our Emergency Department (ED). Having reviewed the data it demonstrates a substantial use of security in ED comparable to the rest of UHS. Therefore, additional resource in ED would have twofold benefit - ED in having a presence 24/7 but also the rest of the Trust who often can't get the required response they need in a timely way as security are tied up in ED for long periods of time.

The ED is currently by far the greatest call on security resource and our aim is to commission permanent support in ED 24/7. For 2 officers this would cost £242k per annum. The data has shown (For a 6 month period Sept 20 – Feb 21) security on average attend ED each month 97 times, and the rest of the Trust as a whole in the same period 235.5 times.

For Appendix D cases (where a patient is held under best practice waiting for a mental health assessment or some other process) calculated during Feb 20 – Feb 21, security on average attended 26 times each month, which means during those occasions at least two officers could not attend to anything else in the Trust.

Where physical intervention was used, based on our latest figures (Feb 21) 55% of these episodes occurred within ED, 32% Acute Medical Unit (AMU) and 13% Rest of Hospital.

These figures show high demand for security services within the Emergency Department. In downtime, these staff would be used for patrolling in AMU through ED, which was what occurred historically and will hopefully in some cases, but not all, provide an active deterrent.

This could potentially be initially trialled on a non-recurrent basis as we may see an increase in attendance during the release of lockdown measures.

For context the total hours within the existing security contract are 1088 and this would represent a 30% increase in total cover.

2.7 Reporting Hate Crimes

We are currently working with Hampshire police to align our Adverse Event Reporting system so data submitted can be pulled straight into the national hate crime format to ease reporting for our staff and increase police reporting.

2.8 Lockdown

Lockdown is the process of controlling the movement and access – both entry and exit – of people (NHS staff, patients and visitors) around a Trust site or other specific Trust building/area in response to an identified risk, threat or hazard that might impact upon the security of patients, staff and assets or, indeed, the capacity of that facility to continue to operate. A lockdown is achieved through a combination of physical security measures and the deployment of security personnel.

At this moment, it is not possible for UHS to undertake either a perimeter lockdown or a phased progressive lockdown due to the nature and number of the entrances and access needed. This is a considerable risk and effective processes in place would go a significant way towards improving our prevention of potential incidents. It is recommended that the Trust seeks to install the appropriate physical security measures (i.e. proximity access control on all external doors) at a cost of £55k. In

addition there will be a need to administer a wholesale change from open doors to swipe card system estimated at a non-recurring cost of £45k with some ongoing management of this estimated at £15k.

2.9 Restrictive Practice

A specific task and finish group in relation to restrictive practice has been established, chaired by the mental health matron to review practice, ensuring that as a Trust we are following national guidance, protecting our staff and patients through the use of appropriate training and equipment. The current focus is on the identification and prevention through early supportive intervention of patients at risk of absconding in order to reduce the use of restrictive practice. An important part of which is training our staff on de-escalation, however we currently we have limited capability and capacity within the Trust to facilitate and so would look for financial support.

The CQC announced that from April 2021 it expects all services across health and social care use training in restrictive practices that is certified as complying with the Restraint Reduction Network (RRN) Training Standards. We have been in consultation with Maybo, a nationally recognised provider, who can offer RRN approved training to NHS trusts. They can offer Bild Association of Certified Training certified training through directly delivered training and can support NHS trusts in becoming a Maybo affiliate organisations under the scheme to enable them to deliver certified programmes using their own “in-house” trainers. The aim of the programme would be to:

- Provide staff with skills to care safely for patients displaying behaviours that challenge
- Develop a Trustwide approach that reflects differing needs of specific areas/services, with a focus on de-escalation
- Enhance the existing therapeutic alliance between the security team and clinical colleagues through an MDT training approach
- Develop in-house resource with external specialist support with the aim to reduce the need for restrictive intervention and reduce incidents of violence towards staff.

The cost of this would be £9,000 annually with a commitment for 3 years, enabling the Trust to train 8 trainers giving us the ability to train and certify an unlimited number of staff in understanding behaviour and preventing and de-escalating conflict to responding to high risk situations. The training offered addresses the specific needs of different patient groups in an acute hospital including children and older adults, people with learning disabilities and autism and people living with dementia related illness, thereby meeting the Trust-wide needs.

2.10 Ongoing communication campaign

Our Communications Team is working closely as part of the Violence and Aggression group and to support the roll-out of the exclusion policy. The intention is to implement a staff first approach to ensure that they are educated and on board ahead of the policy's introduction and can become active advocates and champions for it amongst our community. The campaign will include a series of Teams Live events, involving and supported by the lead Cavell and Hate Crime Officers at the Hampshire Constabulary and key experts from UHS and University of Southampton (UoS) staff (behavioural scientists). To educate staff on the ambition, planned implementation and process of the project and provide guidance and advice on playing their part in successfully implementing the new policy.

The internal communications will be underpinned with a continued proactive social campaign – building on the previous No Excuse for Abuse campaign and success of the pre-Christmas Zero Tolerance campaign (which delivered 14 targeted posts achieving 65k impressions and direct engagement from 2745) in order to generate positive engagement and conversation around the issue more broadly.

Once the programme is ratified we will work on a specific external media campaign to deliver public awareness of the new policy for news stories and supporting staff testimonials for human interest features.

In addition, our Communications Team will work with the patient information team to ensure targeted messaging for those in our care and their families and create and deliver visual collateral targeted at specific high risk areas within the hospital such as ED.

2.11 Staff Support

The provision of staff support for those who experience incidents of violence and aggression is a hugely important part of looking after our people. In recent months, much work has been done in this area. Publications have been created to provide information to those who have reported an incident outlining what they might experience, what they can expect from their managers and the support that is available at UHS. A robust process has been set up to ensure that those who have reported an incident through completion of an AER are referred to TRiM (a psychological trauma risk management support service) where they can access trauma support. Protocols have been established around TRiM response times. Additionally, individuals will be signposted to other support options such as psychological support, chaplaincy and Employee Assistance Programme. Through this support provision we will not only be supporting our valuable staff but also be able to gather information that will inform additional provision. Patterns and themes will emerge that will support wider work on culture, leadership and inclusion.

3. Finances

A summary of the financial ask is set out below:-

Item	**Recurring Revenue PA £k**	**Non-Recurring Revenue £k**	**Capital £k**
Local Security Management Specialist (Band 8a)	60 (estimate)		
Mitie Contract – enhanced security	242		
Physical Security for Lockdown			55
Administration of swipe passes	15	45	
Training for reducing restrictive clinical practice	9		
Total	**326**	**45**	**55**

4. Recommendations

The Board is asked to:-

- note the report and actions
- endorse the approach in relation to the exclusion policy
- note the additional funding required to implement the recommendations and that this will be included in the Trust's budget-setting considerations for 2021-22

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2020-21 Month11**			
Agenda item:	**5.10**			
Sponsor:	**Ian Howard – Interim Chief Financial Officer**			
Author:	**Ian Howard – Interim Chief Financial Officer**			
Date:	**30 March 2021**			
Purpose	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** **X**
Issue to be addressed:	The finance report provides a monthly summary of the key financial information for the Trust.			
Response to the issue:	The key headlines on the finances of the Trust are: **20/21:** **Loss of Other Income:** • The Trust has received payment of £1.6m relating to loss of other income in M10. This backdated payment supported the Trust to post an in-month surplus of £1.5m, bringing the position back to break-even YTD. • A further £1.6m was received to support loss of other income in M11, with £1.6m to be received in M12. An advance cash payment for all 3 months (£4.75m) has been received. **Annual Leave:** • The Trust has received payment in advance of £8m in early March to cover the cost of additional accruals for annual leave that staff members have been unable to take due to Covid-19. This is estimated to be worth £7m (circa 3.5 days) based on latest UHS figures, although this figure may change as we get closer to year-end. **Elective Incentive Scheme:** • Elective Incentive Scheme funding has been confirmed for September and October, with UHS receiving £1.6m. **Overall:** • The Trust remains on track to achieve a break-even financial position in 20/21. Additional costs from the surge in Covid patients are being off-set by reduced costs linked to Elective activity, notably clinical supplies. • As funding has been received for both annual leave and loss of other income, the position has moved from being an “allowable” item to being funded within the overall I&E position. • We are very confident in achieving the year-end position of break-even as a minimum.			

