University Hospital Southampton
NHS Foundation Trust

Agenda Trust Board – Open Session

Date	30/09/2021
Time	9:00 - 12:30
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** The patient or staff story provides an opportunity for the Board to reflect on the experiences of patients and staff within the Trust and understand what the Trust could do better.
3	9:20	**Minutes of Previous Meeting held on 29 July 2021**
4		**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	9:30	**Briefing from the Chair of the Finance and Investment Committee (Oral)** Jane Bailey, Chair
5.2	9:35	**Chief Executive Officer's Update and Executive Briefing (Oral)** Sponsor: David French, Chief Executive Officer
5.3	10:00	**Maternity Safety 2021/22 Quarter 1 Report** Sponsor: Gail Byrne,Chief Nursing Officer Attendees: Suzanne Cunningham, Director of Midwifery/Marie Cann, Midwifery Quality Assurance and Safety Manager
5.4	10:15	**Guardian of Safe Working Hours Quarterly Report** Sponsor: Paul Grundy, Chief Medical Officer Attendee: Diana Hulbert, Guardian of Safe Working Hours and Emergency Department Consultant
5.5	10:30	**Learning from Deaths 2021/22 Q1 Report** Sponsor: Paul Grundy, Chief Medical Officer Attendee: Neil Pearce, Associate Medical Director for Safety

5.6 **Integrated Performance Report for Month 5**

10:50 To review the Trust's performance as reported in the Integrated Performance Report.
Sponsor: David French, Chief Executive Officer

5.7 **Finance Report for Month 5**

11:35 Sponsor: Ian Howard, Interim Chief Financial Officer

6 **STRATEGY and BUSINESS PLANNING**

6.1 **Corporate Objectives 2021-22 Quarter 1 Review**

11:45 Sponsor: David French, Chief Executive Officer

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

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

12:05 In compliance with the Trust Standing Orders, Financial Instructions, and the Scheme of Reservation and Delegation.
Sponsor: Peter Hollins, Trust Chair

8 **Any other business**

12:10 To raise any relevant or urgent matters that are not on the agenda

9 **To note the date of the next meeting: 30 November 2021**

10 **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.

11 **Follow-up discussion with governors**

12:15

University Hospital Southampton
NHS Foundation Trust

Minutes Trust Board – Open Session

Date	29/07/2021
Time	9:00 - 11:40
Location	Microsoft Teams
Chair	Peter Hollins (PH), Trust Chair
Present	Jane Bailey (JB), Non-Executive Director (**NED**) and Senior Independent Director/Deputy Chair Dave Bennett (DB), NED Gail Byrne (GB), Chief Nursing Officer Cyrus Cooper (CC), NED Keith Evans (KE), NED David French (DAF), Chief Executive Officer Paul Grundy (PG), Chief Medical Officer Steve Harris (SH), Chief People Officer Jane Harwood (JH), NED Ian Howard (IH), Interim Chief Financial Officer Tim Peachey (TP), NED Joe Teape (JT), Chief Operating Officer
In attendance	Andrew Asquith (AA), Director of Planning, Performance and Productivity (for item 5.8) Ellis Banfield, Head of Experience and Involvement (EB) (for item 5.6) Karen Flaherty (KF), Associate Director or Corporate Affairs and Company Secretary Elizabeth Lloyd (for item 2) Debbie McGregor (DM), Named Nurse for Safeguarding Adults (for item 5.5) Karen McGarthy (KM), Named Nurse for Safeguarding Children (for item 5.5) Juliet Pearce (JP), Deputy Chief Nursing Officer (for item 5.5) Four governors (observing) Four members of staff (observing)

1 Chair's Welcome, Apologies and Declarations of Interest

The Chair welcomed all those attending the meeting. There were no apologies or new declarations of interest.

2 Patient Story

Ms L shared a very moving story on behalf of her relation, who had been a patient at Southampton General Hospital.

Communication between the Trust, Ms L and staff at her relation's care home had been poor. She had been very anxious about being in hospital and Ms L felt that her relation's anxiety and a learning disability could have been better managed during her stay in hospital. Offers from the care home to provide information about the patient, including the strategies that staff there used to support her when she was anxious or became distressed, had not been followed up on by the Trust. There had also been a delay in the Trust's learning disabilities team seeing her and the COVID-19 pandemic meant that they were not able to see her in person.

Information regarding the patient had not been shared with Ms L as her next of kin and she had also found it difficult to contact staff on the ward by telephone. An explanation had been offered for bruising that had occurred while she was in hospital.

The patient had died two weeks after returning to the care home from hospital. Ms L felt that her care and her experience in hospital would have been greatly improved if staff at the Trust had taken advantage of the support offered by staff at the care home and that this would also have accelerated her discharge from hospital. The Trust was currently reviewing Ms L's concerns about the care her relation had received and had apologised to her.

Board members apologised that the Trust did not get things right while her relation was in its care. The Trust had already reflected on the concerns she had raised and put in place measures to ensure the right support for patients while in hospital during the COVID-19 pandemic. While the Trust may not be able to provide all the answers for Ms L it would make clear what it would do differently in the future as a result. The Board thanked Ms L for having the courage to share her story.

3 Minutes of Previous Meeting held on 27 May 2021

The minutes of the meeting held on 27 May 2021 were approved as an accurate record of that meeting.

4 Matters Arising and Summary of Agreed Actions

The updates on the actions were noted. The actions with references 428, 429, 483 and 485 had been completed or were sufficiently progressed and could be closed.

Actions with references 484, 486 and 487 could also be closed following the responses provided at the meeting:

- While the Trust's hospital standardised mortality ratio (HSMR) had increased at the peaks of the COVID-19 pandemic, its relative remained unchanged during this period. The Trust's summary hospital-level mortality indicator (SHMI) continued to be 'significantly better than expected'.
- The most recent large-scale survey of bullying, harassment and workplace conflict outside the NHS had been undertaken by the Chartered Institute of Personnel and Development (CIPD) in 2020. 14% of staff in private sector reported bullying and harassment in the workplace. In its new people strategy the Trust would seek to learn from organisations both within and outside the NHS and compare performance with the best, not only the best in the NHS.
- The gender balance for awards under the local clinical excellence scheme would be incorporated in the Board development and training session dealing with consultant remuneration structures and pensions.

5 QUALITY, PERFORMANCE and FINANCE

5.1 Briefing from the Chair of the Audit and Risk Committee

KE updated the Board on the meeting of the Audit and Risk Committee (**ARC**) that had taken place the previous week.

The Trust's counter fraud functional standard return had been submitted. The return had produced an overall 'green' rating for the Trust, with an action plan for dealing with the three 'amber' items. Due to the timing of the release of the new functional standard and related guidance in 2021, it was not possible for organisations to meet some of the new requirements in the first return and the NHS Counter Fraud Authority had confirmed that no negative inference would be drawn from this.

The ARC had also reviewed the highest scoring operational risks and had challenged how effective the actions identified would be in achieving the target risks scores within the timescale given the complexity of some of these risks, for example improvements to ventilation and electrical infrastructure.

The internal auditor's report relating to the data security and protection toolkit (**DSPT**) had been reviewed. Although the internal auditor had identified that the Trust's own assessment of compliance with the DSPT had been overstated when submitted in January 2021, this was in line with the way in which other trusts reviewed by the internal auditor had assessed compliance and there were no areas where a mandatory assertion had not been completed. The DSPT had been submitted at the end of June 2021, and the Trust had met 106 of the 110 assertions with an improvement plan to address the remaining four areas. The action plan had subsequently been approved by NHS Digital.

It was highlighted that the Trust needed to guard against overestimating what could be delivered and how quickly in a period of such uncertainty.

5.2 Briefing from the Chair of the Finance and Investment Committee

JB provided an overview of the Finance and Investment Committee meeting earlier that week including:

- the uncertainty about funding arrangements for the second half of 2021/22, which made it difficult to plan with confidence;
- the stability of the Trust's financial position, remaining on forecast to deliver the planned breakeven position for the first half of the year;
- the development of measures of productivity and forward-looking trajectories as part of the operational dashboard;
- the role of the Trust and the wider health and social care system in reducing the number of patients in the hospital who are medically optimised for discharge (**MOFD**) and the associated investment, which would be considered by the Board later in the meeting;
- the delivery of value for money and cost improvement within the Trust;
- the performance update for UHS Estates Limited, a wholly-owned subsidiary of the Trust; and
- the digital strategy including resourcing this from a workforce perspective and balancing the delivery of the strategy and day-to-day activities.

5.3 Briefing from the Chair of the Quality Committee

TP updated the Board on the meeting of the Quality Committee that had taken place the previous week. The following areas were highlighted:

- two never events had been reported in June 2021, both of which were currently being investigated although neither had resulted in serious harm to the patients;

- an update on progress to reduce delayed discharges and the impact of delays on the quality of care for patients, including patient outcomes and harm;
- the progress to return diagnostic waiting lists to pre-pandemic levels following the increases during the first and second waves of the COVID-19 pandemic, forecast to occur between June and October 2021 for most diagnostic modalities other than MRI and ophthalmology where there were more significant capacity constraints;
- planning for a potential significant surge of respiratory syncytial virus (**RSV**) in young children during the autumn and winter due to a cohort of children not being exposed previously as a result of lockdowns during the COVID-19 pandemic and the potential impact on other areas of the hospital;
- the safeguarding annual report to be considered by the Board later in the meeting; and
- the steps to reduce the number of high harm falls, including the recruitment of a full-time falls practitioner following the recent approval of funding through the Trust's budget-setting process.

The Board discussed the modelling of RSV cases and the ability of the Trust to increase capacity in response to the different scenarios, particularly as the Trust was likely to be disproportionately impacted as it provided the regional paediatric intensive care unit. The Trust was also working with NHS England and NHS Improvement (**NHSE/I**) and the Hampshire and Isle of Wight integrated care system (**ICS**) to reduce delays in discharging patients with mental health conditions due to the reduction in bed capacity in specialist providers of children and adolescent mental health services (CAMHS).

Action: In response to a question from one of the NEDs, GB agreed to review the planning for accommodation for parents as part of the RSV surge planning.

5.4 Chief Executive Officer's Update and Executive Briefing

The chief executive officer's update and executive director briefings focused on operational themes, reflecting the current pressures facing the Trust. These included:

- record levels of attendances and ambulance conveyances in the emergency department (**ED**) and non-elective activity;
- the activation of the Trust's winter bed plan to increase the number of medical beds and medical cover to meet demand;
- increasing numbers of patients MOFD remaining in hospital unable to be discharged, with community providers facing similar challenges relating to capacity and staffing;
- significant numbers of patients admitted with COVID-19, currently 44 and modelled to peak in early September, albeit that numbers were expected to be lower than in previous waves of the pandemic;
- that no patients had been admitted to intensive care with COVID-19 who had been fully vaccinated to date during the current wave of the pandemic, with lengths of stay generally shorter too;
- increased numbers of staff testing positive for COVID-19 or having to self-isolate due to close contact with positive cases – going from 50 to 300 in a matter of weeks;
- issues with nurse staffing despite changes to guidance on self-isolation for health and social care staff;

- infection control measures remaining in place in the Trust despite the more general relaxation of restrictions relating to COVID-19 within wider society;
- the expectation of an increase in other viruses, with a high prevalence of norovirus already in the local community;
- the continuing clinical prioritisation of patients and theatre capacity as new theatres were opening;
- the potential need to stand down elective activity in the coming weeks to respond to pressures created by non-elective activity;
- the reiteration of the wellbeing offering for staff given the impact of operational pressures on staff, particularly inreach support recognising that staff may have difficulties in accessing support when the Trust was so busy;
- executive management continued to visit the most pressured areas of the Trust to meet with staff;
- appraisal rates remained lower than expected as appraisers struggled to balance the needs of the service and setting aside the time to deliver a quality appraisal;
- national unions had begun a consultation with members following the government's announcement of a 3% pay increase for NHS staff;
- budget-setting had been completed;
- expressions of interest for capital funding for new hospitals and developments were being sought and the estates masterplan would be used to support applications for funding by the Trust;
- proposals for funding for IT to be distributed at an ICS level rather than nationally with an emphasis on levelling up, which could mean less funding for those organisations with IT programmes that were further advances; and
- the appointment of Amanda Pritchard as chief executive officer of NHSE/I, who had a good understanding of the NHS and experience running acute teaching hospital trusts.

The Board discussed the tension between supporting staff to recover while responding to emergency demand, managing the latest wave of the COVID-19 pandemic and the request to increase elective activity to reduce waiting lists. The Trust needed to focus on areas which would make a difference to staff as things were likely to get worse over winter. Proposals to use the proceeds of the sale of Banksy's Game Changer artwork donated to Southampton Hospital Charity for staff would be considered in September 2021.

While staff and management were doing an outstanding job managing the current situation, more radical interventions were needed nationally in order to resolve this as it could no longer be a question of staff doing more. NHS Providers had written to the prime minister, chancellor, health secretary, and chief executive officer of NHSE/I setting out the current pressures in the NHS.

Action: DAF would circulate a copy of the letter sent by NHS Providers to Board members.

5.5 Safeguarding Annual Report 2020/21 and Strategy 2021/22

Debbie McGregor, Karen McGarthy and Juliet Pearce joined the meeting for this item.

The Board noted the comprehensive safeguarding annual report summarising the key achievements and activity during 2020/21 and plans for 2021/22 across the areas of adult, child and maternity safeguarding. The team had responded well to remote working during the COVID-19 pandemic, supporting wards, working with partners, enabling training through the Trust's virtual learning environment and making the most of face-to-face contact with parents and public health messages while contacts in the community were restricted. Auditing and self-assessment activity had continued in 2020/21, and some audits that had been postponed initially had now resumed. There had been positive feedback from the audits and these had demonstrated a number of improvements.

It was acknowledged that the impact of the COVID-19 pandemic on children's mental health and domestic violence would be a legacy that the team would need to respond to over several years. There had also been challenges responding to risks and referrals in a timely manner during the pandemic. The team had been allocated significant resource to recruit to additional roles within the team as part of the budget-setting process. The ongoing resource in terms of assessors and the additional responsibilities on the Trust due to the transition from Deprivation of Liberty Safeguards (DoLS) to Liberty Protection Safeguards would continue to be monitored.

The Board discussed the significant increase in safeguarding concerns raised about staff in a position of trust, which had been seen and raised at ICS level. This was evidence of the impact of COVID-19 pandemic on people's lives more generally, particularly relating to domestic abuse.

Action: The Board requested a further update in six months' time.

5.6 Complaints Annual Report 2020-21

Ellis Banfield joined the meeting for this item.

The Board noted the annual complaints report, in particular:

- the feedback from complainants to evaluate the complaints service;
- the longer response time for multi-agency complaints and plans to reduce this, although the number of complaints upheld, partially upheld and not upheld were consistent with complaints relating to the Trust;
- the difficulties in clearly identifying themes relating to complaints from those groups who were less likely to complain due to the data on the ethnicity and other underrepresented groups not being consistently collected; and
- the ongoing work to address potential barriers to accessing the complaints service including making the process more responsive for those not already empowered to complain.

Action: The Board commended the clarity of the report and requested that a section on changes that have been made in response to complaints was included in future reports.

5.7 Medical Appraisal and Revalidation Annual Report including Board Statement of Compliance

The Board reviewed the content of the report, noting the high levels of compliance for medical appraisals and revalidation and the low incidence of deferments or postponements to enable doctors to collect additional evidence

to support the revalidation decision. The new appraisal software system would assist doctors in collecting feedback to complete the appraisal and revalidation process as well as appraisers and PG in his role as responsible officer.

In response to a question from a NED it was confirmed that although the number of appraisers was within the national recommended ratio, there were some areas which would benefit from having more appraisers and in-house training and support was provided to appraisers.

Decision: The Board approved the statement of compliance, confirming that the Trust was in compliance with the medical profession regulations. One of PH or DAF was authorised to sign the statement of compliance on behalf of the Board for submission to the General Medical Council.

The meeting was adjourned briefly for a short break.

5.8 Integrated Performance Report for Month 3

Andrew Asquith joined the meeting for this item.

The integrated performance report for month 3, in its revised format, was noted. The Board welcomed the 'spotlight' section, which had provided greater insight into the underlying issues in areas of interest to the Board or where there were concerns about performance. The separate NHS constitution standards section summarising the standards and performance in relation to service waiting times requested by the Board would be included in the report from August 2021.

The Board discussed cancer waiting times. While achieving first appointments within 14 days of referral was typically good, performance in the breast service was having an impact on meeting the overall target in the first quarter of 2021/22. There had been an increase in referrals in March and June and a locum surgeon had been in post since June 2021 and a second agency locum was being sought to match current capacity and demand, including additional weekend clinics. Business cases for breast surgeons had been approved and business cases for radiologists were also in train to deliver the required levels of outpatient activity on a sustainable basis. The team was very well organised, however, they were also dealing with physical constraints and would benefit from investment in a bigger space to see patients.

Performance against the 62 day standard for the entire cancer pathway, from referral to start of first definitive treatment, varied significantly between the different cancer services. Overall Trust performance was being supported by good performance in high volume cancer services such as urology and skin. This pattern was not unusual and some cancer services experienced significantly greater challenges to commence treatment within 62 days, for example due to the type and number of investigations that were clinically appropriate. It was important to recognise in this context that the Wessex Cancer Alliance was the best performing cancer network in the country and the Trust played a key role in this as the surgical hub.

The Board also reviewed referral to treatment (**RTT**) waiting times. The Trust had renewed its focus on patients waiting longest and there were now 30 patients who had waited two years for treatment. However, this had to be balanced against the continuing clinical prioritisation of patients based on individual patient need. In addition to the prioritisation work at the Trust, the

ICS had also undertaken some capacity modelling to identify solutions to reduce the numbers of patients on the waiting lists, given that this was an issue facing all acute trusts locally. The work by the ICS, previously circulated to Board members, indicated a rise in the waiting lists and the modelling was currently being repeated by the Trust to validate the analysis and the sensitivity to changes in referral rates and the ability to treat patients due to COVID-19.

Commissioners in London had recently carried out work to assess the impact of deprivation and protected characteristics on waiting times for patients. The Trust was currently replicating this work in relation to its own waiting lists.

Action: JT would share the outcome of this review with the Board once completed.

The Trust was not regularly surveying patients to understand the impact on patients waiting for treatment, although it had sent a questionnaire to patients when appointments were initially delayed due to the COVID-19 pandemic. Although this information would provide greater insight into the broader effects of the delays in treatment, it was already acknowledged that there would be detriment to patients as a result of waiting longer. The Trust continued to invest in additional physical capacity and staff to reduce the numbers waiting for treatment and the length of time patients would have to wait and to monitor patient harm.

While there was some anecdotal evidence that the increase in the number of patients waiting for treatment was having an impact on emergency demand, the largest growth in demand in ED appeared to be due to acute medical illnesses. This would need to be addressed by better management and care of these patients in the community. The Trust continued to prioritise the different pressures in ED, RTT and length of stay daily to drive change in the right areas.

5.9 Finance Report for Month 3

The finance report for month 3 was noted. The following areas were highlighted:

- the Trust continued to report financial breakeven position as planned;
- activity had increased, although not by as much as targeted for several reasons;
- income from the elective recovery fund (**ERF**) had reduced to £2.5 million;
- the increase in the target for the ERF from July 2021, to 95% of pre-pandemic activity, and changes to the guidance meant that this income would be more difficult to achieve and the associated income forecast had been reduced by £2 million each month;
- capital spending was broadly on plan year to date, however, a forecast review had identified opportunities to bring forward elements of spend from future years to make up any potential shortfall; and
- there continued to be uncertainty about funding in the second half of 2021/22.

The Board supported the Trust in continuing to make investments in resources and capacity to address the issues it was facing, despite the uncertainty around funding in the second half of 2021/22. The Trust was in a better position

financially compared to others and in terms of being able to tolerate the increase in risk presented by this uncertainty.

6 CORPORATE GOVERNANCE, RISK and INTERNAL CONTROL

6.1 Feedback from the Council of Governors' (CoG) meeting on 21 July 2021

The Chair summarised the areas considered at the CoG meeting on 21 July 2021. These included:

- DAF's first chief executive officer's report since his substantive appointment;
- consideration of the composition of the CoG following a number of changes to the appointed governors in recent years and a survey of other trusts, which would be followed up by more detailed work to consider potential changes;
- a review of the terms of refence of the CoG's working groups;
- reports on the appraisals of the Chair and the NEDs;
- the membership engagement strategy, including the focus on engaging with younger people and families;
- an update on the recruitment process for an associate NED, the first attempt at which had not resulted in an appointment being made, and support for a fresh attempt to recruit; and
- receiving the annual report and accounts and the report from the external auditor in a closed session as these had not yet been laid before Parliament.

6.2 Register of Seals and Chair's Actions for ratification

Decision: The Board ratified the application of the Trust seal set out in the report. There had been no Chair's actions since the previous report.

6.3 Quality Committee Terms of Reference

The Board reviewed the amendments to the terms of reference for the Quality Committee to reflect changes in the committees and groups reporting to it. The proposed amendments had been reviewed and approved by the committee.

Decision: The Board approved the amendments to the terms of reference for the Quality Committee.

6.4 Trust Executive Committee Terms of Reference

The Board reviewed the amendments to the terms of reference for the Trust Executive Committee (**TEC**) to reflect changes in the committees and groups reporting to it and the quorum requirements to ensure appropriate divisional and executive director representation for decision-making at meetings. The proposed amendments had been reviewed and approved by the TEC.

Decision: The Board approved the amendments to the terms of reference for the Trust Executive Committee.

7 Any other business

There was no other business.

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

9 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 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.

The meeting was adjourned.

University Hospital Southampton NHS Foundation Trust

List of action items

Agenda item		Assigned to	Deadline	Status
Trust Board – Open Session 29/07/2021 5.4 Chief Executive Officer's Update and Executive Briefing (Oral)				
518.	NHS pressures and funding	French, David	30/07/2021	Completed
	Explanation action item DAF would circulate a copy of the letter sent by NHS Providers to Board members. Letter circulated 30/07/2021.			
Trust Board – Open Session 29/07/2021 5.6 Complaints Annual Report 2020-21				
520.	Section on changes made	Byrne, Gail	30/08/2022	Pending
	Explanation action item The Board commended the clarity of the report and requested that a section on changes that have been made in response to complaints was included in future reports.			
Trust Board – Open Session 29/07/2021 5.5 Safeguarding Annual Report 2020/21 and Strategy 2021/22				
519.	Update on safeguarding	Byrne, Gail	27/01/2022	Pending
	Explanation action item The Board requested a further update in six months' time.			
Trust Board – Open Session 29/07/2021 5.3 Briefing from the Chair of the Quality Committee (Oral)				
517.	RSV surge planning	Byrne, Gail	30/09/2021	Pending
	Explanation action item In response to a question from one of the NEDs, GB agreed to review the planning for accommodation for parents as part of the RSV surge planning.			

Agenda item		Assigned to	Deadline	Status
Trust Board – Open Session 29/07/2021 5.8 Integrated Performance Report for Month 3				
522.	Waiting times	Teape, Joe	28/10/2021	Pending
	Explanation action item Commissioners in London had recently carried out work to assess the impact of deprivation and protected characteristics on waiting times for patients. The Trust was currently replicating this work in relation to its own waiting lists. JT would share the outcome of this review with the Board once completed.			

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Maternity Safety 2021/22 Quarter 1 Report**			
Agenda item:	**5.3**			
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** **Hannah Mallon, Division C Governance Manager**			
Date:	**30 September 2021**			
Purpose	**Assurance or reassurance** ✓	**Approval**	**Ratification**	**Information**
Issue to be addressed:	This report constitutes the agreed Maternity Services Safety report to Trust Board in support of the national focus on improving the safety of maternity services. The timeframe period for this report is Quarter 1 2021/2022. This report provides assurance to Trust Board members that the appropriate reporting is in place to provide assurance on the following: **1.** Update on the Dec 2020 Ockenden Report Immediate and Essential Actions **2.** Provider Board Level Measures - Minimum data set **3.** Healthcare Safety Investigation Branch (HSIB) cases, Serious Incidents (SI) and Moderate Incidents. **4.** Perinatal Mortality Report Tool **5.** Safety Champions **6.** Saving Babies Lives **7.** Continuity of Carer **8.** Maternity and Neonatal Staffing Workforce **9.** Early Notification Scheme Reporting **10.** Listening to women and their families			
Response to the issue:	**1. Update Ockenden Report** The Service can confirm submission of the evidence which is now being accessed by NHS England. Additionally the Service was required to complete a significant audit on 'Personalised Care and Support Planning', which has been completed and submitted for review. Further actions will continue to be required as part of the Ockenden findings.			

2. Provider Board Level Measures - Minimum Data Set

The Provider Board Level Measures Minimum data set for Qtr. 1 can be seen in Appendix 1. The Service has identified areas that will require additional monitoring through the maternity safety structure and includes,

1. The continual review of cases of perinatal mortality which will require a shorter timeframe for recording and reviewing. This will form part of the year 4 NHS R process and the Maternity Governance team is reviewing the process to ensure compliance.
2. Friends and Family or 'Gather' patient experience feedback has been a focus for the Service and there are quality improvements in place to ensure feedback is used to change the service. Once normal services are restored a process of review 'maternity 15 Steps' will be used to ensure there is co-design and co-production. The Maternity Voices Partnership (MVP) continues to work closely with the service to ensure feedback is addressed.
3. The Service has a process the concerns raised by staff and is actioned and monitored by the Maternity & Neonatal Safety Champions. The concerns are highlighted in the bi monthly safety Champions meetings.

3. Over view of Maternity Serious Incident (SI), including Healthcare Safety Investigation Branch (HSIB) cases and Moderate incidents

In regards to Moderate Incidents and Serious Incidents (SI) Appendix 2 identifies all of the maternity and neonatal cases for the reporting period. The Service's SI reports are outlined in Appendix 4 with the moderate incidents and the SI incidents which meet HSIB criteria are outlined in Appendix 5.

3.1 Healthcare Safety Investigation Branch (HSIB)

All cases (since December 2020) which have met HSIB criteria have been reported as SIs as requested by HSIB. A internal multidisciplinary clinical events review is undertaken which ensures that any immediate learning, actions and feedback is shared with the individuals involved as well as shared within the service as required. The summary of learning from these reviews has been included in Appendix 3.

Safety recommendations and findings have been reviewed and appropriate actions are put in place to learn from the incident. These action plans are reviewed within the Trust following the SI process and approved at the Trust Serious Incident Scrutiny Group (SISG). They are shared with the family where possible through tripartite meetings which are held between HSIB, the Trust and the family. They are also shared with the Clinical Commissioning Groups (CCGs). The completed investigations that have been received by the Trust in Q1 2021/22 are included within Appendix 4 with a summary of safety recommendations, findings and the UHS response to them.

4. Perinatal Mortality Review Tool (PMRT) Reporting

The Service can confirm that all perinatal deaths eligible to be notified to MBRRACE-UK from Monday 11 January 2021 onwards will be notified to MBRRACE-UK within seven working days and the surveillance information where required must be completed within four months of the death. For Quarter 1 2021/2022 assurance can be given that,

1. A review using the Perinatal Mortality Review Tool (PMRT) shows that 100% (must be at least 95%) of all deaths of babies, suitable for review using the PMRT, from 1 April until 30 June 2021 have been started.
2. That 100% (must be at least 50%) of all deaths of babies (suitable for review using the PMRT) who were born and died at UHS, including home births, 1 April until 30 June 2021 have been reviewed using the PMRT, by a multidisciplinary review team. Each review will have been completed to the point that at least a PMRT draft report has been generated by the tool.
3. That 100% (must be at least 95%) of all deaths of babies who were born and died at UHS from 1 April until 30 June 2021, the parents will have been told that a review of their baby's death will take place, and that the parents' perspectives and any concerns they have about their care and that of their baby have been sought.

5. Maternity Safety Champions

The Service can confirm that there are in place both Maternity and Neonatal Safety Champions in place including an Executive and Non-Executive lead, who provide oversight of safety with the service. Bi-monthly meetings are well established and are held on a basis although escalations of key concerns can be made outside of the planned meetings. Information is available to all staff on the Trust StaffNet pages.

As part of the remit of this group is to ensure concerns raised by staff are reviewed and highlighted on a regular basis and outcomes shared on the 'You said, we Did', StaffNet pages as well as locally within the Maternity Newsletters.

6. Saving Babies Lives Care Bundle

The Service can confirm that the Saving Babies Lives (SBL) audits where undertaken and demonstrated the Table 1 below. Any variances to pathways have been agreed with the CCG's and Maternal Networks groups.

Table 1

Element 1 Reducing Smoking in Pregnancy	Target 80% compliance	**B.** Percentage of women where Carbon Monoxide (CO) measurement at booking is recorded. **UHS compliance is 100%** **C**. Percentage of women where CO measurement at 36 weeks is recorded. **UHS compliance is 82%**

Element 2 Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction	Target 80% compliance	**A**. Percentage of pregnancies where a risk status for fetal growth restriction (FGR) is identified and recorded at booking. **UHS compliance is 100%**
Element 3 Raising awareness of reduced fetal movement	Target 80% compliance	**UHS compliance is 100%**
Element 4 Effective fetal monitoring during labour	Target 90% compliance	The compliance target of 90% has been removed however an improvement plan needs to be in place to recover position is within the audit record and as separate plan.
Element 5 Reducing preterm birth	Target 85% compliance	**A.** Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth. **UHS compliance is 85%.** **B.** Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior birth. **UHS compliance is 90%** **C.** Percentage of women who give birth in an appropriate care setting for gestation (in accordance with local ODN guidance). **UHS compliance is 100%**

7. Update on Continuity of Carer (CoC)

The Service has put in place an action plan to ensure that continuity of carer is the default model of care offered to all women by March 2023. The main priorities of the Service is to prioritise those most likely to experience poorer outcomes first, including ensuring most (51%) women from Black, Asian and mixed ethnicity backgrounds and also from the most deprived areas are placed by on a continuity of carer pathway. The action plan has a stepped approach in ensuring allocating all Black, Asian and mixed ethnicity women to a continuity pathway across the Southampton and West Hampshire locality.

Table 2 shows the current compliance for Qtr 1.

Qtr 1	Booked onto' % (Total)	Booked onto' % (BAME women)	Booked onto % (IMD -1 decile)	Received % (Total)	Received % (BAME women)	Received % (IMD-1 decile)
April 21	41.5	65.6	40	12.5	23	
May	41.1	63.5	41.9	11.8	26.5	23.8
June	40.7	57.7	48.7	10.4	28.6	15

8. Midwifery and Neonatal Workforce

8.1 Midwifery Workforce

Staffing levels across maternity services have remained challenging during Quarter 1 with the reasons for absence being varied and complex. High activity and acuity levels against persistently high levels of short term staff sickness, has been forced the Service to centralise care and the New Forest Birth Centre has unfortunately been temporarily closed to intrapartum admissions at times although other services have continued. The Service were also required to move into a black alert escalation status on a number of occasions which was triggered by a combination of activity, acuity, capacity and staffing factors. During the month of June the maternity workforce have been required to adopt a flexible approach to providing care, facilitated by the deployment of staff across the service, so as to ensure safety for women and babies.

Workforce pressures have been exacerbated with the implementation of the new BadgerNet IT system in June. Whilst the go live has been largely successful, it has been additional stress factor for staff as they have had to quickly adapt to using a new digital system. Consistently high levels of absence (notably short term sickness) have meant continued use of NHS Professionals to support staffing levels and ensure a safe service.

Maternity staffing overview can be seen in Appendix 5. Current actions for the maternity workforce include,

1. Recruitment of 9 WTE as part of the national maternity workforce bid. This is to make improvements in safety training without using NHS Professionals.
2. Recruitment of newly qualified before the end of the year.
3. Recruitment of support staff workforce.

8.2 Neonatal Nursing

The Neonatal unit continue to recruit to the neonatal workforce against the requirements of the British Association of Perinatal Medicine (BAPM) standards. An action plan is in place to address where the neonatal Unit does not meet the standards and include,

1. 8 members of staff have been processed through the Qualified in Specialty (QIS) course.
2. The above 8 position are out to advert (newly qualified or junior staff).
3. There has been additional recruitment to the Neonatal Surgical team.
4. There is an ongoing band 6 neonatal staffing advert out to recruitment.

9. Early Notification Scheme (ENS) Reporting

The Early Notification Scheme (ENS) is a process in which all maternity incidents of potentially severe brain injury, following labour that had a potentially severe brain injury

diagnosed in the first seven days of life are reported within 30 days. From 1 April 2021, Trusts will no longer need to report EN incidents separately to NHSR. Reports should continue to be made to HSIB which will in turn continue to inform NHSR of relevant incidents. The Service is currently reviewing the normal Governance processes to ensure that there is correct identification of cases and these are continued to be reviewed within the Service to identify immediate learning.

10. Listening to Women and their Families

Quarter 1 Trust 'Gather' response rate (total) can be seen in Table 3 below. The total response rate for the Trust remains under the target of 20% however; there improvement actions in place to increase the feedback from women and these actions are being supported by the Maternity Voices Partnership (MVP) chair. The feedback responses have reflected the difficult changes made by the Service during COVID there has only been one complaint of a major level within the service which did not highlight any concerns about recommending the Trust. Listening to women and families features in both NHS Resolution and the Ockenden report and the Service can confirm that it has actions and improvements in place to ensure co-design and production with service users.

Table 3

2021		April	May	June	Q1
Response rate - Trust Target 20%	**Total response rate**	**19.0%**	**13.2%**	**10.4%**	**14.4%**
	Antenatal	21.1%	15.0%	12.2%	16.1%
	LW and birthing unit	17.6%	12.1%	9.5%	13.0%
	Postnatal ward	17.9%	12.4%	9.7%	13.2%
	Postnatal community	19.4%	13.4%	10.2%	15.2%
% of women who would recommend	**Average score**	**78.3%**	**65.7%**	**76.6%**	**76.1%**
	Antenatal	86.8%	83.3%	79.5%	83.9%
	LW and birthing unit	92.1%	79.6%	93.2%	88.5%
	Postnatal ward	61.8%	27.8%	59.1%	59.2%
	Postnatal community	72.4%	71.9%	74.5%	72.7%
% of women who would NOT recommend	**Average score**	**9.2%**	**9.6%**	**13.9%**	**10.5%**
	Antenatal	5.3%	7.4%	9.1%	6.9%
	LW and birthing unit	6.6%	7.4%	4.5%	6.3%
	Postnatal ward	15.8%	22.2%	22.7%	19.5%
	Postnatal community	9.2%	1.6%	19.1%	9.1%

Current actions for the addressing feedback include,

1. Action plan in place to support the BAME feedback from the Maternity Voices Partnership (MVP) group.
2. Inpatient ward review of feedback with resulting quality improvements and action plan.
3. Process of discharges reviewed and new pathways put in place.
4. Breastfeeding support increased.
5. Continued Birth Afterthoughts support.

Implications: (Clinical, Organisational, Governance, Legal?)	The national safety focus on all maternity services at all levels continues to drive significant safety improvements. Consequences for not meeting safety recommendations and actions clearly have cultural and leadership implications and less positive impact on outcomes for women and babies. There are well established Governance frameworks within the maternity service, Trust and the LMS however, gaps in systems and processes may lead to significant financial ramifications and reputational implications if patient safety recommendations are not a high focus within the Trust and across the LMS.
Risks: (Top 3) of carrying out the change / or not:	The risk implications for the UHS Trust and Maternity sit within a number of frameworks including: • **Reputational** – Safety concerns ca be raised by the public to both NHS Resolution and the CQC. The CQC can undertake reviews of services who they believe have safety concerns. • **Financial** – Compliance with Trusts meet all ten NHS Resolution maternity Safety Actions is an expectation for many maternity safety requirements. • **Governance** – Safety concerns can be escalated to the Care Quality Commission for their consideration, and to NHS England and NHS Improvement regional director, the Deputy Chief Midwifery Officer, regional chief midwife and DHSC for information. • **Safety** - Non-compliance with requirements or recommendations would have a detrimental impact on the women, families leading to increased poor outcomes and staff wellbeing.
Summary: Conclusion and/or recommendation	The Service can confirm that the information provided in this maternity safety report provides the required information that is required for oversight of the maternity service. The Service feels confident about the successful submission of information for all external assurance. The Service is making impactful improvements with all avenues of maternity safety and will continue to undertake Quality Improvement to continue to improve the service. Further ongoing reports made to Trust Board will be adjusted as information changes but will continue to provide the required level of information to provide assurance on the UHS Maternity Service.

Appendix 1 - Provider Board Level Measures (Quarter 1 2021/2022)

RAG rated using the below method:			
Complete/action resolved/no risk	On track to achieve actions by completion date/low risk	Off track/plan in place/medium risk	Off track/no plan in place/high risk

		2021		
		Apr	May	Jun
1	Maternity safety support programme?	Yes	Yes	Yes
2a	The number of incidents logged graded as moderate or above	1	1 x moderate 1 x severe	3 x moderate
2b	Themes of incidents graded moderate & above What actions are being taken?	1x ITU admission and maternal stroke	1 x cooled baby (not referred to HSIB as mother not in labour) No immediate learning. 1 x antenatal stillbirth currently under review and learning to be shared with the PCQSF group.	1 x cooled baby (HSIB case) 1 x postnatal PE (shared with HHFT) 1 x complaint re. sepsis management (incident date is May - complaint received June)
3	Themes from reviews of perinatal deaths *Findings of review of all perinatal deaths using the real time data monitoring tool*	The UHS maternity service themes from perinatal reviews completed and include, • CO monitoring recorded within the healthcare records • Use of Partogram by the bereavement team • Placental Histology - encourage the sending of placentas for histology. • Aspirin assessment recorded in the healthcare records	2 reviews completed this month for deaths within Feb: CO monitoring not completed, however this was suspended due to covid and has now been reinstated Partogram usage - the bereavement team have been asked to investigate the use of partograms within SHIP to determine if UHS is an outlier ?undiagnosed genetic anomaly - scans are being reviewed	5 reviews completed this month for deaths within Apr and May, including 2 NND discussed at NNU CDRM. Partogram usage - the bereavement team have been asked to investigate the use of partograms within SHIP to determine if UHS is an outlier Delay in cardiac MDT, however wouldn't have changed outcome
4	Did 100% of perinatal mortality reviews include an external reviewer?	Yes 100% Compliance with external reviewer present at the meetings	2 reviews completed this month, both with external reviewer from HHFT present	5 reviews completed this month, 2 with external reviewer present (NNU CDRM) **Action –** additional meetings established to ensure reviews are taking place.
5a	HSIB referrals made in month	No recommendations received within this month. 1 report received for factual accuracy check.	No HSIB referrals this month	1 referral made, 1 final report received and 1 report for factual accuracy received.

5b	HSIB referral criteria met *Findings of review of all cases eligible for referral to HSIB*	Not reported this month – new addition for May.	N/A - no referrals made	Therapeutic cooling
6	Audit findings relating to safety/quality	Full review of the maternity services Audit programme has been undertaken as part of the UHS Clinical Effectiveness and Outcomes Meeting. There are 16 ongoing audits. Current learning relates to the Saving Babies Lives audits that are currently being undertaken.	• Full audit programme in place to support compliance with Saving Babies Lives requirements. • Audits commenced where required to evidence compliance with the Ockenden requirements. • Audits in place to provide compliance with requirements for NHS Resolution.	• Audits completed for compliance with the Ockenden IEAs. Good levels of compliance. • Audits completed to provide compliance with requirements for NHS Resolution including PMRT and ENS/ HSIB. Good levels of compliance actions in place where required.
7a	Safeguarding allegations against providers *Any Section 42 investigations reported to LADO*	No allegations have been received. We have clear HR processes and the Named Nurse for Safeguarding Children leads with the HR Employee relations manager and works closely with LADO in relation to allegations against people in a position of Trust.	No allegations have been received.	No allegations have been received.
7b	Issues affecting wider safeguarding which could affect maternity	Domestic abuse – during the pandemic there has been an increase in domestic abuse disclosures to midwifery, we are working in partnership with our multiagency partnership and engaging in meetings in preparedness for the impending domestic abuse bill A noted small increase in Sudden Unexplained death in infants (SUDI) across the HIPS area. This has been addressed with a HIPS wide strategy. All Midwifery Staff receive regular communication and training on interventions to reduce SUDI. All families receive safe sleep and ICON information routinely. In addition we give targeted advice and extra information to families of baby's identified at increased risk of SUDI.	No changes within the last month.	No allegations within the last month.

8	Feedback from safety champions & walkabouts	Administration lead raised concerns around the accuracy of recording Admission, Discharge and Transfer (ADT) information of women and babies in the service. Concern raised within all areas of the service to support the Admin team to capture (ADT) information.	• Concern raised from the Fetal Medicine team regarding information regarding women who have been referred to the unit. Because of the implementation of the BadgerNet system there has been some loss in the communication. The concern was raised through to the BadgerNet team and investigations are in place. • Concern raised within the Safety and Risk team regarding the workforce for both Midwives and other clinicians. Leads invited to the meeting to discuss actions that are being taken to address.	• Concern raised by SN Anaesthetist regarding pre-assessment for elective LSCS. Too many women booked in the clinic making management difficult. **Action** - Escalated by MC safety champion to the Operational Manager EN (Normal manager for the area out of the service). • Concerns raised from the Admin lead regarding the completeness of recorded data for Admission, Transfers and Discharges. **Action** – Admin lead asked to complete adverse events so that targeted areas not completing can be more clearly identified. • Concern raised by 2 Obstetric consultants in relation to the Theatre capacity and the Elective LSCS list capacity. **Action** – Immediate escalation to senior team and MDT meeting held the same day. Immediate actions put in place to management the current work. Ongoing meetings to agreed more long term actions.
9a	Service user voice feedback *Patient experience outliers*	• MVP in place and meetings being held. • MVP are looking currently at perinatal Mental Health and BAME • Requirements for NHS Resolution on plan on meet. • "Whose Shoes" event with the theme of Postnatal care, which is where most constructive criticism comes from, is planned for 10th June	• "Whose Shoes" event with the theme of Postnatal care, which is where most constructive criticism comes from, is planned for 10th June. • PICKER report 2019 has been reviewed and action plan developed.	"Whose Shoes" event completed on the 10th June with the theme of Postnatal care, which is where most constructive criticism comes from, actions and QI in place to address the issues raised.
9b	Complaints *Number*	No level 3 (major) complaints for Maternity Services	One level 3 (major) complaint for Maternity Services related to DVT.	1x Major complaint relating to a stillbirth - review in place 2 x moderate complaints Learning will be shared as appropriate
9c	Complaints *Themes & key actions*	No complaints for Maternity Services	Top themes include: communications, appointments, COVID policies, behaviours and lost property.	No additional themes this month

9d	Friends & Family Test *Response rate* *Score – % likely to recommend overall*	Response rate 19% Average of those that would recommend the service 78.3%	Qtr 1 2021 FFT information Response Rate = 19% Recommend the service = 78.3%	Qtr 1 2021 FFT information Total Response Rate = 16% Recommend the service = 75% Not recommend the service = 9.3% Service currently reviewing feedback with MVP and will implement QI and co-production. Monitoring through maternity governance. **Action –** see section 10 of the report
10a	External reviews or actions requested from CQC, RCOG, HSIB, HEE, NHSR,	None	The service has completed a Maternity Transition Question document for a CQC and provider meeting in June.	The service received no further actions in relation to the completed a Maternity Transition Question document for a CQC and provider meeting that took place in June.
10b	Coroner Reg 28	None	None	None
11a	Workforce- concerns regarding staffing levels or skill mix *Minimum safe staffing in maternity services to include Obstetric cover on the delivery suite , gaps in rotas and midwife minimum safe staffing planned cover versus actual prospectively.* BR+ levels recommended/actual Obs cover recommended/actual % shielding % sick % maternity leave Quarterly issues # posts out to recruitment Recruitment success level	1st April Report (March 21) Weekly Av. Based on OLP & MLP: Anyone in difference roster eg obs managers, fetal med, screening, does not include, LMS, of midwifery ward clerk, includes all clinically working midwives, doesn't include MSW's Mat Leave 7.29% Actual Sick 4.5% MW's (non Covid) Covid isolation 0.08% COVID shielding- difficult to identify as redeployed to non-clinical facing 37.5, 26.5, 37.5, 22.5, 33, 15, 37.5 /205.44 vacancy rate march: Staffing good on paper, however many are new. 13.48WTE started in March, had 2 week induction & supernumerary. Clinical working wasn't reflective Sickness quite high, study leave restarted (badgernet training) and quite high. Trust provider 2% and UHS had 7%. Trust gives 23% headroom – impacted by mat leave, study leave & sick leave. High NHSP Report Monthly	**Workforce- concerns regarding staffing levels or skill mix** Staffing levels across maternity services have remained challenging for the month of May, the reasons for which are both varied and complex. With high activity and acuity levels against high levels of short term staff sickness, the service has been forced to centralise care and the NFBC has unfortunately been temporarily closed to intrapartum admissions at times. Maternity services were also required to move into a black alert escalation status for 24hrs which was triggered by a combination of activity, acuity, capacity and staffing factors. During the month of May the maternity workforce have been required to adopt a flexible approach to providing care, facilitated by the deployment of staff across the service, so as to ensure safety for women and babies. **BR+ levels recommended/actual =** 1:24 / 1:24 **% shielding** = 0 **% sick** = RM Sickness increased to 5.51 % & MSW Sickness increased to 12.53% **% maternity leave** = Maternity increased to 14.58 WTE or 7.26%	**Workforce-** concerns regarding staffing levels or skill mix Staffing levels across maternity services have remained challenging for the month of June, the reasons for which are both varied and complex. With high activity and acuity levels against persistently high levels of short term staff sickness, the service has been forced to centralise care and the NFBC has unfortunately been temporarily closed to intrapartum admissions at times. Maternity services were also required to move into a black alert escalation status for 12hrs which was triggered by a combination of activity, acuity, capacity and staffing factors. During the month of June the maternity workforce have been required to adopt a flexible approach to providing care, facilitated by the deployment of staff across the service, so as to ensure safety for women and babies. **BR+ levels recommended/actua**l = 1:24 / 1:24 **% shielding** = 0 **% sick** = RM Sickness increased to 7.2% & MSW Sickness decreased to 9% **% maternity leave** = Maternity remains the same at 14.58 WTE or 7.26%

			Quarterly issues Requirement for staff to attend education and training sessions throughout the month of May in preparation for the implementation of Badgernet in June 2021. Whilst it has been essential that employees attend this training, this has accentuated the situation in respect of challenges around staffing. As such many team members have attended training sessions outside of their contracted work hours and have been allocated extra payments and / or NHSP hours. The impact of this has been an increase in our use of temporary staffing (NHSP) for May. **Posts out to recruitment & Recruitment success level** We are preparing to release an advert in early June for both B5 and B6 midwives. We are confident, based on historical factors that we will continue to draw in interest from external candidates for these posts. In addition, we are aware that there is a cohort of NQM qualifying from Soton University in Sept 2021 and we will be looking to recruit as many of these internal applicants as possible. We are also preparing to release an advert for B2 and B3 MSW's in early June which will is essential so as to fill our existing vacancy rates which currently sit around 10WTE.	**Quarterly issues** UHS has seen the implementation of Badgernet in June 2021. Whilst the go live has been largely successful, it has been additional stress factor for staff as they have had to quickly adapt to using a new digital system. Consistently high levels of sickness (notably short term sickness) have meant continued use of NHSP hours. The impact of this has been an increase in our use of temporary staffing (NHSP) for June. **Posts out to recruitment & Recruitment success level** June has seen the release of an advert for both B5 and B6 midwives. We are confident, based on historical factors that we will continue to draw in interest from external candidates for these posts. In addition, we are aware that there is a cohort of NQM qualifying from Soton University in Sept 2021 and we will be looking to recruit as many of these internal applicants as possible. We are also preparing to release an advert for B2 and B3 MSW's in early July which will is essential so as to fill our existing vacancy rates which currently sit around 10WTE.
11b	Training compliance for all staff groups in maternity related to the core competency framework and wider job essential training (Target 90%)	**PROMPT Maternity Emergency Training:** Obstetric trainees 88.46%, Consultant Obstetricians 47.06%, Consultant Anaesthetists 92.86%, Anaesthetic trainees 76.19%, UHS Midwives 91.09%, MSW & Nursery nurses 77.78%, Theatre Staff 74.47%, Maternity elective 100%, Day surgery and recover 57.14%. **Fetal Monitoring training:** Midwives 84.6%, Obstetricians 62.2%	**PROMPT Maternity Emergency Training**: Obstetric trainees 88.46% Consultant Obstetricians 47.06% Consultant Anaesthetists 92.86% Anaesthetic trainees 76.19%, UHS Midwives 100% MSW & Nursery nurses 77.78% Theatre Staff 74.47% Maternity elective 100% Day surgery and recover 57.14% **Fetal Monitoring training:** Midwives 84.6% Obstetricians 62.2%	**PROMPT Maternity Emergency Training:** Obstetric trainees = 96% Consultant Obstetricians = 81% Consultant Anaesthetists = 92.% Anaesthetic trainees = 76.19%, UHS Midwives = 97% MSW & Nursery nurses = 93% Theatre Staff = 82% Maternity elective 100% Day surgery and recover = 93% **Fetal Monitoring training:** Midwives = 90% Obstetricians = 71%

12	**Progress / challenges in meeting CNST safety actions**			
1: Are you using the PMRT to review perinatal deaths?		Complete	Complete	Complete
2: Are you submitting data to the Maternity Services Data Set (MSDS) to the required standard?		Complete	Complete	Complete
3: Can you demonstrate that you have transitional care services to support the recommendations made in the Avoiding Term Admissions into Neonatal units Programme?		Complete	Complete	Complete
4: Can you demonstrate an effective system of medical workforce planning to the required standard?		Complete	Complete	Complete
5: Can you demonstrate an effective system of midwifery workforce planning to the required standard?		On track	Birth-rate Plus and eRostering system A refresh of the BR+ app and reallocated the responsibility of collecting the data back to the OP CO's. In the last 2 weeks we have seen our compliance increase from less than 50% to 85% which will give a much more accurate picture of our acuity across the service.	Complete
6: Can you demonstrate compliance with all five elements of the Saving Babies' Lives care bundle Version 2?		On track, audits in progress	• Survey 5 completed and sent to NHSE&I • Audits in place to provide assurance •CCG and Clinical Network aware of any variance	Complete
7: Can you demonstrate that you have a mechanism for gathering service user feedback, and that you work with service users through your Maternity Voices Partnership to coproduce local maternity services?		Template for providers is currently being completed and on track to be delivered	Template for NHS R safety action 7 completed and processes in place	Complete

8: Can you evidence that at least 90% of each maternity unit staff group have attended an 'in-house' multi-professional maternity emergencies training session within the last training year?		NHSR are not asking for 90% UHS on track to have actions in place to reach 90% compliance.	UHS on track to have actions in place to reach 90% compliance.	Complete
9: Can you demonstrate that the trust safety champions (obstetrician and midwife) are meeting bimonthly with Board level champions to escalate locally identified issues?		Yes	Yes	Complete
10: Have you reported 100% of qualifying cases to HSIB and (for 2019/20 births only) reported to NHS Resolution's Early Notification (EN) scheme?		Yes	Yes	Complete
13 Outstanding Ockenden Recommendations Red ockenden actions only		Safety report in place. Available to Trust Board, Safety Champions and LMS for oversight as required. Includes SI reporting. Report to be presented in May 2021	Safety report in place. Available to Trust Board, Safety Champions and LMS for oversight as required. Includes SI reporting. Report to be presented in May 2021	Complete Report to be presented in June 2021
14 Significant gaps in NHSI maternity self-assessment tool		Complete	Complete	Complete
15 Concerns raised in Annual Surveys & progress on actions to address: Staff Maternity		None	Staff survey complete and information has been reviewed. Action plan in place to address key concerns raised.	Staff survey complete and information has been reviewed. Action plan in place to address key concerns raised.
16	**Saving Babies Lives Care Bundles**			
16a	Reducing smoking in pregnancy *RAG rating* *% compliance*	Of all case notes audited, 100% women were asked whether they smoked at booking and 67.5% of women were asked whether they smoked at 36 weeks.	Further auditing in place for 36 weeks	B. Percentage of women where Carbon Monoxide (CO) measurement at booking is recorded. UHS compliance is 100% C. Percentage of women where CO measurement at 36 weeks is recorded. UHS compliance is 82%

16b	Risk assessment, prevention and surveillance of pregnancies at risk of fetal growth restriction *RAG rating* *% compliance*	Of all case notes audited, 100% of women had a risk status for FGR identified and recorded at booking.	Of all case notes audited, 100% of women had a risk status for FGR identified and recorded at booking.	A. Percentage of pregnancies where a risk status for fetal growth restriction (FGR) is identified and recorded at booking. UHS compliance is 100%
16c	Raising awareness of reduced fetal movement *RAG rating* *% compliance*	Of all case notes audited, 95% of women booked for antenatal care had received leaflet/information by 28+0 weeks of pregnancy. Moreover, 100% of women who attended with RFM had a computerised CTG.	Of all case notes audited, 95% of women booked for antenatal care had received leaflet/information by 28+0 weeks of pregnancy. Moreover, 100% of women who attended with RFM had a computerised CTG.	UHS compliance is 100%
16d	Effective fetal monitoring during labour *RAG rating* *% compliance*	As of April 2021, 77.3% of midwives and 62.2% of consultants and obstetric doctors had received training on fetal monitoring in labour (including intermittent auscultation, electronic fetal monitoring, human factors, situational awareness, and have successfully completed mandatory annual competency assessment.	Fetal surveillance training in place and action plan to recover to compliance %	The compliance target of 90% has been removed however an improvement plan needs to be in place to recover position is within the audit record and as separate plan.
16e	Reducing preterm birth *RAG rating* *% compliance*	Of all case notes audited, 45% of singleton live births (less than 34+0 weeks) received a full course of antenatal corticosteroids within seven days of birth; 80% of singleton live births (less than 30+0 weeks) received magnesium sulphate within 24 hours prior birth; 100% of women gave birth in an appropriate care setting for gestation.	All audits completed and actions in place to achieve compliance	A. Percentage of singleton live births (less than 34+0 weeks) receiving a full course of antenatal corticosteroids, within seven days of birth. UHS compliance is 85%. B. Percentage of singleton live births (less than 30+0 weeks) receiving magnesium sulphate within 24 hours prior birth. UHS compliance is 90% C. Percentage of women who give birth in an appropriate care setting for gestation (in accordance with local ODN guidance). UHS compliance is 100%

Appendix 2 – Moderate incidents or above (Quarter 1 2021/2022) (including updates of previously reported incidents)

Date	Type of incident	Summary of incident	Outcome of incident	Key Learning and Recommendations	What actions have been identified?	Action Completion Date
Feb 21	Moderate clinical	Bilateral pulmonary emboli diagnosed approx. 5 weeks post-partum	Required 6 day hospital admission and commenced treatment. For lifelong apixaban to continue.	Correct management documented however no record of prescription in notes. Clear documentation in notes during re-admission, however no formal risk assessment completed.	Share learning from VTE cases at MQuEST	September 2021
Mar 21	Moderate clinical	Delay in the recognition of neonatal jaundice	Baby discharged home required admission to the NNU and an exchange transfusion	Meeting held to review 2 incidents related to jaundice: • Jaundice guideline update to include a decision aid for staff • Education for staff – share at NNU education team, MQuEST, maternity mail and NEST newsletter • With the launch of badgernet, the community midwives will be prompted to ask about sibling history of jaundice		September 2021 Complete Complete
Mar 21	Moderate clinical	Return to theatre (2 days post-partum) for surgical management of broad ligament haematoma following emergency caesarean section and ITU admission	Intra-abdominal haematoma identified on computerised tomography as unwell post caesarean section. Decision for surgical management due to concerns regarding sepsis and evolving hydronephrosis.	RCA in progress (SEC). Human factors on the busy shift and there were delays around escalation between 7-9pm (although this would not have changed the outcome). Blood results took a significant time to come back, which may have led to more prompt action to manage her Acute kidney injury (AKI).	Our Lead Practice Educator is involved in a QI project to improve clinical escalation as part of the Each Baby Counts Learn & Support programme. Over the next few months, strategies will be tested to improve clinical escalation within our unit. Formal action plan to be shared once RCA completed. Date of incident – 17/03/2021 Date of initial review – 20/04/2021 and decision made to refer to patient safety team (PST). Decision made for RCA – 19/05/2021	Ongoing Due date for report completion – 19/08/2021
Apr 21	Severe major clinical - ITU admission and maternal stroke /	Maternity patient with her first pregnancy, history of moya moya disease and previous cerebral surgery.	Remains on Neuro ITU. Likely to have life changing injuries from the bleed.	RCA in progress (SEC). No immediate learning identified.	Formal action plan to be shared once RCA completed. External opinion from London sought due to complexity of the condition. There have been delays in receiving this (which were escalated); this has now been received.	

	intraventricular haemorrhage	Closely monitored for Preeclampsia toxaemia (PET). Attended ED with thunderclap headache at 35+3 weeks. Started seizing in ED, showed Right hemisphere brain bleed, requiring neurosurgery. Elective caesarean section performed. Admitted to Neuro ITU	Baby well and discharged home to family.		Date of incident – 04/04/2021 Decision made for RCA – 08/04/2021 Due date for report completion – 03/09/2021	
Apr 21	Moderate clinical	Left leg Deep Vein Thrombosis 2 weeks post elective caesarean section	Commenced on Rivaroxaban.	Reviewed in Trust VTE panel. Appropriate care. No risk factors apart from caesarean section and tranexamic acid.	There is currently a network review of VTEs being undertaken. Once this review is completed, UHS will review our local guidance to determine if our risk assessments need amending and to offer further guidance around the risks of using tranexamic acid.	
May 21	Catastrophic clinical – antenatal stillbirth	Maternity patient in her 4th pregnancy with suspected spontaneous rupture of membranes at 27 weeks of pregnancy. Transferred from Salisbury to UHS. Admitted to the antenatal ward. Concerns regarding fetal heart therefore transferred to labour ward, fetal bradycardia and Cat 1 emergency caesarean section performed.	Baby born with no signs of life. Resus commenced, but discontinued at 23 mins and death confirmed at 40 mins of age.	RCA in progress (SIRI). Concerns with CTG review, delays in transfer to labour ward and delays in escalation of concerns with fetal heart rate on arrival to labour ward.	Formal action plan to be shared once RCA completed. Date of incident – 10/05/2021 Decision made for RCA – 12/05/2021 Due date for report completion – 19/08/2021	
May 21	Moderate clinical – term cooled baby	Maternity patient with her 1st pregnancy. Routine and appropriate antenatal care. Attended	Baby born in poor condition and admitted to NNU for cooling.	Reviewed at CER with patient safety team present. Not for HSIB referral as the woman was not in labour. Delay in triage due to staffing and acuity (unit was on black alert), however the triage was appropriate. When changed from cat 2 to cat 1, a crash call was not put out and therefore no senior NNU		

		maternity day unit at 41 weeks gestation with reduced fetal movements. Cardiotocography (CTG) abnormal, decision for cat 2 caesarean section. In theatre the fetal heart continued to decrease, therefore decision for cat 1 caesarean section.		support, however the NNU doctor present performed appropriate resuscitation. No further investigation required.	
May 21	Moderate clinical - sepsis management	Maternity patient with her 2nd pregnancy with suspected spontaneous rupture of membranes 35 weeks gestation. The service advised to monitor developed a temperature, advised to do Covid test and monitor, and called later that day with unusual vaginal discharge, advised to come in. On arrival, pyrexial, septic screen taken, antibiotics given, cat 2 caesarean section called. Baby born in poor condition.	Admission to NNU. Baby and mum treated for Group B strep (streptococcus).	RCA in progress (SEC) Concerns around advice given via telephone. Came in via complaint received in June (events from May) Concerns with communication and documentation.	Formal action plan to be shared once RCA completed. Date of incident – 10/05/2021 Complaint received – 08/06/2021 Complaint referred to PST – 21/06/2021 Decision made for RCA – 29/06/2021 Due date for report completion – 16/09/2021
June 21	Moderate clinical - postnatal PE	Maternity patient with her 3rd pregnancy. Transferred to UHS postnatally (day 0) as baby required NNU/PICU care at UHS. Discharged on day 1. Presented to ED with shortness of breath on day 4, CT	6 months apixaban treatment	To be reviewed by HHFT (antenatal care and birth) and UHS (postnatal care)	As the woman was an inpatient for less than 24 hours (at UHS) no further investigation will take place and the incident will be logged with Hampshire Hospital Trust.

		pulmonary angiogram undertaken on day 5 confirmed pulmonary embolism.			

Appendix 3 – HSIB reported incidents - Summary of incidents reported to HSIB for Q1 2021/2022

Date	HSIB criteria	Summary of incident	Summary of immediate actions/learning
Jun 21	Therapeutic cooling	Maternity patient with her 1st baby was born at term, SROM and spontaneous labour. Long 2nd stage. Trial of instrumental delivery, mec noted and CTG pathological, emergency LSCS. Baby born in poor condition. Thick meconium noted. Decision to cool following abnormal cerebral function monitoring.	Under investigation by HSIB. Issues identified / Immediate learning from CER: • Challenge with timings and decision making on paperwork. • To share learning re. urgency/categorisation for instrumental deliveries Report due 07/12/2021.

Appendix 4 – Summary of investigations received from HSIB in Q1, including actions

Date of event	HSIB criteria	Safety recommendations and findings	Summary of UHS actions
Nov 20	Therapeutic cooling	Final report received 27/05/2021 – action plan currently going through Trust SISG process. Safety recommendations: • The Trust to simplify how emergency support is summoned in line with emergency 2222 national guidance. • The Trust to ensure placentas are sent for pathological examination including histology in line with national guidance (RCPath, 2019).	• Learning to be shared via Theme of the Week and on the Communications Board on labour ward highlighting how to contact the Neonatal team in an Emergency via 2222 system. • The Trust reviewed it's criteria for sending placentas for histological examination. It has been agreed that all placentas for any baby born in poor condition at term who undergoes therapeutic cooling are to be sent for histological examination. The third stage in labour guideline has been updated to reflect this change. • Learning regarding the change in practice has been shared as a poster in the sluice and a Theme of the Week is being developed.

Appendix 5 – Maternity Staffing Overview

Period	WTE of Contracted Staff		Changes (Between Snapshot Dates)			Unavailabilities outside of Trust Headroom		Unavailabilities within Trust Headroom		Trust Headroom			COVID - 19	
	Overall Budget	Total WTE	Starters	Leavers	Vacancy = (-) Overspent = (+)	Total in WTE	Total in a %	Total WTE	Total of as a %	Actual Trust Headroom	Difference of Trust Headroom used (-) = Over (+) = Under	Difference of Trust and Non Trust Headroom used (-) = Over (+) = Under	Isolation in WTE	Isolation As a %
July 1st	207.00	199.73	0	0.67	-7.27	7.40	3.70%	42.00	37.39%	123.00%	85.61%	81.91%	1.22	0.61%

University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Guardian of Safe Working Hours Quarterly Report**			
Agenda item:	**5.4**			
Sponsor:	**Paul Grundy, Chief Medical Officer**			
Author:	**Dr Diana Hulbert, Emergency Medicine Consultant and Guardian of Safe Working Hours**			
Date:	**30 September 2021**			
Purpose	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** ✓
Issue to be addressed:	Exception Reporting continues to be low risk and cost to the Trust. Need to increase engagement to increase the number of exceptions reported. No financial penalties given. Junior Doctor vacancy rate remains at 10%. Locum spend on internal bank continues to be high, relating to covering vacancies and gaps in the rotas.			
Response to the issue:	The Guardian of Safe Working Hours is integral to the 2016 Junior Doctors Contract with a remit to provide assurance to the Trust Board that the junior doctors at UHS have safe working hours. Diana Hulbert was appointed to the Guardian role in April 2021.			
Implications: (Clinical, Organisational, Governance, Legal?)	There needs to be ongoing monitoring of exception reporting and support given to the Consultant Rota Leads. Additional support to be given to promote exception reporting at junior doctor and at Senior Medic level.			
Risks: (Top 3) of carrying out the change / or not:	Risk of financial penalties if rota gaps are not addressed.			
Summary: Conclusion and/or recommendation	The Trust Board is invited to note the report and ongoing concerns regarding work intensity, exception reporting engagement and rota gaps.			

Main Issue/Executive Summary

Employment and expenditure

There are 714 Junior Doctors in Training employed by the Trust and they all work on the 2016 contract.

There are 344 Junior Doctors employed in non-training posts; all these doctors work on UHS local terms and conditions which mirror the 2016 contract

The current vacancy rate is 10% which has remained reasonably stable

The cost of locum expenditure in the last year was £5,114,005 (Appendix 3)

Work intensity remains high and the impact both of the covid pandemic and the beginning of recovery has been significant

Exception reporting

- 2339 exception reports have been received at UHS since the implementation of 2016 contract. (Appendix 2)
- The number of exception reports submitted in each six-month period has varied from 80 to 419
- The most common reason for the submission of an exception report is additional working hours and the most common resolution is additional payment
- To date no exception report has been a breach incurring a financial penalty
- The cost and risk of exception reporting to UHS is currently low

Activity summary

The Junior Doctor Executive Committee led by the chief registrar, Dr Jo Mort, continues to meet quarterly with increasing representation from across the specialties.

The Junior Doctor Forum meets monthly and remains an informal method of communication between the junior doctors, the chief registrar, and the Medical Workforce team.

The Consultant Rota Leads aim to meet quarterly to share good practice and discuss current issues in recruitment, retention, and training.

Although current vacancy level is relatively low (10%) staffing remains challenging in some specialties

During the Covid pandemic overseas recruitment decreased and the processes were considerably slower. This area of recruitment is now returning to normal.
This decrease was partially offset by the smaller number of UK trained doctors who went to work overseas.
There are several reasons why there is a vacancy rate which leads to high locum expenditure:

- there are not yet enough medical students in training to meet the expanding workforce requirement

- there has been an expansion of the specialty doctor tier which will be required to manage an increased workload
- the remaining rotas in Emergency Department have now changed from a 1:2 weekends to a 1:3 to be compliant with the 2016 rules - this necessitates more doctors to staff the weekend rotas but benefits weekday working conditions.

Implications

There are ongoing concerns over the issue of rota gaps and the safety of areas of the hospital. The situation is unstable and small changes (such as summer annual leave) can reveal the fragility in the system. These problems are national and the Guardian is confident that the divisional management and executive teams are aware of these issues and seeking improvement plans.
Rota annualisation should help alleviate the problem of annual leave

Engagement with the exception reporting system remains variable; whilst it has highlighted some areas that need review, the Guardian currently does not have the confidence that this system is reflecting the true situation across the hospital. The Guardian's awareness of most of the areas of concern highlighted in this report has come from direct discussion with departments rather more than the exception reporting system.

The overall impact of the new contract on the financial position and service provision remains unclear and difficult to quantify as so many factors impact rota gap and there is under-usage of the exception reporting system.

There is an ongoing need for a wider overview of the workforce. Work is being carried out around the role of junior doctors, advanced nurse practitioners, physician assistants and supporting non-clinical roles.

With the increasing workload there is a need for ambitious IT solutions with particular reference to access, functionality and system interactions

Action Required

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

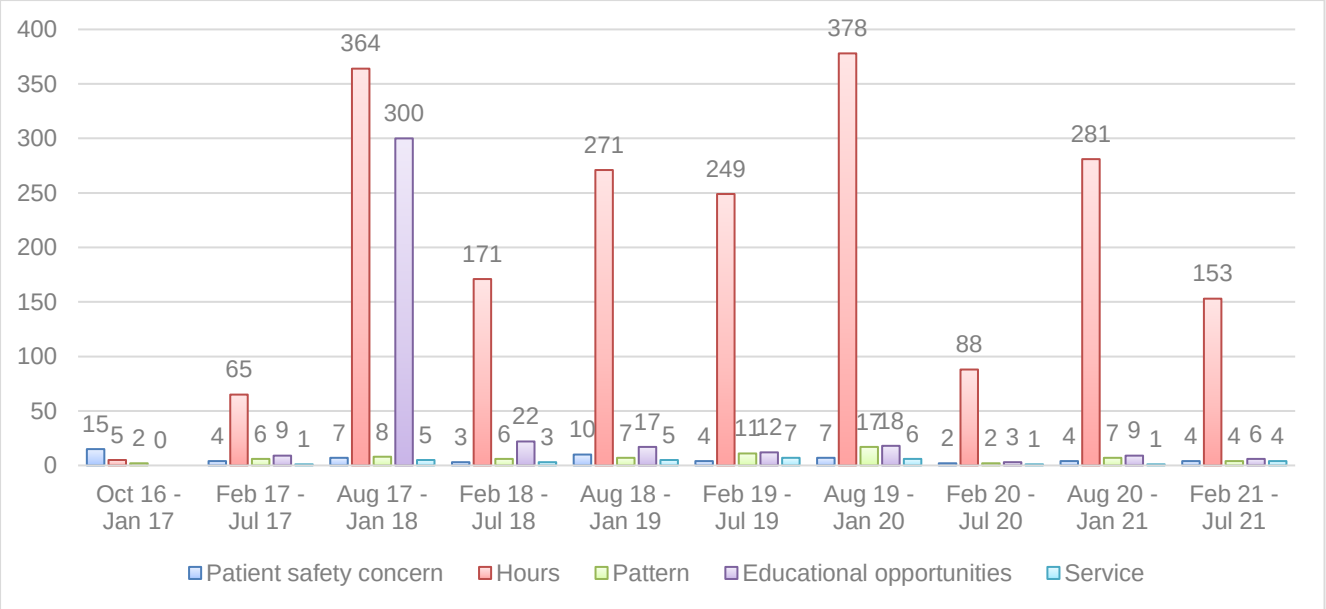
Next Steps

The next quarterly report will be submitted to the Trust Board for presentation at the Trust Board meeting in December 2021

Appendix 1: Summary of junior doctor vacancies across cost centre

Cost centre	No of posts	No of vacancies (Sept 21)	Fill rate
Vascular Surgery	5	0	100%
Cardiothoracic Surgery	28	3	89.29%
Cardiology	43	3	93.02%
Neurology	20	1	95.00%
Neurosurgery	22	3	86.36%
Neurophysiology	2	0	100.00%
Spinal Surgery	2	0	100.00%
T&O	48	3	93.75%
Neonates	34	5	85.29%
O&G	32	5	84.38%
Paediatrics Cardiology	14	1	92.86%
Paediatrics	60	8	86.67%
PICU	17	0	100.00%
Chemical Pathology	2	2	0.00%
Microbiology	10	2	80.00%
Histopathology	16	0	100.00%
Palliative Care	7	2	71.43%
Medical Oncology	20	5	75.00%
Haematology	19	3	84.21%
Clinical Oncology	15	0	100.00%
Dermatology	8	1	87.50%
General Medicine	10	0	100.00%
Endo/Diabetes	4	0	100.00%
Clinical Genetics	3	0	100.00%
Rheumatology	5	0	100.00%
GI Renal	23	4	82.61%
Allergy/Respiratory	23	1	95.65%
MOP	46	3	93.48%
Acute Med	20	1	95.00%
Acute Med OOH	6	3	50.00%
PHEM	3	0	100.00%
ED	69	6	91.30%
Anaesthetics	57	6	89.47%
GICU	37	8	78.38%
SHDU	9	0	100.00%
NICU	14	0	100.00%
CICU	12	1	91.67%
Ophthalmology	27	0	100.00%
ENT	13	0	100.00%
Urology	11	0	100.00%
OMFS	10	1	90.00%
General Surgery	44	3	93.18%
Total	**870**	**84**	**90.34%**