	Capital 20/21: • The Trust has £14m of internal and external capital to spend in 1 month. However, confidence has grown in-month, with some items brought forward from 21/22. ED modular units are due on-site in March, along with other equipment including a Linac machine and IT. A replacement IT LIMS pathology system has also been purchased with contracts signed by all Southern Counties Pathology Trusts. • We have requested £1m - £1.25m additional CDEL funding from Regional slippage. After concluding the M11 reported position, this additional CDEL limit has been confirmed. **Capital 21/22:** • HIOW STP capital CDEL limit has been confirmed at £102m, an increase of £92m in 20/21. This is good news for the system. However, we are still expecting significant funding prioritisation challenges, with requests for CDEL expecting to be significantly higher than £102m. We are working through a process with the STP, with a view to submitting a capital plan on 12th April 2021.
Implications: (Clinical, Organisational, Governance, Legal?)	• Financial implications of availability of funding to cover growth, cost pressures and new activity. • Organisational implications of remaining within statutory duties.
Risks: (Top 3) of carrying out the change / or not:	• Financial risk mainly linked to the uncertainty of 21/22 funding arrangements and uncertainty over final 20/21 funding arrangements. • Cash risk linked to volatility above
Summary: Conclusion and/or recommendation	Finance & Investment Committee is asked to note this report Trust Board is asked to note this report

2020/21 Finance Report - Month 11

Report to:	**Board of Directors and Finance & Investment Committee** **February 2021**
Title:	**Finance Report for Period ending 28/02/2021**
Author:	**Philip Bunting, Acting Deputy Director of Finance**
Sponsoring Director:	**Ian Howard, Acting 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 February 2021, the Trust reported a surplus of £1.5m, which was favourable to plan by £4.5m before adjustments. This was predominantly due to funding of £3.2m being received from DH relating to the YTD shortfall in Other Income lost as a result of Covid. The YTD position is therefore now a £0.1m surplus.

2. The Trust forecast anticipates delivery of a **breakeven** position for the second half of 2020/21, following additional funding for Other Income shortfalls (£4.75m) and annual leave increased provision (£7m estimate).

3. In month, £3.8m (£2.4 pay and £1.4m non pay) was incurred on additional expenditure relating to Covid-19. This was down slightly from January due to Covid activity decreasing towards the end of the month and the shorter number of days. This fall is anticipated to continue into M12. £0.5m of the in-month spend relates to Covid testing costs which are now directly reclaimable on a pass through basis and are billed as a retrospective top-up. Vaccine hub costs are also now reported on this basis (£0.05m in month).

4. The main themes seen in M11 were :
   - If payment had continued on a payment by results basis the trust would have received £8.5m less income. This gap has worsened by £0.9m from January due to the drop in activity caused by Covid related pressures.
   - Elective activity remained at 65% of planned levels but non elective activity reduced significantly to 85% and we continue to see a reduction in A&E attendances, with the increased Covid restrictions likely to be a contributing factor. Outpatient income dropped to 92% of planned levels.
   - The Trust continues to incur additional income & expenditure relating to the Chilworth project which are matched.
   - Pay costs decreased slightly from January due to marginal reductions in activity and February being a shorter month.
   - Other operating income has fallen below pre-Covid levels by £3.2m (excluding the Chilworth project) especially within private patients and R&D. This is directly offset by compensating income from DH.

Finance: I&E Summary

The financial position for M11 was a surplus of £1.5m which was favourable to plan by £4.5m. YTD the position is a £0.1m surplus. Both the anticipated shortfall on other income and annual leave accrual movement are now confirmed as cash backed items. This had made up £11.5m of the £14.5m deficit plan for Q3/Q4. With funding to offset these a breakeven position is therefore forecast to prevail.

In month there was volatility within both income and expenditure due to one off costs and benefits, however the underlying position remained consistent with January.

Within expenditure clinical supplies saw a significant reduction from plan as costs were supressed correlating with reduced elective activity. Pay costs were slightly below plan (£0.3m). This was largely due to the response to Covid pressures reducing elective activity.

Other non pay costs run significantly adverse to plan but this category includes Chilworth costs that were not within the original plan assumptions and are offset within other income.

Half-Year Position

		Current Month			M7 - 11 Actuals			M7 - 12		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	59.5	63.3	(3.8)	297.3	301.8	(4.6)	356.7	356.4	0.3
	Pass-through Drugs & Devices	11.6	11.9	(0.3)	58.2	60.0	(1.7)	69.9	70.1	(0.2)
Other income	Other Income excl. PSF	8.5	12.1	(3.6)	42.6	61.8	(19.2)	51.1	82.4	(31.3)
	Top Up Income	0.4	3.7	(3.4)	1.8	5.8	(4.0)	2.1	14.9	(12.8)
Total income		**80.0**	**91.0**	**(11.0)**	**399.8**	**429.4**	**(29.5)**	**479.8**	**523.9**	**(44.1)**
Costs	Pay-Substantive	43.6	43.8	0.2	216.9	218.5	1.6	262.4	267.9	5.5
	Pay-Bank	3.2	3.5	0.2	15.0	15.1	0.1	18.1	18.2	0.1
	Pay-Agency	1.5	0.8	(0.7)	6.4	4.2	(2.2)	7.9	5.2	(2.7)
	Drugs	1.0	1.5	0.5	5.0	5.9	0.9	6.0	7.6	1.6
	Pass-through Drugs & Devices	11.6	11.9	0.3	58.2	60.0	1.7	69.9	70.1	0.2
	Clinical supplies	8.8	5.5	(3.3)	41.5	34.6	(6.9)	50.2	41.3	(8.9)
	Other non pay	9.9	19.6	9.7	49.4	76.4	27.0	59.5	95.5	36.0
Total expenditure		**79.6**	**86.5**	6.9	**392.5**	**414.6**	**22.1**	**474.0**	**505.8**	**31.8**
EBITDA		**0.4**	**4.5**	(4.1)	**7.4**	**14.8**	(7.4)	**5.8**	**18.0**	(12.2)
EBITDA %		0.5%	5.0%	(4.5%)	1.8%	3.4%	(1.6%)	1.2%	3.4%	(2.2%)
	Depreciation / Non Operating Expenditure	3.0	2.9	(0.1)	11.9	14.6	2.7	17.9	17.4	(0.5)
Surplus / (Deficit)		**(2.6)**	**1.6**	**(4.2)**	**(4.5)**	**0.2**	**(4.7)**	**(12.1)**	**0.6**	**(12.7)**
Less	Donated income	0.5	0.2	0.3	2.5	0.6	2.0	3.0	1.2	1.8
Add Back	Donated depreciation	0.1	0.1	(0.0)	0.5	0.5	(0.0)	0.6	0.6	0.0
Net Surplus / (Deficit)		**(3.0)**	**1.5**	**(4.5)**	**(6.6)**	**0.1**	**(6.6)**	**(14.5)**	**0.0**	**(14.5)**

Finance: I&E Summary (FY)

The financial position illustrated within the table shows the consolidated position for 2020/21 including the M1-11 position together with the full year forecast.

The M1-11 position includes within it the top-up regime payments that were enacted during the first wave of Covid. Non recurrent support has also continued into Q3/Q4 meaning top-up income will exceed £50m at the end of the financial year.

The full year forecast couples both phase 1 and phase 3 financial regimes illustrating the prevailing breakeven forecast that is currently anticipated from months 7-12.

Making assertions from plan variances is somewhat tricky when reviewing the full year plan as the plan for M1-6 was centrally set and largely not reflective of areas of anticipated pressure or growth as a result of Covid.

Full-Year Position

		M1 - 11 Actuals			Full Year Forecast		
		Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	622.2	618.0	4.1	681.6	672.7	9.0
	Pass-through Drugs & Devices	120.1	127.2	(7.1)	131.7	137.4	(5.7)
Other income	Other Income excl. PSF	101.3	108.9	(7.6)	109.8	129.5	(19.7)
	Top Up Income	1.8	41.7	(40.0)	2.1	50.8	(48.7)
Total income		**845.3**	**895.9**	**(50.6)**	**925.3**	**990.4**	(65.1)
Costs	Pay-Substantive	464.7	474.4	9.7	510.2	523.9	13.7
	Pay-Bank	26.6	30.7	4.0	29.8	33.7	3.9
	Pay-Agency	13.3	9.1	(4.2)	14.8	10.1	(4.7)
	Drugs	12.6	12.0	(0.6)	13.6	13.8	0.2
	Pass-through Drugs & Devices	120.1	127.2	7.1	131.7	137.4	5.7
	Clinical supplies	65.7	66.7	1.0	74.4	73.5	(0.9)
	Other non pay	115.6	143.3	27.7	125.7	162.4	36.8
Total expenditure		**818.6**	**863.5**	**44.9**	**900.2**	**954.8**	54.6
EBITDA		**26.7**	**32.3**	(5.6)	**25.1**	**35.6**	(10.5)
EBITDA %		3.2%	3.6%	(0.5%)	2.7%	3.6%	(0.0)
	Depreciation / Non Operating Expenditure	29.8	32.3	2.5	35.8	35.1	(0.7)
Surplus / (Deficit)		**(3.1)**	**0.0**	**(3.2)**	**(10.7)**	**0.5**	**(11.2)**
	Donated income	4.2	1.0	3.1	4.7	1.7	3.0
	Donated depreciation	1.3	1.1	(0.2)	1.4	1.2	(0.2)
Net Surplus / (Deficit)		**(6.0)**	**0.1**	**(6.1)**	**(14.0)**	**0.0**	**(14.0)**

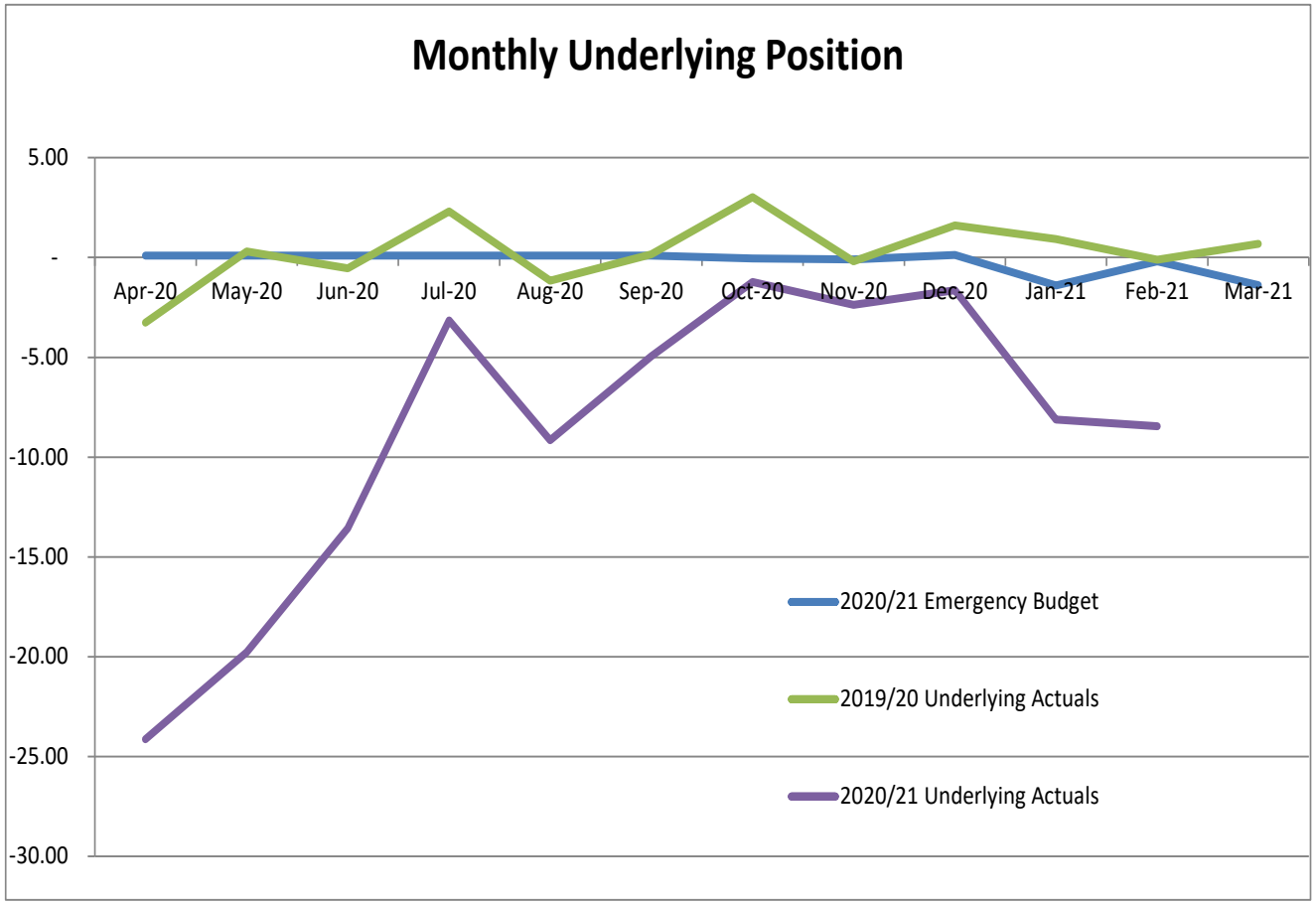
Monthly Underlying Position

These graphs show the actual underlying position for the Trust however are heavily linked to the numbers of covid positive patients the trust is managing:

The following have been removed from the February 20/21 position:

- (-) The block contract uplift of £8.5m in month (£83.9m YTD) which represents the value of income over and above that which would have prevailed under PbR.
- (+/-) material one off items of expenditure. These net to zero in month.

This illustrates that if the trust reverted to PbR and Covid income and expenditure are adjusted out a deficit of £8.5m in month would have prevailed, assuming other income losses will be funded. This gap has levelled off since January when it fell sharply. Currently the block contract mechanism provides security against any underperformance.



Clinical Income

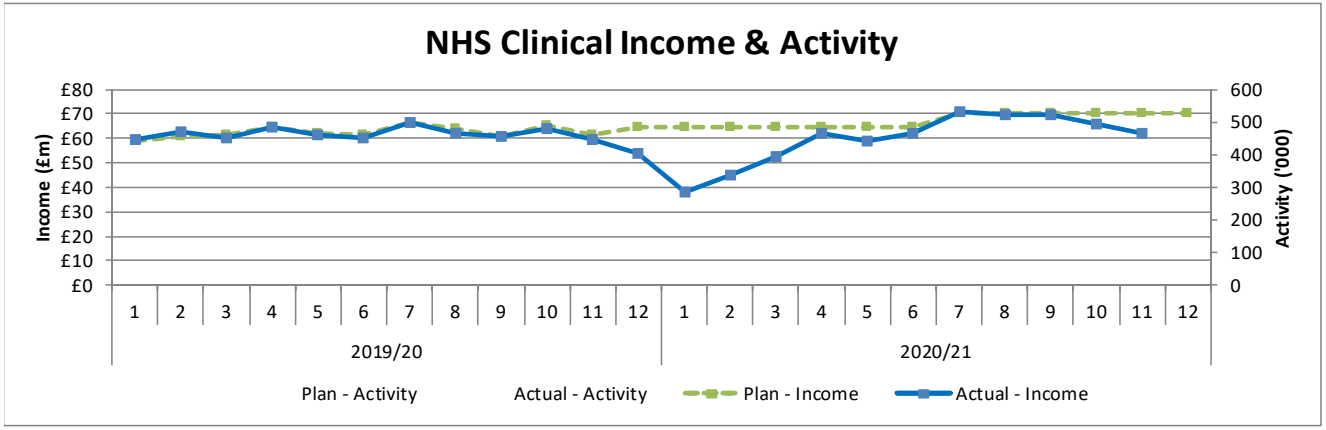
(Fav Variance) / Adv Variance

Clinical income for the month of February was £4.0m favourable to plan and including Non NHS income was £2.7m favourable to plan. The Trust has received a number of one off investments from commissioners for post Covid recovery in the month which is driving this favourable position, however these have been offset by costs. Apart from these investments, much of the income is now fixed with confirmed block contract funding in place for the remainder of the financial year.

February has seen a decrease in activity from January although this is broadly to be expected given the shorter month. Elective income increased, representing 59% of planned levels (up from 57% in January). Non elective values reduced to 85% of plan level (down from 95% in January), and we continue to see a reduction in A&E attendances with the increasing Covid restrictions likely to be a contributing factor. Outpatient income dropped but remains strong at 92% of planned levels.

The graphs overleaf show trends over the last 23 months and the impact of Covid-19 as well as the recovery to pre Covid levels of activity in many areas.

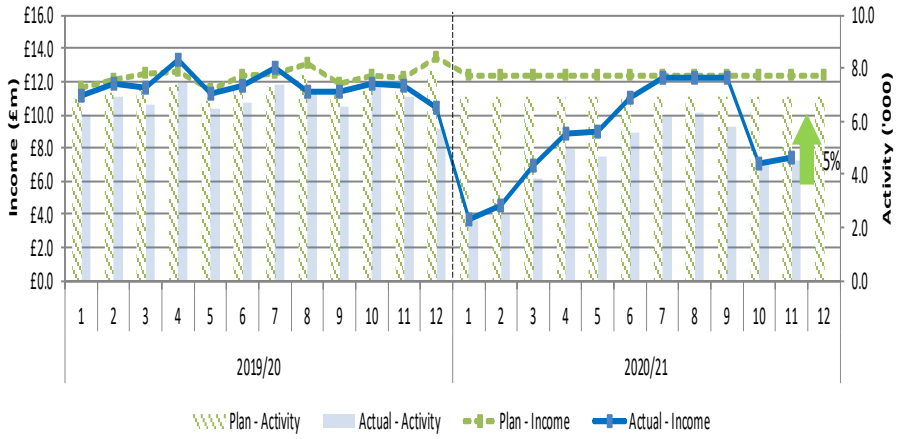
	2020/21						2019/20
POD GROUP	In Month Plan £000s	In Month Estimate £000s	In Month Variance £000s	YTD Plan £000s	YTD Estimate £000s	YTD Variance £000s	YTD Actuals £000s
NHS Clinical Income							
Elective Inpatients	£12,393	£7,375	£5,018	£136,326	£95,168	£41,158	£130,126
Non-Elective Inpatients	£18,725	£15,834	£2,890	£205,971	£186,305	£19,666	£198,596
Outpatients	£7,128	£6,529	£599	£78,414	£70,907	£7,506	£77,172
Other Activity	£11,387	£10,305	£1,081	£124,767	£104,996	£19,771	£118,862
CQUIN	£670	£578	£92	£7,363	£6,155	£1,208	£7,822
Blocks & Financial Adjustments	(£629)	£1,295	(£1,924)	(£594)	£5,137	(£5,732)	(£654)
Other Exclusions	£4,130	£3,476	£654	£42,703	£35,606	£7,097	£3,682
Pass-through Exclusions	£11,650	£11,904	(£254)	£120,069	£127,195	(£7,126)	£106,241
Subtotal NHS Clinical Income	*£65,454*	*£57,297*	*£8,157*	*£715,018*	*£631,468*	*£83,550*	*£641,847*
M7-M12 additional funding	£5,452	£9,194	(£3,742)	£27,262	£31,004	(£3,742)	
Covid block adjustments	£0	£8,455	(£8,455)	£0	£83,920	(£83,920)	£0
Total NHS Clinical Income	**£70,907**	**£74,946**	**(£4,040)**	**£742,280**	**£746,392**	**(£4,112)**	**£641,847**
Non NHS Clinical Income							
Private Patients	£316	£187	£129	£4,484	£2,576	£1,908	£3,541
CRU	£154	(£1,033)	£1,187	£2,186	£770	£1,416	£1,904
Overseas Chargeable Patients	£120	£75	£45	£1,362	£775	£587	£1,206
Total Non NHS Clinical Income	**£590**	**(£772)**	**£1,362**	**£8,032**	**£4,121**	**£3,911**	**£6,651**
Grand Total	**£71,497**	**£74,175**	**(£2,678)**	**£750,312**	**£750,513**	**(£201)**	**£648,498**