Appendix 2: Exception report data



Appendix 3: Locum Spend

	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Grand Total
Acute Medicine	£59,696	£57,787	£58,927	£48,367	£60,870	£39,217	£32,044	£30,022	£29,369	£26,217	£32,880	£36,904	£512,299
Anaesthesia Obs					£2,803							£758	£3,560
Anaesthetics	£2,727	£379	£213	£1,657	£19,970	£7,850	£13,957	£6,311	£16,589	£8,295	£13,105	£12,063	£103,115
Anaesthetics and Cardiac	£4,772	£2,576	£5,151	£4,166	£5,227	£1,515	£985	£3,257		£303	£3,257	£3,788	£34,997
Cardiology	£14,192	£19,143	£12,198	£10,216	£12,208	£2,324	£7,608	£21,892	£15,435	£26,560	£34,631	£25,821	£202,227
Cardiothoracic Surgery	£2,934	£6,977	£9,242	£15,281	£8,296		£978		£774	£2,230	£4,197	£3,532	£54,441
Care of the Elderly			£346	£5,899	£1,905			£8,530	£8,167		£1,570	£1,630	£28,048
Clinical Oncology	£5,555	£4,331	£5,576	£4,128	£7,343	£6,568	£5,787	£4,846	£7,430	£6,083	£11,315	£6,622	£75,583
Dermatology	£446	£390	£2,453	£2,084	£3,383	£4,052	£3,135	£1,689	£1,756	£418	£610	£0	£20,416
Emergency Medicine	£28,277	£31,616	£29,636	£27,225	£49,059	£26,352	£32,072	£40,990	£42,152	£39,599	£68,706	£52,351	£468,034
ENT	£17,924	£8,223	£13,046	£7,780	£13,603	£11,312	£10,937	£16,329	£17,223	£10,503	£18,136	£13,618	£158,634
Gastroenterology		£2,890	£756	£7,285	£10,931	£1,385		£1,765	£5,273	£5,172	£5,433	£8,422	£49,312
General Surgery	£11,586	£13,503	£14,623	£17,239	£21,008	£13,898	£16,324	£13,653	£15,140	£16,798	£18,169	£11,908	£183,848
Haematology	£2,484	£5,152	£1,121	£5,644	£6,982	£1,617	£1,813	£1,377	£3,383	£10,630	£5,465	£12,645	£58,314
Hepatology						£1,528							£1,528
Infectious Diseases					£288				£2,669	£6,194	£6,686		£15,837
Intensive Care	£303	£3,030	£26,502	£10,167	£60,526	£24,783	£37,971	£31,134	£13,638	£12,375	£37,306	£18,642	£276,377
Medical Oncology	£13,074	£6,144	£1,075	£10,959	£20,547	£16,445	£12,481	£10,286	£8,505	£4,943	£6,987	£7,253	£118,698
Medicine	£13,064	£10,697	£33,209	£30,169	£81,581	£59,611	£38,895	£28,589	£24,614	£24,692	£32,352	£23,780	£401,253
Neonatal Medicine	£2,899	£3,252	£6,198	£10,362	£13,042	£12,827	£1,827	£948	£4,237	£3,617	£2,732	£4,604	£66,544
Neurology	£1,561	£3,192		£5,168	£6,379	£4,223	£9,069	£2,379	£3,199	£3,994	£3,498	£6,785	£49,446
Neurosurgery	£9,366	£10,168	£8,645	£9,924	£7,119	£9,769	£11,774	£9,564	£13,687	£10,301	£10,347	£8,613	£119,277
Obstetrics and Gynaecology	£6,384	£6,987	£9,021	£8,367	£9,131	£8,777	£5,318	£1,907	£4,082	£9,834	£12,307	£7,404	£89,520
Ophthalmology	£17,047	£48,143	£45,791	£33,690	£54,738	£49,354	£51,331	£31,785	£39,864	£47,472	£50,368	£39,942	£509,526
Oral and Maxillofacial Surg	£28,619	£19,740	£12,545	£20,017	£19,457	£13,123	£19,281	£15,084	£17,174	£16,112	£17,142	£17,530	£215,824
Orthopaedic and Trauma Surgery	£37,171	£19,967	£32,500	£40,309	£41,858	£27,099	£24,942	£19,926	£43,112	£36,814	£33,494	£38,288	£395,481
Paediatric A&E	£953	£6,218	£8,907	£6,395	£15,713	£14,647	£6,211	£726	£3,658	£7,645	£8,027	£5,712	£84,812
Paediatric Accident and Emergency			£1,015										£1,015
Paediatric Cardiology	£17,613	£18,522	£11,325	£24,884	£18,073	£18,256	£11,723	£11,818	£10,375	£16,720	£21,090	£41,215	£221,613
Paediatric ICU	£3,863		£2,063	£2,483	£5,352	£9,034	£1,394	£1,338	£4,245	£4,370	£3,638	£1,450	£39,229
Paediatric Surgery				£6,855	£6,136	£3,352	£379	£1,932	£5,643	£13,181	£7,083	£4,431	£48,991
Paediatrics	£3,449	£709	£3,908	£2,932	£7,023	£12,588	£4,957	£417	£8,220	£6,674	£8,412	£13,090	£72,379
Palliative Medicine	£5,855	£5,882		£1,373		£1,433				£367	£1,203		£16,112
Radiology	£1,060		£163	£163	£3,446	£1,171	£2,346			£2,839	£3,868	£5,272	£20,326
Renal Medicine	£2,656		£8,701				£1,019	£7,020	£5,338	£6,418	£5,807	£346	£37,306
Research & Development			£836	£2,565	£3,596	£4,179	£2,811	£1,390	£1,979				£17,356
Research & Innovation											£2,202	£948	£3,150
Respiratory						£1,136			£730	£978			£2,844
Respiratory Medicine	£279	£1,171	£716	£7,182	£6,836	£6,153	£13,081	£9,797	£6,456	£7,121	£3,311	£4,931	£67,033
Spinal Services					£1,929	£1,245	£660						£3,833
Stroke Medicine	£279	£2,577	£1,467	£2,567	£2,567	£367		£1,610	£856	£734	£489	£326	£13,838
Surgical HDU	£3,240	£6,377	£3,790	£1,060					£530		£2,119	£1,386	£18,501
Urology		£362	£112		£1,645		£1,617		£112				£3,847
Vaccine Hub	£112	£1,115	£279	£4,745	£23,445	£33,254	£19,640	£22,654	£27,891	£51,548	£20,825	£21,625	£227,131
Vascular											£392		£392
Vascular Surgery				£1,784		£369						£0	£2,153
Grand Total	**£319,437**	**£327,220**	**£372,054**	**£401,090**	**£634,014**	**£450,812**	**£404,364**	**£360,965**	**£413,505**	**£447,750**	**£519,160**	**£463,633**	**£5,114,005**

University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Learning from deaths 2021/22 Quarter 1 Report**			
Agenda item:	**5.5**			
Sponsor:	**Paul Grundy, Chief Medical Officer**			
Authors:	**Mr Neil Pearce, Associate Medical Director for Safety and Amie Lancaster, Medical Examiner's Officer**			
Date:	**30 September 2021**			
Purpose:	**Assurance or reassurance**	**Approval**	**Ratification**	**Information** X
Issue to be addressed:	Since September 2014 the Independent Medical Examiners Group (IMEG) has been reviewing inpatient deaths. From April 2019 the Coroners and Justice Act 2009, chapter 25 was enacted with flexibility during a non-statutory phase for the national initiative of scrutinising all inpatient deaths. Since 2016 we have reported every quarter to QGSG and the Trust Board. Reports to the Trust Board were suspended during the Covid-19 pandemic.			
Response to the issue:	This paper is presented quarterly as is required by the department of health and social care to provide assurance in regard to avoidable mortality and quality of care. We recommend that the trust continues to support the development of the Medical Examiners service in line with national requirements for review of inpatient deaths and expansion to review community deaths.			
Implications:	• UHS has a layered approach to mortality review which differs slightly from other national models due to our evolution of scrutiny, which starts with medical examiner review and feeds into all our other mortality review processes. This gives an effective model that identifies cases where death may be avoidable or there is greatest learning by using the medical examiner review to screen all deaths within the trust. • UHS introduced the Independent Medical Examiners Group (IMEG) in September 2014, prior to the National Drive and Enactment of chapter 25 of the Coroners and Justice act 2009, in April 2019. Since 2014 we have been seen as an innovator that has influenced the development of the service nationally and we are often called upon for advice at regional level. • The medical examiner service is directly accountable to the national medical examiner and NHSI. The service is directly funded by NHSI and although hosted by UHS it acts independently and impartially. • IMEG scrutinises all inpatient adult deaths, as well as deaths within our Emergency Department and community deaths at the Mountbatten Hospice. Neonatal deaths are called through to the Medical Examiner's office and receive a light touch approach, focusing on death certification as they have extensive external scrutiny from a safety perspective. Paediatric deaths are reviewed in the Child Death and Deterioration group, which is attended by the lead Medical Examiner for the purpose of scrutiny. • The reviews identify potential avoidable factors as well as aspects of good care to feedback to the clinical teams. • Duty of candour is discussed where appropriate ensuring that the clinical teams make early contact with the families in cases of avoidable harm. • We identify deaths that require reporting to HM Coroner. These have fallen consistently due to avoiding inappropriate referrals and the Medical Examiner's office working more closely with the Coroner's office and			

	agreeing new referral criteria as confidence builds in the working relationship. • Mortality data collected at IMEG is used trust wide and provides up to date, accurate information; most recently providing daily coronavirus data for the trust and Public Health England. Southampton was identified as one of the leading reporters nationally for providing timely covid-19 mortality data and asked to provide information on our working model to share with other centres. • The trust mortality review group (TMRG) has been providing a structured judgement review process to scrutinise death since 2013 and looks at both avoidability and quality of care. It is closely linked to the medical examiner service which identifies the majority of cases for review, specifically looking at unexpected deaths, deaths following elective surgery/interventions and cases where the medical examiner believes there may have been lapses in the quality of care or other opportunities for learning. • There are over 50 morbidity and mortality meetings within the trust which review deaths within individual subspecialties, specialties or care groups. The medical examiner service directs questions to the M and M meetings, for clarification, education and learning • The trust currently runs an extremely low hospital standardised mortality ratio (82), suggesting a low level of avoidable deaths. This has progressively fallen over the last seven years (peak in 2014 at 113) since we instituted our medical examiners group, increased scrutiny of death and developed interaction with other mortality review processes.
Risks:	1. The Trust does not reduce avoidable deaths in our hospitals. 2. The Trust does not promote learning from deaths, including relating to avoidable deaths and good and poor quality of care. 3. The Trust does not promote an open and honest culture and support for the duty of candour.
Summary:	This paper is provided for information.

1. Introduction or Background

IMEG was started in the trust in September 2014 and built up to scrutinising all inpatient deaths. Scrutiny starts with the electronic patient record's being reviewed by a Medical Examiners Officer (MEO) who looks at the pre-hospital care, presentation and case history to be able to flag any potential issues to the Medical Examiner and identify cases for coronial referral. A doctor (of any grade) from the team will come down and discuss the case with a trained Medical Examiner (ME) and offer a cause of death, this is either agreed upon or discussed further, paperwork is then completed. If any further questions arise from the scrutiny or a potential issue is picked up the case will then be sent for a further more in-depth mortality review. These reviews can come in the form of questions directed to the speciality Morbidity and Mortality meeting, or presentation at Trust Mortality Review Group (TMRG) which is a multi-disciplinary and multi-professional group who follow the Structured Judgement Review (SJR) template, or an Urgent Case Review with the Patient Safety Team.

There is a national requirement for all deaths reviewed by the medical examiner to then be discussed with the bereaved family, to ensure that the family understand the cause of death and are able to voice any concerns about standards of care at any point during the patient journey. At present this is largely devolved to the bereavement care team, because of historic practice and current staffing levels.

The medical examiners service in each hospital is directly accountable to the National Medical Examiner (NME) and NHSI and is expected to be hosted by the acute trust within which it sits, but it should be financially neutral and behave independently from the trust in order to apply impartial

scrutiny. During 2020-21 the expectation is that the medical examiners service will have started to provide scrutiny of community deaths, commencing with those in hospices and community hospitals. 2021-22 will see the completion of the community rollout and require a substantial increase in staffing for the medical examiner service, which will be hosted by the trust and fully funded by NHSI in line with a predetermined, nationally agreed model.

2. Analysis and Discussion

The total number of deaths in Q1 of the year 2021/2021 has been 504; This is the fewest amount of deaths we have seen in Q1 since scrutiny across all area's began.

Figure 1. Deaths per quarter for the last three years

Quarter	2021-2022	2020-2021	2019-2020
Q1	504	564	606
Q2		511	541
Q3		529	589
Q4		634	620
Total		2,234	2,356

We have discontinued our seven-day week service which was established during Q1 2020 due to lack of staffing and a decreased demand.

The majority of our Medical Examiner's still attend the meeting virtually, although some ME's may choose to personally come down to the room due to lack of equipment and space.

It is a standard for the medical examiner service that an MCCD should be written following medical examiner discussion, within three days of death. This is a difficult standard to achieve with current working patterns for junior medical staff and our limited appointment system as we do not always have ME cover. It is a national requirement for deaths to be registered within five days

Further reviews

In addition to medical examiner scrutiny seven other additional or more detailed levels of scrutiny may be applied. Some such as the reviews for learning disability, paediatric and neonatal deaths are nationally mandated and externally directed. Others such as Morbidity & Mortality (M&M), Trust Mortality Review Group (TMRG) and serious adverse event case review are locally managed governance processes, although they may feed into other national reporting processes.

Figure 2. Additional levels of scrutiny

Quarter	M&M	TMRG	Scoping	Paediatric	Neonates	LeDeR
Q1	28	16	9	10	5	2
Q2						
Q3						
Q4						
Total						

Further to the medical Examiners reviews, 70 cases were sent for further clarification or review (see Figure 2).

- 28, or 5.5% were sent to sub-speciality Morbidity and Mortality groups (M&M) for further clarification/questions.

- 16, or 3.2% of cases went on to have a more detailed case notes review at the Trust Mortality Review Group (TMRG) using the nationally approved Structured Judgement Review (SJR) methodology
- 9, or 1.8% of cases were sent for a urgent serious adverse event Case review (commonly known as a scoping meeting within the Trust) with the Patient Safety Team because the reviewing medical examiner felt that death probably avoidable with different or better care.
- 2 cases have been reviewed by the Learning Disabilities Mortality Group (LeDeR)

This means that 70 (13.8%) cases have received a further mortality review, this is slightly above national expectations (12%) but this can be attributed to post-covid working and readjusting back to normality as much as possible. The reviewing medical examiner also deferred questions over potential hospital acquired Covid-19 deaths to the infection control team.

The majority of cases get assigned an initial avoidability and quality rating which then gets adjusted accordingly if they are sent for further review such as to a serious adverse event Case Review (scoping) or Trust Mortality Review Group (TMRG)

The Trust Mortality Review Group (TMRG) applies a Structured Judgement Review of cases in order to assess quality and avoidability. Deaths are also reviewed through 53 different subspecialty Morbidity and Mortality (M&M) meetings that we are aware of throughout the trust. Unfortunately, at present there is very little communication of learning from M&M meetings or from the TMRG outside of these meetings. Although a theme of poor recording of fluid balance within the notes as recently been escalated to the deteriorating patient group and DCD's.

When SJR was introduced nationally in 2017 as part of the learning from deaths initiative it was anticipated that trusts would be able to identify approximately 3% of deaths as having avoidable features. This was in keeping with pilots conducted by expert reviewers and research conducted in several countries. However, when introduced widely in the NHS the majority of trusts have been unable to identify avoidability, with results reported from the south-west suggesting <0.05% of deaths were avoidable. Hence the majority of trusts no longer report avoidability as they are unable to accurately assess it using the SJR methodology, this is likely to be due to professional reluctance to critically assess this and lack of expertise in case review.

When UHS had introduced assessment of avoidability in 2014, using small panels of expert reviewers, we identified 2.8% of deaths as probably avoidable with different or better care and have seen this fall to 0.5-1% over subsequent years. We are one of the few trusts that continues to report avoidability and we believe that this remains a valid tool for learning from death.

It is now extremely rare for significant patient safety care concerns to be raised retrospectively by the bereaved that have not already been addressed by our review processes.

Figure 3 outcomes from trust mortality review group

Avoidability	Q1	Q2	Q3	Q4	Total
1. Definitely Avoidable					
2. Strong Evidence of Avoidability					
3. Probably Avoidable (>50:50)					
4. Possible Avoidable (<50:50)					
5. Slight Evidence of Avoidability	2				2
6. Definitely not avoidable	472				472
Quality of care					
1. Very Poor					

2. Poor care					
3. Adequate Care					
4. Good Care	474				474
5. Excellent Care					
Not yet reviewed yet	15				15

Learning disability deaths

All patients with learning difficulties, learning disabilities and autism are screened out by IMEG and then reviewed in more detail in conjunction with members of the learning disability team and patient safety team. Patients in whom a true learning disability or autism is identified are subjected to detailed scrutiny using a structured judgement review process. This is done locally to give internal reassurance in advance of the external LeDeR process which has proved to be extremely slow to report and of variable quality.

Data suggests that whilst we offer good care to many of our dying LD patients, for some it can only be described as adequate as we struggle to provide the best care for their complex needs. This is more noticeable out of hours when the learning disability team are not available. Failure to allow close family contact for support during the pandemic first wave was also an issue.

Paediatric and neonatal mortality review

Paediatric and Neonatal deaths receive established rigorous scrutiny through other nationally mandated mortality review processes, therefore following national guidance the Medical Examiner's office has a 'light touch' on these cases offering guidance on how to formulate an acceptable cause of death and looking for trends.

Q1 has seen 10 Paediatric deaths, all of these have been scored 4-6 on our six point scale, suggesting either excellent care or that there were minor areas where care delivery could have been improved through changes in systems or processes; however this would not have affected the outcome. The paediatric team use a different grading system from the adult six point Hogan scale with a focus on care improvement as well as avoidability.

Paediatric and neonatal deaths still fall under the same additional scrutiny as adult cases where care concerns are found or raised.

Figure 4 outcomes from child death and deterioration group mortality review

	Q1	Q2	Q3	Q4	Total
Paediatric Deaths	10				10
1. Care less than adequate & different management expected to alter outcome					
2. Care less than adequate & different management may have altered outcome					
3. Care was adequate but different management would not have altered outcome					

4. Care was adequate but process could be changed & different management would not have altered outcome	2				2
5. Appropriate / adequate care provided	5				5
6. Better than adequate (good/excellent) care provided	3				3
Unscored					

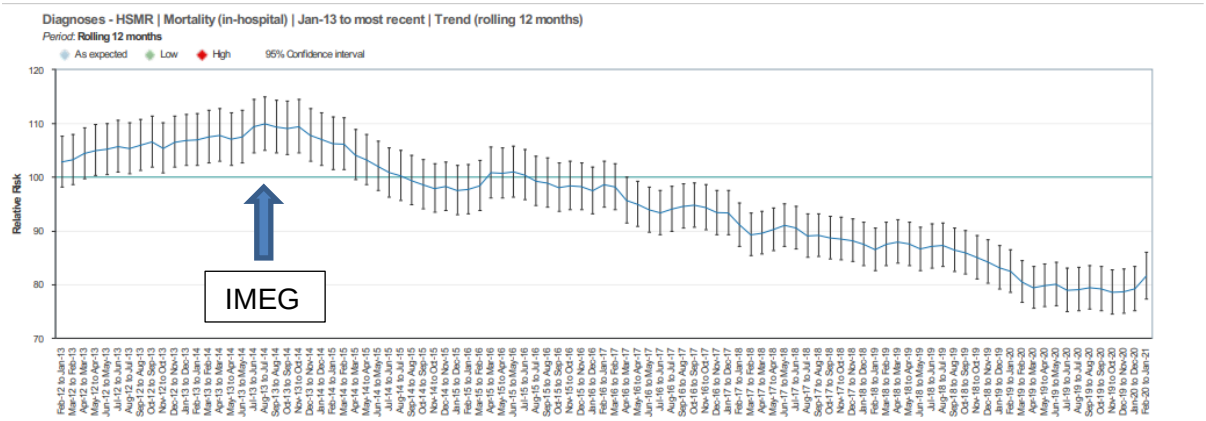
The review of paediatric deaths uses a different assessment tool than that used for adult deaths. The majority of paediatric deaths are expected from severe congenital disorder, or progression of malignant disease. Unexpected deaths are predominantly due to trauma or late presentation of overwhelming sepsis in infants or children with underlying chronic disease. Due to our tertiary referral status and the Southampton/Oxford paediatric intensive care retrieval team we see a disproportionately high number of paediatric deaths compared with other trusts.

Q1 has seen 5 neonatal deaths, 4 of these have been discussed with the Medical Examiner. General themes we see with the neonatal deaths are extreme prematurity and severe congenital disorders, this reflects our status as a tertiary centre with large neonatal and paediatric intensive care units. All neonatal deaths are scrutinised externally and internally with up to a further 4 reviews so we only have a light touch on these cases and help construct the cause of death.

HSMR

UHS has demonstrated a progressive fall in hospital standardised mortality ratio over the last seven years since our increased scrutiny of death was instituted. The focus on both avoidability and quality appears to be valid and justified as we have moved from consistently being one of the poorest performing 10% of trusts to be one of the highest performing 10% of trusts in regards to our risk adjusted mortality as defined by this measure.

Figure 5. Hospital standardised mortality ratio, 2012-2021



3. Conclusion

UHS continues to demonstrate low levels of avoidable mortality and overall good quality of care for the vast majority of patients who die during their admission.

4. Recommendation

We recommend that the Trust continues to support the development of the Medical Examiners service in line with national requirements for review of inpatient deaths and expansion to review community deaths.

The Trust should seek to improve the coordination of the many different mortality processes within the trust, by appointment of a Mortality Review Coordinator to improve data collection from the multiple mortality reviews following medical examiner scrutiny and ensure better linkage and dissemination of learning from deaths.

University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Integrated Performance Report 2021/22 Month 5**			
Agenda item:	**5.6**			
Sponsor:	**Chief Executive**			
Date:	**30 September 2021**			
Purpose	**Assurance or reassurance Y**	**Approval**	**Ratification**	**Information**
Issue to be addressed:	The report aims to provide assurance: • Regarding the successful implementation of our strategy • That the care we provide is safe, caring, effective, responsive, and well led			
Response to the issue:	The Integrated Performance Report reflects the current operating environment and is aligned with our strategy.			
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

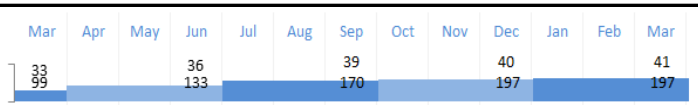
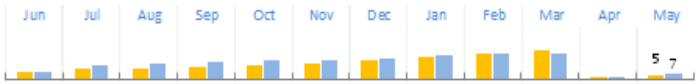
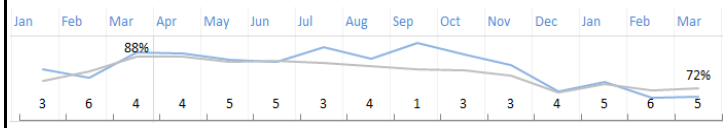
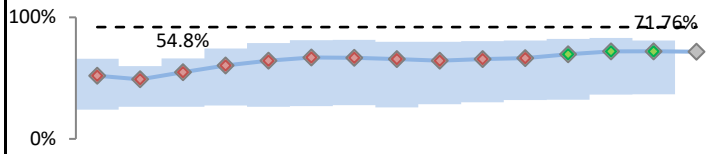
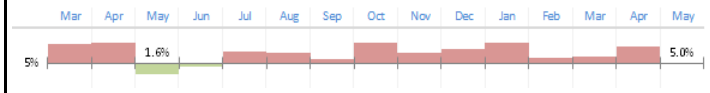
covering up to

August 2021

Sponsor - Andrew Asquith, Director of Planning, Performance and Productivity,
andrew.asquith@uhs.nhs.uk

Report Guide

University Hospital Southampton NHS
NHS Foundation Trust

Chart Type	Example	Explanation
Cumulative Column		A cumulative column chart is used to represent a total count of the variable and shows how the total count increases over time. This example shows quarterly updates.
Cumulative Column Year on Year		A cumulative year on year column chart is used to represent a total count of the variable throughout the year. The variable value is reset to zero at the start of the year because the target for the metric is yearly.
Line Benchmarked		The line benchmarked chart shows our performance compared to the average performance of a peer group. The number at the bottom of the chart shows where we are ranked in the group (1 would mean ranked 1st that month).
Line & 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 Integrated Performance Report is presented to the Trust Board each month.

The report aims to provide assurance:

- Regarding the successful implementation of our strategy
- That the care we provide is safe, caring, effective, responsive, and well led

The content of the report includes the following:

- The 'Spotlight' section, to enable more detailed consideration of any topics that are of particular interest or concern. The selection of topics is informed by a rolling schedule, performance concerns, and requests from the Board
- An 'NHS Constitution Standards' section, summarising the standards and performance in relation to service waiting times
- An 'Appendix', with indicators presented monthly, aligned with the five themes within our strategy

This month, several of the new indicators have commenced reporting and further development is also taking place.

Our indicators and this report structure will continue to be regularly reviewed, and feedback would be welcome.

Summary

This month the 'Spotlight' section features:

1. Emergency Department (ED) Performance and Pressures
   Main ED attendances reduced during the early peaks of COVID-19 but are now at unprecedented high levels (August 2021 = 17% higher than August 2019). Performance improved during the earlier part of the pandemic, our performance has been good compared to peer hospitals, but there has been a significant decline in performance recently to 77% (target = 95%).

2. Red flag staffing incidents
   Staffing incidents are reported using the Adverse Event Reporting (AER) system, and those incidents categorised as 'red flag' are reported monthly within the Integrated KPI Board Report. Between 6 and 32 red flag incidents were reported in each of the last 12 months, and in August that number increased to 51.

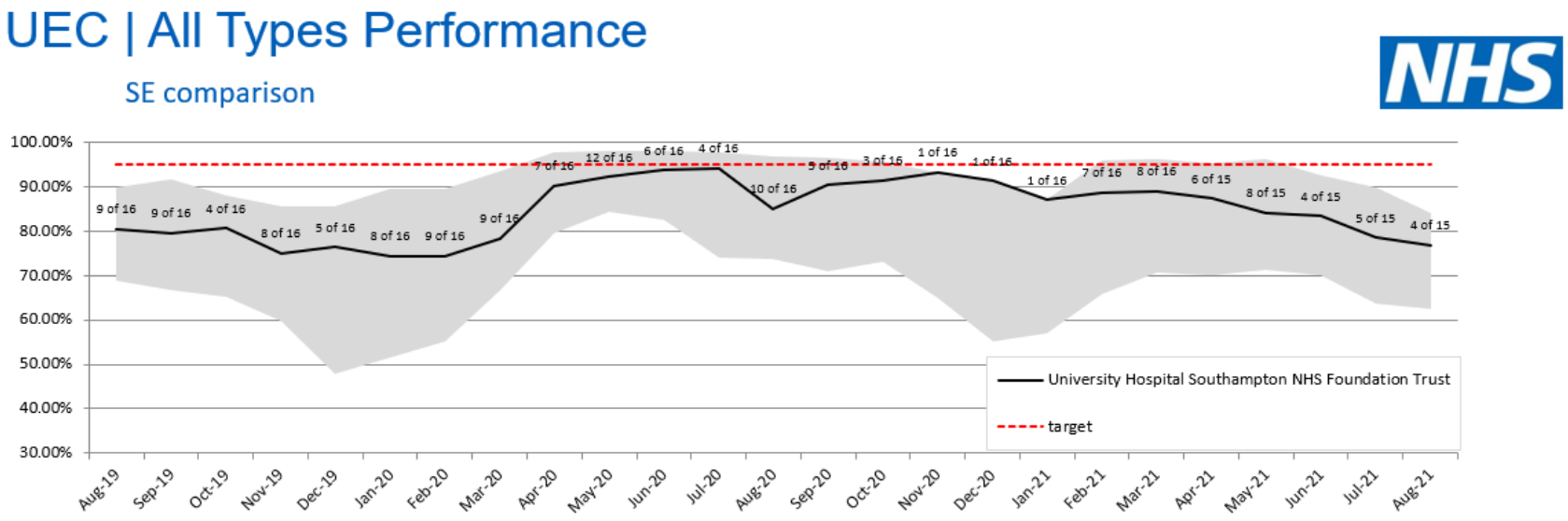
Highlights to note in the appendix containing indicators by strategic theme include:

- Maternity patient feedback was 11.7% negative in the month of August (7 out of 60 responses), in the context of persistent negative feedback during the pandemic and significant maternity staffing challenges in the latest month. Maternity patient feedback is scheduled for spotlight discussion at the October board meeting.
- 81.9% of patients with suspected cancer were seen within two weeks (target 93%). The challenges are within the Breast service (where patients typically receive investigations and consultations in a 'one-stop' attendance) and these are unlikely to be resolved quickly, though interviews are being held for additional consultant surgeons at the end of September.
- Cancer performance against the 62 day standard continued to decline to 71% (target 85%). Such performance is typical of the teaching hospitals we benchmark with, but we aspire to do better. Pathways are currently longer than the target for surgical treatment within the breast, gynaecology, lung and urology services.
- There were only four cases of probable hospital-associated COVID-19 infection, despite significant numbers of patients with the disease being cared for within the hospital.

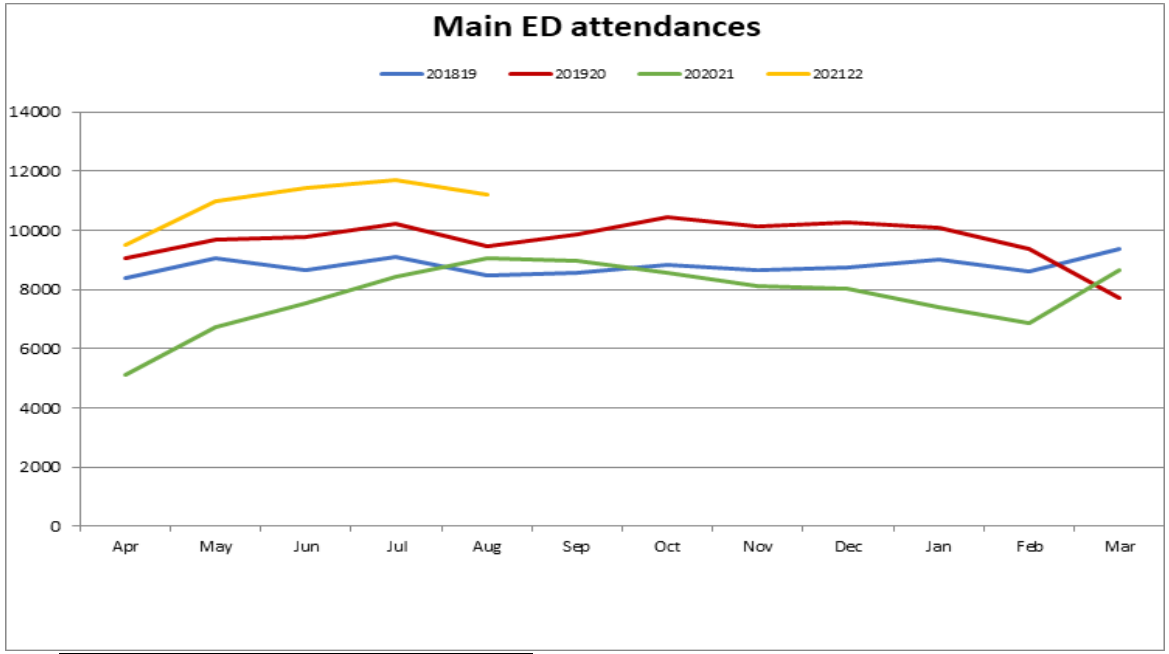
Spotlight Subject - Emergency Department Performance & Pressures

The UHSFT Emergency Department has typically been in the top quartile in the region and nationally for its type 1 & type 2 emergency access performance. A sudden rise in attendances however (type 1) since end of April/beginning of May 21 has led to a reduction in our performance, although we have still remained in the second quartile generally. This summary highlights current performance, pressures and brief update on actions to address current surge in demand.

The graph below shows UHS Type 1 and Type 2 performance against other Trusts in the South East region



The table and the graph shows historical and recent attendance numbers and performance for all type 1 activity



		Type 1 - Main ED				
		201718	201819	201920	202021	202122
Performance %	Apr	87.86%	83.66%	69.64%	90.16%	87.21%
	May	85.48%	81.88%	70.82%	92.04%	84.01%
	Jun	84.74%	90.53%	72.45%	93.61%	83.31%
	Jul	90.09%	86.98%	79.81%	94.15%	78.43%
	Aug	85.75%	78.95%	80.33%	85.04%	76.70%
	Sep	91.48%	77.17%	79.48%	90.30%	
	Oct	89.16%	81.95%	80.51%	91.30%	
	Nov	87.10%	86.38%	74.90%	93.15%	
	Dec	77.60%	88.21%	76.33%	91.15%	
	Jan	82.33%	81.26%	74.31%	86.89%	
	Feb	76.05%	70.30%	74.31%	88.64%	
	Mar	76.38%	74.67%	78.31%	88.92%	

There has been a significant increase in the number of ED attendances.

During 20/21 average daily attendances were 256 patients. This reflected our best performance for a number of years.

Pre-covid 19/20 daily average attendances were 318 patients.

This financial year, between April 21 to August 21, we have seen an average of 359 daily attendances, with several days of significantly higher spikes.

Over the last 18 months ED have focused on a number of key areas for service improvement

Scheme	How?
Focus on specialty pull out of ED	- Use doctors worklist
	- Set 1hr target to review against
	- Discuss with specialties
	- Include support services such as radiology, pathology, pharmacy
New ED Senior Mgr shift & Role of the Tracker	- Rota established covering 1600-0000 7 days per wk staffed by senior operational managers across the Trust
	- New tracker role supporting COD, NIC, Ops team to maintain flow throughout the dept
	- Use of control room to co-located these roles in the dept to hold huddles
ED Escalation	- Work done by ED to incorporate into site mgt to come up with triggers to RAG rate ED alert level to then determine support required
Mental Health focus	- Building up collaborative relationship with main MH provider
	- Sharing escalation and incorporating into ED & UHS site escalation tool.
	- Held summit
Workforce focus	- Increased junior doctor cover overnight 7/7 in medical admissions unit to support increase take/pull out of ED
	- Greater focus on w/e support for ED, other admitting areas
	- Establishing workforce strategy using output from workforce analysis looking at number of attendances, day of the week, time of day, senior decision makers and where they focus efforts
Estate	- Changed dept layout during covid wave 1 and use of screening/waiting area
	- Layout changed again to manage pre-covid wave 1 attendance surge to give paeds space back but maintained focus on closing down areas/opening up due to workforce pressures or times of low attendances
	- Establishing ED Build strategy to further open up the dept to improve lines of sight, flow, safety linked to reducing queuing
	- Holding capacity in AMU for covid results for patients whom we expect will be admitted to ensure flow at the front door
Culture	- Exec support via safety summit to make ED queuing, attendance surge a Trust wide focus
	- Constant update to Exec and Trust Board
111 First	- SCAS to triage
	- Move to appointments only for some patient groups
	- Need to ensure this does not increase “minors” patients away from UTCs
ED Senior Leadership team	- Focus on being positive and working as a team using daily huddles and weekly team meetings to empower people to come up with things to focus and improve
Rapid Testing	- Use of rapid diagnostic tests to help stream patients as part of covid management

A key component of the action plan over the last 12 months centred on the medical workforce modelling. The table below highlights key progress and

Role	Increase	Benefit	Time Frame
Consultant	4wtes	5th night cover - Sunday	Complete - May 21
ACP	5wte	Support for junior doctor rota initially for 1:3 rota compliance	Complete - Q4 20/21
SHO	13wte	1:3 rota compliance	Complete - August 21
SpR level	4wte	Additional numbers across the weekday overnight 2300-0830, plus weekends 1400-2330	Complete - Late 2020 to support covid pressures but used bank & agency
Consultant	5wtes	6th night cover – Saturday plus additional number Tues-Fri on the late 1700-0000, plus 7-8DCC for paeds	Part complete - Ad hoc from Sept21 until Q4 21/22

The main themes of the review and subsequent plan looked to address:
1. EWTD compliance for SHO rota.
2. Increase in ACP numbers linked to supporting the SHO rota.
3. Extending consultant provision into additional nights to provide 24/7 presence.
4. Increasing number of consultants in the department in the day 7 days per week.
5. Increase number of senior decision makers (ST4+) in the department at any one time to then spread out in key locations namely Ambulatory Majors, Majors, Resus and Pitstop
6. Review historical and more recent patient attendance information by location, day of week, time band to provide assurance on where staff need to be. This information is used for all staff groups and is reviewed on a monthly basis.
7. Provide a more flexible view and use of staff at times of surge.

Next steps and further areas of focus and horsepower:

Internal

1) Develop an estates and workforce strategy for an Unscheduled Care Village (UCV) designed to improve flow from the Emergency Department by bringing multiple specialties close to the 'front door'. This would also have alternative pathways for GPs and other healthcare professionals to use which would mean appropriate patients could bypass the Emergency Department. This would be a time limited area.

2) A Digital ED IT strategy to be formed with a brief to look at options for the current Symphony system going forwards and more broadly assess where IT and Digital can support the workings of the department from a safety, quality and flow perspective.

3) Pathway work within the organisation to continue to reduce debate as to where admitted patients should be placed and enable swifter processing through the Emergency Department. This will reduce time patients spend within the department.

External

· Ongoing work with the '111 First' initiative to support the building of the Directory of Services available for patients and clinicians to use, providing alternative pathways to the Emergency Department.

· Explore the concept of redirection at the front door in line with the 111 First programme of work to enable streaming to the most appropriate care provider for anyone self-presenting who has not accessed the 111 service prior to arriving at the department. Modelling from other organisations who have implemented this suggests that this could reduce attendances by up to 30 patients per day (7-8% currently).

· Continue to build strong working partnerships with primary care through primary care networks and GP leads. Continue to work to understand pressures across the system and collaborate to drive improvements in efficiency.

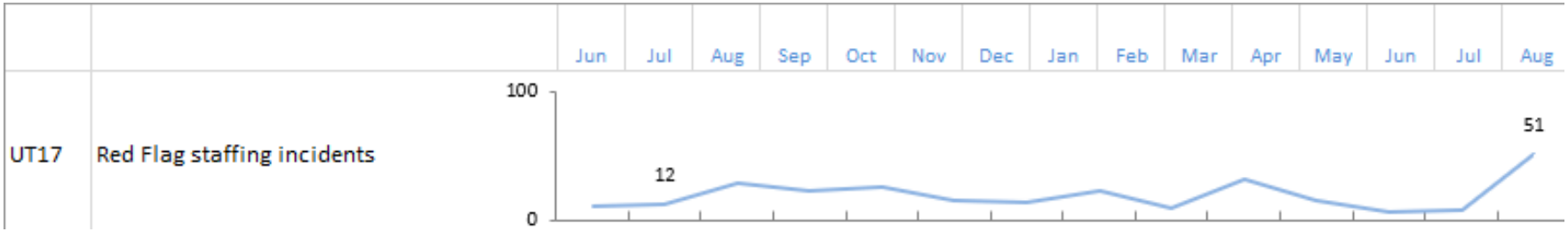
Currently the Division and the Emergency Department are discussing the balance between scaling up within the Trust to meet likely future demand of 450 attendances a day and the potential to reduce this demand by working with system partners.

Spotlight Subject - Red Flag Staffing Incidents

Staffing capacity at the trust has been challenging in the wake of Covid. Whilst there is a concerted and shared focus on reducing the elective backlog and aiming to maintain high levels of care and quality, Covid-related absences (whether by testing positive, having a household member test positive, or self-isolation/shielding) are having a significant adverse impact on operational performance and service delivery. This is against a backdrop of fluctuating Covid trends over the last few months with cases in Southampton gradually increasing since July 2021 and over 50 patients currently admitted to UHS with Covid.

Furthermore, the trust reported a black alert status on 2 August 2021 and remains escalated at the time of this report. The protracted operational escalated status reflects the capacity issues, insufficient workforce in place to manage the elective backlog, and ED waiting time attainment of circa 70-75% against a 95% operational standard.

The Integrated Performance Report for August 2021 depicts a continued concerning trend of **red flag incidents** and increased **staffing incidents**.



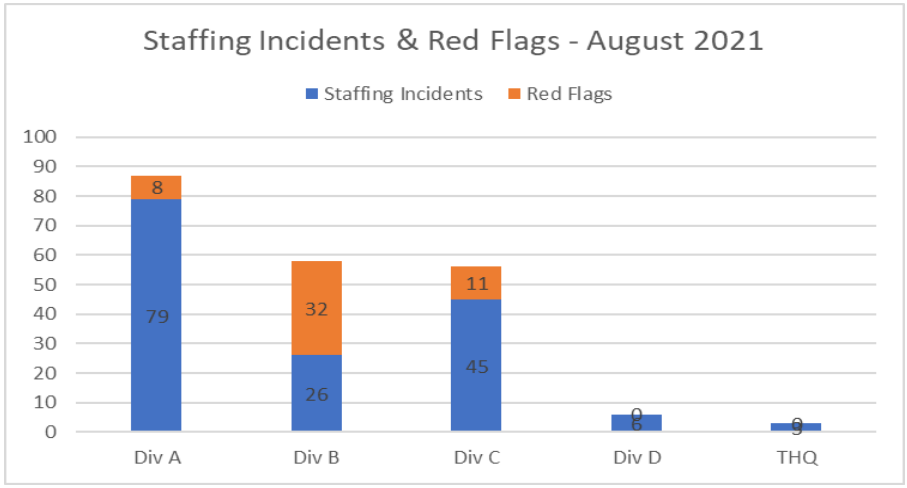
This report aims to identify and address the heightened incidents (both in terms of severity and frequency) and provide details on the specific actions required to address the causes.

When and where the incidents are being reported

Staffing incidents related to all staff; Reg Flags are only used for nursing. Reports come from both from the safeguard (AER) system and the HealthRoster SafeCare system.

Red Flags increased significantly in August but there has also been between 10-20 monthly in the preceding 11 months owing to a persistent level of challenge in staffing shifts.

The vast majority of the Red Flag incidents are within Division B, particularly within Cancer Care, ED, and MOP. Division A Red Flags largely relate to critical care.



Impact on patients and workforce

Red Flags have a significant impact on patient experience and safety; in terms of staffing Red Flags this impacts on the current workforce in terms of potential burnout and fatigue with fewer staff covering staffing gaps and vacancies. The table of all Red Flag staffing incidents over 12 months is shown below; we can see there are delays of >30 min in providing pain relief and omissions in providing medication, as well as vital signs not assessed/recorded.

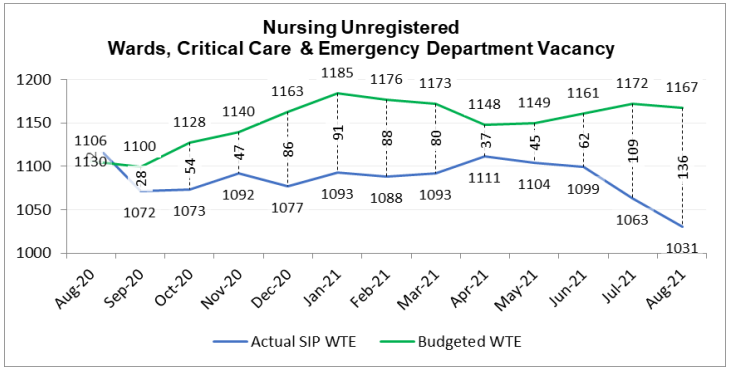
Sum of Total	Column Labels															
	2020				2020 Total	2021								2021 Total	Grand Total
Row Labels	Sep	Oct	Nov	Dec		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug		
Delay of more than 30 mins in providing pain relief?	7	8	6	5	26	8	3	10	5	1	2	6	15	50	76
Less than 2 registered nurses present on a ward during any shift?	5	4	1	2	12	2	1	8	6	4	1	6	8	36	48
Patient vital signs not assessed or recorded as outlined in the care plan?	6	8	4	4	22	7	3	7	3	1	3	8	13	45	67
Unplanned omisson in providing patient medication?	4	6	4	3	17	5	2	7	1		2	5	15	37	54
Grand Total	**22**	**26**	**15**	**14**	**77**	**22**	**9**	**32**	**15**	**6**	**8**	**25**	**51**	**168**	**245**

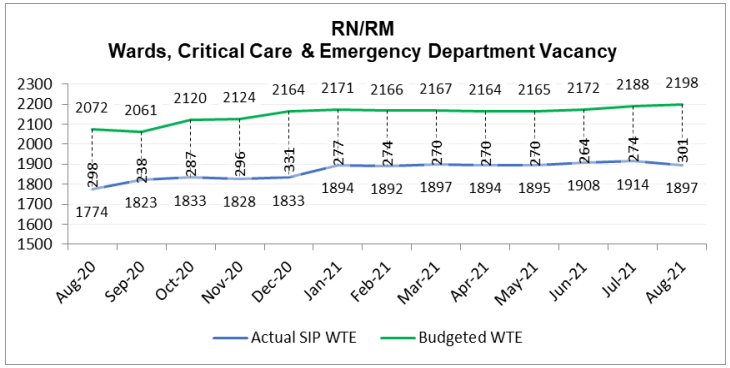
Underlying causes

These relate to staffing capacity, decreasing CHPPD, increasing vacancies and fewer staff in post, and inability to resolve via temporary resourcing.

Staffing capacity

Concerns around staffing capacity at the trust have necessitated several targeted actions to address and improve staffing in the short-medium term. These include: reviewing high-cost agencies and booking in advance; seeking research and development nursing redeployment; reviewing the rosters in advance, particularly during out-of-hours and weekends; and reviewing the reservist list again.

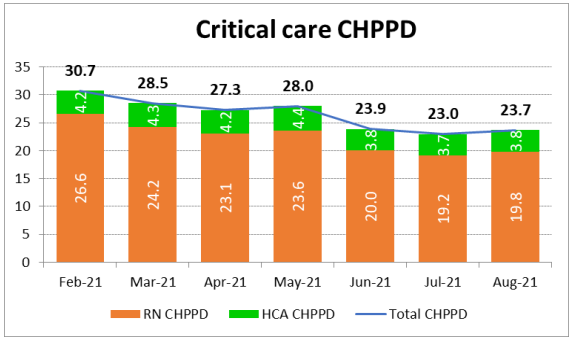


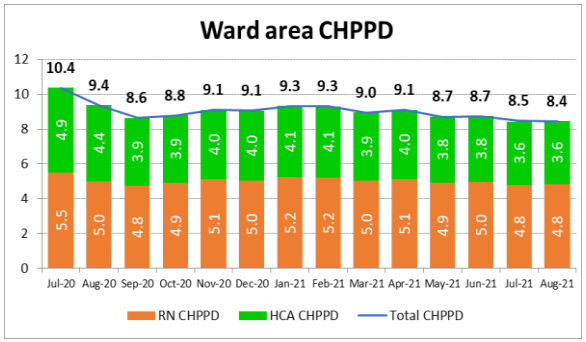


The above two charts show that RN/RMs remain flat against the budget, with no discernible increase in numbers since Jan 21; and that unregistered nursing is decreasing, causing a surge in vacancies, particularly since June 21. Prior to July 2021, before there was a significant increase in Red Flags, staffing (both registered/ non-reg) was in an improved position, suggesting that this is having a direct impact on the prevalence of Red Flags.

Care hours per patient day (CHPPD)

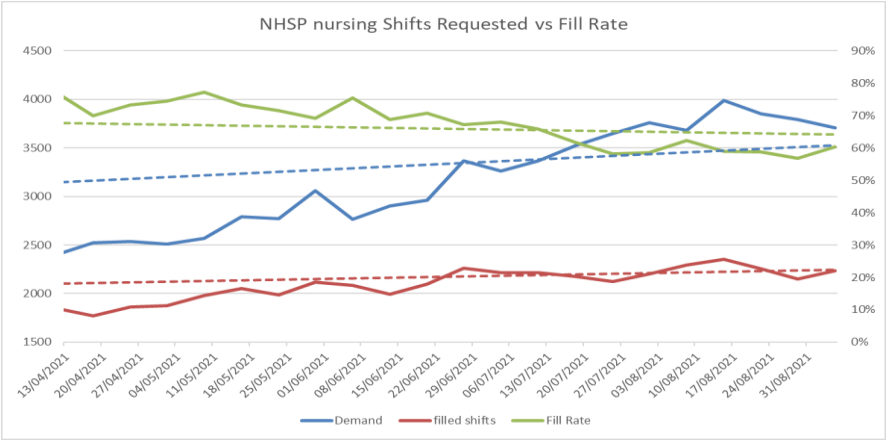
The Ward areas CHPPD rate in the trust has decreased from last month, which is linked to increasing patient numbers with workforce numbers remaining constant as patient and activity levels return to pre-pandemic levels. Pre-Covid, the critical care and ward area CHPPD was around 9.0; it spiked due to a fall in patient numbers and has been slowly recovering since.





Temporary resourcing

The staffing capacity situation has been less amenable to the relatively 'quick fix' of temporary resourcing owing to a lack of capacity within bank and agency. This has led to unfilled shifts increasing; the demand for temporary staffing has increased since April 2021 and hasn't been met.

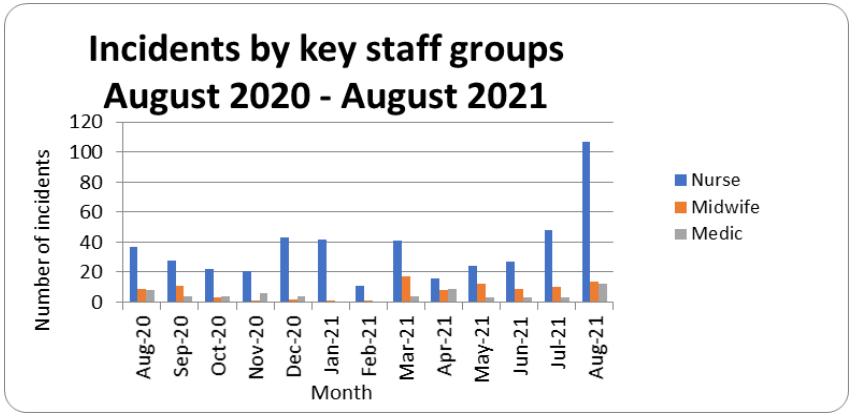


The bank fill rate for registered nursing has stayed the same for July and August at 47%. This is a decrease from June which was 54%. The overall agency fill rate was 16% for registered nursing in August.

Patient Safety Incidents Review - staffing Incidents

A monthly report presenting and escalating patient safety incidents has been in production since 2009 which helps to identify emergent themes related to all incidents citing staffing as either the cause or a contributing factor. The report is discussed at the Nursing & Midwifery Staffing Group and escalated to People Board where necessary.

In total, 159 incidents were reported in August 2021 which cited staffing capacity as a contributing factor. The usual metric reported to Board is a sub-set of all staffing incidents. This is a significant increase from July, which was already considerably higher than June. For comparison purposes, the total incidents related to staffing in April 2021 was 45. The following chart details incidents related to staffing capacity:



Enhanced rigour has been encouraged and supported in the reporting of incidents, which is likely to have contributed towards the heightened reports; but the staffing capacity issues are material and having a significant impact. Renewed rigour on reporting effectively.

For the trend in reporting against the three largest staff groups of Nursing, Midwifery and Medical, Nursing incidents accounted for 107, more than double the 48 reported in the previous month and far exceeding the 41 at the peak in March. There were 12 medical staff incidents, a higher level than normal with a number related to the availability of anaesthetic cover to theatres and several around the medical changeover period. Fourteen incidents related to midwifery, reflecting a further challenging month for the service.

Red flags reported via the AER system significantly increased this month and were reported from across the divisions. A further significant rise was noted in Division B with most reported incidents resulting in a red flag.

A review of ratings and incidents is being driven through the Patient Safety team.

Divisional analysis for August 2021

Division A (79 incidents; 8 red flags)	**Division B** (26 incidents; 32 red flags)	**Division C** (45 incidents; 11 red flags)	**Division D** (6 incidents; 0 red flags)	**THQ** (3 incidents)
Increase largely in theatres and critical care Ranged from near miss to moderate; the latter mostly relating to cancelled elective cases due to staff unavailability Two thirds (61) of incidents related to nursing, largely from critical care Theatres reported fewer cases than the previous month	Significant increase in red flag reports from previous month; some incidents resulted in more than one red flag Ranged from near miss to moderate; the latter mostly relating to cancer, medical and children's ED 22 (85%) of incidents related to nursing and were due to rising acuity and complexity of patients matched with staff skill mix/ experience	Significant rise, largely related to pressures in obstetrics service and PAH theatres Ranged from near miss to moderate; the latter due to high acuity and the need to instigate staffing escalations to support the service 19 (42%) of incidents related to nursing and 14 (31%) related to midwifery	Fall from the previous month's 12 Ranged from none/ negligible to low/ minor impact Two thirds (4) related to nursing, mostly within CVT and T&O and related to the rising acuity and complexity of patients matched with staff skill mix/ experience	Fall from the previous month's 8 Ranged from near miss to severe/ major The severe/ major case was reported by site and related to an incident in ED where an external incident resulted in an additional 25 casualties with shortfalls in nursing and medical staff

Risks

The risks associated with staffing incidents are:

- Risk to patient safety and experience
- Staff burnout and sickness as a result of working additional hours
- Additional financial cost associated with temporary resourcing, particularly usage of high-cost agencies
- Risk that the workforce plan for 2021/22 will not be achieved

Mitigation

RECRUITMENT: The risks outlined above are slightly offset by newly qualified starters and overseas recruits, although there needs to be consideration of supernumerary periods. There is also a proactive, joined-up process in place to identify incoming workforce against the workforce plan. The HR team are actively involved with promotions of job vacancies and monitor this against both budget and the workforce plan.

NEW WAYS OF WORKING: To offset the declining fill rate for bank and agency, medical students have been approached to sign up for the bank for HCA shifts, and we have seen over 100 register to date. The trust are also considering an incentive for bank staff in ED, and directly booking staff for critical care with extended enhanced rates.

RETENTION: A revised and targeted retention action plan is underway and supported by and reporting to the Recruitment & Retention Group. The action plan has also been supported by People & OD Committee and the UHS People Board.

To address the increasing staffing incidents of recent weeks, the following actions are planned:

- A detailed review is undertaken at the time of each report by the Divisions to examine each incident and the impact, action and learning to be achieved.
- A detailed breakdown of the numbers and trends of incidents by department, care group, division and trust can be found in the supporting safeguard data pack circulated to divisions. This pack includes information on risk ratings.
- Actions under temporary resourcing are expected to support staffing levels. These include a focus on rostering and redeployment across UHS wards.

Recommendations

The board are asked to note and discuss the following:

- The significant rise in the number of incidents relating to staffing.
- The significant rise in red flagged incidents.
- The planned actions, some of which are already underway, to mitigate the risks associated with increased staffing incidents.

NHS Constitution - Standards for Access to services within waiting times

The NHS Constitution* and the Handbook to the NHS Constitution** together set out a range of rights to which people are entitled, and pledges that the NHS is committed to achieve, including:

The right to access certain services commissioned by NHS bodies within maximum waiting times, or for the NHS to take all reasonable steps to offer you a range of suitable alternative providers if this is not possible

- Start your consultant-led treatment within a maximum of 18 weeks from referral for non-urgent conditions
- Be seen by a cancer specialist within a maximum of 2 weeks from GP referral for urgent referrals where cancer is suspected

The NHS pledges to provide convenient, easy access to services within the waiting times set out in the Handbook to the NHS Constitution

- All patients should receive high-quality care without any unnecessary delay
- Patients can expect to be treated at the right time and according to their clinical priority. Patients with urgent conditions, such as cancer, will be able to be seen and receive treatment more quickly

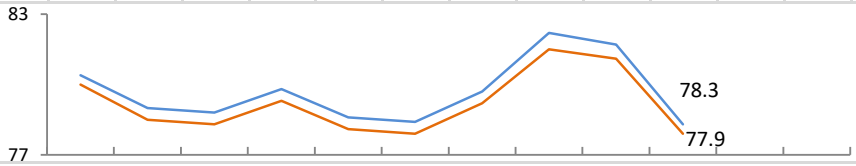
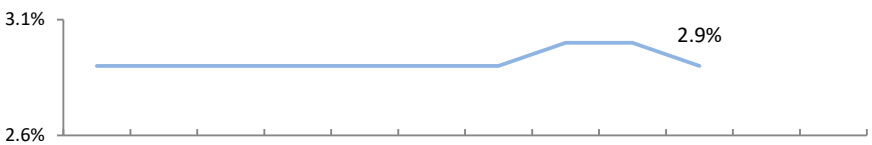
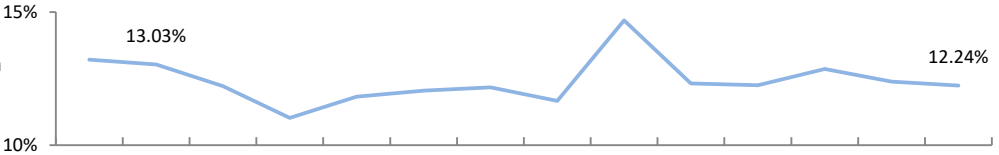
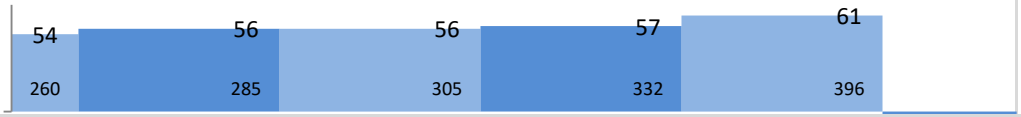
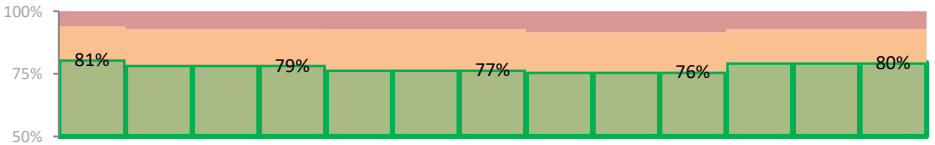
The handbook lists 11 of the government pledges on waiting times that are relevant to UHS services, such pledges are monitored within the organisation and by NHS commissioners and regulators.

Performance against the NHS rights, and a range of the pledges, is summarised below. Further information is available within the Appendix to this report.

* https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

** https://www.gov.uk/government/publications/supplements-to-the-nhs-constitution-for-england/the-handbook-to-the-nhs-constitution-for-england

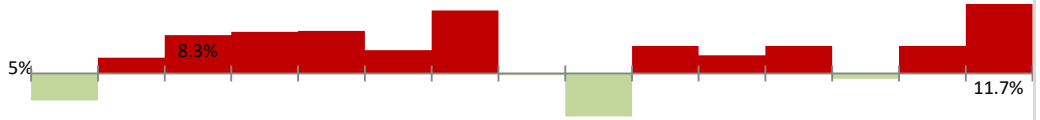
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD
UT28-N	% Patients on an open 18 week pathway (within 18 weeks) with teaching hospital min-max range and rank (of 20)	54.8%														71.8%	≥92%	
		7	6	7	7	10	10	10	9	9	8	7	8	8	8			
CN1-N	% Patients following a GP referral for suspected cancer seen by a specialist within 2 weeks	96.8%													81.9%		≥93%	
UT34-N	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Latest data held by UHS) with teaching hospital min-max range and rank (of 20)	86.7%													71.0%		≥85%	-
		3	1	1	1	9	10	9	3	4	2	1	4	6	8			
UT25-N	Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH)	85.0%													76.7%		≥95%	-
	Major Trauma Centres (Type 1)														68.03%			
	Rank of 8->	3	3	4	2	2	1	1	1	2	3	3	3	3	3	3		
UT33-N	% of Patients waiting over 6 weeks for diagnostics with teaching hospital min-max range and rank (of 20)	39.6%														20.8%	≤1%	-
		7	9	13	14	14	11	12	9	10	10	10	9	7	6			

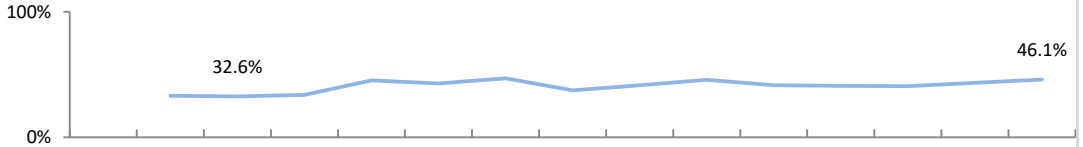
Outcomes		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
UT1-N	HSMR - **UHS** HSMR - **SGH**																≤100		
UT2	HSMR - Crude Mortality Rate																-		
UT3	Percentage non-elective readmissions within 28 days of discharge from hospital																-		
UT4-L	Cumulative Specialities with Outcome Measures Developed																+1		
UT5	Developed Outcomes RAG ratings																-		

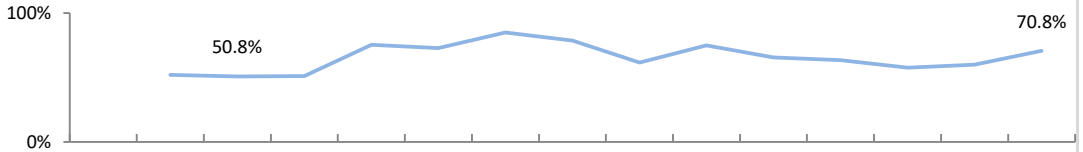
Safety		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
UT6-N	Cumulative Clostridium difficile This year vs. last year				30 39	35 43	42 50	48 52	54 55	60 57	70 63	5 7	11 16	15 21	18 25	32 33	5	33	≤25
UT7	**Healthcare-acquired COVID infection**: COVID-positive sample taken >14days after admission (validated)	1	0	0	0	8	0	10	39	2	5	0	0	0	3	0	-	3	-
UT8	**Probable hospital-associated COVID infection**: COVID-positive sample taken >7 days and <=14 days after admission (validated)	1	0	0	0	7	2	6	59	2	2	1	0	0	0	4	-	5	-
UT9	Pressure ulcers category 2 per 1000 bed days				0.34											0.46	-	-	-
UT10	Pressure ulcers category 3 and above per 1000 bed days				0.48											0.43	-	-	-
UT11-N	Medication Errors (severe/Moderate)				1											4	≤3	14	≤15

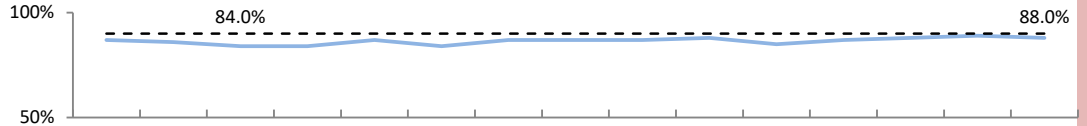
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
UT12	Antibiotic usage per 1000 admissions This year vs. last year	8,500 1,500			5,027 4,717										4,926 4,176		-	-	-
UT13	Serious Incidents Requiring Investigation (SIRI) (based upon month reported as SIRI, excluding Maternity)	40 0		6											4		-	27	-
UT14	Serious Incidents Requiring Investigation - Maternity	5 0		0											0		-	-	-
UT15	Number of high harm falls per 1000 bed days	0.2 0.0		0.03											0.16		-	-	-
UT16	% patients with a nutrition plan in place	100% 80%		100.0%											96.2%		-	-	-
UT17	Red Flag staffing incidents	100 0		12											51		-	-	-

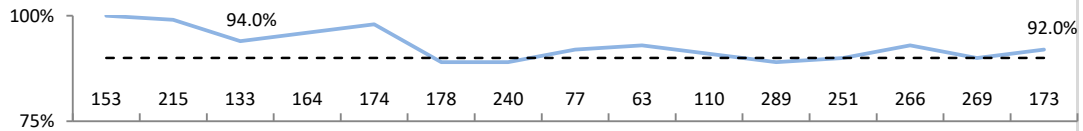
Patient Experience		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
UT18-N	FFT Negative Score - Inpatients																≤5%	-	-
UT19-N	FFT Negative Score - Maternity																≤5%	-	-
UT20	Total UHS women booked onto a continuity of carer pathway																-	-	-
UT21	Total BAME women booked onto a continuity of carer pathway																-	-	-
UT22	% Patients reporting being involved in decisions about care and treatment																≥90%	-	-
UT23	% Patients with a disability/ additional needs reporting those needs/adjustments were met (total number questioned included at chart base)																≥90%	-	-
UT23 - Performance is a scored metric with a "Yes" response scoring 1, "Yes, to some extent" receiving 0.5 score and other responses scoring 0.																			
UT24	Overnight ward moves with a reason marked as non-clinical (excludes moves from admitting wards with LOS<12hrs)																-	-	-

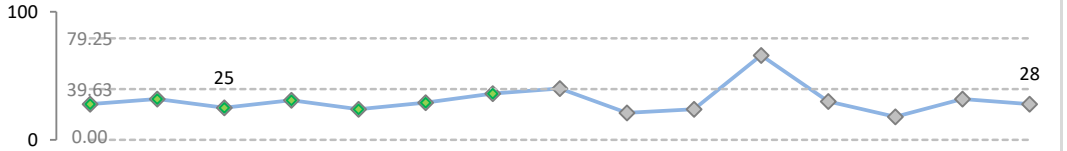




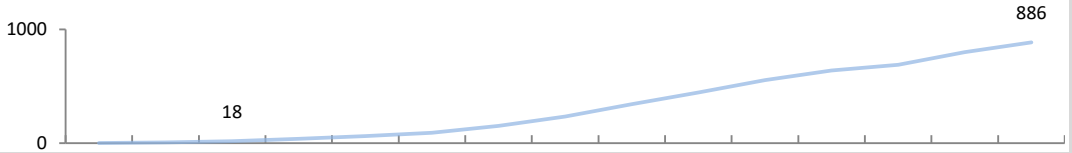
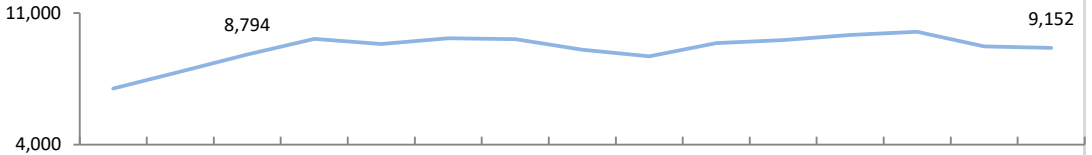
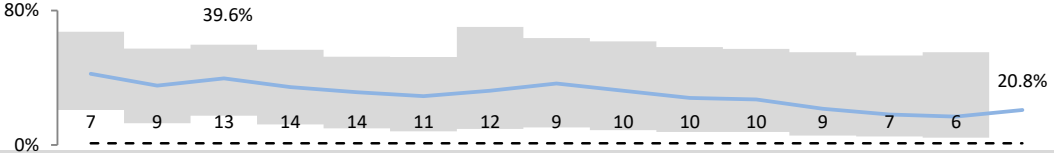
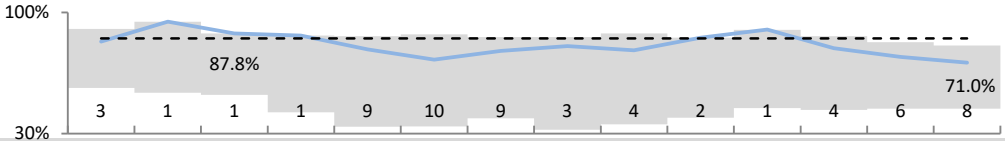
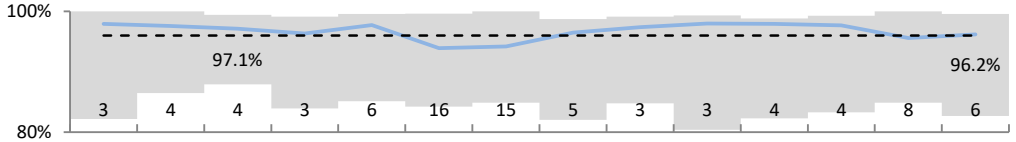
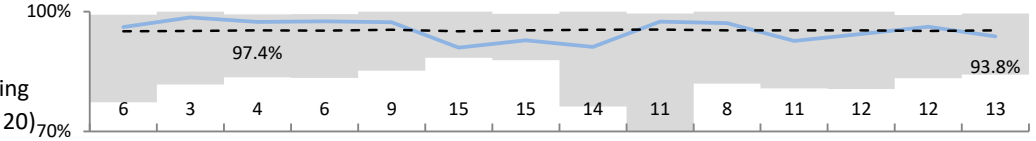






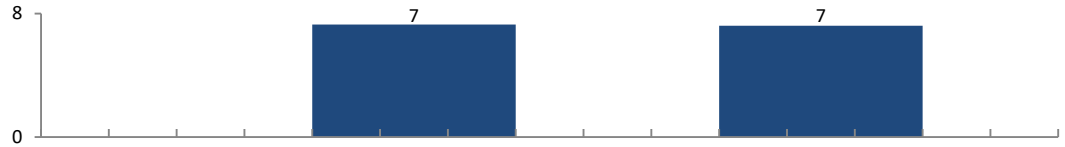
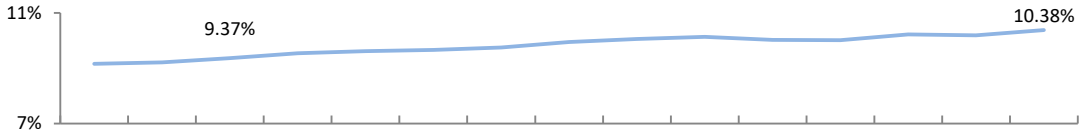
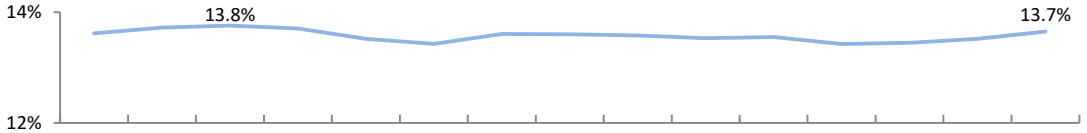


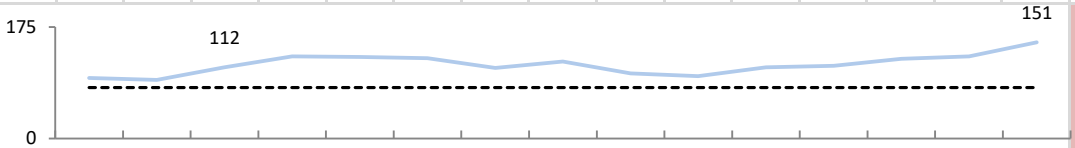
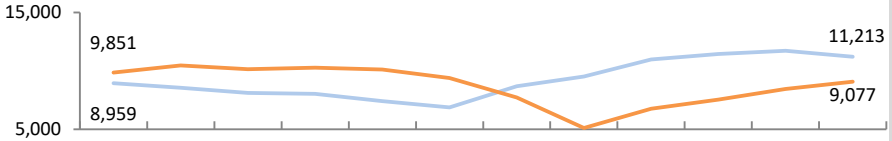
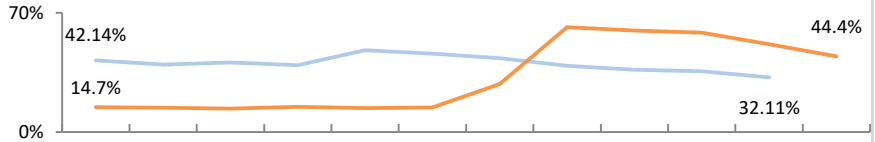
Access Standards		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
UT25-N	Patients spending less than 4hrs in ED - SGH Main ED (Type 1 and UCH) Major Trauma Centres (Type 1) Rank of 8->	93%		85.0%												76.7% 68.03%	≥95%	-	-
		3	3	4	2	2	1	1	1	2	3	3	3	3	3	3			
UT26	Average (Mean) time in Dept - non-admitted patients	05:00		02:37												03:06	-	-	-
		01:00																	
UT27	Average (Mean) time in Dept - admitted patients	05:00		03:48												04:28	-	-	-
		01:00																	
UT28-N	% Patients on an open 18 week pathway (within 18 weeks) with teaching hospital min-max range and rank (of 20)	100%		54.8%												71.8%	≥92%		
		30%																	
		7	6	7	7	10	10	10	9	9	8	7	8	8	8				
UT29	Total number of patients on a waiting list (18 week referral to treatment pathway)	42,500		34,903												43,501	-	-	-
		30,000																	
UT30	Patients on an open 18 week pathway (waiting 52 weeks+) with teaching hospital min-max range and rank (of 20)	21,000		1,246												2,245	-	-	-
		0																	
		11	11	11	10	9	6	6	6	5	4	4	4	6	7				

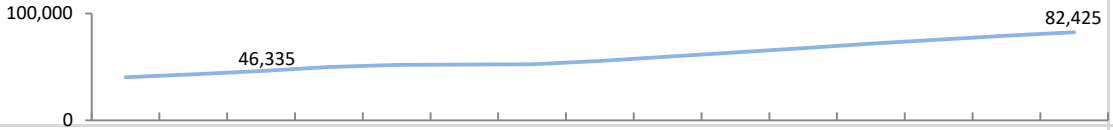
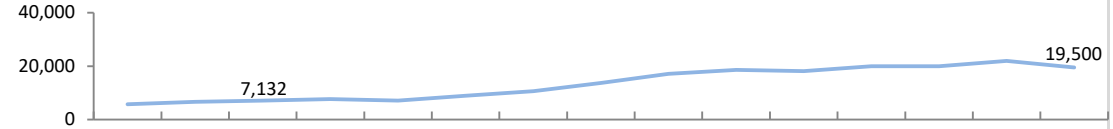
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
UT31	Patients on an open 18 week pathway (waiting 78 weeks+)																-	-	-
UT32	Patients waiting for diagnostics																-	-	-
UT33-N	% of Patients waiting over 6 weeks for diagnostics with teaching hospital min-max range and rank (of 20)																≤1%	-	-
UT34-N	Cancer waiting times 62 day standard - Urgent referral to first definitive treatment (Latest data held by UHS) with teaching hospital min-max range and rank (of 20)																≥85%	-	-
UT35-N	31 day cancer wait performance - decision to treat to first definitive treatment (Latest data held by UHS) with teaching hospital min-max range and rank (of 20)																≥96%	-	-
UT36-N	31 day cancer wait performance - Subsequent Treatments of Cancer (Latest data held by UHS) with teaching hospital min-max range and rank (of 20)																≥95.3%		

		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
PN1-L	Comparative CRN Recruitment Performance - non-weighted	2			5			9			10			10	9	10	Top 10		
PN2-L	Comparative CRN Recruitment Performance - weighted	2			2			7			8			5	3	4	Top 5		
PN3-L	Comparative CRN Recruitment - contract commercial	13			17			7			2			12	11	4	Top 10		
PN4-L	Achievement compared to R+D Income Baseline Monthly income increase % YTD income increase %	160% -50%										46.0%	-22.0%	152.0%	45.0%	143.0% 73.0%	≥5%		

		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
Workforce Capacity																			
WR1-L	Substantive Staff - Turnover -R12M turnover % -Leavers in month (FTE)	14%		13.3%												12.5%	R12M <=12.0%		
		10%		170												160	200 / 100 / 0		
WR2-L	Staff Vacancies -Nursing Vacancies -All Staff vacancies	20%														12.8%			
		0%		8.2% / 4.1%												5.7%			
WR3-L	Workforce Numbers -Plan -Actual	500														265.0	>=265.0		
		0														92.9			
WR4-L	Staff - Sickness absence -R12M sickness % -Sickness in month (FTE)	5%		4.0%												3.6%	R12M <=3.4%		
		0%		318												444	600 / 0		
Enjoy Working Here																			
WR5-L	Non-medical appraisals completed -R12M appraisal % -Appraisals in month	100%		77.2%												76.7%	R12M >=92.0%		
		50%		532												459	725 / 325		
WR6-L	Medical staff appraisals completed - Rolling 12-months	100%														83.8%			
		50%		60.0%															
WR7-L	% of staff recommend UHS as a place to work: UHS Quarterly staff FFT National NHS Staff Survey	80%				77.0%							75.5%				>=76%		
		70%																	

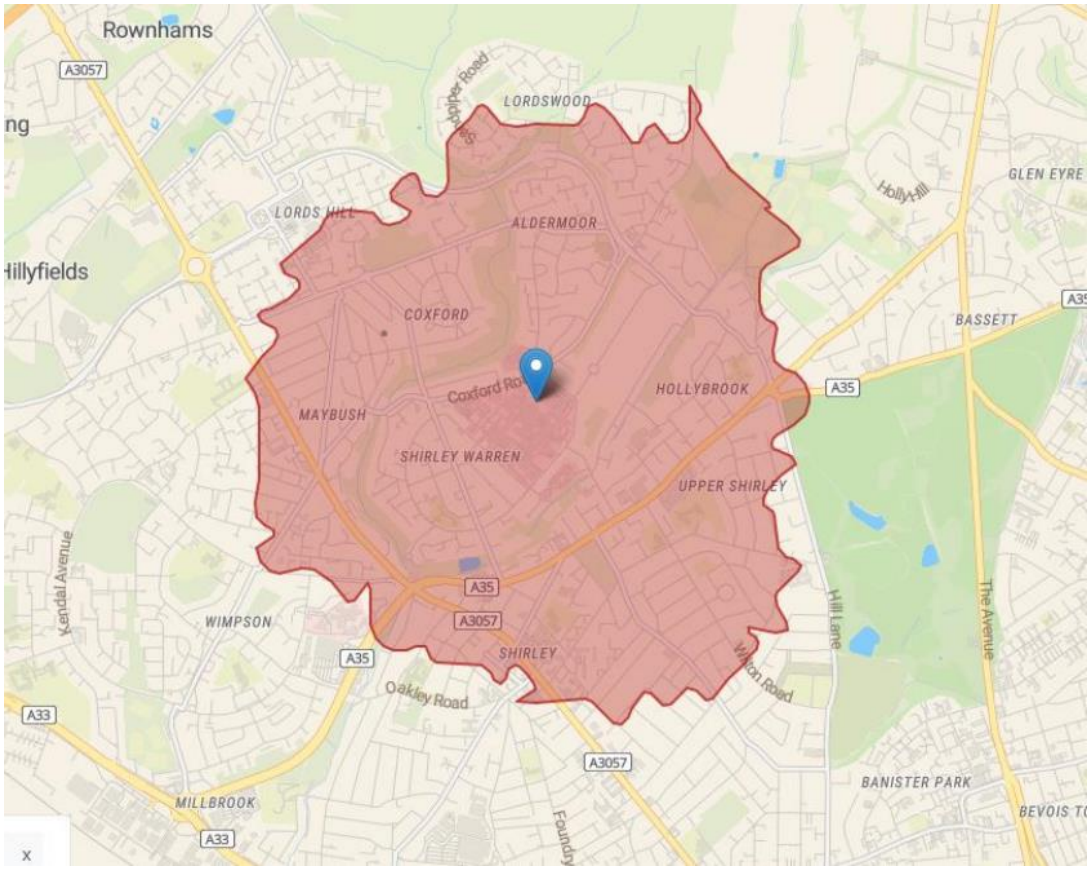
		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
WR8-L	Staff survey engagement score National NHS Staff Survey																		
WR8-L - Maximum score = 10, Average of “Acute and Acute&Community”, group is 7																			
Compassion and Inclusion																			
WR9-L	% of Band 7+ staff who are Black and Minority Ethnic																15% by 2023		
WR10	% of Band 7+ Staff who have declared a disability or long term health condition																-		
WR11	Pulse survey % of staff recommend UHS as a place to work- White British staff compared with all other ethnic groups combined	In development - new monthly staff survey																	
WR12	Pulse survey % of staff recommend UHS as a place to work- Disabled compared with non disabled / prefer not to answer	In development - new monthly staff survey																	
WR13	Pulse survey % of staff recommend UHS as a place to work- Sexuality = Heterosexual compared with all other groups combined	In development - new monthly staff survey																	

Local Integration		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
NT1	Number of inpatients that were medically optimised for discharge (monthly average)																≤80	-	-
NT2	Emergency Department activity - type 1 This year vs. last year																-	-	-
NT3	Percentage of virtual appointments as a proportion of outpatient consultations This year vs. last year																-	-	-

Digital		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
FN1	My Medical Record - UHS patient accounts																-		
FN2	My Medical Record - UHS patient logins																-		
FN3	Patients choosing digital correspondence	In development															-		
FN4	Reduction in transcription through implementation of voice recognition software	In development															-		

Our Role in the Community																			
FN7	Percentage of staff residing in deprived areas (lowest 30% - national Index of Multiple Deprivation)																-		

		Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Monthly target	YTD	YTD target
FN6	Percentage of staff living locally (within a 20 minute walk of main hospital site, **map below**)																		



Report notes - Nursing and midwifery staffing hours - Jul 2021

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.