Clinical Income

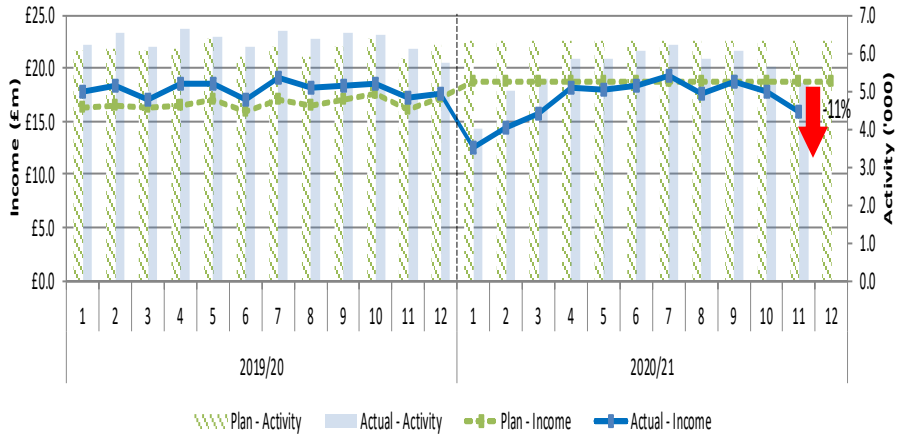
Elective spells

In month -2,409 activity, -£5,017,959
YTD -25,371 activity, -£41,158,408



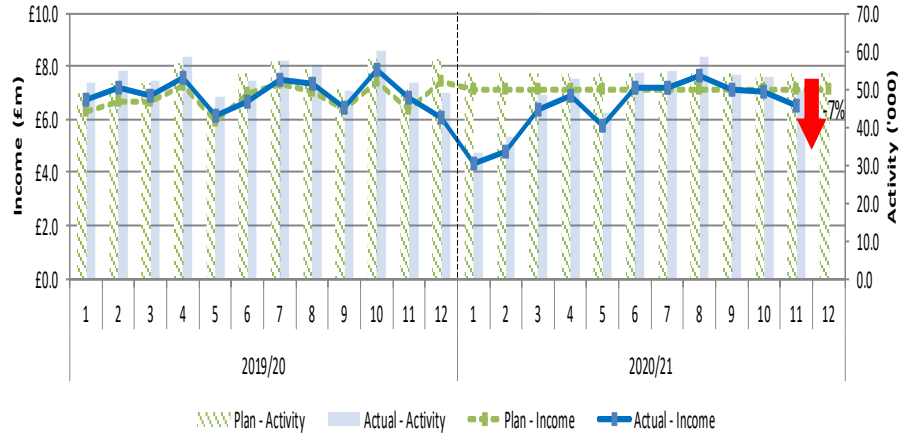
Non elective spells

In month -1,085 activity, -£2,890,383
YTD -8,506 activity, -£19,666,306



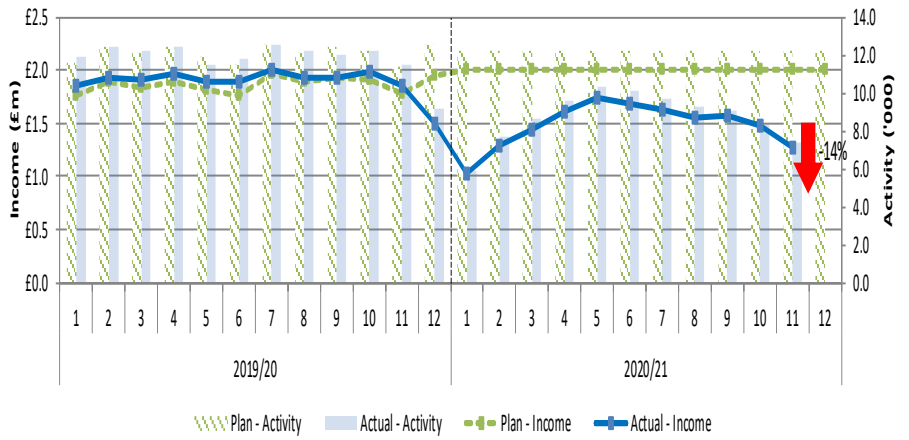
Outpatients

In month -4,687 activity, -£599,242
YTD -54,460 activity, -£7,506,454



A&E

In month -4,924 activity, -£726,579
YTD -38,883 activity, -£5,653,235



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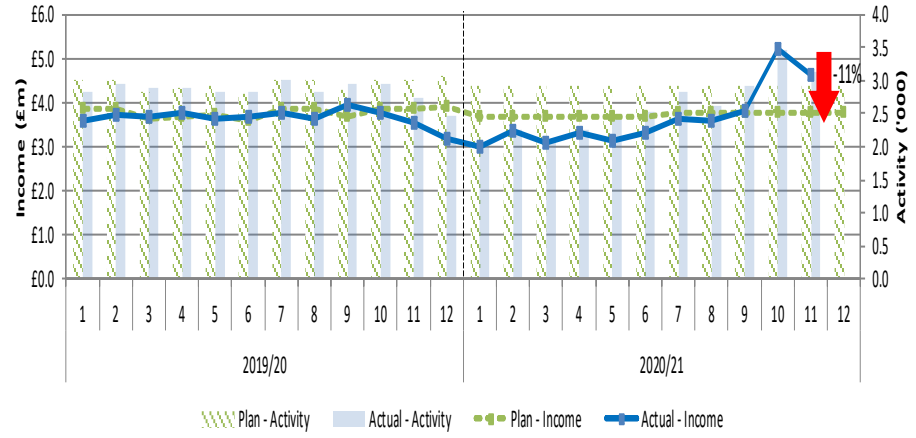
Clinical Income

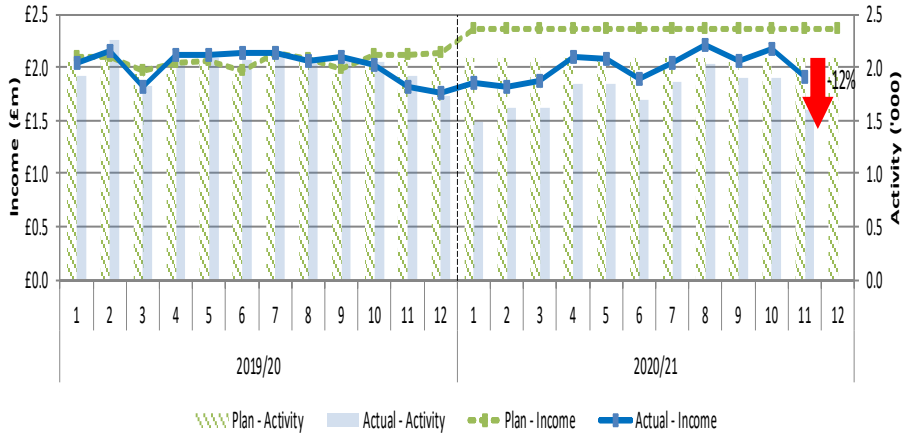
Adult critical care

In month +191 activity, +£854,314
YTD -3,629 activity, -£1,058,563



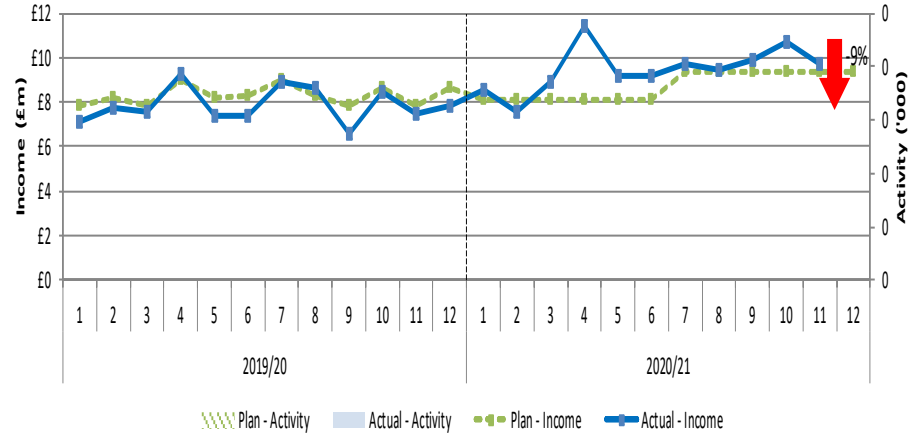
Neonatal & paediatric critical care

In month -483 activity, -£446,988
YTD -3,576 activity, -£3,893,905



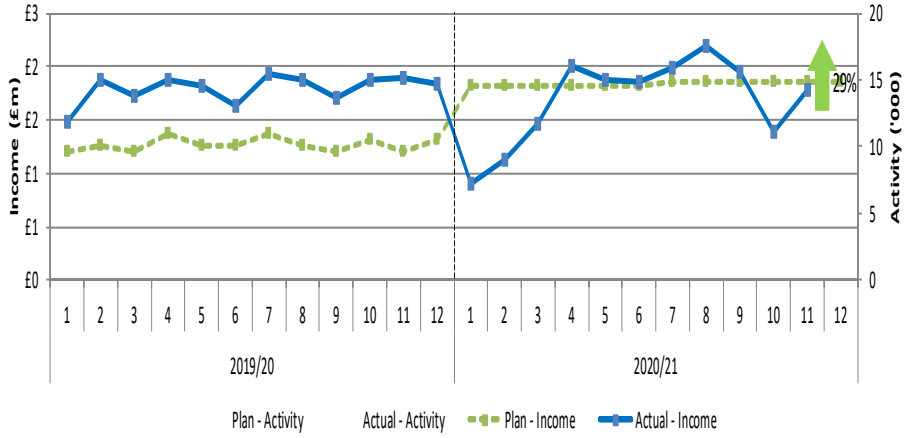
Tariff excluded drugs

In month +£353,987
YTD +£8,608,302



Tariff excluded devices

In month -£67,300
YTD -£1,652,671



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

University Hospital Southampton NHS
NHS Foundation Trust

Income and Activity

The tables shown illustrate by division and care group the % of the activity and income plan being achieved across the first 11 months for Elective, Non Elective and Outpatient Activity.

Elective activity has increased slightly in February after dropping significantly in January, and now represents 59% of planned income levels. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.

Non Elective activity levels decreased in February with income down to 85% of planned after rising in December to over 100%. Covid admissions are included within non elective and are thought to have a tariff income shortfall driving a variation between income % and activity % in earlier months.

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Elective Activity as % of Plan		Activity as % of Plan						Income as % of Plan					
Division	Care Group	6	7	8	9	10	11	6	7	8	9	10	11
DIVISION A	CANCER CARE	69%	71%	70%	70%	67%	65%	68%	75%	73%	73%	60%	57%
	SURGERY	79%	85%	85%	76%	48%	43%	88%	102%	100%	91%	56%	61%
DIVISION A Total		74%	78%	78%	73%	57%	**53%**	84%	96%	94%	87%	57%	**60%**
DIVISION B	OPHTHALMOLOGY	70%	90%	95%	93%	38%	27%	71%	88%	99%	95%	41%	30%
	SPECIALIST MEDICINE	78%	87%	95%	82%	88%	92%	81%	91%	101%	86%	91%	95%
DIVISION B Total		76%	88%	95%	84%	76%	**76%**	78%	90%	100%	89%	73%	**71%**
DIVISION C	CHILD HEALTH	93%	94%	96%	92%	73%	80%	105%	97%	102%	103%	64%	87%
	WOMEN'S HEALTH	89%	96%	112%	88%	59%	64%	92%	106%	116%	96%	61%	65%
DIVISION C Total		92%	94%	100%	91%	70%	**76%**	102%	100%	106%	101%	63%	**82%**
DIVISION D	CARDIOVASCULAR & THORACIC	97%	108%	100%	91%	56%	57%	96%	106%	98%	100%	55%	58%
	NEUROSCIENCES	92%	100%	88%	102%	81%	67%	95%	104%	92%	121%	77%	54%
	RADIOLOGY	75%	81%	77%	61%	50%	63%	72%	91%	82%	66%	51%	66%
	TRAUMA & ORTHOPAEDICS	76%	92%	94%	92%	28%	27%	77%	98%	106%	118%	24%	24%
DIVISION D Total		86%	96%	90%	87%	54%	**54%**	89%	102%	97%	106%	50%	**49%**
Total		**81%**	**88%**	**90%**	**83%**	**65%**	**65%**	**89%**	**99%**	**98%**	**99%**	**57%**	**59%**

Non Elective Activity as % of Plan		Activity as % of Plan						Income as % of Plan					
Division	Care Group	6	7	8	9	10	11	6	7	8	9	10	11
DIVISION A	CANCER CARE	102%	107%	96%	100%	94%	100%	94%	94%	84%	88%	81%	97%
	SURGERY	90%	95%	84%	86%	73%	70%	99%	107%	97%	108%	82%	71%
DIVISION A Total		93%	98%	87%	90%	79%	**79%**	97%	102%	92%	101%	81%	**80%**
DIVISION B	ACUTE MEDICINE	94%	103%	95%	111%	117%	104%	99%	109%	102%	113%	117%	108%
	EMERGENCY MEDICINE	103%	102%	94%	91%	88%	85%	96%	100%	86%	85%	116%	107%
	OPHTHALMOLOGY	66%	68%	66%	70%	41%	64%	81%	70%	64%	75%	38%	68%
	SPECIALIST MEDICINE	77%	114%	96%	147%	100%	88%	47%	129%	93%	145%	80%	83%
DIVISION B Total		98%	102%	94%	100%	100%	**93%**	97%	106%	96%	105%	115%	**107%**
DIVISION C	CHILD HEALTH	102%	98%	95%	93%	71%	66%	93%	99%	83%	98%	79%	63%
	WOMEN'S HEALTH	84%	89%	87%	95%	86%	83%	94%	95%	91%	105%	88%	87%
DIVISION C Total		89%	92%	89%	94%	82%	**77%**	94%	96%	88%	103%	84%	**78%**
DIVISION D	CARDIOVASCULAR & THORACIC	84%	99%	88%	88%	76%	71%	85%	101%	90%	96%	75%	64%
	NEUROSCIENCES	109%	102%	97%	104%	94%	82%	123%	113%	94%	105%	104%	84%
	RADIOLOGY	73%	65%	90%	75%	51%	56%	55%	62%	78%	72%	48%	61%
	TRAUMA & ORTHOPAEDICS	114%	102%	110%	92%	89%	68%	111%	113%	110%	95%	108%	76%
DIVISION D Total		99%	98%	98%	92%	82%	**71%**	99%	104%	95%	96%	88%	**72%**
Total		**95%**	**98%**	**93%**	**95%**	**89%**	**83%**	**98%**	**103%**	**94%**	**100%**	**95%**	**85%**

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Income and Activity

Outpatient activity continues to reduce from the high seen in November but remains strong at 92% of planned levels in February

Outpatient Activity as % of Plan		Activity as % of Plan						Income as % of Plan					
Division	Care Group	6	7	8	9	10	11	6	7	8	9	10	11
DIVISION A	CANCER CARE	130%	121%	127%	118%	121%	122%	128%	119%	125%	117%	119%	120%
	SURGERY	89%	90%	97%	91%	85%	79%	86%	88%	91%	84%	80%	75%
DIVISION A Total		109%	105%	112%	104%	102%	100%	108%	104%	109%	102%	101%	98%
DIVISION B	ACUTE MEDICINE	105%	86%	97%	82%	105%	90%	111%	91%	103%	86%	110%	94%
	EMERGENCY MEDICINE	158%	67%	90%	115%	59%	61%	152%	67%	91%	117%	62%	60%
	OPHTHALMOLOGY	88%	93%	96%	95%	98%	97%	90%	95%	97%	96%	101%	99%
	SPECIALIST MEDICINE	105%	111%	119%	108%	103%	97%	98%	102%	112%	103%	98%	92%
DIVISION B Total		97%	102%	108%	102%	100%	96%	95%	99%	105%	100%	99%	95%
DIVISION C	CHILD HEALTH	109%	108%	114%	104%	101%	89%	108%	107%	114%	104%	101%	89%
	SUPPORT SERVICES	79%	83%	86%	78%	81%	72%	72%	77%	79%	72%	78%	67%
	WOMEN'S HEALTH	100%	102%	108%	99%	97%	86%	98%	101%	107%	101%	97%	87%
DIVISION C Total		98%	99%	104%	96%	94%	83%	100%	101%	108%	99%	97%	86%
DIVISION D	CARDIOVASCULAR & THORACIC	97%	102%	110%	101%	101%	94%	98%	100%	109%	101%	102%	95%
	NEUROSCIENCES	104%	102%	114%	104%	109%	88%	103%	101%	113%	103%	111%	90%
	RADIOLOGY	119%	133%	174%	138%	107%	98%	95%	108%	144%	112%	94%	78%
	TRAUMA & ORTHOPAEDICS	102%	91%	102%	87%	78%	67%	102%	90%	102%	89%	78%	67%
DIVISION D Total		101%	99%	109%	98%	96%	83%	101%	98%	109%	99%	99%	86%
Total		101%	101%	108%	100%	98%	91%	101%	101%	108%	100%	99%	92%