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. For the first time we have included both mothers and babies in our occupancy levels which will have impacted the care hours per patient day for comparison in previous months.

During recent months 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-

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	Total bed occupancy	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
Critical Care	Day	24395.3	19200.8	5823.5	3881.5	78.7%	66.7%	1494	25.7	4.9	30.6	Beds flexed to match staffing; Additional beds open in the month; Increase in acuity/dependency of patients in the month.
Critical Care	Night	23241.3	19232.4	4963.9	3418.7	82.8%	68.9%					Beds flexed to match staffing; Additional beds open in the month; Increase in acuity/dependency of patients in the month.
SUR E5 Lower GI	Day	1463.2	1382.6	753.0	767.0	94.5%	101.9%	473	4.4	2.5	7.0	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers
SUR E5 Lower GI	Night	702.5	715.0	356.5	430.5	101.8%	120.8%					Safe staffing levels maintained; additonal staff used for enhanced care
SUR E5 Upper GI	Day	1485.3	1269.8	817.9	869.6	85.5%	106.3%	482	4.1	2.8	6.9	Safe staffing levels maintained; additonal staff used for enhanced careenhanced care; Increase in acuity/dependency of patients in the month.
SUR E5 Upper GI	Night	713.0	717.5	356.5	461.8	100.6%	129.5%					Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Skill mix swaps undertaken to support safe staffing across the Unit.
SUR E8 Ward	Day	2092.5	2185.3	1663.1	1159.5	104.4%	69.7%	716	4.7	2.8	7.5	Safe staffing levels maintained;
SUR E8 Ward	Night	1069.5	1161.5	1234.5	875.5	108.6%	70.9%					Safe staffing levels maintained
SUR F11 IF	Day	1993.4	1432.9	777.7	1002.3	71.9%	128.9%	502	4.3	3.4	7.7	Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F11 IF	Night	713.0	713.0	713.0	724.5	100.0%	101.6%					Safe staffing levels maintained
SUR Acute Surgical Unit	Day	1477.5	1092.2	742.0	745.5	73.9%	100.5%	209	8.8	5.5	14.3	Safe staffing levels maintained
SUR Acute Surgical Unit	Night	718.5	747.5	706.5	403.6	104.0%	57.1%					Safe staffing levels maintained
SUR Acute Surgical Admissions	Day	2251.5	1665.5	619.4	1201.0	74.0%	193.9%	691	3.9	2.9	6.8	Safe staffing levels maintained; Additional staff used for enhanced care - Support workers
SUR Acute Surgical Admissions	Night	1069.3	1061.5	713.0	787.5	99.3%	110.4%					Safe staffing levels maintained; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SUR F5 Ward	Day	1950.3	1481.8	1324.5	1295.3	76.0%	97.8%	692	3.6	2.7	6.4	Safe staffing levels maintained
SUR F5 Ward	Night	1071.5	1040.5	712.5	604.5	97.1%	84.8%					Safe staffing levels maintained

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ECM Acute Medical Unit	Day	5703.6	5837.1	4722.5	4299.0	102.3%	91.0%	1027	11.2	7.3	18.5	Additional staff used for enhanced care; Safe staffing levels maintained
ECM Acute Medical Unit	Night	4784.5	5671.0	3533.5	3197.5	118.5%	90.5%					Additional staff used for enhanced care; Safe staffing levels maintained
CAN C4 Solent Ward Clinical Oncology	Day	1402.2	1399.9	980.8	1243.2	99.8%	126.8%	574	4.1	4.2	8.3	Additional staff used for enhanced care - Support workers; Support workers used to maintain staffing numbers; Increasing HCAs to 2 WTE.
CAN C4 Solent Ward Clinical Oncology	Night	1069.5	967.8	712.6	1168.3	90.5%	164.0%					Safe staffing levels maintained.
CAN C6 Leukaemia/BMT Unit	Day	2827.1	2784.7	97.0	370.1	98.5%	381.5%	633	7.7	0.7	8.3	Support workers used to maintain staffing numbers; This reflects one shift .
CAN C6 Leukaemia/BMT Unit	Night	2058.5	2059.0	0.0	66.8	100.0%	Shift N/A					Safe staffing levels maintained.
CAN C6 TYA Unit	Day	767.7	803.8	338.9	104.2	104.7%	30.7%	179	8.3	0.8	9.0	Safe staffing levels maintained.
CAN C6 TYA Unit	Night	684.0	676.3	0.0	34.0	98.9%	Shift N/A					Safe staffing levels maintained.
CAN C2 Haematology	Day	2297.4	2683.8	1105.6	993.5	116.8%	89.9%	773	6.1	2.6	8.7	Additional staff used for enhanced care
CAN C2 Haematology	Night	1759.8	2018.5	1060.5	1049.5	114.7%	99.0%					Additional staff used for enhanced care
CAN D3 Ward	Day	1778.0	1744.3	733.9	998.9	98.1%	136.1%	635	4.4	2.9	7.2	Safe staffing levels maintained;Additional staff used for enhanced care - Support workers.
CAN D3 Ward	Night	1035.3	1036.3	697.8	820.7	100.1%	117.6%					Safe staffing levels maintained; Additional staff used for enhanced care - Support workers.
MED D5 Ward	Day	1194.5	1769.8	1807.2	1348.4	148.2%	74.6%	828	3.6	2.9	6.5	Skill mix swaps undertaken to support safe staffing across the Unit; Safe staffing levels maintained.
MED D5 Ward	Night	1069.5	1210.5	945.5	1055.8	113.2%	111.7%					Safe staffing levels maintained.
MED D6 Ward	Day	1115.6	1051.1	1499.5	1370.0	94.2%	91.4%	730	2.9	3.1	6.0	Safe staffing levels maintained.
MED D6 Ward	Night	713.0	1058.0	953.0	900.0	148.4%	94.4%					Increased night staffing to support raised acuity
MED D7 Ward	Day	704.7	817.5	972.7	1046.5	116.0%	107.6%	481	3.2	3.3	6.5	Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care - RNs.
MED D7 Ward	Night	701.5	713.0	334.5	556.0	101.6%	166.2%					Safe staffing levels maintained; Additional staff used for enhanced care
MED D8 Ward	Day	1078.0	1136.5	1485.0	1239.7	105.4%	83.5%	643	3.4	3.3	6.7	Safe staffing levels maintained; Additional staff used for enhanced care - RNs; Increase in acuity/dependency of patients in the month.
MED D8 Ward	Night	713.0	1046.5	945.5	885.0	146.8%	93.6%					Additional staff used for enhanced care - RNs; Increase in acuity/dependency of patients in the month.
MED D9 Ward	Day	1233.7	1645.3	1737.7	1354.0	133.4%	77.9%	818	3.3	2.8	6.0	Additional staff used for enhanced care - RNs; Increase in acuity/dependency of patients in the month.
MED D9 Ward	Night	1070.5	1038.0	937.5	898.8	97.0%	95.9%					Safe staffing levels maintained.
MED E7 Ward	Day	1076.5	1267.3	1247.0	1315.5	117.7%	105.5%	781	2.9	3.3	6.2	Increase in acuity/dependency of patients in the month; Additional beds open in the month.
MED E7 Ward	Night	713.0	967.5	1134.5	1275.8	135.7%	112.5%					Increase in acuity/dependency of patients in the month; Additional beds open in the month.

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MED Respiratory HDU	Day	2330.6	1531.9	532.5	443.7	65.7%	83.3%	188	16.2	4.1	20.3	Staffing appropriate for number of patients; Safe staffing levels maintained.
MED Respiratory HDU	Night	2141.7	1514.6	356.5	333.5	70.7%	93.5%					Staffing appropriate for number of patients; Safe staffing levels maintained.
MED C5 Isolation Ward	Day	1205.8	1169.8	1211.0	592.0	97.0%	48.9%	317	6.8	3.7	10.5	Staffing appropriate for number of patients; Safe staffing levels maintained.
MED C5 Isolation Ward	Night	1069.5	978.7	356.5	575.7	91.5%	161.5%					Safe staffing levels maintained; Increase in acuity/dependency of patients in the month.
MED D10 Isolation Unit	Day	1074.5	976.7	1345.8	1254.7	90.9%	93.2%	519	3.3	4.1	7.4	Safe staffing levels maintained.
MED D10 Isolation Unit	Night	690.0	736.0	713.0	880.0	106.7%	123.4%					Increased night staffing to support raised acuity; Increase in acuity/dependency of patients in the month.
MED G5 Ward	Day	1001.5	1316.7	1894.2	1651.8	131.5%	87.2%	748	3.1	3.2	6.3	Safe staffing levels maintained by sharing staff resource.
MED G5 Ward	Night	1069.5	1000.5	713.0	747.5	93.5%	104.8%					Safe staffing levels maintained.
MED G6 Ward	Day	1065.0	1119.0	1889.0	1739.5	105.1%	92.1%	685	3.1	3.6	6.7	Safe staffing levels maintained by sharing staff resource.
MED G6 Ward	Night	1035.0	990.0	851.0	759.0	95.7%	89.2%					Safe staffing levels maintained.
MED G7 Ward	Day	708.4	784.5	1160.8	723.2	110.7%	62.3%	170	8.2	6.9	15.1	Increase in acuity/dependency of patients in the month; safe staffing levels maintained
MED G7 Ward	Night	712.8	611.3	713.0	448.5	85.8%	62.9%					Safe staffing levels maintained.
MED G8 Ward	Day	1081.5	1127.3	1937.5	1361.0	104.2%	70.2%	603	3.2	3.6	6.9	Increase in acuity/dependency of patients in the month
MED G8 Ward	Night	1070.0	828.0	1000.5	839.5	77.4%	83.9%					Increase in acuity/dependency of patients in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
MED G9 Ward	Day	1053.4	1122.7	1841.6	1900.7	106.6%	103.2%	736	2.9	3.6	6.5	Increase in acuity/dependency of patients in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
MED G9 Ward	Night	1058.0	1012.0	724.5	759.0	95.7%	104.8%					Increase in acuity/dependency of patients in the month; Skill mix swaps undertaken to support safe staffing across the Unit.
MED Bassett Ward	Day	1292.0	941.0	2344.7	1951.2	72.8%	83.2%	603	2.8	5.0	7.8	safe staffing levels maintained
MED Bassett Ward	Night	839.5	770.5	1058.0	1035.0	91.8%	97.8%					safe staffing levels maintained

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CHI High Dependency Unit	Day	1574.6	1057.6	0.0	0.0	67.2%	Shift N/A	148	14.1	0.0	14.1	Non-ward based staff supporting areas; Staffing appropriate for number of patients; Beds flexed to match staffing.
CHI High Dependency Unit	Night	1069.5	1029.6	0.0	0.0	96.3%	Shift N/A					Safe staffing levels maintained; Staffing appropriate for number of patients; Beds flexed to match staffing.
CHI Paed Medical Unit	Day	1944.9	1748.1	735.0	606.5	89.9%	82.5%	399	8.1	3.7	11.8	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained.
CHI Paed Medical Unit	Night	1699.3	1500.5	691.8	868.8	88.3%	125.6%					Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Safe staffing levels maintained.
CHI Paediatric Intensive Care	Day	6186.0	5148.8	484.5	393.8	83.2%	81.3%	338	29.5	2.6	32.0	Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Beds flexed to match staffing; safe staffing.
CHI Paediatric Intensive Care	Night	5702.0	4808.1	446.8	469.8	84.3%	105.1%					Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained; Beds flexed to match staffing.
CHI Piam Brown Unit	Day	3801.2	2710.6	209.0	118.5	71.3%	56.7%	318	11.9	0.4	12.3	Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
CHI Piam Brown Unit	Night	1426.0	1085.6	0.0	0.0	76.1%	Shift N/A					Non-ward based staff supporting areas; Beds flexed to match staffing; Safe staffing levels maintained by sharing staff resource.
CHI Ward E1 Paed Cardiac	Day	2079.5	2114.9	637.5	569.3	101.7%	89.3%	410	9.7	2.2	11.9	Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
CHI Ward E1 Paed Cardiac	Night	1414.5	1854.0	356.8	323.0	131.1%	90.5%					Safe staffing levels maintained; Patient requiring 24 hour 1:1 nursing in the month.
CHI Ward G2 Neuro	Day	788.0	741.5	-3.0	12.0	94.1%	-400.0%	178	8.2	0.1	8.3	Patient requiring 24 hour 1:1 nursing in the month.
CHI Ward G2 Neuro	Night	743.3	717.5	0.0	0.0	96.5%	Shift N/A					Patient requiring 24 hour 1:1 nursing in the month.
CHI Ward G3	Day	2393.4	1843.9	1689.5	928.3	77.0%	54.9%	479	6.8	2.7	9.5	Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing.
CHI Ward G3	Night	1705.0	1409.5	1023.0	353.3	82.7%	34.5%					Non-ward based staff supporting areas; Band 4 staff working to support registered nurse numbers; Beds flexed to match staffing.
CHI Ward G4 Surgery	Day	2450.0	2226.5	1224.0	957.5	90.9%	78.2%	490	8.0	3.1	11.1	Safe staffing levels maintained; Recruited HCA's.
CHI Ward G4 Surgery	Night	1683.5	1677.8	693.0	557.3	99.7%	80.4%					Safe staffing levels maintained; Recruited HCA's.
W&N Bramshaw Womens Unit	Day	1147.5	892.1	716.0	580.0	77.7%	81.0%	240	6.7	4.3	11.0	Beds flexed to match staffing; Safe staffing levels maintained.
W&N Bramshaw Womens Unit	Night	713.0	713.0	667.0	448.5	100.0%	67.2%					Beds flexed to match staffing; Safe staffing levels maintained.
W&N Neonatal Unit	Day	7115.1	5128.4	1746.0	1140.0	72.1%	65.3%	956	9.5	2.3	11.8	Safe staffing levels maintained, supporting roles redeployed to direct patient care - education and speciality Nurses. Beds intermittently closed to manage the numbers and acuity of the babies on the unit.
W&N Neonatal Unit	Night	5538.0	3974.2	1364.0	1045.0	71.8%	76.6%					Safe staffing levels maintained, supporting roles redeployed to direct patient care - education and speciality Nurses. Beds intermittently closed to manage the numbers and acuity of the babies on the unit.
W&N PAH Maternity Service	Day	8606.3	7755.5	429.5	422.3	90.1%	98.3%	2045	6.1	0.3	6.4	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	5431.0	4625.8	198.0	211.0	85.2%	106.6%					Numbers do not fully reflect the integrated midwifery service demand. Safe staffing levels maintained by sharing staff resource across the services.

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CAR CHDU	Day	5173.3	4088.1	1770.8	1471.8	79.0%	83.1%	526	14.5	4.8	19.2	Staff moved to support other wards;Skill mix swaps undertaken to support safe staffing across the Unit.
CAR CHDU	Night	3982.3	3516.6	946.0	1029.3	88.3%	108.8%					Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit.support workers used to maintain staffing numbers
CAR Coronary Care Unit	Day	2661.0	2667.6	978.0	841.9	100.2%	86.1%	502	10.0	3.6	13.6	Safe staffing levels maintained;
CAR Coronary Care Unit	Night	2367.8	2376.8	1012.0	946.0	100.4%	93.5%					Safe staffing levels maintained;
CAR Ward D4 Vascular	Day	1728.0	1349.5	1050.7	1252.5	78.1%	119.2%	586	4.1	3.9	8.0	Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers
CAR Ward D4 Vascular	Night	792.0	1049.3	1023.0	1058.3	132.5%	103.4%					Increased night staffing to support raised acuity; Band 4 staff working to support registered nurse numbers
CAR Ward E2 YACU	Day	1544.8	1462.1	883.5	907.3	94.6%	102.7%	504	4.3	3.5	7.9	Safe staffing levels maintained;Band 4 staff working to support registered nurse numbers.
CAR Ward E2 YACU	Night	682.0	728.0	341.0	873.3	106.7%	256.1%					Safe staffing levels maintained; Increased night staffing to support raised acuity
CAR Ward E3 Green	Day	1505.3	1521.8	1441.8	1163.8	101.1%	80.7%	676	3.3	2.9	6.2	Safe staffing levels maintained;Band 4 staff working to support registered nurse numbers;
CAR Ward E3 Green	Night	682.0	694.0	788.3	820.8	101.8%	104.1%					Band 4 staff working to support registered nurse numbers; Additional staff used for enhanced care ;safe staffing levels maintained
CAR Ward E3 Blue	Day	1100.2	1343.9	1220.7	769.0	122.1%	63.0%	491	4.1	3.3	7.4	Safe staffing levels maintained by sharing staff resource;
CAR Ward E3 Blue	Night	682.0	656.2	682.0	849.0	96.2%	124.5%					Band 4 staff working to support registered nurse numbers; Increased night staffing to support raised acuity.
CAR Ward E4 Thoracics	Day	1661.7	1420.3	1316.9	1000.2	85.5%	76.0%	563	4.3	2.7	7.0	Safe staffing levels maintained; Skill mix swaps undertaken to support safe staffing across the Unit.
CAR Ward E4 Thoracics	Night	1024.0	1028.8	451.0	497.8	100.5%	110.4%					Band 4 staff working to support registered nurse numbers; Increased night staffing to support raised acuity.
CAR Ward D2 Cardiology	Day	1367.8	935.0	755.8	1054.0	68.4%	139.5%	436	3.4	4.8	8.2	Staff moved to support other wards; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers
CAR Ward D2 Cardiology	Night	693.3	547.0	671.0	1034.0	78.9%	154.1%					Band 4 staff working to support registered nurse numbers; Safe staffing levels maintained by sharing staff resource; Support workers used to maintain staffing numbers.

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	Total bed occupancy	CHPPD Registered midwives/ nurses	CHPPD Care Staff	CHPPD Overall	Comments
NEU Acute Stroke Unit	Day	1557.9	1719.3	2658.3	2714.1	110.4%	102.1%	850	3.6	5.2	8.8	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers;
NEU Acute Stroke Unit	Night	1023.0	1310.0	1702.1	1706.1	128.1%	100.2%					Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers;
NEU Regional Transfer Unit	Day	1240.0	908.5	398.5	356.0	73.3%	89.3%	83	18.8	9.1	27.8	Staff moved to support other wards
NEU Regional Transfer Unit	Night	682.0	649.0	660.0	396.0	95.2%	60.0%					Staff moved to support other wards;
NEU ward E Neuro	Day	1886.6	1671.8	1121.1	1329.4	88.6%	118.6%	761	3.8	3.5	7.3	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
NEU ward E Neuro	Night	1364.0	1224.5	1012.0	1353.0	89.8%	133.7%					Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
NEU HASU	Day	1541.4	1278.5	434.0	488.5	82.9%	112.6%	312	7.3	3.2	10.5	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
NEU HASU	Night	1364.5	1012.0	330.0	506.0	74.2%	153.3%					Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
NEU Ward D Neuro	Day	1942.4	1521.4	1905.7	1914.8	78.3%	100.5%	731	3.9	4.8	8.7	Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
NEU Ward D Neuro	Night	1364.0	1309.0	1705.0	1584.0	96.0%	92.9%					Patient requiring 24 hour 1:1 nursing in the month; Band 4 staff working to support registered nurse numbers; Support workers used to maintain staffing numbers.
SPI Ward F4 Spinal	Day	1584.9	1467.9	1131.1	1239.6	92.6%	109.6%	631	3.8	3.8	7.6	Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
SPI Ward F4 Spinal	Night	1021.3	950.3	1021.5	1142.5	93.0%	111.8%					Band 4 staff working to support registered nurse numbers; Patient requiring 24 hour 1:1 nursing in the month; Support workers used to maintain staffing numbers.
T&O Ward Brooke	Day	1057.5	1087.0	1122.5	765.8	102.8%	68.2%	468	3.9	3.0	6.9	Safe staffing levels maintained by sharing staff resource; safe staffing maintained
T&O Ward Brooke	Night	713.0	724.5	713.0	644.0	101.6%	90.3%					Staffing appropriate for number of patients
T&O Trauma Admissions Unit	Day	921.6	660.6	755.6	576.5	71.7%	76.3%	43	30.5	28.4	58.9	Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Trauma Admissions Unit	Night	682.3	650.5	682.5	643.3	95.3%	94.2%					Staff moved to support other wards; Skill mix swaps undertaken to support safe staffing across the Unit.
T&O Ward F1 Major Trauma Unit	Day	2354.9	2414.1	2014.4	2102.6	102.5%	104.4%	902	4.6	4.6	9.1	Patient requiring 24 hour 1:1 nursing in the month
T&O Ward F1 Major Trauma Unit	Night	1782.5	1704.7	1782.5	2012.5	95.6%	112.9%					Additional staff used for enhanced care - Support workers; Patient requiring 24 hour 1:1 nursing in the month.
T&O Ward F2 Trauma	Day	1644.8	1299.5	1942.9	1988.7	79.0%	102.4%	761	2.7	4.5	7.3	Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers; Staff moved to support other wards.
T&O Ward F2 Trauma	Night	1023.0	792.0	1364.0	1449.8	77.4%	106.3%					Skill mix swaps undertaken to support safe staffing across the Unit; Additional staff used for enhanced care - Support workers; Staff moved to support other wards.
T&O Ward F3 Trauma	Day	1588.8	1706.5	1955.2	1818.2	107.4%	93.0%	678	4.2	5.1	9.3	Additional staff used for enhanced care
T&O Ward F3 Trauma	Night	1023.0	1151.0	1364.0	1617.0	112.5%	118.5%					Additional staff used for enhanced care
T&O Ward F4 Elective	Day	1471.4	1152.9	1205.5	992.5	78.4%	82.3%	487	3.8	3.4	7.1	Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards.
T&O Ward F4 Elective	Night	1034.0	683.0	703.5	649.3	66.1%	92.3%					Skill mix swaps undertaken to support safe staffing across the Unit; Staff moved to support other wards.

University Hospital Southampton NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Finance Report 2021-22 Month 5**			
Agenda item:	**5.7**			
Sponsor:	**Ian Howard – Interim Chief Financial Officer**			
Author:	**Philip Bunting – Interim Deputy Director of Finance**			
Date:	**30 September 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 Trust continues to report an on plan financial position of breakeven. In month non-recurrent benefits have however helped support breakeven achievement with ERF income significantly lower than plan.

During Q1 & Q2, the Trust has been reliant on circa £2m per month of ERF or non-recurrent items to achieve a break-even position. The volatile nature of ERF funding has been challenging to manage.

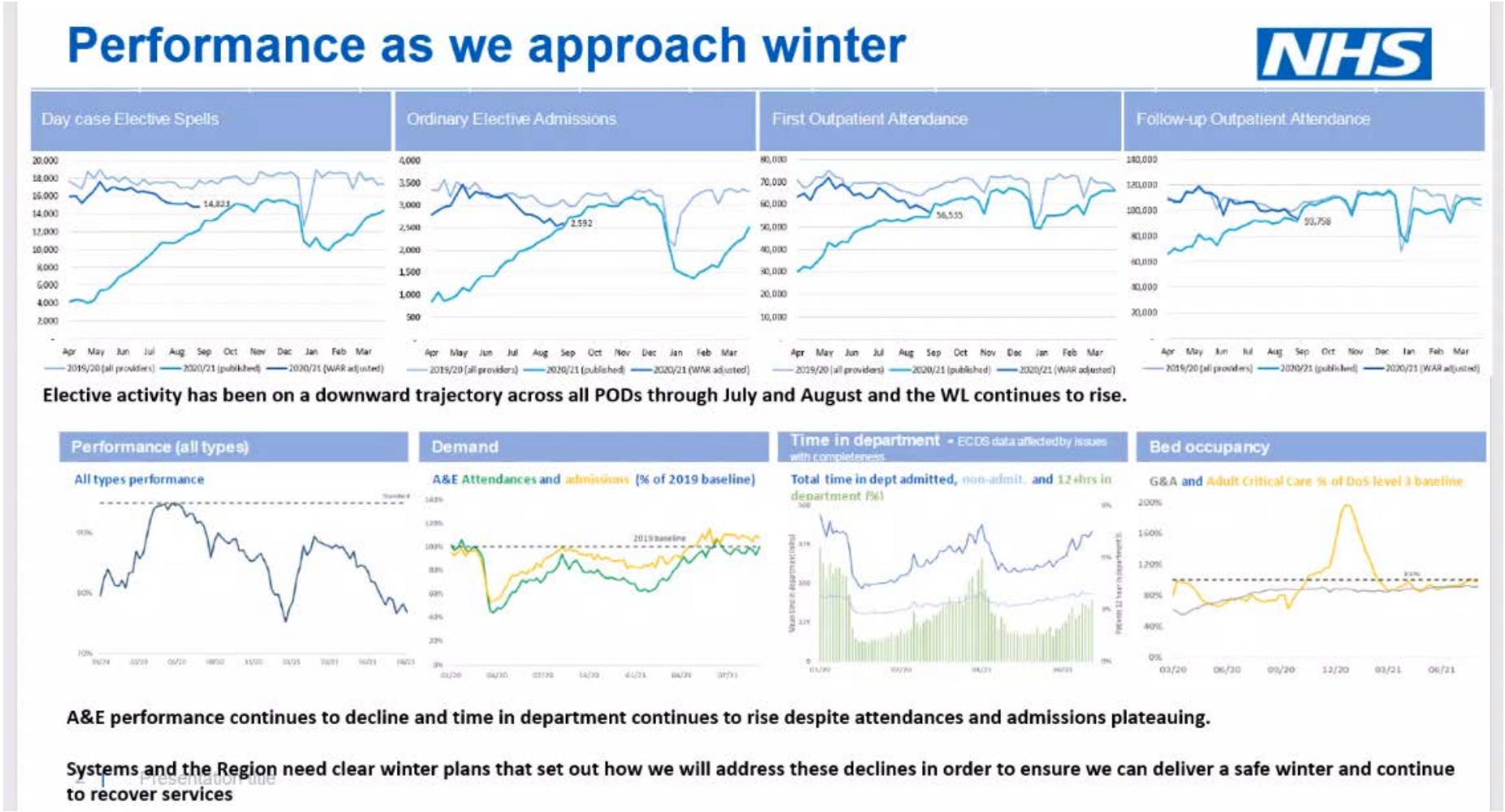
Elective Recovery Framework (ERF):

- Elective Recovery Framework achievement of £0.28m is estimated in month, based on activity of circa 97% of pre-Covid levels of activity for Elective and Outpatients. This compares to a 19/20 baseline expectation of 95%.
- This remains broadly flat from July and is significantly lower than the planned level of achievement. The drivers behind this are as follows:
  - Increased levels of annual leave and staff isolating. This has had a significant impact on the availability of staffing and therefore activity.
  - Continued non-elective pressure and ED activity increases (see table below – main ED 120% of pre-Covid levels in-month).
  - Operational bed pressures are particularly acute within critical care.
  - Steady numbers of Covid-19 patients on wards at circa 50, with 10-12 in ICU. At the start of July, we had <10 patients.
- The challenges outlined above are being seen across the SE Region and wider NHS – see appendix one.

	Activity	Actual 19/20	Plan 21/22	Actual 21/22	% vs 19/20	% vs plan
M5	Main ED	9,307	10,456	11,149	120%	107%
	NEL	6,365	6,450	6,162	97%	96%
YTD	Main ED	49,898	51,608	55,067	110%	107%
	NEL	31,788	31,834	31,722	100%	100%

	Capital: • The Trust remains £1.4m behind plan on CDEL expenditure, however we remain confident that all funding will be spent in 2021/22. • We have been successful in bidding for Community Diagnostics Hub funding in combination with Southern Health, with £1.6m confirmed additional CDEL. • We have been successful in bids via the pathology network for pathology digitisation (£0.8m), home reporting (£0.5m) and Pathology LIMS (£0.9m). • HIOW ICS and SE Region are showing substantial slippage at M4, although forecasting on-plan by year-end. • As part of H2 funding arrangements, £700m of additional funding has become available to support delivery of a) safe urgent and emergency care and b) planned care recovery including cancer and diagnostics. This is split as follows: o £250m of capital linked specifically to digital for productivity-enhancing innovations (elective recovery technology fund) o £250m of capital linked to elective recovery (including NEL to free up EL capacity) o £200m of flexible revenue / capital linked to recovery (including critical care / enhanced care specifically). The ICS has been given 1 week to put in requests nationally. This means UHS have had to turn around bids within 48 hours. A verbal update will be provided. **ICS finance position:** • The M5 HIOW ICS position remains materially unchanged, with a forecast ICS break-even position for H1. **H2 financial planning:** • Following on from the national announcement on NHS funding, at the time of writing we are awaiting confirmation on the impact of funding on UHS. A verbal update will be provided.
Implications:	• 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 H2 21/22 funding arrangements and ability to support long term decision making. • Cash risk linked to volatility above • Inability to maximise CDEL (which cannot be carried forward) if mitigations are not put into place
Summary: Conclusion and/or recommendation	Trust Board is asked to note this report.

Appendix 1 – SE Region Graphs



2021/22 Finance Report - Month 5

Report to:	**Board of Directors and Finance & Investment Committee** **August 2021**
Title:	**Finance Report for Period ending 31/08/2021**
Author:	**Philip Bunting, Interim Deputy Director of Finance**
Sponsoring Director:	**Ian Howard, Interim 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 August 2021, the Trust reported a deficit position of £0.2m against a breakeven plan. Year to date the Trust has posted a small surplus of £0.1m against a break-even plan.

2. Elective Recovery Framework (ERF) income is estimated at £0.28m for August; however this has not yet been confirmed and is dependent on wider system achievement and NHSI validation. This was flat month on month from July but down from £4m from June reflecting the revised activity achievement target of 95% for Q2. Significant operational pressures have also dampened ERF achievement and forecast.

3. In month, £3.6m (£2.9m pay and £0.7m non pay) was incurred on additional expenditure relating to Covid-19, the same as in July. Covid inpatient volumes stayed steady in month at about 50 inpatients impacting the resources available for elective activity, including critical care capacity.

4. The main underlying themes seen in M5 were:
   - Elective activity in August represents 89% of planned income levels, down from 94% in July.
   - Non Elective activity levels in August was at 100% of planned income levels, down from 105% in July. A&E attendances continue to be high, in excess of pre-Covid levels.
   - Outpatient activity in August was at 98% of planned income levels, down from 106% in July.
   - Drugs and devices expenditure was high in month with £4m over performance reported on pass through items, slightly lower than the £4.4m over performance in M4. This is mirrored by additional income and reflects the decrease in elective activity.
   - Trust underlying performance has been reviewed and assessed at £2m deficit per month assuming no ERF income and adjusting for other for one off items.

Finance: I&E Summary

The financial position for M5 was a deficit of £0.2m compared to the breakeven plan.

The Saliva testing finances are significantly distorting variances within income and expenditure categories as mass testing activity is not yet fully mobilised.

Pay costs are £1.7m below plan in month and now £11.2m behind plan YTD. In addition to Saliva testing this is further driven by elective recovery costs that have not increased pay to the originally anticipated level. This is however offset by reduced ERF income. Agency costs decreased back to a more usual spend in month offset by a corresponding increase in bank costs due to August holidays.

Block drugs costs were £0.2m above plan in M5 (£2.2m YTD) and remain an area of concern as these costs were previously pass through. Energy cost increases and overseas recruitment expenditure are the key areas of overspend within 'other non pay'.