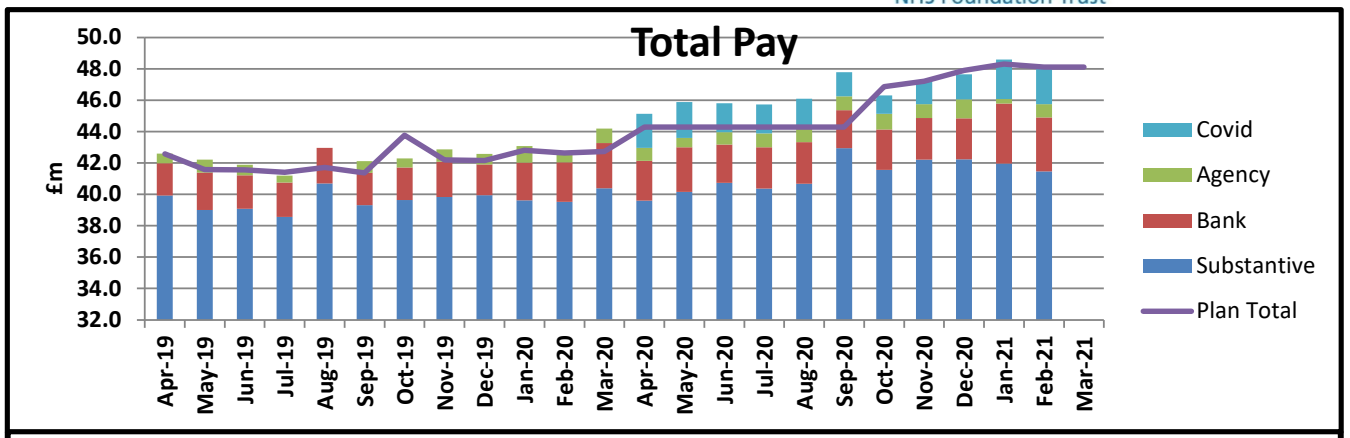
Substantive Pay Costs

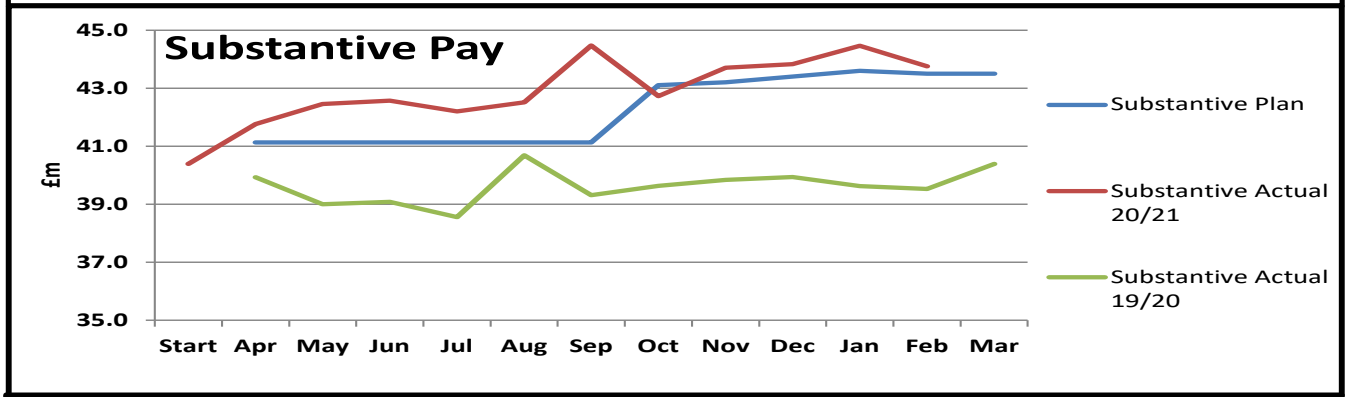
Total pay expenditure in February was £48m (down £0.6m from January) . This was mainly due to a decrease in Covid staff coats especially in the medical workforce. February was also a shorter month. Total pay costs remain consistent with that planned for the Q3 and Q4 period. Costs are however more focused on Covid patients and specifically critical care rather than recovery which had been envisaged.

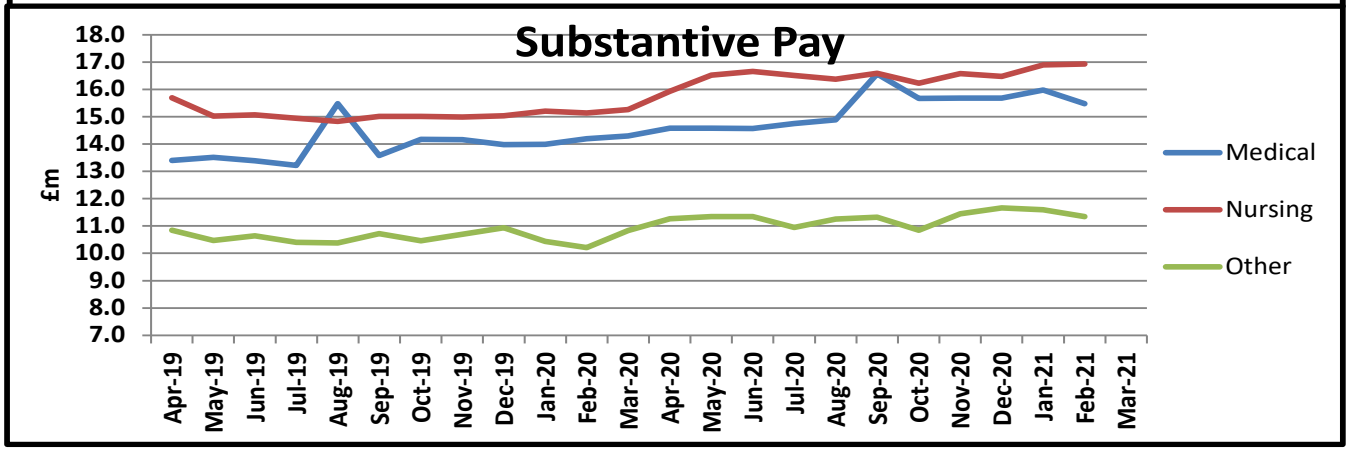
Covid related staffing expenditure decreased slightly in February to £2.3m in month The majority of Covid staff costs were in Critical Care staff for surge and out of area beds.

Pay costs are forecast to remain high across Q4 as Covid pressures and winter demands all drive additional resource requirements, albeit this continues to be offset by reduced elective recovery costs.

Vaccine hub pay costs are also now in the position at c£0.05m per month which are fully recoverable from NHSE.







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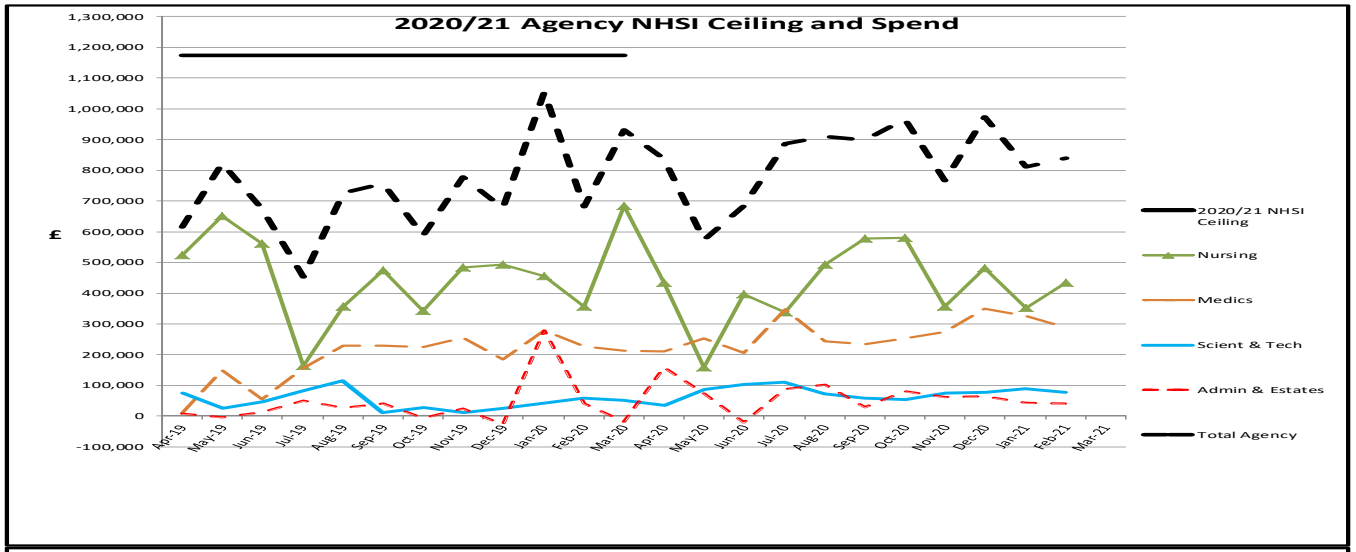
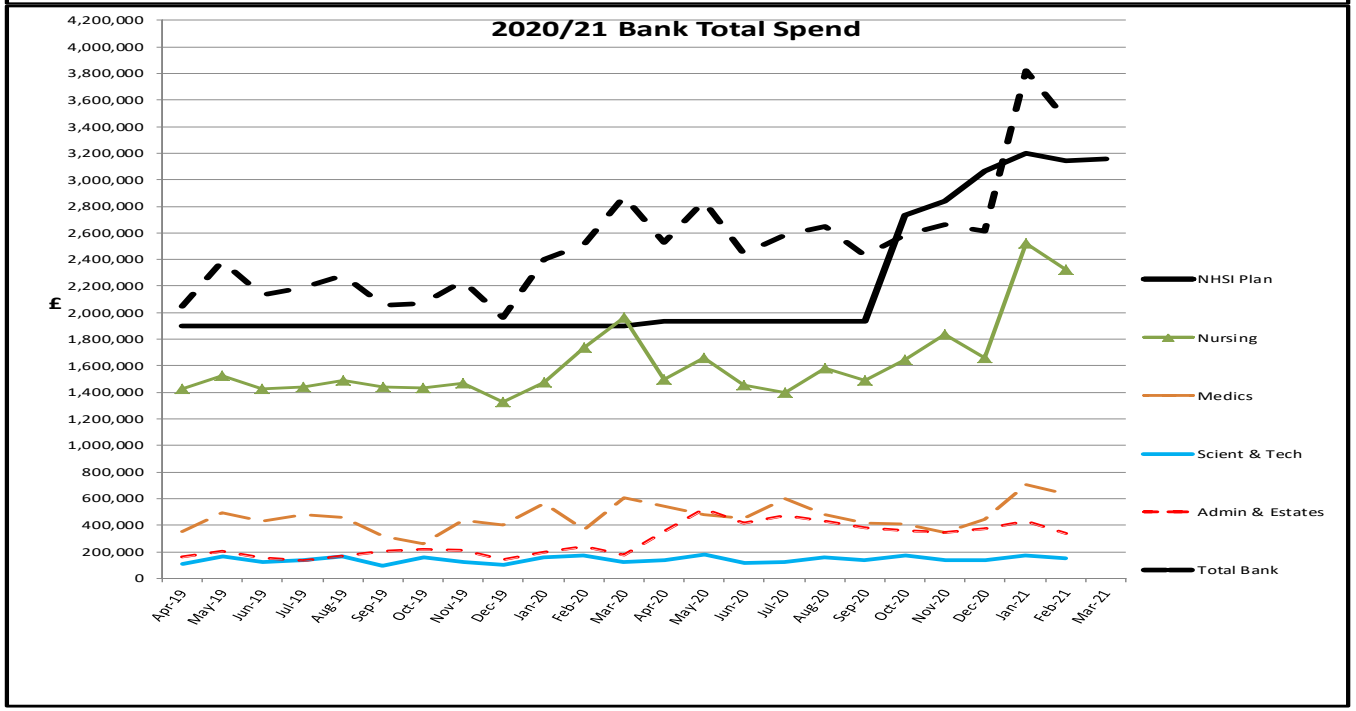
Temporary Staff Costs

Agency spend has stayed relatively flat month on month but this includes an increase in nursing agency spend offset by decreased spend in other areas.

Expenditure on bank staff has decreased in month after the spike in January of £3.8m. All areas have declined and this mirrors decreases in activity and Covid patient numbers also falling in later February. For example in Critical Care bank nursing costs fell by £80k.



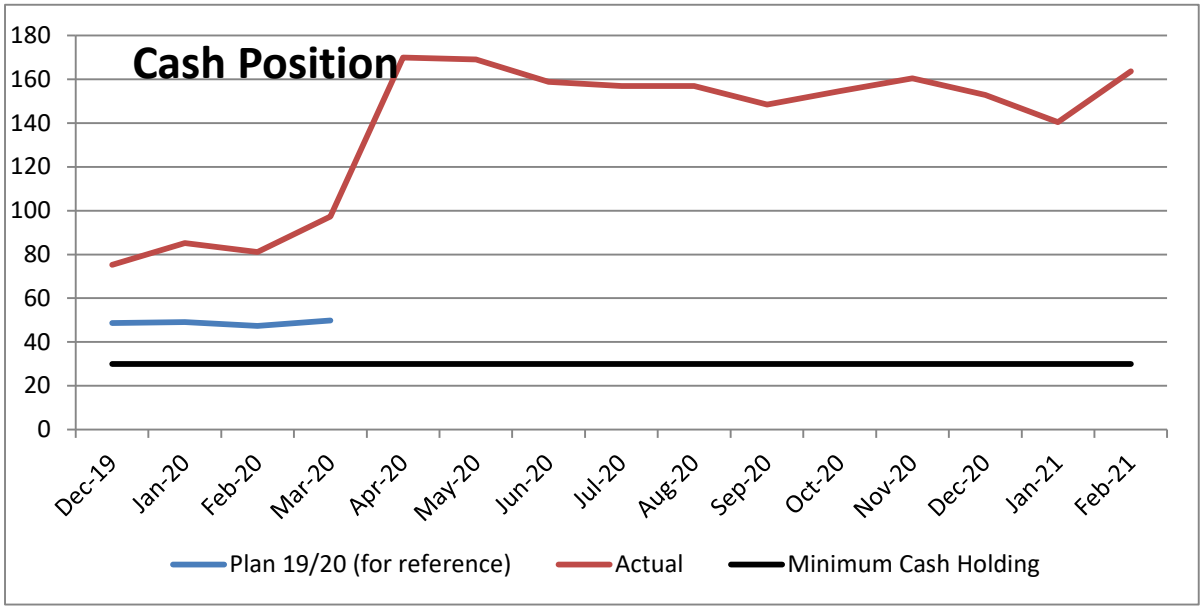


Cash

The cash balance increased to £163.7m in February mainly due to the receipt of £13m PDC and other income shortfall funding of £4.75m. This income has been partially deferred for this month, which has helped to contribute to the movement on the payables position.

The underlying cash position remains broadly stable however and has done so since the move to block contract payments in advance. A further cash injection is expected in March as final PDC payments are made for centrally funded capital schemes. Some of this expenditure has already been incurred hence this should generate a cash benefit.

Funding for the Annual Leave shortfall of £7m is anticipated in March also which offsets a non cash entry at year end hence will generate a short term benefit. Commissioners are also expected to give additional cash payment of £4m in M12 to off-set opening Work in Progress accruals.



University Hospital Southampton NHS
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Capital Expenditure

(Fav Variance) / Adv Variance

Total capital expenditure in M11 was £9.3m, taking the YTD expenditure to £65.4m for internally and externally funded schemes. Expenditure of £13.4m is required in M12 to reach the forecast of £78.8m. This forecast is made up of £54m of internally funded capital expenditure. A further £1.25m is also in discussion with the region whereby the CDEL limit may be increased to offset other provider underspends.

£2.1m of equipment expenditure from the 21-22 plan has been bought forward into 20-21 to offset the risk of an in year underspend and take the opportunity for regional discussions.

External funding of £24.8 will all being received prior to year end and projects are expected to be spent in full as per agreed funding projections and PDC allocations.