		Current Month			Cumulative			H1 Plan		
		Plan £m	Actual £m	Variance £m	Plan £m	Actual £m	Variance £m	Plan £m	Forecast £m	Variance £m
NHS Income:	Clinical	68.7	64.1	4.6	343.8	330.5	13.2	412.8	396.4	16.4
	Pass-through Drugs & Devices	8.5	12.5	(4.0)	42.4	56.5	(14.1)	50.9	69.6	(18.7)
Other income	Other Income excl. PSF	15.2	14.4	0.7	75.8	66.5	9.3	90.9	77.8	13.1
	Top Up Income	0.8	1.2	(0.4)	3.9	5.8	(1.8)	4.7	6.9	(2.2)
Total income		**93.2**	**92.2**	**0.9**	**465.9**	**459.3**	**6.6**	**559.3**	**550.7**	**8.7**
Costs	Pay-Substantive	46.9	45.1	(1.8)	234.6	226.0	(8.6)	281.5	271.0	(10.5)
	Pay-Bank	4.0	4.3	0.4	19.8	18.3	(1.5)	23.7	22.8	(0.9)
	Pay-Agency	1.2	1.0	(0.3)	6.2	5.1	(1.1)	7.5	6.2	(1.3)
	Drugs	4.3	4.5	0.2	21.7	23.9	2.2	26.0	28.4	2.4
	Pass-through Drugs & Devices	8.5	12.5	4.0	42.4	56.5	14.1	50.9	69.6	18.7
	Clinical supplies	10.8	6.7	(4.1)	54.0	38.6	(15.4)	65.1	45.9	(19.2)
	Other non pay	14.2	15.4	1.1	71.2	76.0	4.8	85.4	88.9	3.5
Total expenditure		**90.0**	**89.4**	**(0.5)**	**449.9**	**444.4**	**(5.5)**	**540.1**	**532.9**	**(7.3)**
EBITDA		**3.2**	**2.8**	0.4	**16.0**	**14.9**	1.1	**19.2**	**17.8**	1.4
EBITDA %		3.4%	3.0%	0.4%	3.4%	3.2%	0.2%	3.4%	3.2%	0.2%
	Depreciation / Non Operating Expenditure	3.2	3.1	(0.1)	16.1	15.5	(0.5)	19.3	18.6	(0.6)
Surplus / (Deficit)		**(0.0)**	**(0.3)**	0.3	**(0.1)**	**(0.6)**	0.5	**(0.1)**	**(0.8)**	**0.8**
Less	Donated income	0.1	0.0	0.1	0.4	0.1	0.4	0.5	0.1	0.5
Add Back	Donated depreciation	0.1	0.1	0.0	0.5	0.7	0.2	0.6	0.9	0.3
Net Surplus / (Deficit)		**0.0**	**(0.2)**	**0.2**	**0.0**	**0.1**	**(0.1)**	**0.0**	**0.0**	**(0.0)**

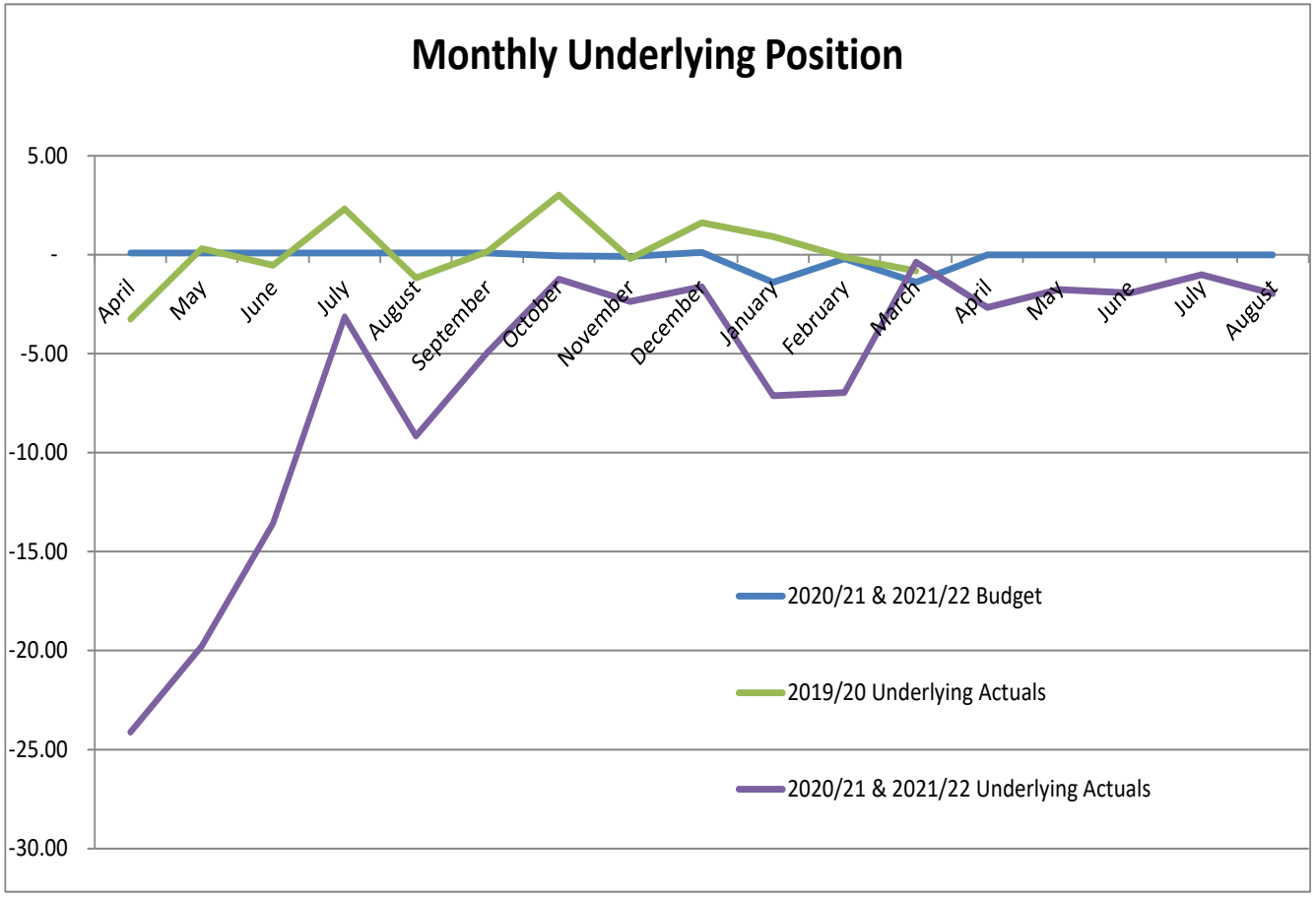
Monthly Underlying Position

The graph shows the underlying position for the Trust from 2019/20 to present.

For 21/22 YTD the position has been restated removing the impact of ERF in addition to any one off costs or benefits. This illustrates underlying performance of c£2m per month deficit before ERF income is applied.

The benefit of block protection which existed in 20/21 has now reversed with PbR equivalent income actually £6.7m higher than the prevailing block value YTD. Arguably ERF has been the mechanism for funding this gap however albeit only covering elective and outpatients.

The most significant risk is CCG funded drugs costs which were formally pass through however reverted to block and for which there is a £0.5m per month funding pressure following growth in 21/22 (£3m YTD).



Clinical Income

(Fav Variance) / Adv Variance

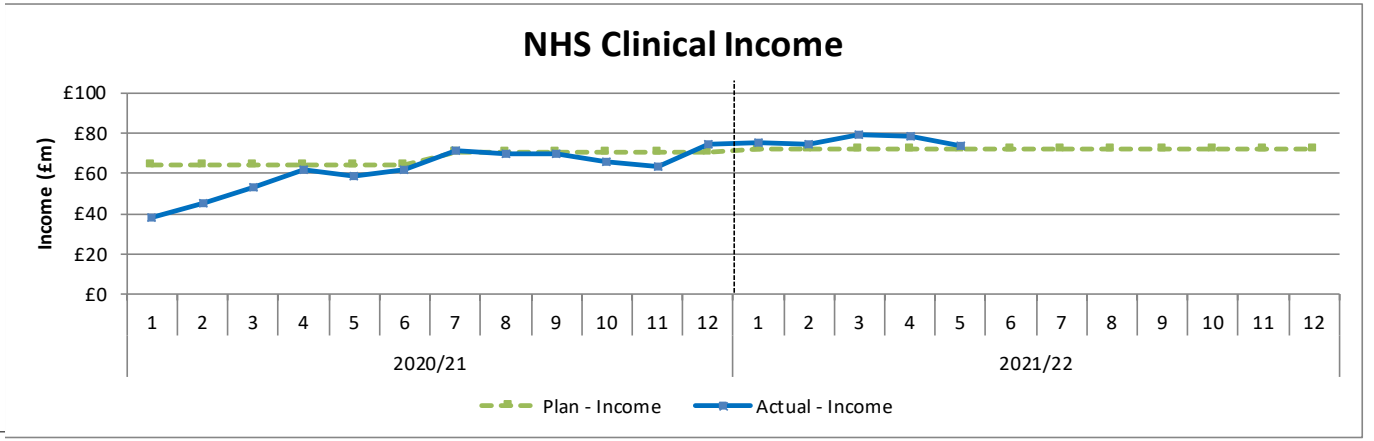
Clinical income for the month of August was £1.0m favourable to plan and including Non NHS income was £0.7m favourable to plan. Most of the Trust's income remains fixed with confirmed block contract funding in place.

August has seen a reduction in activity from July, although this is seen most years. Plans for 21/22 have been phased to account for the variation in calendar and working days in relevant POD Groups.

Elective income reduced to 89% of planned levels having exceeded 100% in May. Non Elective income was also down slightly in the month but remained at around 100% of planned levels. A&E attendances continue to be high, back to pre-Covid levels. Outpatient income reduced to 98% of plan, this is the first month outpatient income has dropped below 100% of plan.

The graphs overleaf show trends over the last 17 months and the impact of Covid-19 as well as the recovery to pre Covid levels of activity in many areas.

	2021/22						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	£12,561	£11,103	£1,458	£62,205	£59,045	£3,161	£58,887
Non-Elective Inpatients	£19,474	£19,420	£53	£96,112	£97,716	(£1,604)	£88,186
Outpatients	£7,367	£7,181	£187	£36,486	£39,428	(£2,942)	£34,474
Other Activity	£11,738	£11,358	£380	£57,977	£57,197	£780	£53,373
Blocks & Financial Adjustments	£4,089	£2,388	£1,700	£24,538	£11,764	£12,774	£4,860
Other Exclusions	£7,309	£6,337	£973	£36,352	£39,340	(£2,988)	£21,253
Pass-through Exclusions	£8,485	£12,477	(£3,993)	£42,423	£56,502	(£14,080)	£46,461
Subtotal NHS Clinical Income	*£71,022*	*£70,263*	*£758*	*£356,093*	*£360,992*	*(£4,899)*	*£307,494*
Additional funding	£5,848	£5,848	£0	£29,240	£29,240	£0	
Covid block adjustments	(£1,266)	£469	(£1,735)	(£3,218)	(£3,190)	(£28)	
Total NHS Clinical Income	**£75,604**	**£76,580**	**(£976)**	**£382,115**	**£387,042**	**(£4,927)**	**£307,494**
Non NHS Clinical Income							
Private Patients	£376	£277	£99	£1,880	£2,300	(£420)	£1,800
CRU	£208	£64	£144	£1,042	£748	£294	£1,048
Overseas Chargeable Patients	£66	£4	£61	£329	£162	£167	£711
Total Non NHS Clinical Income	**£650**	**£346**	**£304**	**£3,251**	**£3,210**	**£41**	**£3,559**
Grand Total	**£76,254**	**£76,927**	**(£672)**	**£385,366**	**£390,252**	**(£4,886)**	**£311,053**



University Hospital Southampton NHS
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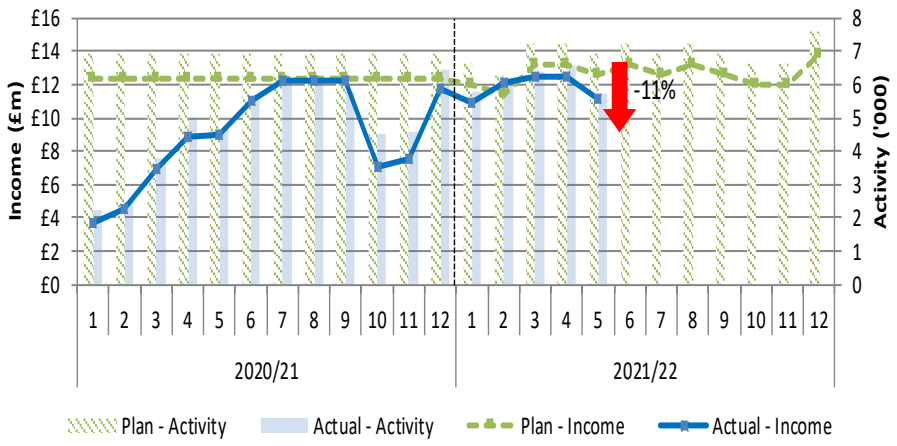
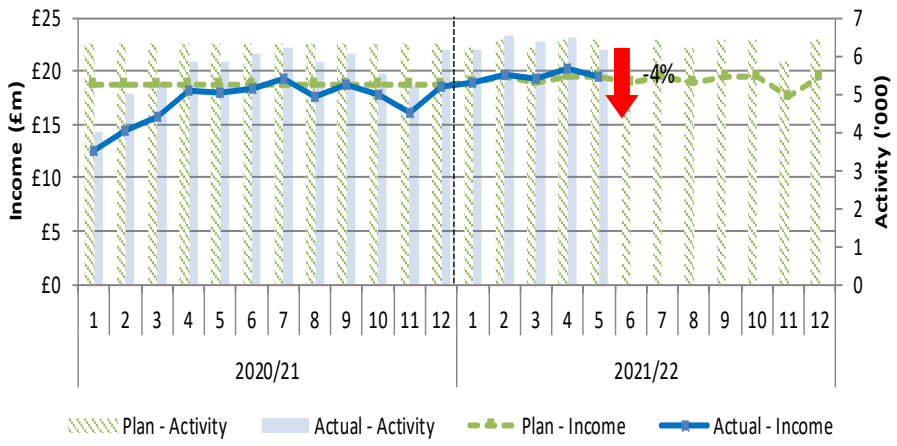
Clinical Income

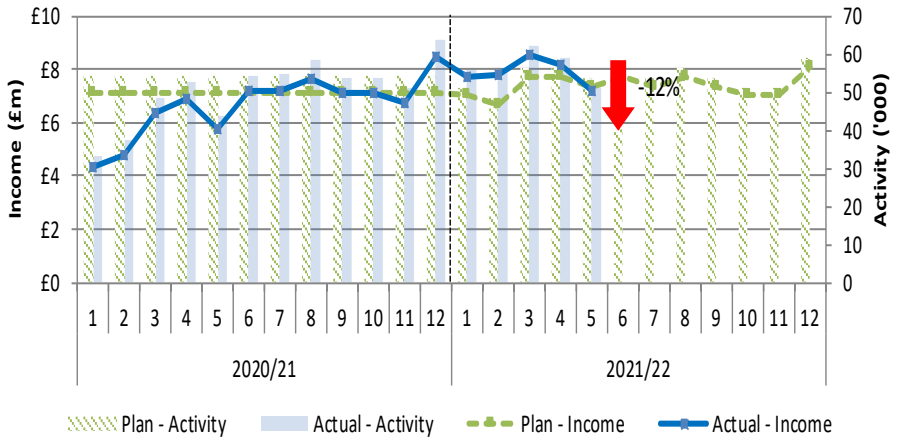
Elective spells



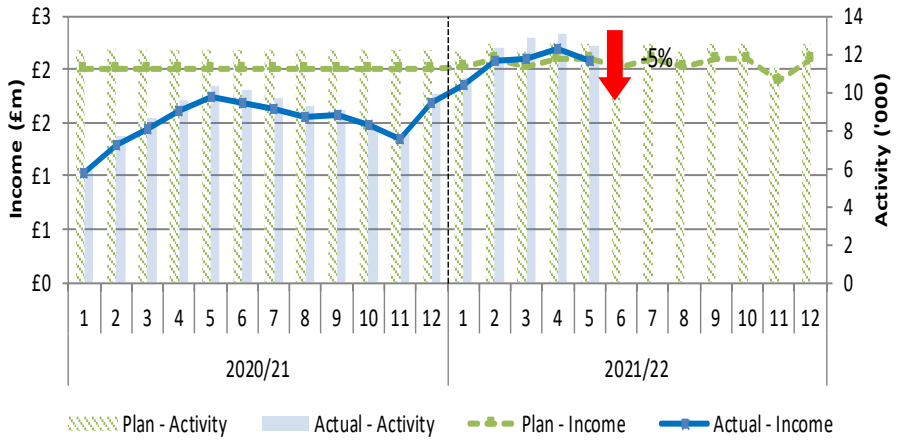
Non elective spells



Outpatients



A&E



University Hospital Southampton NHS
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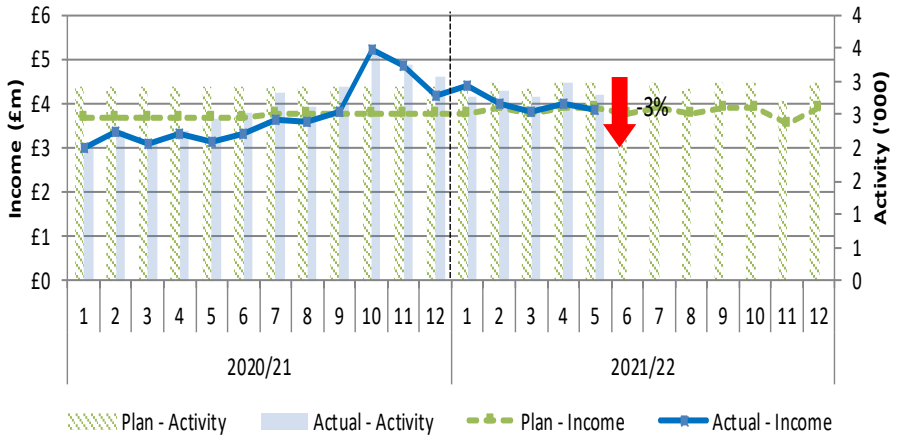
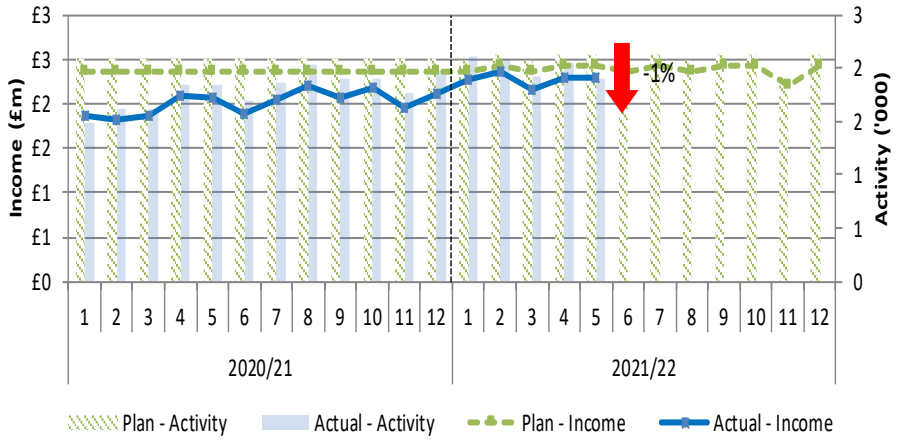
Clinical Income

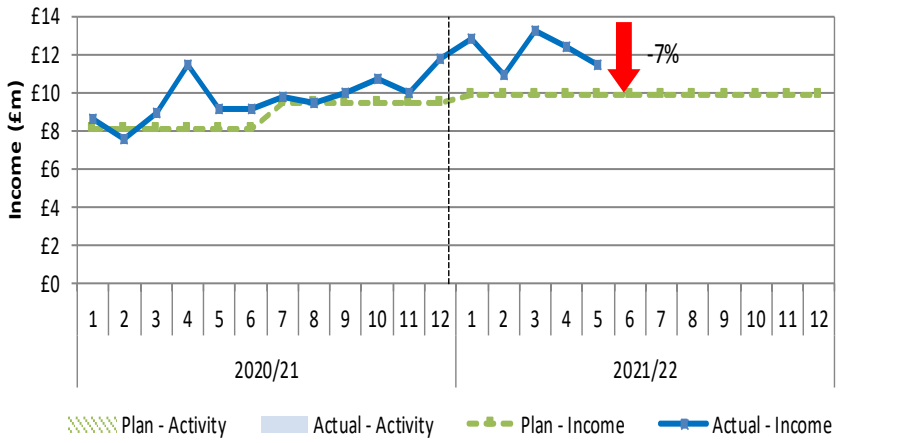
Adult critical care



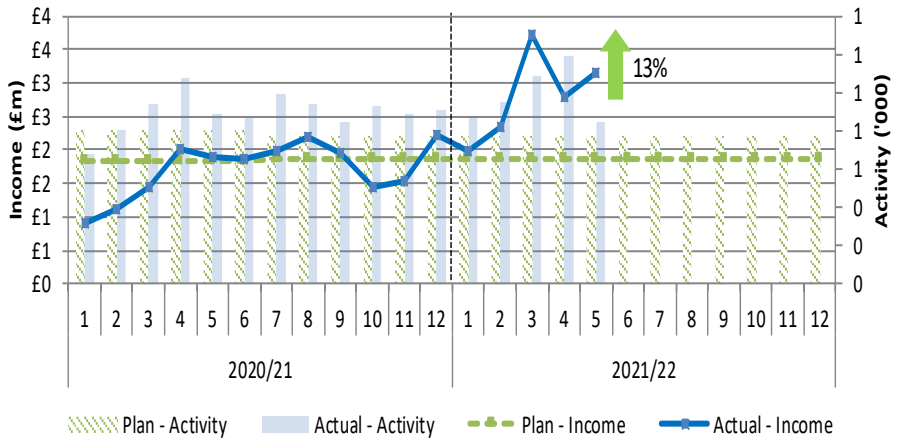
Neonatal & paediatric critical care



Tariff excluded drugs



Tariff excluded devices



Income and Activity

The tables shown illustrate by division and care group the % of the activity and income plan being achieved across the first month of 2021/22 for Elective, Non Elective and Outpatient Activity. The plan for 2021/22 has been phased to reflect working day differences for Elective and Outpatient and calendar days for Non Elective.

Elective activity in August represents 89% of planned income levels, down from 94% in July. Recovery planning is targeting improvement in all areas but will be governed by clinical priority.

Non Elective activity levels in August was at 100% of planned income levels, down from 105% in July.

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Elective Activity as % of Plan		Activity as % of Plan						Income as % of Plan					
		2020/21	2021/22					2020/21	2021/22				
Division	Care Group	12	1	2	3	4	5	12	1	2	3	4	5
DIVISION A	OPHTHALMOLOGY	91%	99%	97%	104%	110%	99%	95%	101%	100%	106%	112%	97%
	SURGERY	77%	64%	85%	63%	71%	54%	101%	84%	108%	81%	91%	77%
DIVISION A Total		82%	77%	89%	78%	86%	71%	100%	87%	107%	86%	96%	81%
DIVISION B	CANCER CARE	76%	72%	75%	73%	71%	76%	71%	78%	78%	87%	74%	72%
	SPECIALIST MEDICINE	106%	99%	106%	94%	97%	86%	110%	106%	114%	103%	109%	92%
DIVISION B Total		97%	91%	96%	88%	89%	83%	96%	96%	101%	97%	96%	85%
DIVISION C	CHILD HEALTH	106%	103%	110%	97%	101%	96%	128%	116%	119%	91%	90%	107%
	WOMEN'S HEALTH	107%	78%	95%	92%	98%	82%	101%	81%	101%	96%	93%	81%
DIVISION C Total		106%	96%	106%	96%	100%	92%	121%	107%	114%	93%	91%	100%
DIVISION D	CARDIOVASCULAR & THORACIC	85%	92%	111%	106%	105%	104%	78%	83%	109%	103%	100%	99%
	NEUROSCIENCES	103%	105%	106%	96%	88%	94%	100%	101%	114%	83%	81%	92%
	RADIOLOGY	75%	67%	81%	73%	72%	62%	82%	76%	77%	74%	73%	61%
	TRAUMA & ORTHOPAEDICS	85%	83%	98%	95%	84%	72%	93%	91%	105%	104%	98%	76%
DIVISION D Total		87%	88%	100%	93%	88%	85%	85%	87%	106%	97%	93%	89%
Total		93%	88%	97%	88%	90%	82%	96%	92%	107%	94%	94%	89%

Non Elective Activity as % of Plan		Activity as % of Plan						Income as % of Plan					
		2020/21	2021/22					2020/21	2021/22				
Division	Care Group	12	1	2	3	4	5	12	1	2	3	4	5
DIVISION A	OPHTHALMOLOGY	62%	81%	75%	87%	83%	89%	64%	75%	81%	85%	97%	101%
	SURGERY	88%	90%	94%	91%	96%	84%	95%	94%	102%	105%	105%	92%
DIVISION A Total		87%	90%	93%	91%	95%	84%	94%	94%	101%	104%	104%	92%
DIVISION B	ACUTE MEDICINE	107%	99%	103%	106%	108%	114%	112%	102%	102%	109%	109%	117%
	CANCER CARE	123%	112%	114%	120%	120%	113%	111%	108%	106%	106%	106%	99%
	EMERGENCY MEDICINE	94%	102%	99%	102%	94%	77%	82%	96%	94%	106%	92%	78%
	SPECIALIST MEDICINE	92%	63%	97%	78%	105%	97%	89%	64%	86%	63%	107%	83%
DIVISION B Total		102%	102%	102%	105%	102%	95%	104%	101%	100%	107%	104%	104%
DIVISION C	CHILD HEALTH	84%	95%	122%	129%	121%	124%	89%	87%	111%	109%	120%	109%
	WOMEN'S HEALTH	98%	93%	91%	92%	90%	97%	104%	103%	98%	105%	99%	108%
DIVISION C Total		94%	93%	101%	104%	99%	105%	99%	97%	102%	106%	106%	109%
DIVISION D	CARDIOVASCULAR & THORACIC	98%	102%	107%	89%	97%	86%	100%	108%	104%	83%	102%	83%
	NEUROSCIENCES	107%	100%	101%	98%	96%	103%	102%	88%	99%	105%	103%	113%
	RADIOLOGY	93%	97%	93%	90%	110%	79%	86%	86%	82%	77%	111%	80%
	TRAUMA & ORTHOPAEDICS	91%	106%	106%	122%	111%	97%	81%	117%	113%	113%	108%	100%
DIVISION D Total		98%	102%	104%	100%	102%	93%	96%	102%	103%	94%	104%	94%
Total		97%	98%	101%	102%	101%	95%	99%	100%	102%	102%	105%	100%

Income and Activity

Outpatient activity in August was at 98% of planned income levels, down from 106% in July

Outpatient Activity as % of Plan		Activity as % of Plan						Income as % of Plan					
		2020/21	2021/22					2020/21	2021/22				
Division	Care Group	12	1	2	3	4	5	12	1	2	3	4	5
DIVISION A	OPHTHALMOLOGY	112%	104%	110%	105%	95%	92%	115%	109%	115%	110%	100%	98%
	SURGERY	106%	92%	105%	99%	96%	83%	99%	91%	105%	100%	97%	85%
DIVISION A Total		109%	98%	108%	102%	96%	87%	107%	100%	111%	105%	99%	92%
DIVISION B	ACUTE MEDICINE	91%	91%	145%	103%	96%	103%	95%	82%	144%	98%	95%	99%
	CANCER CARE	152%	141%	148%	139%	138%	116%	150%	129%	137%	129%	129%	112%
	EMERGENCY MEDICINE	88%	132%	119%	80%	177%	141%	89%	124%	118%	87%	184%	145%
	SPECIALIST MEDICINE	132%	117%	123%	122%	105%	104%	127%	114%	118%	117%	102%	103%
DIVISION B Total		140%	126%	133%	129%	119%	109%	136%	120%	127%	122%	114%	107%
DIVISION C	CHILD HEALTH	118%	104%	111%	105%	102%	92%	119%	103%	110%	104%	100%	90%
	SUPPORT SERVICES	87%	85%	92%	85%	81%	74%	83%	80%	86%	81%	78%	73%
	WOMEN'S HEALTH	115%	111%	115%	102%	101%	88%	115%	109%	112%	104%	98%	88%
DIVISION C Total		108%	101%	107%	99%	96%	86%	114%	102%	108%	101%	97%	87%
DIVISION D	CARDIOVASCULAR & THORACIC	121%	125%	127%	119%	118%	116%	118%	124%	127%	120%	120%	116%
	NEUROSCIENCES	117%	100%	113%	100%	99%	79%	118%	99%	113%	101%	98%	78%
	RADIOLOGY	172%	176%	196%	162%	160%	150%	138%	202%	217%	191%	188%	176%
	TRAUMA & ORTHOPAEDICS	88%	93%	98%	102%	95%	91%	92%	110%	117%	120%	114%	112%
DIVISION D Total		111%	109%	115%	109%	106%	98%	113%	112%	120%	112%	110%	100%
Total		118%	109%	116%	110%	104%	95%	119%	109%	117%	111%	106%	98%

Elective Recovery Fund 21/22

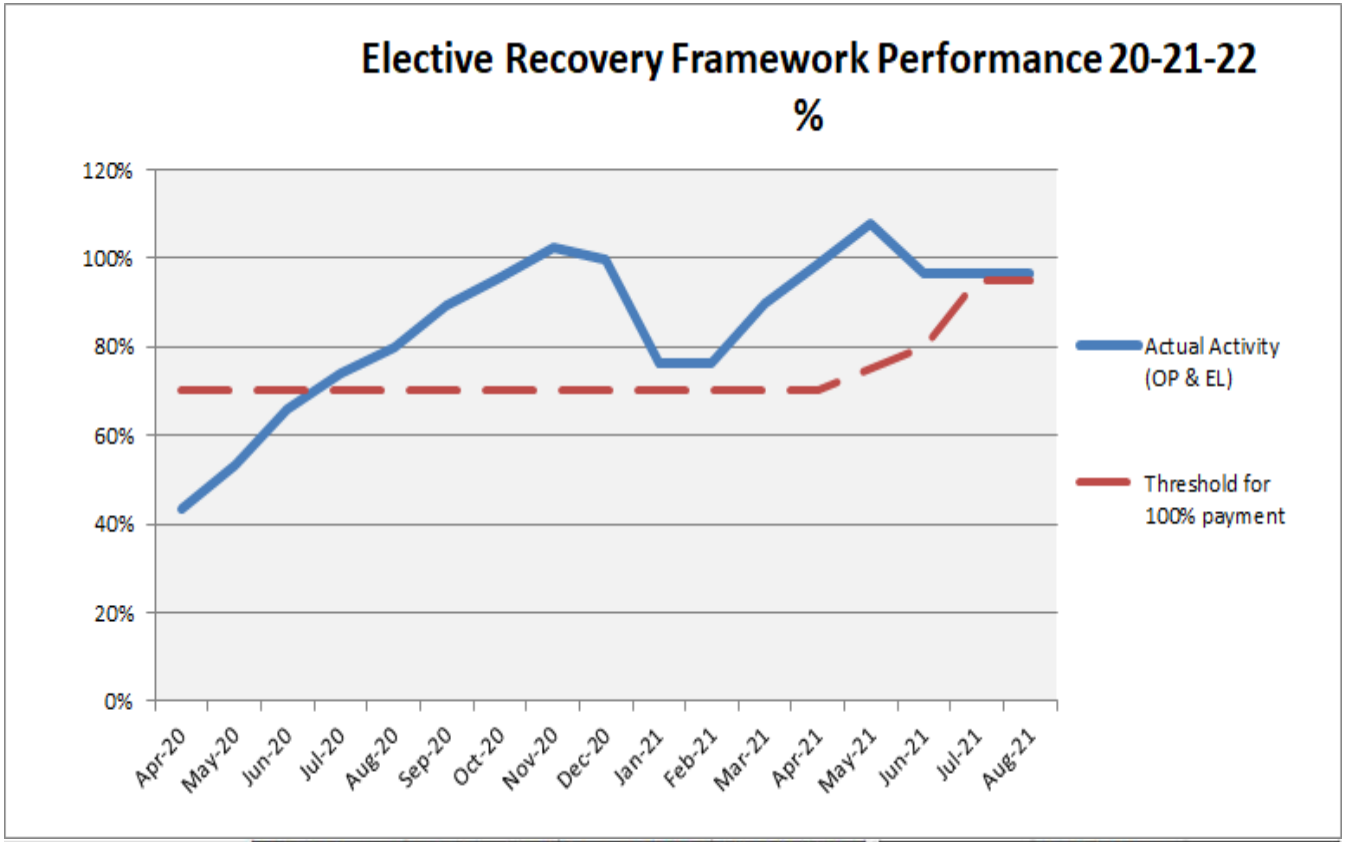
The graph shows the trends of Elective Recovery Framework achievement through 20/21 and estimated performance for August.

It should be noted that this measures performance on £ income values compared to 2019/20, which is a different baseline to the UHS plan in previous slides.

This indicates performance of 97% of baseline activity which is 2% over the revised target threshold of 95% in August. This would yield an estimated £0.3m additional income.

It should be noted that this is an early estimate of this data and has dependencies on the performance of others from within the ICS.

The 20% premium has already been agreed with ICS partners will be centrally pooled rather than allocated directly to providers.



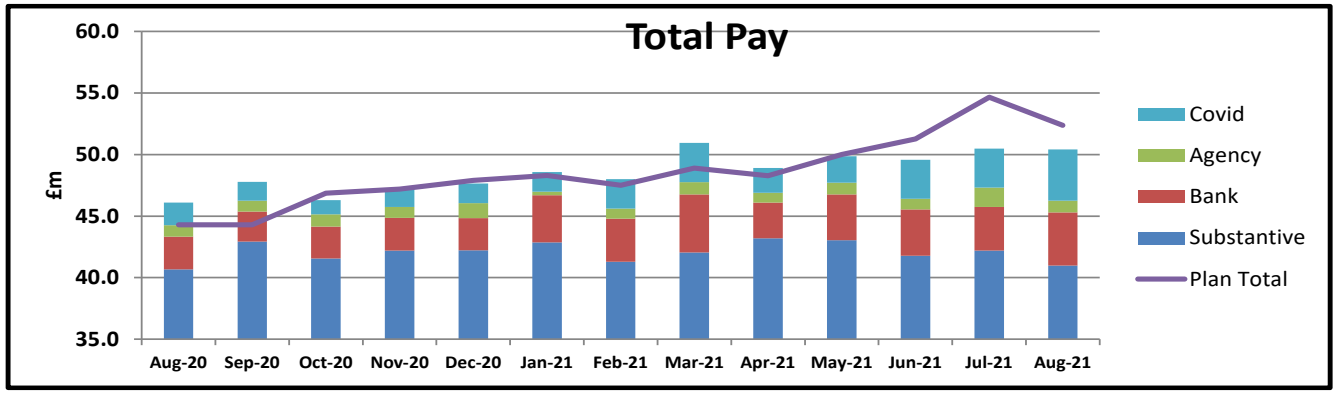
	ERF Achievement - Elective/Daycase/Outpatients (£'000)				ERF Top-up		
Month	Baseline	Actuals	Variance	%	100% Top Up	20% Top Up	Total
Apr-21	£ 18,770	£ 18,575	-£ 195	*99%*	£ 5,436	£ 524	£ 5,960
May-21	£ 18,276	£ 19,673	£ 1,398	*108%*	£ 5,967	£ 828	£ 6,794
Jun-21	£ 21,464	£ 20,709	-£ 755	*96%*	£ 3,538	£ 493	£ 4,031
Jul-21	£ 20,780	£ 20,021	-£ 758	*96%*	£ 281	£ -	£ 281
Aug-21	£ 18,340	£ 17,701	-£ 639	*97%*	£ 278	£ -	£ 278
YTD Total	**£ 97,629**	**£ 96,680**	**-£ 950**	***99%***	**£ 15,499**	**£ 1,845**	**£ 17,344**

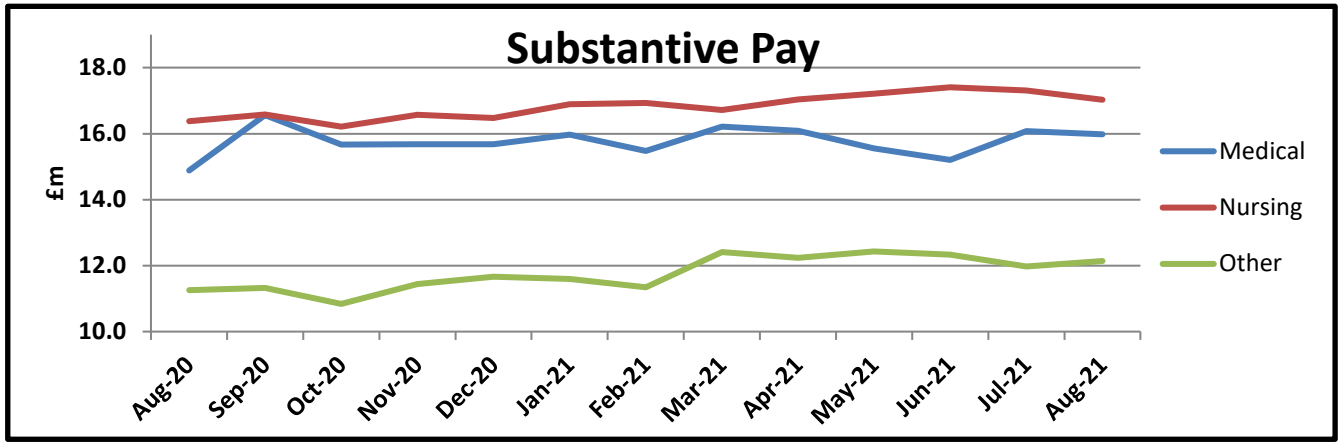
Substantive Pay Costs

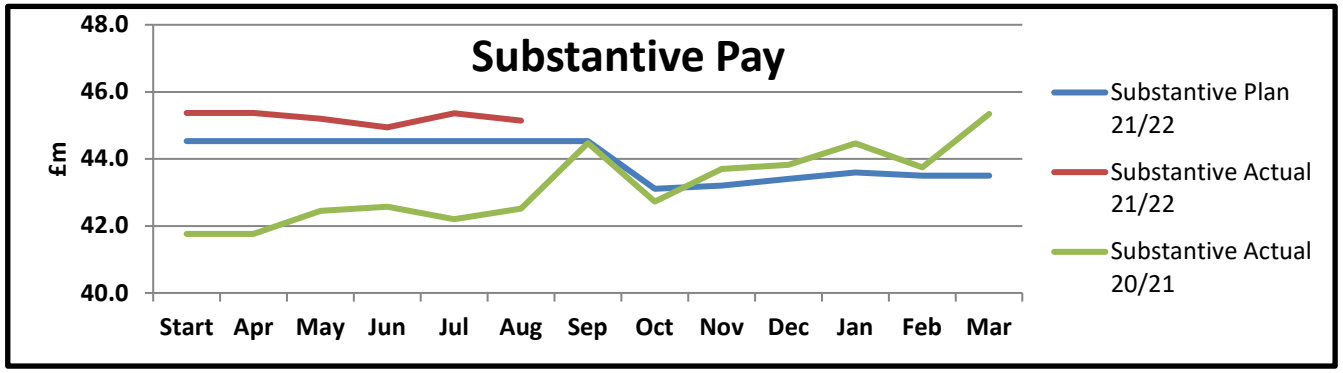
Total pay expenditure in August was £50.4m. This was slightly lower than in July (down by £0.1m). Within this movement bank staff spend increased by £0.8m but Agency staff spend decreased by £0.6m. Spend on Covid pay related costs increased by £1m mainly due to staff sickness backfill and increased staffing requirements due to non elective pressures and Covid patients.