	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	(38)	38	1,141	1,394	(253)	1,141	1,394	(253)
IT Schemes	639	1,602	(963)	6,487	4,631	1,856	7,142	6,441	701
Strategic Maintenance	383	435	(52)	3,369	3,255	114	3,750	3,226	524
Medical Equipment Panel	100	97	3	863	658	205	1,000	1,282	(282)
GICU Expansion	648	41	607	11,325	9,684	1,641	12,128	9,696	2,432
Fit out of E Level, Vertical Extension	2,136	588	1,548	3,086	588	2,498	5,013	1,862	3,151
Refurbish Eye Theatre	0	(40)	40	1,849	1,800	49	1,849	1,800	49
Theatre K Plant Room	0	6	(6)	334	734	(400)	334	734	(400)
Spend to Save	21	318	(297)	790	1,478	(688)	810	1,760	(950)
Radiotherapy Turnkey Works and Equipment	0	0	(0)	700	609	91	700	611	89
Decorative Improvements / Staff Fund	50	0	50	550	22	528	600	72	528
ED offices and minors space	0	0	0	586	0	586	586	0	586
Fit out of E &F level North Wing Courtyard	0	6	(6)	1,207	631	576	1,207	636	571
East Wing Annex Shell	320	(460)	780	1,170	0	1,170	1,490	0	1,490
Oncology Ward Build	91	206	(115)	5,782	5,994	(212)	5,782	6,456	(674)
Side Rooms	133	3	130	798	577	221	932	593	339
Adanac Park	0	23	(23)	830	4,230	(3,400)	830	4,230	(3,400)
Other Projects	199	130	69	2,973	3,594	(621)	3,168	4,743	(1,575)
Equipment brought forward	0	0	0	0	0	0	0	2,164	(2,164)
Capital to Revenue	0	0	0	0	0	0	0	(1,500)	1,500
Assumed Slippage	(245)	0	(245)	(1,184)	0	(1,184)	(1,423)	(1,241)	(182)
Total Trust Funded Capital excl Finance Leases	**4,475**	**2,917**	**1,558**	**42,656**	**39,877**	**2,779**	**47,039**	**44,959**	**2,080**
Finance Leases - Medical Equipment Panel	300	384	(84)	1,900	1,828	72	2,200	1,828	372
Finance Leases - Divisional Equipment	41	0	41	459	0	459	500	0	500
Finance Leases - IISS	800	186	614	4,435	3,565	870	5,535	4,489	1,046
Finance Leases - Linac	0	0	0	0	0	0	0	1,447	(1,447)
Finance Leases -ED Expansion	0	0	0	0	0	0	0	741	(741)
Finance Leases - Other	300	217	83	1,919	2,136	(217)	2,265	2,258	7
Donated Asset Additions	(287)	0	(287)	(3,198)	(798)	(2,400)	(3,482)	(1,665)	(1,817)
Total Trust Funded Capital Expenditure (CDEL All	**5,629**	**3,704**	**1,925**	**48,171**	**46,608**	**1,563**	**54,057**	**54,057**	**0**
Energy Efficiency	85	0	85	1,582	1,667	(85)	1,667	1,667	0
Fit out of E Level, Vertical Extension	0	935	(935)	5,000	4,300	700	5,000	4,300	700
ED Expansion and Refurbishment	0	4,276	(4,276)	0	7,155	(7,155)	0	9,000	(9,000)
Backlog Maintenance	217	43	174	1,513	245	1,268	1,730	1,730	0
Endoscopy Room	0	292	(292)	0	868	(868)	0	1,650	(1,650)
Digital Maternity (STP Wave 3)	169	11	158	1,183	41	1,142	1,350	0	1,350
Digital Outpatients (STP Wave 3)	73	2	71	511	2	509	589	164	425
HSLI Enterprise Wide Scheduling	37	14	23	407	76	331	444	310	134
Cyber Security	0	0	0	0	8	(8)	0	33	(33)
Pathology Digitisation	135	5	130	945	19	926	1,080	90	990
LIMS Digital Enhancement	0	0	0	0	0	0	0	1,439	(1,439)
Coronavirus Equipment and Works	0	3	(3)	0	4,407	(4,407)	0	4,407	(4,407)
Total CDEL Expenditure	**6,345**	**9,286**	**(2,941)**	**59,312**	**65,397**	**(6,085)**	**65,917**	**78,847**	**(12,930)**

Statement of Financial Position

(Fav Variance) / Adv Variance

The February statement of financial position illustrates net assets of £461m which is £19.1m up when compared to January.

Accounts payables balances are distorted when compared to 2019/20 as they include £67m of deferred income as block contract payments are currently paid in advance. Further deferred income has also been reported in month within payables driving this number up as several material items of additional central funding have been paid but will not be accounted for until M12.

Receivables increased significantly in month mainly relating to the Chilworth project as DHSC invoices currently remain unpaid, albeit we have assurance that values are approved. DHSC have recently changed finance system. Working capital balances are being reviewed in more detail however there are no underlying concerns currently identified.

Statement of Financial Position	2019/20 YE Actuals £m	2020/21 M10 Act £m	2020/21 M11 Act £m	2020/21 MoM Movement £m
Fixed Assets	379.0	415.6	422.5	6.9
Inventories	15.2	14.8	14.8	0.0
Receivables	73.0	74.7	86.2	11.5
Cash	97.3	140.4	163.7	23.3
Payables	(115.6)	(192.5)	(215.4)	(22.9)
Current Loan	(3.3)	(3.6)	(3.1)	0.5
Current PFI and Leases	(7.4)	(7.5)	(7.7)	(0.2)
Net Assets	**438.2**	**441.9**	**461.0**	**19.1**
Non Current Liabilities	(20.4)	(27.6)	(29.5)	(1.9)
Non Current Loan	(11.5)	(8.6)	(8.9)	(0.3)
Non Current PFI and Leases	(33.4)	(33.8)	(36.5)	(2.7)
Total Assets Employed	**372.9**	**371.8**	**386.2**	**14.4**
Public Dividend Capital	220.7	221.3	234.3	13.0
Retained Earnings	132.0	130.4	131.7	1.3
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**	**371.8**	**386.2**	**14.4**

Report to the Trust Board of Directors				
Title:	**Register of Seals and Chair's Actions**			
Agenda item:	**6.1**			
Sponsor:	**Peter Hollins, Trust Chair**			
Date:	**30 March 2021**			
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 Chair in accordance with the Standing Financial Instructions and 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 application of the seal and Chair's actions.			

1 Signing and Sealing

1.1 **Artwork Gift Agreement** executed as a deed by University Hospital Southampton NHS Foundation Trust, as sole trustee of Southampton Hospital Charity. Seal number 225 on 22 February 2021.

1.2 **Deed of Guarantee** between VAMED Management und Service GMbH Deutschland (the Guarantor), IHSS Limited (the Contractor) and University Hospital Southampton NHS Foundation Trust, relating to the tender for the Supply of a Provision of Sterile Services Decontamination Facilities. Seal number 226 on 23 March 2021.

2 Chair's Actions

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

2.1 **Single Tender Action** for funding of Clinical Research Network (CRN) Wessex Quarter 4 2020/21 to Hampshire Hospitals NHS Foundation Trust (HHFT) at a cost of £244,425 excluding VAT in UHS's capacity as host of Wessex CRN. Approved by the Chair on 15 March 2021.

2.2 **Single Tender Action** for funding of Clinical Research Network (CRN) Wessex Quarter 4 2020/21 to Portsmouth Hospitals NHS Trust (PHT) at a cost of £1,066,045 excluding VAT in UHS's capacity as host of Wessex CRN. Approved by the Chair on 15 March 2021.

2.3 **Single Tender Action** for Alliance Modular Unit and Mobile MRI invoices February 2021-July 2021 to Alliance Medical Limited, sole provider of MRI imaging, supporting the loss of in-house capacity and providing capacity to support the backlog of routine imaging, at a cost of £500,000 excluding VAT. Approved by the Chair on 22 March 2021.

2.4 **Award of Contract** for the recruitment of overseas nurses to My Healthcare Recruit for the period April 20221 to March 2022, to reduce the Trust's Band 5 vacancy rates, at a cost of £575,000 excluding VAT. Approved by the Chair on 22 March 2021.

2.5 **Award of Contract** for the provision of Adult and Paediatric Oxygenators for Cardiovascular (Perfusion) to Medtronic and Livanova (Adult), Maquet Getinge and Livanova (Paediatric) and Livanova (Cardioplegia sets) for 2 years fixed price plus 1 year optional extension, at a total cost of £1,352,538 excluding VAT. Approved by the Chair on 22 March 2021.

2.6 **Single Tender Action** for the provision of assisted conception service at Princess Anne Hospital (PAH) Fertility Unit to Complete Fertility Limited to cover payment for next six months under the Complete Fertility Contract 2021/22, at a cost of £582,489 excluding VAT. Approved by the Chair on 23 March 2021.

3 Recommendation

The Board is asked to **ratify** the application of the seal and Chair's Actions.

University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Amendment to Constitution – CCG Merger**			
Agenda item:	**6.2**			
Sponsor:	**Peter Hollins, Trust Chair**			
Author:	**Karen Flaherty, Associate Director of Corporate Affairs and Company Secretary**			
Date:	**30 March 2021**			
Purpose	**Assurance or reassurance**	**Approval** **Y**	**Ratification**	**Information**
Issue to be addressed:	With effect from 1 April 2021, NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group (**CCG**) will be created following the merger of the Hampshire and Isle of Wight Partnership of CCGs (NHS Fareham and Gosport CCG, NHS Isle of Wight CCG, NHS North Hampshire CCG and NHS South Eastern Hampshire CCG), NHS Southampton City CCG and NHS West Hampshire CCG. The Trust's Council of Governors currently includes an Appointed Governor from each of NHS Southampton City CCG and NHS West Hampshire CCG. As a result of the merger the two organisations that appoint these Appointed Governors will cease to exist from 1 April 2021			
Response to the issue:	The Trust should reflect the merger in the composition of the Council of Governors, which requires an amendment to Annex 3 of the Trust's constitution, which sets out the composition of Council of Governors. This would remove the Appointed Governor from each of NHS Southampton City CCG and NHS West Hampshire CCG and include an Appointed Governor from NHS Hampshire, Southampton and Isle of Wight CCG in their place.			
Implications: (Clinical, Organisational, Governance, Legal?)	This will ensure that the composition of the Council of Governors includes representation from local commissioners, a key stakeholder. While the Trust is not legally required to have an Appointed Governor from a CCG, it has done so historically and this has worked well and supports good stakeholder engagement and relationships.			
Risks: (Top 3) of carrying out the change / or not:	1. The composition of the Council of Governors is out of date and no longer includes CCG representation following the merger. 2. The composition of the Council of Governors does not reflect the historic and usual stakeholder representation. 3. The effective functioning of the Council of Governors.			
Summary: Conclusion and/or recommendation	The Board is requested to approve the amendment to Annex 3 of the Trust's constitution to remove the Appointed Governor from each of NHS Southampton City CCG and NHS West Hampshire CCG and include an Appointed Governor from NHS Hampshire, Southampton and Isle of Wight CCG in their place with effect from 1 April 2021.			