Pay costs remain in excess of that seen last year prior to the second covid wave as the organisation continues to drive recovery. Substantive recruitment has been challenging however with workforce numbers remaining broadly flat since April 21.

These will be monitored closely going forward as costs are expected to increase due to winter pressures and a continued emphasis on elective recovery where capacity allows.



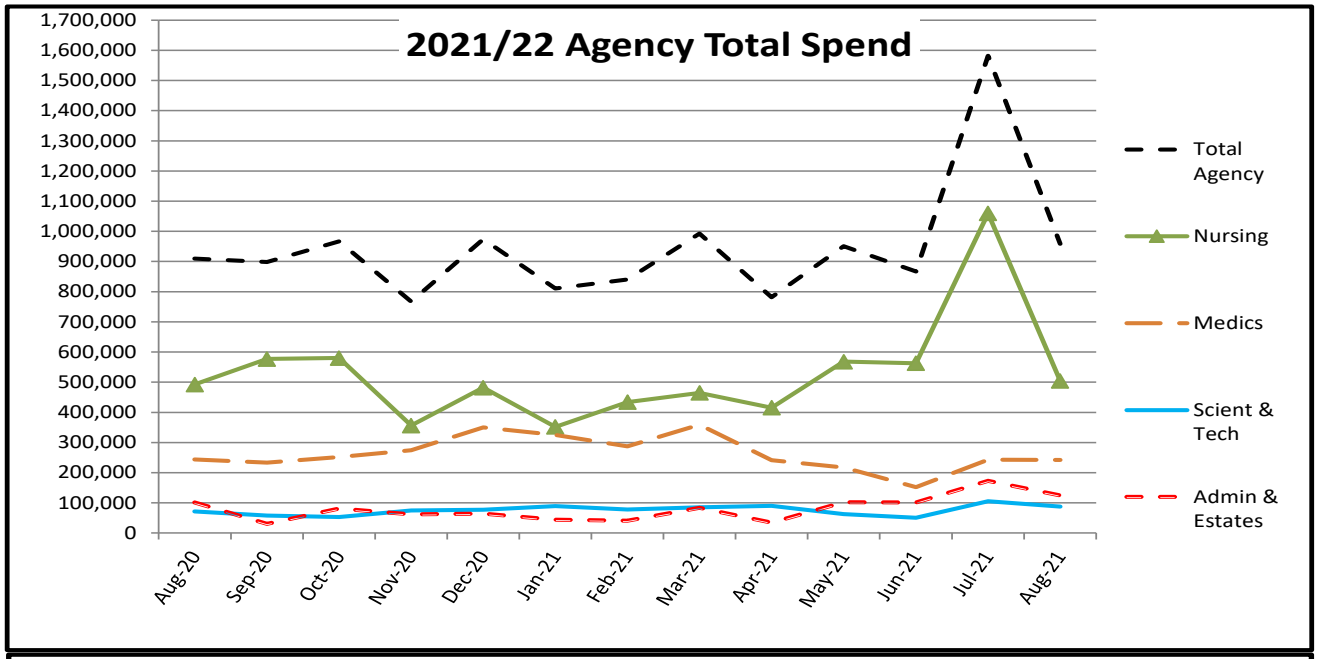


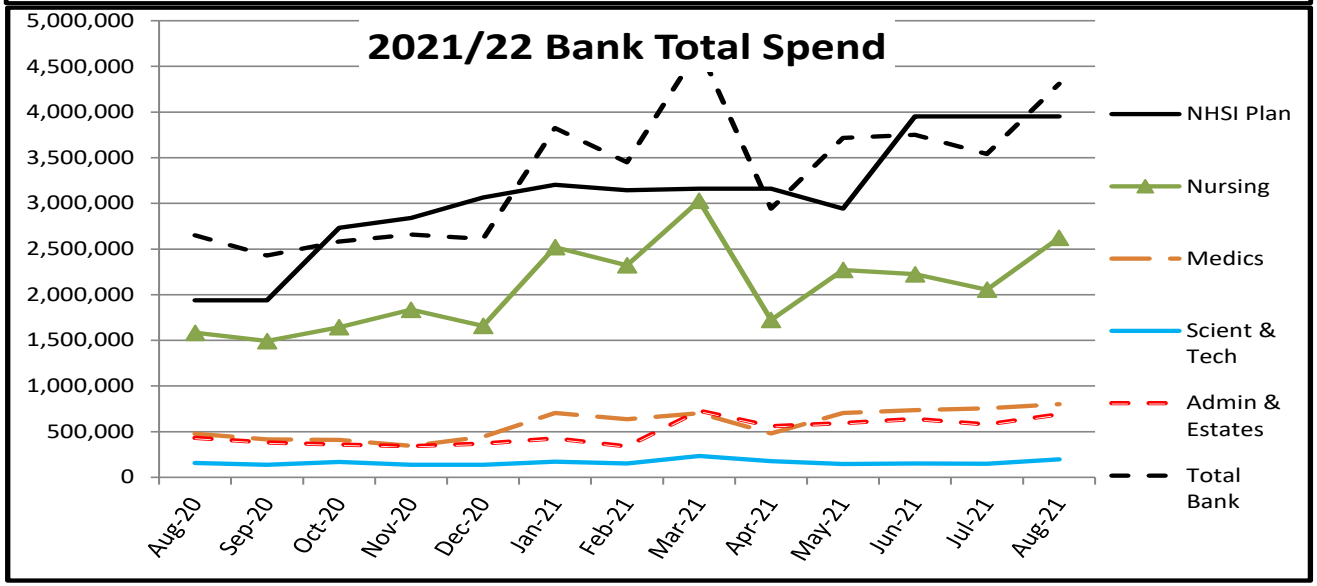


Temporary Staff Costs

Agency spend has fallen sharply month on month by £0.6m. This reflects a return to more usual level of spend in month.

Expenditure on bank staff has increased month on month (£0.8m) with increases across all staff groups with the largest increase in Nursing (£0.6m) and Admin & Estates (£0.1m). This increase reflects the August holiday period and high non elective activity.



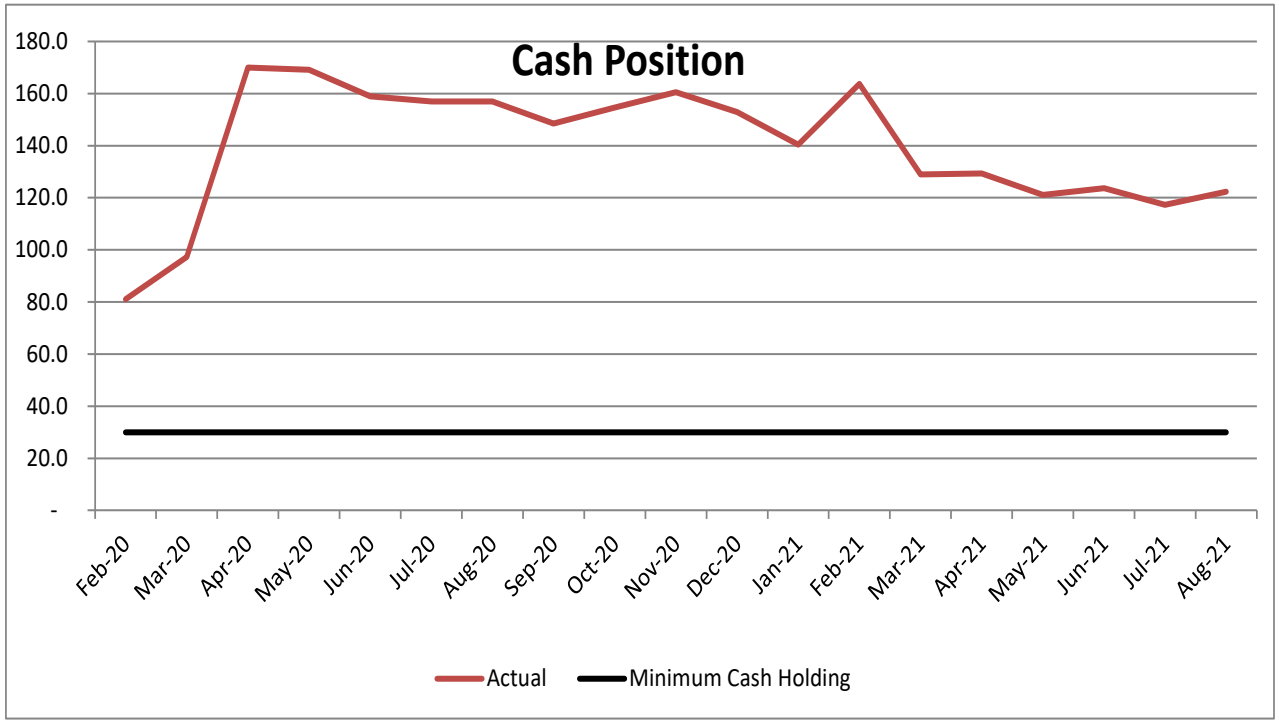


Cash

The cash balance increased slightly in August to £122.4m correlating to the upward movement in payables.

There are no foreseen material movements forecast now the cash regime has adjusted back to pre-covid levels with block income paid in the month for which it is due. We may however see some in-month volatility as we move to a more "normal" period and the working capital position stabilises.

A gradual reduction is expected over the next two years as capital expenditure plans exceed depreciation.



Capital Expenditure

(Fav Variance) / Adv Variance

Expenditure on internally funded capital schemes to M5 was £19.1m against budget of £20.5m. Total expenditure including externally funded schemes was £20.5m (£1.4m behind plan).

Significant areas of expenditure in month were the Vertical Extension Theatres scheme equipment (£10m YTD expenditure including externally funded elements) and the Ophthalmology Outpatients scheme with significant equipment purchases in month.

The forecast expenditure includes additional funding to be received for Community Diagnostic Hubs (£1.6m), Radiology Home Reporting (£0.5m) and Pathology Digitisation (£0.8m), plus £0.5m allowed additional expenditure for Accelerator Funded Equipment.

After adjusting for these items, the Trust is forecasting to spend to its CDEL limit, with forecast underspends or slippage offset by increased expenditure on other projects.

	Month			Year to Date			Full Year (Forecast)			To Do	
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	£000s	%
Fit out of E level. Vertical Extension - Theatres	426	2,292	(1,866)	9,889	9,465	424	11,941	10,895	1,046	1,430	13%
Strategic Maintenance	515	312	203	1,547	1,399	148	6,183	6,183	0	4,784	77%
ED Expansion and Refurbishment	827	211	616	3,735	1,853	1,882	5,791	6,306	(515)	4,453	71%
Wards	0	(1)	1	0	16	(16)	4,000	4,000	0	3,984	100%
Ophthalmology OPD	1,031	776	255	1,818	1,714	104	3,303	3,098	205	1,384	45%
Maternity Induction Suite	0	0	0	0	(0)	0	2,000	2,092	(92)	2,092	100%
NICU Pendants	224	0	224	224	0	224	896	355	541	355	100%
Oncology Ward	0	3	(3)	861	432	429	861	751	110	318	42%
Decorative / Environment Improvements	42	0	42	126	0	126	500	500	0	500	100%
Side Rooms	0	0	(0)	490	517	(27)	490	558	(68)	41	7%
Information Technology Programme	250	215	35	1,250	1,025	225	5,000	5,000	0	3,975	79%
Other Projects	167	102	65	1,375	1,175	200	3,060	3,160	(100)	1,985	63%
Pathology Digitisation (PDC)	59	9	50	295	32	263	1,171	1,171	0	1,139	97%
Medical Equipment	83	65	18	251	542	(291)	1,000	2,016	(1,016)	1,474	73%
Accelerator Funded Equipment	0	0	0	0	0	0	0	460	(460)	460	100%
Slippage	(156)	0	(156)	(2,620)	0	(2,620)	(5,035)	(3,176)	(1,859)	(3,176)	100%
Total Trust Funded Capital excl Finance Leases	**3,468**	**3,986**	**(518)**	**19,241**	**18,171**	**1,070**	**41,161**	**43,369**	**(2,208)**	**25,198**	**58%**
Finance Leases - IISS	630	0	630	630	32	598	5,230	2,765	2,465	2,733	99%
Finance Leases - MEP	183	93	90	551	272	279	2,200	1,183	1,017	911	77%
Finance Leases - Other Equipment	75	0	75	375	159	216	1,500	2,990	(1,490)	2,831	95%
Finance Leases - Opthalmology OPD	0	400	(400)	0	400	(400)	1,166	1,060	106	660	62%
Finance Leases - Divisonal Equipment	25	7	18	100	89	11	475	500	(25)	411	82%
Donated Income	(88)	(10)	(78)	(440)	(59)	(381)	(1,921)	(1,596)	(325)	(1,537)	96%
Total Trust Funded Capital Expenditure	**4,293**	**4,476**	**(183)**	**20,457**	**19,064**	**1,393**	**49,811**	**50,271**	**(460)**	**31,207**	**62%**
Fit out of E level. Vertical Extension - Theatres	24	24	0	562	562	0	700	700	0	138	20%
Maternity Care System (Wave 3 STP)	96	26	70	480	778	(298)	1,917	1,776	141	998	56%
Digital Outpatients (Wave 3 STP)	41	22	19	205	94	111	814	955	(141)	861	90%
LIMS Digital Enhancement	38	0	38	190	(0)	190	455	1,378	(923)	1,378	100%
Community Diagnostic Hub	0	0	0	0	0	0	0	1,578	(1,578)	1,578	100%
Radiology Home Reporting	0	0	0	0	0	0	0	480	(480)	480	100%
Pathology Digitisation (PDC)	0	0	0	0	0	0	0	809	(809)	809	100%
Total CDEL Expenditure	**4,492**	**4,548**	**(56)**	**21,894**	**20,498**	**1,396**	**53,697**	**57,947**	**(4,250)**	**37,449**	**65%**

Note: Surface Guided Radiotherapy (£1,794k) and High Dose Rate Brachytherapy (£546k) approved but not added to plan while funding sources are investigated.

Statement of Financial Position

(Fav Variance) / Adv Variance

The August statement of financial position illustrates net assets of £443.6m which is stable compared to July 2021. However, there are movements within position explained below.

The upward movement on inventories is driven by an increase in Pharmacy stock.

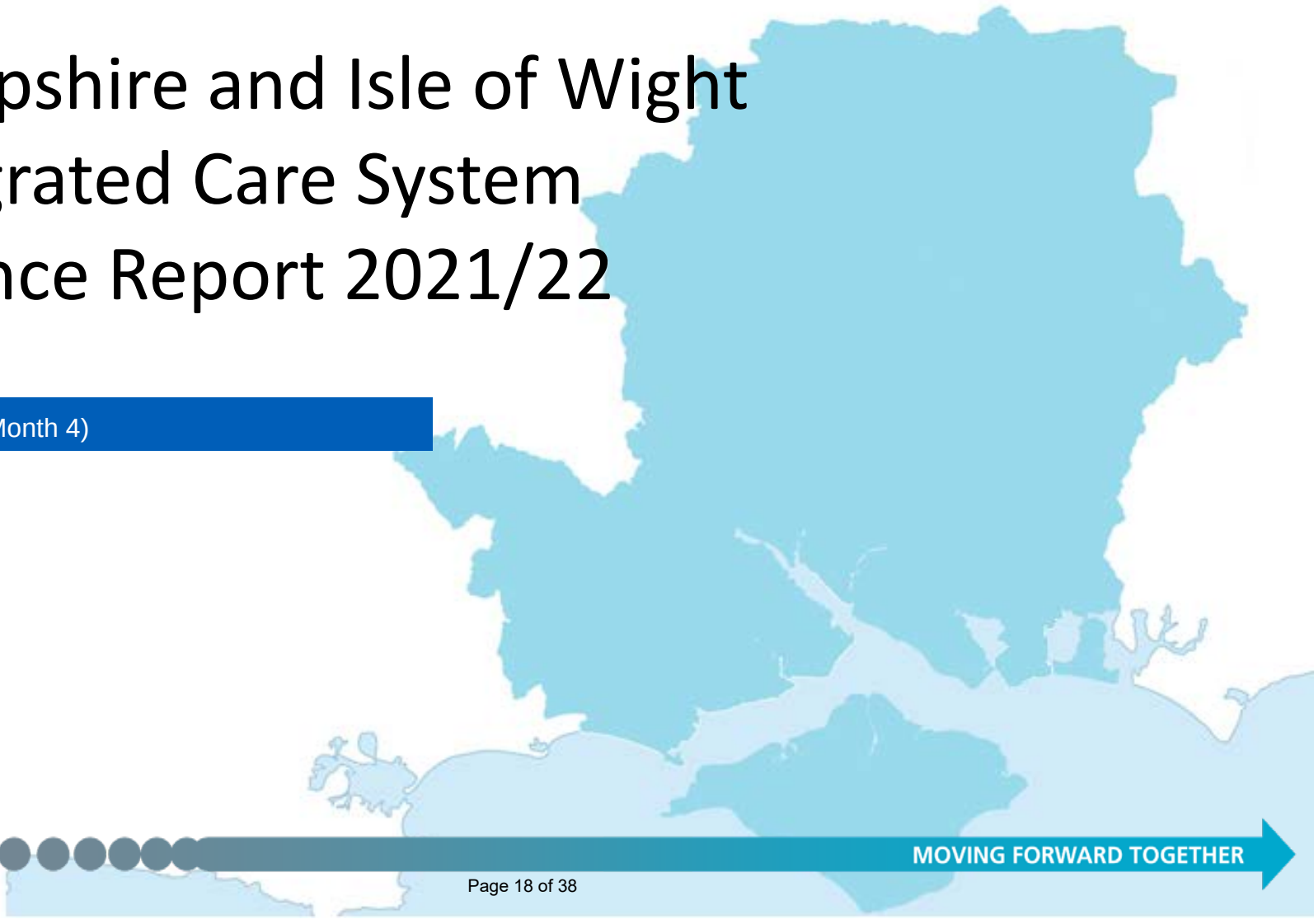
The decrease in receivables is driven by settlement of non NHS invoices (especially Channel Islands and Wessex Allied Health Services Network £3m) offset by settlement of Chilworth VAT (£2m credit).

Payables have also increased in month due to Vertical Extension Theatres scheme capital creditor accruals (£1.7m), an increase in NHS Supply Chain creditor (£3.2m), and independent sector accruals and other accruals (£2.2m). An action plan on the better payment practice code is being developed.

Statement of Financial Position	2020/21 YE Actuals £m	2021/22 M4 Act £m	2021/22 M5 Act £m	2021/22 MoM Movement £m
Fixed Assets	415.4	426.9	429.3	2.4
Inventories	14.7	13.8	17.1	3.3
Receivables	71.3	82.5	81.2	(1.2)
Cash	129.0	117.3	122.4	5.1
Payables	(171.5)	(185.5)	(195.6)	(10.1)
Current Loan	(2.8)	(2.7)	(2.2)	0.5
Current PFI and Leases	(9.0)	(8.6)	(8.5)	0.1
Net Assets	**447.1**	**443.6**	**443.6**	**(0.0)**
Non Current Liabilities	(18.3)	(18.1)	(19.2)	(1.1)
Non Current Loan	(8.5)	(7.5)	(7.7)	(0.2)
Non Current PFI and Lea	(36.3)	(34.3)	(33.3)	1.0
Total Assets Employed	**384.0**	**383.7**	**383.4**	**(0.3)**
Public Dividend Capital	246.0	246.0	246.0	0.0
Retained Earnings	114.0	113.7	113.4	(0.3)
Revaluation Reserve	24.0	24.0	24.0	0.0
Other Reserves	0.0	0.0	0.0	0.0
Total Taxpayers' Equity	**384.0**	**383.7**	**383.4**	**(0.3)**

Hampshire and Isle of Wight Integrated Care System Finance Report 2021/22

July 2021 (Month 4)



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Executive Summary – 2021/22
Month 4 Position (July)

NHS
Hampshire and Isle of Wight

Revenue

- The H1 forecast financial position for the HIOW ICS is largely breakeven, as per plan, with a forecast improvement shown by Solent NHS Trust.
- Planned performance at M4 is a £1.0m surplus, actual performance is a £2.0m surplus (assuming anticipated allocations) representing £1.0m favourable to plan.
- The year to date position (post HDP) is largely due to slippage on planned recruitment.

Key Revenue Focus:

1. Elective Recovery Fund – M4 HIOW forecast reported at £6.8m below plan - £50.3m forecast (inc. accelerator) v submitted plan of £57.1m. This reflects:
    - The revised threshold reduction from 85% to 95%
    - Increasing operational pressures within providers caused by further Covid cases/Non Elective challenges/workforce self isolating
    - CCG IS ERF underperformance partially offset by contract underperformance
2. Hospital Discharge Programme – current guidance is to exclude anticipated income. National conversations have now concluded and the H&IOW system has now been allocated the £7.1m shortfall. We know that HDP will form part of H2 envelope, but assumption is this will be the same as initial H1 value (i.e.£18.6m), therefore systems need to work through/evaluate current schemes to work within the funding envelope available.

Executive Summary – 2021/22
Month 4 Position (July) - Continued

NHS
Hampshire and Isle of Wight

Key focus:

3. Service Development Fund – There is no movement on SDF this month.

4. Workforce – The Provider workforce reporting is split into two distinct types. Agency and Pay (Excl Agency). In summary, total YTD spend of £710.3m compared to total YTD plan of £724.5m is resulting in a positive YTD variance to plan of £14.2m at M4. In summary, total forecast spend of £1,068.8m compared to total H1 plan of £1,082.4m is resulting in a positive forecast variance to plan of £13.6m. This is largely due to slippage on planned recruitment.

Capital

- The ICS aims to be, largely, on plan for Internal CDEL. For External CDEL the ICS anticipates a £9.8m underspend against plan due to IOW re-profiling its capital project plans (£5.6m) and UHS anticipated funding of £2.5m. In addition, there is a £6.1m delay to the Solent FT 'Community bed capacity optimisation' project

- At M4, the ICS has spent £22.1m of the £102.4m CDEL, with an combined underspend at M4 of £18.0m (internal CDEL is £11.7m under and external CDEL is £6.3m under).

Forecast Outturn Surplus/(Deficit) for H1 2021/22

NHS
Hampshire and Isle of Wight

ICS Forecast Variance with HDP and ERF Assumptions	Actual						Plan	Variance
				Anticipated Allocation / Income		FOT H1	H1	FOT H1
	Income / Allocation (£m)	Expenditure (£m)	Surplus / (Deficit) (£m)	HDP (£m)	ERF (IS and 20% Gain) (£m)	Surplus / (Deficit) Post HDP/ERF (£m)	Original Submitted Plan (£m)	Post HDP / ERF Vs Plan Variance (£m)
Hampshire Hospitals NHS Foundation Trust	262.6	(262.6)	0.0			0.0	0.0	0.0
Isle of Wight NHS Trust	128.0	(131.1)	(3.1)			(3.1)	(3.0)	0.0
Portsmouth Hospitals University NHS Trust	360.3	(360.3)	0.0			0.0	0.0	0.0
South Central Ambulance Service NHS Foundation Trust	154.9	(154.9)	0.0			0.0	0.0	0.0
Solent NHS Trust	115.8	(116.7)	(0.9)			(0.9)	(1.5)	0.6
Southern Health NHS Foundation Trust	184.3	(184.3)	0.0			0.0	0.0	0.0
University Hospital Southampton NHS Foundation Trust	585.0	(585.0)	0.0			0.0	0.0	0.0
Hampshire & IOW ICS Provider Total	**1,790.9**	**(1,794.8)**	**(4.0)**	**0.0**	**0.0**	**(4.0)**	**(4.6)**	**0.6**
NHS Hampshire, Southampton and IOW CCG	1,534.4	(1,550.7)	(16.3)	11.7	7.5	2.9	2.9	0.0
NHS Portsmouth CCG	181.8	(181.6)	0.3	0.9	0.6	1.7	1.7	0.0
Hampshire & IOW ICS Commissioner Total	**1,716.2**	**(1,732.3)**	**(16.1)**	**12.6**	**8.1**	**4.6**	**4.6**	**0.0**
Hampshire & IOW ICS Total	**3,507.1**	**(3,527.1)**	**(20.0)**	**12.6**	**8.1**	**0.6**	**0.0**	**0.6**

- The ICS is still, largely, on plan to break even at the end of H1, though the current overall position shows a £20.0m deficit prior to ERF (IS and 20% premium expected) and HDP allocations. Solent NHS Trust have shown an improved position.

Year to date Surplus/(Deficit) for Month 4 – 2021/22

NHS
Hampshire and Isle of Wight

ICS Plan Vs Actual	Actual						Plan	Variance
				Anticipated Allocation / Income		YTD	YTD	YTD
	Income / Allocation (£m)	Expenditure (£m)	Surplus / (Deficit) (£m)	HDP (£m)	ERF (IS and 20% Gain) (£m)	Surplus / (Deficit) Post HDP/ERF (£m)	Original Submitted Plan (£m)	Post HDP / ERF Vs Plan Variance (£m)
Hampshire Hospitals NHS Foundation Trust	177.0	(175.9)	1.2			1.2	1.1	0.1
Isle of Wight NHS Trust	85.5	(87.5)	(1.9)			(1.9)	(2.0)	0.0
Portsmouth Hospitals University NHS Trust	240.7	(240.7)	0.0			0.0	0.0	0.0
South Central Ambulance Service NHS Foundation Trust	102.3	(102.3)	0.0			0.0	0.0	0.0
Solent NHS Trust	77.1	(77.6)	(0.5)			(0.5)	(1.1)	0.5
Southern Health NHS Foundation Trust	122.3	(122.3)	0.0			0.0	0.0	0.0
University Hospital Southampton NHS Foundation Trust	373.1	(372.9)	0.3			0.3	0.0	0.3
Hampshire & IOW ICS Provider Total	**1,178.0**	**(1,179.0)**	**(1.0)**	**0.0**	**0.0**	**(1.0)**	**(2.0)**	**1.0**
NHS Hampshire, Southampton and IOW CCG	1,022.8	(1,029.9)	(7.0)	4.0	5.0	1.9	1.9	0.0
NHS Portsmouth CCG	121.8	(121.0)	0.8	0.1	0.3	1.1	1.1	0.0
Hampshire & IOW ICS Commissioner Total	**1,144.6**	**(1,150.8)**	**(6.3)**	**4.0**	**5.3**	**3.1**	**3.0**	**0.0**
Hampshire & IOW ICS Total	**2,322.6**	**(2,329.9)**	**(7.3)**	**4.0**	**5.3**	**2.0**	**1.0**	**1.0**

- Planned performance at M4 is a £1.0m surplus, actual performance is a £2.0m surplus (assuming anticipated allocations) representing £1.0m favourable to plan. Mainly as Providers are £1.0m favourable to plan (largely due to slippage on planned recruitment)

Risks and Mitigations 2021/22

NHS
Hampshire and Isle of Wight

Risks to achieving H1 plan:

- ERF – based on the revised thresholds; Non Elective spikes in activity; increasing number of Covid cases combined with workforce issues, HIOW are now forecasting an under performance against plan of £6.8m for the Elective Recovery Fund. CCG IS contractual underperformance partially offsets the IS ERF. In terms of further risk mitigation, all organisations within the ICS are reviewing how variable costs savings associated with Elective recovery can be crystallised.

Risks to achieving the H2 plan:

- H2 Funding Gap – indicative run rate numbers for H2 suggest this could be £62m lower than H1 funding. In terms of mitigating this risk the ICS is intending to accelerate work now to drive efficiency as best we can in H2. In addition, reviewing Covid costs now and working out how to reduce them as soon as possible.

Elective Recovery Fund (ERF)
Position Summary 2021/22 (Original Targets)

NHS
Hampshire and Isle of Wight

	M4 YTD			Half 1 Forecast			
Month 4	Planned YTD (£'000)	ERF Reported (£'000)	Variance	ERF Plan Inc. Accelerator (£'000)	ERF Forecast Inc. Accelerator (£'000)	Forecast Variance	Accelerator Planned Upfront Cost (£'000)
Hampshire Hospitals NHS Foundation Trust	6,221	9,950	3,729	8,341	12,066	3,725	2,078
Isle of Wight NHS Trust	3,042	3,042	0	4,700	3,743	(957)	2,073
Portsmouth Hospitals University NHS Trust	7,479	9,825	2,346	10,907	12,054	1,147	2,051
Solent NHS Trust	(132)	177	309	(220)	177	397	0
Southern Health NHS Foundation Trust	0	0	0	0	0	0	0
Uni Hospital Southampton NHS Foundation Trust	14,579	14,900	321	21,458	17,200	(4,258)	2,645
Independent Sector	3,966	655	(3,311)	5,185	655	(4,529)	0
ERF Income @ 100% Tariff	**35,154**	**38,549**	**3,394**	**50,371**	**45,895**	**(4,476)**	**8,847**
All income to be assumed at 100% tariff							
ICS 20% Premium	2,840	4,025	1,185	6,752	4,389	(2,362)	
Total ERF Income	**37,994**	**42,574**	**4,580**	**57,123**	**50,284**	**(6,838)**	**8,847**

- The figures above reconcile to the M4 Non-ISFE and PFRs, and are based on the ERF thresholds as per guidance.
- Whilst freeze data is not yet available for August, current data suggests performance in August has deteriorated (for the reasons articulated previously). This requires full evaluation to determine the impact on H1 forecast.
- The figures include the correcting of the UHS M1 and M2 SUS submission.
- No figures were received from SHFT, but their M3 performance appears to be below their ERF target (currently no M4 SUS data available), this will impact on the ERF available to the ICS collectively.
- To date, allocations have only been received for M1 and 90% of M2 – these funds and have been distributed to providers as agreed.

Elective Recovery Fund (ERF) Independent Sector

NHS
Hampshire and Isle of Wight

HSICCG	M3 Data YTD					
	ERF			Contract		
Month	Plan	Actuals	Variance	Plan	Actuals	Variance
M1	1,374	1,221	(153)	3,657	2,728	929
M2	1,119	(144)	(1,263)	3,477	3,087	390
M3	864	(666)	(1,530)	4,018	3,166	851
Total	**3,357**	**411**	**(2,946)**	**11,152**	**8,981**	**2,171**

Portsmouth CCG	M3 Data YTD					
	ERF			Contract		
Provider	Plan	Actuals	Variance	Plan	Actuals	Variance
M1	138	220	81	432	347	85
M2	138	76	(62)	410	382	28
M3	138	(49)	(187)	475	372	104
Total	**415**	**247**	**(168)**	**1,318**	**1,101**	**217**

HIOW ICS	M3 Data YTD					
	ERF (NHSEI figures / CSU M3)			Contract Performance (AFR)		
Provider	Plan	Actuals	Variance	Plan	Actuals	Variance
M1	1,512	1,441	(71)	4,089	3,074	1,015
M2	1,257	(68)	(1,325)	3,887	3,469	418
M3	1,002	(715)	(1,717)	4,493	3,538	955
Total	**3,772**	**658**	**(3,114)**	**12,469**	**10,082**	**2,388**

- There is a current underperformance against planned ERF in the Independent Sector providers of £3.1m. This is partly offset at a system level of a corresponding under-performance against expected contract spend of £2.4m

SLIDE ADDED – M5 ERF PERFORMANCE

ERF Performance – M5 YTD and H1 Forecast

Month 4	M5 YTD			Half 1 Forecast		
	Planned YTD (£'000)	ERF Reported (£'000)	Variance	ERF Plan (£'000)	ERF Forecast (£'000)	Forecast Variance
UHS	£ 17,879	£ 15,403	(£ 2,476)	£ 21,458	£ 15,903	(£ 5,555)
PHU	£ 8,949	£ 10,983	£ 2,034	£ 10,907	£ 12,941	£ 2,034
HHFT	£ 7,248	£ 10,478	£ 3,230	£ 8,341	£ 10,978	£ 2,637
IOWT	£ 3,913	£ 3,209	(£ 704)	£ 4,700	£ 3,743	(£ 957)
SHFT	£ -	(£ 384)	(£ 384)	£ -	(£ 763)	(£ 763)
Solent	(£ 174)	£ 65	£ 239	(£ 220)	£ 65	£ 285
Independent Sector	£ 4,575	(£ 1,252)	(£ 5,827)	£ 5,185	(£ 2,157)	(£ 7,342)
ERF Income @ 100% Tariff	**£ 42,390**	**£ 38,502**	**(£ 3,888)**	**£ 50,371**	**£ 40,710**	**(£ 9,661)**
ICS 20% Premium	£ 4,613	£ 4,048	(£ 565)	£ 6,752	£ 4,048	(£ 2,704)
Total ERF Income	**£ 47,003**	**£ 42,550**	**(£ 4,453)**	**£ 57,123**	**£ 44,757**	**(£ 12,365)**
Mitigation:						
Independent Sector Contracts	£ 12,593	£ 7,787	£ 4,806	£ 15,072	£ 10,118	£ 4,954

* Please note all values include Accelerator

- YTD position is £4.5m below plan, mainly driven by underperformance in the Independent Sector, with a subsequent impact on the 20% marginal rate.
- H1 Forecast is to be under plan by £12.4m. Note: at M4 the forecast was under plan by £6.9m.
- To achieve system break even at plan stage, CCG budgets included expected income on IS ERF and 20% Premium. Underperformance is partially offset by underspending against contractual spend within the Independent Sector. See mitigation line.

SLIDE ADDED – M5 ERF PERFORMANCE

ERF Achievement 2021-22

The following table presents the HIOW ICS ERF activity achievement compared to revised threshold. Factors impacting delivery include cancelled elective lists due to NEL pressures, increasing covid cases and workforce issues.

The IS activity is under-reported at a National level. This has been queried and investigated, but is impacting on the overall system ERF achievement. In the short term, this affects our ability to make payments in the way in which they have been earned, but it has been confirmed that a fix will be made in the September payment.

	NHSEI Published Figures			CSU Calculations
	M1	M2	M3	M4
ERF Target	**70%**	**75%**	**80%**	**95%**
UHS	98%	108%	89%	92%
PHU	89%	107%	91%	96%
HHFT	99%	112%	100%	92%
IOWT	91%	108%	98%	101%
SHFT	64%	79%	69%	94%
Solent	71%	84%	89%	70%
Independent Sector	107%	76%	35%	72%
System	**95%**	**104%**	**86%**	**92%**

Note: M1 & M2 information is reliable.
M3 is flex data so unreliable – UHS expecting increase to 96%. (M1 & M2 have proven accuracy of UHS forecasting within £0.1m). IS data problems in M3.

Service Development Fund Position Summary 2021/22

NHS
Hampshire and Isle of Wight

- Total SDF for the HIOW System is £50.4m (including Portsmouth CCG £3.8m)
- Other funds received for the system are £11.9m.
- Other Funds includes: Accelerator (of Elective recovery) £10m; Long Covid £0.8m; Pulmonary Rehab £0.2m; Community Diagnostic funding £0.7m.

SDF	Total H1 (Including embedded values £000's	H2 Indicative Allocations £000's	Total H1 & H2 SDF £000's	Other (e.g. Accelerator bid) £000's	Total £000's
Ageing Well	4,403	4,403	**8,806**	0	**8,806**
Cancer	4,063	4,063	**8,126**	0	**8,126**
Diabetes	219	219	**438**	0	**438**
Emergency & Elective Care	352	0	**352**	0	**352**
LD & Autism	522	522	**1,044**	0	**1,044**
Maternity	435	435	**870**	0	**870**
Mental Health	9,763	9,763	**19,526**	0	**19,526**
Outpatients	314	0	**314**	0	**314**
Personalised Care	100	0	**100**	0	**100**
Prevention	129	129	**258**	0	**258**
Primary Care	6,977	3,250	**10,227**	0	**10,227**
System Transformation	150	150	**300**	0	**300**
Other	0	0	**0**	11,942	**11,942**
Grand Total	**27,427**	**22,934**	**50,361**	**11,942**	**62,303**

ICS Capital Summary 2021/22 Executive Summary

NHS
Hampshire and Isle of Wight

Summary	ICS Comment
Original HIOW system allocation £102.4m	The plan was set at the NHSE&I limit of £102.4m. YTD plan at 33%, approximately pro-rata to month 4. YTD spend at only 22% demonstrating a significant delay in expenditure. UHS are materially on plan, with other organisations under performing Individual organisation narrative is provided on slide 8 where available. Issues affecting organisations include sourcing materials for construction and retendering.
National Capital Schemes (CDEL)	£6.3m underspend at month 4 (increased from £4.1m in month 3) £9.8m underspend forecasted for year end • £2.0m over for UHS – community diagnostic hub • £5.6m under for IOW – invest in our future • £6.1m under for Solent - community bed capacity optimisation

ICS Capital Summary 2021/22
Internal CDEL

NHS
Hampshire and Isle of Wight

HIOW ICS SPEND AGAINST INTERNAL CDEL PLAN SUBMISSION - 2021/22

				4/12ths =	33%				
Organisation	**Annual Plan**	**YTD Plan**	**YTD Actual**	**Variance Under/ (Over) Spend**	**% of Programme Planned**	**% of Programme Spent**	**Left to Spend**	**Forecast Outturn**	**Forecast Variance Under/ (Over) Spend**
Hampshire Hospitals NHS Foundation Trust	15.0	5.0	2.6	2.4	33%	17%	12.4	15.0	0.0
Isle Of Wight NHS Trust	6.8	1.2	0.7	0.5	17%	10%	6.2	6.8	0.0
Portsmouth Hospitals University NHS Trust	10.2	4.7	1.9	2.8	46%	19%	8.2	10.2	0.0
Solent NHS Trust	4.7	1.1	0.6	0.6	24%	12%	4.1	4.7	0.0
Southern Health NHS Foundation Trust	10.7	4.0	1.2	2.8	37%	11%	9.5	10.7	0.0
University Hospital Southampton NHS Foundation Trust	49.8	16.2	14.6	1.6	32%	29%	35.7	50.3	(0.5)
South Central Ambulance Service NHS Foundation Trust	5.1	1.5	0.4	1.1	30%	9%	4.7	5.1	0.0
HIOW Total	**102.4**	**33.7**	**22.1**	**11.7**	**33%**	**22%**	**80.8**	**102.8**	**(0.4)**

Overall Position / Risks

- YTD plans set on varying profiles between organisations, the overall ICS plan is c. 33% against a twelfths profile of 33%
- UHS are materially on plan, with other organisations expenditure significantly behind plan. Overall ICS has only spent 2/3's of its intended plan.
- Forecasts are to spend all available budget by year end with the following allowable accelerator overspend:
    - UHS - £460k expenditure for Paediatric Accelerator fund

ICS Capital Summary 2021/22
External CDEL

NHS
Hampshire and Isle of Wight

HIOW ICS SPEND AGAINST EXTERNAL CDEL PLAN SUBMISSION - 2021/22

				4/12ths =	33%				
Organisation	**Annual Plan**	**YTD Plan**	**YTD Actual**	**Variance Under/ (Over) Spend**	**% of Programme Planned**	**% of Programme Spent**	**Left to Spend**	**Forecast Outturn**	**Forecast Variance Under/ (Over) Spend**
Hampshire Hospitals NHS Foundation Trust	9.8	5.2	3.6	1.6	54%	37%	6.1	9.8	0.0
Isle Of Wight NHS Trust	10.5	1.0	0.3	0.8	10%	2%	4.6	4.8	5.6
Portsmouth Hospitals University NHS Trust	28.4	14.4	12.7	1.8	51%	45%	15.8	28.4	0.0
Solent NHS Trust	6.7	2.2	0.0	2.2	33%	0%	0.6	0.6	6.1
Southern Health NHS Foundation Trust	5.6	1.7	1.7	0.0	30%	30%	3.9	5.6	0.0
Uni Hospital Southampton NHS Foundation Trust	3.9	1.2	1.4	(0.1)	32%	35%	4.5	5.9	(2.0)
South Central Ambulance Service NHS Foundation Trust	0.0	0.0	0.0	0.0			0.0	0.0	0.0
HIOW Total	**64.9**	**25.8**	**19.6**	**6.3**	**40%**	**30%**	**35.5**	**55.1**	**9.8**

Overall Position / Risks

- External CDEL plan at month 3 set at 40% which is higher than pro-rata.
- Expenditure is lower than plan at 30%.
- The £2.0m increase on outturn for UHS is for the community diagnostic hub (£2.0m)
- £5.6m under spend for the IOW is the delay to the approval for the "Invest in the Future" project until 22/23
- £6.1m under spend for Solent is the delay to the approval for "Community bed capacity optimisation" in Southampton

ICS Capital Summary 2021/22
CCG Planning

NHS
Hampshire and Isle of Wight

- The total HIOW commissioner capital plan for 21/22 is £4.006m, split into the following schemes

  - GPIT - £1.990m (All systems, not split pooled arrangement across HIOW)
  - Practice Premises Improvement Grants - £1.438m (All systems, can be split if info is needed)
  - Hythe and Dibden War Memorial Hospital - £0.578m (South West System)

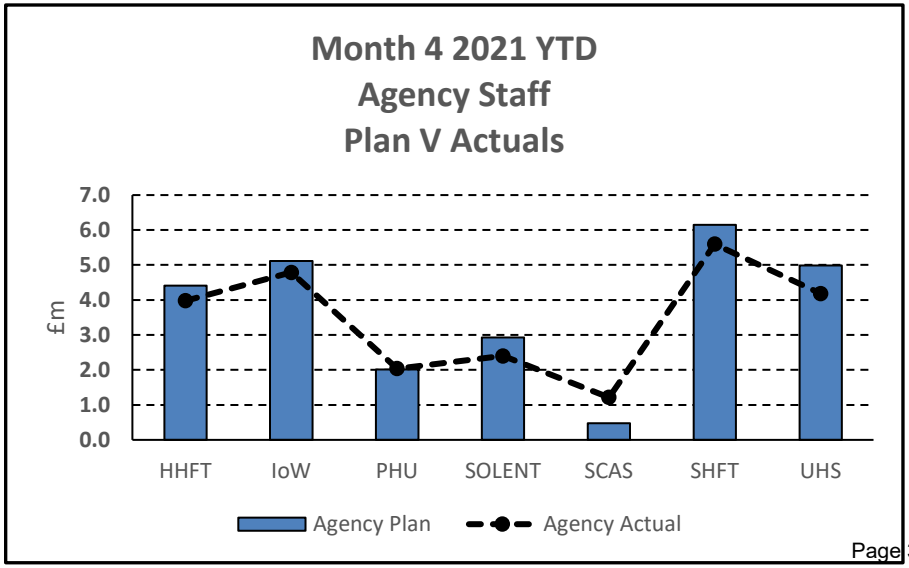
- The schemes have been approved in principle but not yet signed off by NHS England (except the Hythe scheme). Therefore this is only at the plan stage and the forecast is to spend to plan at year end.

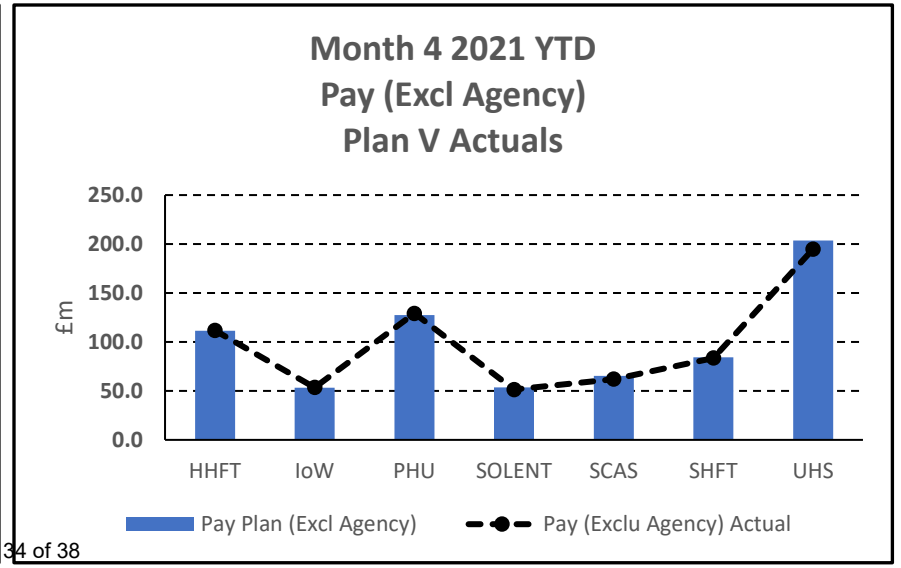
ICS Workforce Report M4 YTD 2021/22

NHS
Hampshire and Isle of Wight

Data for the above comes from the NHSE&I M4 IRP report. Current YTD position for Agency staff £1.9m surplus to plan. Pay (Excl Agency) for the same period is reporting a surplus of £12.2m to plan. In summary, total YTD spend of £710.3m compared to total YTD plan of £724.5m is resulting in a positive YTD variance to plan of £14.2m at M4.

	Month 4 £m's					
	Plan		Actual		Variance to plan	
Provider	Agency	Pay (Excl Agency)	Agency	Pay (Excl Agency)	Agency	Pay (Excl Agency)
Hampshire Hospitals NHS Foundation Trust	(4.4)	(111.3)	(4.0)	(111.7)	0.4	(0.4)
Isle of Wight NHS Trust	(5.1)	(53.1)	(4.8)	(53.5)	0.3	(0.4)
Portsmouth Hospitals University NHS Trust	(2.0)	(127.4)	(2.0)	(129.2)	0.0	(1.8)
Solent NHS Trust	(2.9)	(53.4)	(2.4)	(51.3)	0.5	2.1
South Central Ambulance Service NHS Foundation Trust	(0.5)	(65.5)	(1.2)	(62.0)	(0.7)	3.5
Southern Health NHS Foundation Trust	(6.2)	(84.1)	(5.6)	(83.6)	0.6	0.5
University Hospital Southampton NHS Foundation Trust	(5.0)	(203.5)	(4.2)	(194.8)	0.8	8.7
Total	**(26.1)**	**(698.4)**	**(24.2)**	**(686.1)**	**1.9**	**12.2**



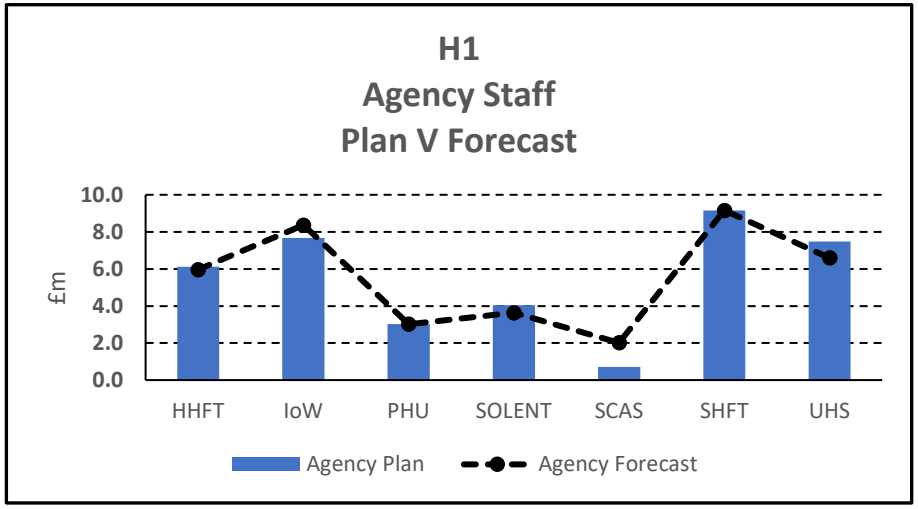


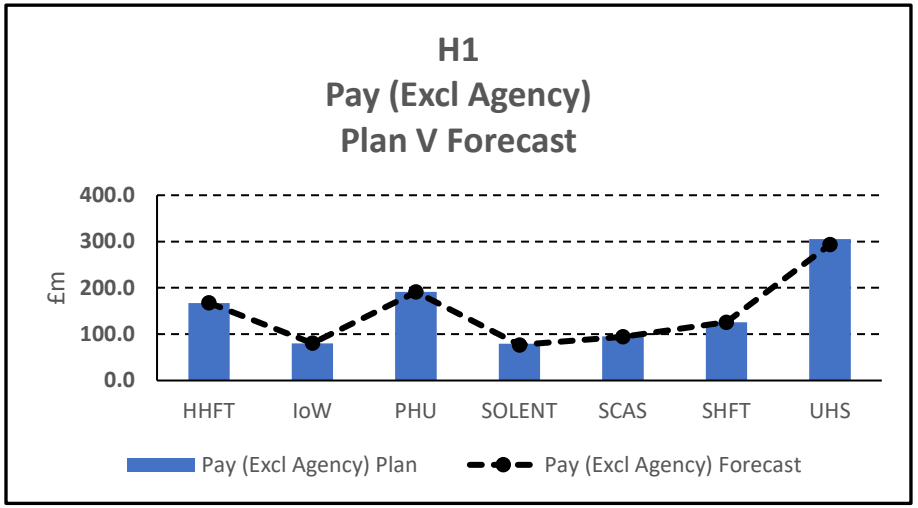
ICS Workforce Report H1 2021/22

NHS
Hampshire and Isle of Wight

Data for the above comes from the NHSE&I M4 IRP report. Current forecast position for Agency staff £0.6m deficit to plan. Pay (Excl Agency) is currently forecasting a surplus of £14.2m to plan. In summary, total forecast spend of £1,068.8m compared to total H1 plan of £1,082.4m resulting in a positive forecast variance to plan of £13.6m.

	H1 Forecast £m's					
	Plan		Forecast		Variance to plan	
Provider	Agency	Pay (Excl Agency)	Agency	Pay (Excl Agency)	Agency	Pay (Excl Agency)
Hampshire Hospitals NHS Foundation Trust	(6.1)	(166.9)	(6.0)	(167.6)	0.1	(0.7)
Isle of Wight NHS Trust	(7.7)	(80.1)	(8.4)	(80.8)	(0.7)	(0.7)
Portsmouth Hospitals University NHS Trust	(3.0)	(191.2)	(3.0)	(191.2)	0.0	0.0
Solent NHS Trust	(4.0)	(79.3)	(3.6)	(76.8)	0.4	2.4
South Central Ambulance Service NHS Foundation Trust	(0.7)	(95.6)	(2.0)	(94.3)	(1.3)	1.3
Southern Health NHS Foundation Trust	(9.2)	(125.9)	(9.2)	(125.9)	0.0	0.0
University Hospital Southampton NHS Foundation Trust	(7.5)	(305.3)	(6.6)	(293.4)	0.9	11.8
Total	(38.2)	(1,044.2)	(38.8)	(1,030.0)	(0.6)	14.2





Specialised Services and Direct Commissioning 2021/22

NHS
Hampshire and Isle of Wight

	Summary									
	Year-to-date				Outturn				Expected Retro Allocation	Expected Under/ (over) spend
	Plan	Actual	Under/(over) spend		Plan	FOT	Under/(over) spend			
Month 04 (July 2021)	£m	£m	£m	%	£m	£m	£m	%	£m	£m
Specialised Commissioning	205.3	205.5	(0.2)	(0.1%)	304.3	304.6	(0.3)	(0.1%)	0.3	0.0
Primary Care & Secondary Dental	51.7	52.0	(0.3)	(0.6%)	78.1	79.3	(1.1)	(1.5%)	1.1	0.0
Public Health	29.1	31.1	(1.9)	(6.7%)	39.0	47.8	(8.8)	0.0%	8.8	0.0
Health & Justice	4.9	4.9	0.0	0.0%	7.4	7.4	0.0	0.0%	0.0	0.0
Direct Commissioning Performance	**291.0**	**293.5**	**(2.4)**	**(0.8%)**	**428.9**	**439.1**	**(10.2)**	**(2.4%)**	**10.2**	**0.0**

Specialised Services 2021-22 H1 - HIoW ICS Month : 4	Year-to-Date			Forecast Outturn		
	Budget	Actual	Variance	Annual Budget	Actual	Variance
Acute Providers - NHS	£000	£000	£000	£000	£000	£000
UNIVERSITY HOSPITAL SOUTHAMPTON NHS FOUNDATION TRUST	£131,361	£131,361	£0	£195,155	£195,155	£0
PORTSMOUTH HOSPITALS NHS TRUST	£39,674	£39,674	£0	£59,082	£59,082	£0
HAMPSHIRE HOSPITALS NHS FOUNDATION TRUST	£18,468	£18,468	£0	£27,461	£27,461	£0
SOLENT NHS TRUST	£3,106	£3,106	£0	£4,659	£4,659	£0
ISLE OF WIGHT NHS TRUST	£2,572	£2,572	£0	£3,859	£3,859	£0
Acute Providers - NHS - Total	£195,181	£195,181	£0	£290,216	£290,216	£0
Mental Health Providers - NHS						
SOUTHERN HEALTH NHS FOUNDATION TRUST	£7,214	£7,214	£0	£9,806	£9,806	£0
Mental Health Providers - NHS - Total	£7,214	£7,214	£0	£9,806	£9,806	£0
All NHS - Total	£202,395	£202,395	£0	£300,022	£300,022	£0
Non NHS						
UNIVERSITY OF SOUTHAMPTON AUDITORY IMPLANT SERVICE	£2,905	£3,105	(£200)	£4,257	£4,557	(£300)
All NHS and Non NHS - Total	£205,300	£205,500	(£200)	£304,279	£304,579	(£300)

Overall Summary

The first table shows a summary position for Specialised Services and other Direct Commissioning. The forecast £10.2m overspend, is before reimbursement of expected retrospective allocation, primarily due to expenditure incurred on covid. Once the retrospective allocation has been received the expected forecast outturn is a breakeven position. The second table shows a summary position for Specialised Services only. The NHS element is breakeven, due to block payment arrangements in place, whereas the Non-NHS element is showing a small pressure of £0.3m driven by cochlear implants.

Annex A - Local Place Financial Positions

Southampton & South West Hants System Position Summary 2021/22

NHS
Hampshire and Isle of Wight

Southampton and South West Hampshire System

Provider / Locality	Financial Position - Month 04			Anticipated Allocation		YTD
	Plan (£m)	Actual (£m)	Variance (£m)	HDP (£m)	ERF (IS and 20% Gain) (£m)	Post HDP & ERF Adj Variance (£m)
South West Hampshire Local Team	183.3	(183.9)	(0.7)	0.8	0.0	0.1
Southampton Local Team	141.0	(141.5)	(0.6)	0.6	0.0	0.1
Solent NHS Trust	26.0	(26.3)	(0.3)		0.0	(0.3)
Southern Health NHS Foundation Trust	32.1	(32.0)	0.1		0.0	0.1
University Hospital Southampton NHS Foundation Trust	279.9	(279.6)	0.2		0.0	0.2
Southampton and South West Hampshire System Total	**662.2**	**(663.4)**	**(1.2)**	**1.4**	**0.0**	**0.2**

Provider / Locality	Financial Position - H1			Anticipated Allocation		FOT
	Plan (£m)	Actual (£m)	Variance (£m)	HDP (£m)	ERF (IS and 20% Gain) (£m)	Post HDP & ERF Adj Variance (£m)
South West Hampshire Local Team	273.3	(275.5)	(2.2)	2.3	0.0	0.1
Southampton Local Team	210.5	(212.2)	(1.7)	1.9	0.0	0.2
Solent NHS Trust	52.3	(53.0)	(0.7)		0.0	(0.7)
Southern Health NHS Foundation Trust	64.5	(64.5)	0.0		0.0	0.0
University Hospital Southampton NHS Foundation Trust	585.8	(585.8)	0.0		0.0	0.0
Southampton and South West Hampshire System Total	**1,186.4**	**(1,191.0)**	**(4.6)**	**4.2**	**0.0**	**(0.4)**

62% South West Hampshire CCG Local Team; 100% Southampton CCG Local Team; 45% Solent NHS Trust; 35% Southern Health Foundation Trust; 100% University Hospitals Southampton.

The main issue for the Southampton and South West Hampshire system is Medically Fit for Discharge issues and how the number can be reduced.

University Hospital Southampton
NHS Foundation Trust

Report to the Trust Board of Directors				
Title:	**Corporate Objectives 2021/22 – Quarter 1 Review**			
Agenda item:	**6.1**			
Sponsor:	**David French, Chief Executive Officer**			
Author:	**Andrew Asquith, Director of Planning, Performance and Productivity**			
Date:	**30 September 2021**			
Purpose	**Assurance or reassurance Y**	**Approval**	**Ratification**	**Information**
Issue to be addressed:	Corporate objectives for 2021/22 were approved by the UHS Board in April 2021.			
Response to the issue:	This paper provides an update regarding achievement of the Quarter 1 objectives. The agreed objectives have been colour coded: Green = Achieved Amber = Partially achieved / achievement delayed Additional notes are provided for further information. Achievement has been good, with the vast majority of Q1 objectives achieved.			
Implications: (Clinical, Organisational, Governance, Legal?)	Achieving appropriate corporate objectives which are aligned to our Values, Strategic Ambitions, Legal and Regulatory requirements will have positive impacts.			
Risks: (Top 3) of carrying out the change / or not:	In the absence of this process, we would risk: • Failing to take the right steps, over the next year, in order to support achievement our longer-term strategic ambitions • Not being able to appropriately monitor progress and make corrective adjustments when required			
Summary: Conclusion and/or recommendation	The attached review against Q1 milestones is provided for assurance.			

University Hospital Southampton NHS Foundation Trust

Strategic Objectives 2021/22 – Quarter 1 Review

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Outstanding patient outcomes, safety and experience						
1(a)	Recovery, restoration and improvement of clinical services	COO/ CMO/ CNO	Recovery, operational and activity plans for H1 and winter 2021/22 Annual Operating Plan reviewed by Trust Board in May, further update on Winter 21/22 specifically to follow. Restart elective activity >85% of baseline by July 2021 Note – July = 91% elective/daycase 105% Outpatient Hamwic House and chemotherapy expansion and aseptic pharmacy open Note – Chemotherapy space expanded, expansion approved in	Complete ophthalmology expansion and implement business case Implement plan to meet standards set out in Ockenden review Review bed allocation across the Trust Increase the number of specialties contributing to CAMEO	Fully worked up plan for the Urgent Care Village Plan and commence build for additional ward for 2022/23 Repatriate cardiac surgery on to the UHS site ED majors expansion complete Increase the number of specialties contributing to CAMEO	Develop plan to substantially reduce outpatients by 2023/24 Increase the number of specialties contributing to CAMEO

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Outstanding patient outcomes, safety and experience						
			business case, awaiting staff expansion. Increase the number of specialties contributing to Clinical Assurance Meeting for Effectiveness and Outcomes (**CAMEO**)			
1(b)	Introducing a robust and proactive safety culture	CNO/ CMO	Recruit patient safety associates and partners to The King's Fund pilot project Launch engagement for new experience of care strategy	Completion of The King's Fund patient safety partners project and evaluation Agree Patient Safety Incident Response Framework (**PSIRF**) priorities at board Commence level 1 training once national patient safety syllabus published	Patient safety associates level 4 training programme complete Patient support hub ICS diabetes initiative commences	Completion of actions from gap analysis to allow launch of PSIRF in Q1 2022/23
1(c)	Empowering and developing staff to improve services for patients	CNO/ CMO	Determine and prioritise key patient coproduction projects in service development Current priority projects:	Roll-out of SDM across chosen pathways and data collection	Patients involved in designing and driving improvement programmes Launch new experience of care strategy	Operational: Restoration and recovery Quality: Support delivery of Quality Plan

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Outstanding patient outcomes, safety and experience						
			• Shared Decision Making (including Ophthalmology) • Hospital specialty networks (aspiration re Upper GI) • Tobacco dependence Identification and commencement of shared decision making (**SDM**) pathways across four divisions Pilot pathways and data collection commenced. 22 pilots in total.		Agreed key data sources for equality in outcomes and experience SDM data collection and PDSA cycles and launch of generic My Medical Record pathway support	Strategic: Support delivery of NHS Long Term Plan, Trust strategy and enabling strategies Completion of SDM project, data analysis and formulate plan for ongoing roll-out
1(d)	Always Improving strategy	CNO/ COO	Launch Always Improving strategy to set direction with the organisation Mobilise governance around transformation agenda for the organisation	Local change programmes initiated with all divisions to support local priorities and build change capability Initiate the Always Improving education programme aligned to	Always Improving programmes in theatres and outpatients begin to support elective recovery	Deliver Year 1 theatres and outpatient agreed benefits Year 1 Always Improving theatre and outpatient programmes deliver on quality,

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Outstanding patient outcomes, safety and experience						
			Note - Always Improving Strategy Board (ASIB) established with TofR and reporting approach agreed. Mobilise governance and delivery of theatres and outpatients programmes Plan established, but not implemented before Q2. Both programmes have now presented objectives and held first programme boards.	the 'UHS Way' for all staff to build skills and capability		operational and financial benefits

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Pioneering research and innovation						
2(a)	Deliver year 1 of the research and innovation investment plan including: Southampton Emerging Therapies and Technologies Centre (**SETT**) Research Leaders Programme (**RLP**)	CMO	Establish governance structure to oversee delivery of research and innovation investment case **SETT** Establish management and governance structure for SiCE (Southampton interdisciplinary Centre for Emerging Therapies) Agree and commence plan to build strategic relationships with advanced therapy companies to develop SiCE (emerging therapies) pipeline Develop high level strategic plan for innovation and medtech **RLP** RLP Oversight Group established	**SETT** Start set up of new SiCE studies Medtech trials infrastructure planning finalised Agree IG framework and data flow governance **RLP** Oversight group to establish vision, aims and objectives Refine proposals based on consultation and finalise programme specification	**SETT** Start delivery of two new additional SiCE studies SOPs for innovation pathway in place with linkages to upstream and downstream pathways Define innovation portfolio (existing and EOIs) Build the data and AI portfolio studies (existing and new) **RLP** Launch the RLP Advertise and recruit to Cohort 1	**SETT** Established SiCE study portfolio in place with two to three further studies for set up Established performance review by SiCE board Formal launch SETT Innovation Centre (medtech trials component) Define funding models for data and AI (grant, cost recovery) **RLP** Cohort 1 RLP Programme Commences

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Pioneering research and innovation						
			Prepare paper on proposed scheme for consultation with oversight group			
2(b)	Ensure UHS restores full research portfolio and preparing for future growth	CMO	Determine capacity of research delivery teams in line with recovery and wellbeing of workforce Determine study priority order and resume current research activity Set criteria to prioritise EOIs and set-up of new studies in line with capacity Agree and execute recovery plan with pharmacy Complete impact assessment of Covid-19 on trainees and fellows and agree recovery plans	Review impact of recovery plan with pharmacy Review capacity demand with radiology based on BI developed in Q1 and plan for research pipeline accordingly	Review impact of recovery plan with pharmacy	Restore full portfolio of research Restore full portfolio of academic research career development
2(c)	Deliver joint research and innovation infrastructure with the University of	CMO	Submit stage 1 NIHR BRC (Biomedical Research	Submit NIHR CRF (Clinical Research Facility) full application	Subject to being shortlisted, submit	Secure CRF application outcome

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Pioneering research and innovation						
	Southampton and Wessex partners (NIHR BRC, CRF, ARC, WHP, Cancer Research UK (**CRUK**) Centre and ECMC, PPI/E, Joint Research Function, Genomics, Trusted Research Environment)		Centre) funding application Develop and agree proposals for enhanced PPI/E function Collaborating to develop and agree proposals for the Wessex Health Partners (**WHP**) Scope priorities for academic workforce development for schemes, courses and events Review ECMC (Experimental Cancer Medicine Centre)/CRUK Centre preparedness for 2022 submission deadline Scope Trusted Research Environment (TRE) options	Establish WHP governance and management structure with Wessex partners Scope potential of Joint Research Office/Function with UoS partners Agree action plan with UoS in response to Honorary Associate Prof report received Q1 Ongoing delivery of academic workforce priorities Procure Trusted Research Environment	NIHR BRC stage 2 application Agree WHP programme of work Execute action plan with UoS in response to Honorary Associate Prof report Deploy Trusted Research Environment	Prepare for NIHR BRC interviews Launch WHP and commence programme of work Subject to scoping exercise, develop proposals for joint research office/functions with UoS partners Review impact of action plan with UoS in response to Honorary Associate Professor report Review impact of academic workforce priority activities Test Trusted Research Environment (TRE) pipeline

Ref	Short title	Lead	Q1	Q2	Q3	Q4
World Class people						
3(a)	Increasing our people capacity (recruitment, retention, education)	CPO	To deliver a plan to safely bring back our higher risk people to their substantive or other appropriate roles following the Covid-19 pandemic To complete the Covid-19 vaccination programme ensuring coverage of over 94% of our staff	To develop and deliver a workforce plan to meet UHS service demands, maximises ICS collaboration, and supports elective recovery Launch Always Improving education offer to increase improvement skills across the organisation	To agree a refreshed UHS People Strategy to support the new UHS Strategy 2021-25, meet the requirements of the national NHS People Plan, and align with ICS priorities	To deliver improved workforce deployment through continued expansion of the use of e-rostering, including for medical staff To meet the national requirements of the NHS England and NHS Improvement levels of attainment rostering maturity assessment
3(b)	Great place to work including focus on wellbeing	CPO	To deliver a range of wellbeing support post Covid-19 to support the healing of our people, focusing on physical rest, emotional wellbeing and long-term effects of coronavirus (long COVID) One year Long COVID pilot supported by charity funding.	To implement a regular mechanism of pulse survey for our people to provide more effective insight on sentiment, culture and areas of concern	To refresh and implement a revised approach to talent management and succession planning, focusing specifically on operational infrastructure To embed a sustainable approach for remote hybrid working for UHS, building on existing pandemic home working arrangements	To have recovered development and education of our people post pandemic (this includes improving appraisals carried out to 92% and appraisal quality as measured through the staff survey)

Ref	Short title	Lead	Q1	Q2	Q3	Q4
World Class people						
					To utilise charitable funds to build a lasting legacy of gratitude for our people to support their ongoing health and wellbeing	
3(c)	Building an inclusive and compassionate culture	CPO	To support the implementation of the new approach to management and reduction of violence and aggression against our people, including launching a new public awareness campaign Further activity required for public awareness campaign	To deliver a programme of allyship across the organisation to support individuals to take responsibility for collectively building a culture of belonging Launch of Always Improving strategy and the 'UHS Way' as direction on how we want staff to approach improvement	To celebrate the success of our people through the 'We are UHS' campaign and Hospital Superheroes awards	To deliver our inclusion plans to improve the experience of diverse staff, collaboratively with our networks, and demonstrating improvement in our WRES and WDES scores

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Integrated networks and collaboration						
4(a)	Work in partnership with ICS and PCNs	CEO/ CMO	Collectively agree the ICS clinical strategy and establish leadership roles and structures and UHS input Five priority pathways agreed, HIOW Provider CMOs leading each one: • Orthopaedics • Urology (UHS Clinical leadership) • Ophthalmology (UHS CMO / COO leadership) • Dermatology • ENT (UHS Clinical leadership)	Deliver against specific prioritised pathways of care	Monitor progress and evaluate success	Set priorities for 2022/23
4(b)	Integrated Networks and Collaboration	CEO/ CMO	Establish project team and infrastructure for Urology Area Network Note – ICS lead for Urology agreed as HHFT - Project team delayed	Agree details of consolidated Wessex Genomics Laboratory Service with Salisbury NHS Foundation Trust Move to collaborative arrangements with	Begin to implement collaborative ICS solutions to address major elective recovery challenges and support equality of patient opportunity	Urology Area Network implemented HIOW complete roll-out for a single maternity system

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Integrated networks and collaboration						
			- Sept 21, partners agreed to fund a post to be based at UHS to manage implementation	partners for pharmacy procurement and distribution Business case for system-wide plans for five priority specialty areas - orthopaedics, urology, ENT, dermatology and ophthalmology Specifically agree plan for Urology Area Network with Trust Board	Three My Medical Record pathways live across the other trusts in the ICS	UHS to have migrated onto the Southern Counties Pathology Network LIMS

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Foundations for the future						
5(a)	Create a sustainable financial infrastructure	CFO	Deliver a balanced Q1 position Finalise H1 funding envelopes including approach to Covid-19, recovery, investment and CIP, ensuring achievement of a minimum breakeven position for the ICS Support the organisation to understand the impact and required cultural change relating to the current financial infrastructure Develop a savings plan aligned to Always Improving programme and Elective Recovery Framework Note – Cost Improvement Target agreed in July,	Deliver a balanced H1 position Finalise H2 funding envelopes including approach to Covid-19, recovery, investment and CIP, ensuring achievement of a minimum breakeven position for the ICS Monitor and ensure delivery of savings	Deliver a balanced YTD position Monitor and ensure delivery of savings	Deliver a balanced 21/22 position Finalise 2022/23 funding envelopes including approach to Covid-19, recovery, investment and CIP, ensuring achievement of a minimum breakeven position for the ICS Support the organisation to understand the impact and required cultural change relating to the new financial infrastructure Monitor and ensure delivery of savings Development of savings plan for 2022/23

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Foundations for the future						
			considered achievable, but detailed identification impacted by operational pressures Finalise capital (CDEL) and revenue investments	Implementation of investments including an on-track capital programme	Implementation of investments including an on-track capital programme	Deliver capital programme in full Develop 2022/23 capital programme
5(b)	Making our corporate infrastructure (digital, estate) fit for the future to support a leading university teaching hospital in the 21st century	COO	Appointment of external agencies to support the demand and capacity modelling to support the development of the estates masterplan Note - EY Consulting appointed and commenced work	Delivery of draft masterplan to Trust executive management for review and approval 100,000 My Medical Record accounts and 20% paper switch-off Sign off digital strategy	Commence work on the estates strategy, including engagement with all clinical and non-clinical divisions Windows 365 Roll-out across UHS Staff Phase 1 of improved data quality on open records completed	200,000 My Medical Record accounts and 30% paper switch-off Plan in place for generic PROM (patient-reported outcome measure) such as QOL (quality of life) 75% migration from outsourced transcription to digital speech recognition completed Digital ophthalmology system project completed

Ref	Short title	Lead	Q1	Q2	Q3	Q4
Foundations for the future						
5(c)	Recognising our responsibility as a major employer in the community of Southampton and our role in delivering a greener NHS	COO/ CMO	Appoint clinical lead Dr Thom Daniels (Respiratory Medicine Consultant)	Set up a formal committee to oversee the development of the Trust's Sustainable Development Management Plan (**SDMP**)	Agree framework for the delivery of the three key sustainability strategies: Sustainable development masterplan Clinical Sustainability Plan (**CSP**) Energy Strategy	Initial draft of SDMP and CSP to Trust Investment Group Agree funding requirements to commence the delivery of the strategies

Report to the Trust Board of Directors				
Title:	**Register of Seals and Chair's Actions**			
Agenda item:	**7.1**			
Sponsor:	**Peter Hollins, Trust Chair**			
Date:	**30 September 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 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 **Measured Term Framework Agreement** executed as a Deed between University Hospital Southampton NHS Foundation Trust (Employer) and Corrigenda Limited (Contractor) for Building and Engineering Works at Southampton General Hospital and Princess Anne Hospital. Seal number 236 on 17 September 2021.

1.2 **Deed of Guarantee** between BAM Construction UK Limited (Scheme Guarantor) and University Hospital Southampton NHS Foundation Trust (Beneficiary) for Centre Block Vertical Extension (Level E Fit Out) at Southampton General Hospital and Agreement between University Hospitals Southampton Estates Limited and BAM Construction Limited relating to Project P22-0043-11 Stage 4/5 Completion of design, construction and handover of the works. Seal number 237 on 17 September 2021.

1.3 **Deed of Surrender** between The Trustees of the League of Friends of University Hospital Southampton NHS Foundation Trust (Tenant) and University Hospital Southampton NHS Foundation Trust (Landlord) for the termination of lease relating to Retail Unit 2 located within the Main Entrance and Retail Area of Southampton General Hospital. Seal number 238 on 17 September 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 **Award of Contract for additional MRI capacity** to Alliance Medical Ltd from July 2021-December 2021 at a cost of £500,000 excluding VAT. This will consist of a mobile unit at Southampton General Hospital and a modular unit at Royal South Hants Hospital. Additional external capacity is required to support a reduction in waiting times for outpatient MRI and to free up in-house scanner capacity to support complex outpatient scanning and patient flow. Approved by the Chair on 25 August 2021.

2.2 **Award of Contract for the Ophthalmology Managed Service** via the Shared Business Service Framework to Alcon Eye Care UK Ltd, who are the only UK provider for fully managed ophthalmology services. The contract has been awarded for five years at a total contract cost of £2,655,051 excluding VAT. The associated business case was approved by the Trust Investment Group in June 2021 and will enable the Trust to upgrade its existing ophthalmology theatre equipment and realise a number of other benefits. Approved by the Chair on 25 August 2021.

2.3 **Single Tender Action for agency staff to support the Vaccination Programme for Hampshire and Isle of Wight** to Medacs Healthcare plc to provide agency staff to support the vaccination programme. This action covers staffing costs from May–August 2021 and will be a 'pass through' cost to the vaccine programme of £500,000 excluding VAT. Medacs Healthcare plc is a supplier on the HealthTrust Europe procurement framework for medical and nursing staff and allied health professionals. Approved by the Chair on 25 August 2021.

2.4 **Award of Contract for the provision of services to the independent sector under the NHS Increasing Capacity Framework** to Nuffield Health Hospital Southampton (£1,500,000); Practice Plus Group Hospitals Limited (£2,500,000); Ramsay New Hall Hospital Southampton (£1,500,000) and Spire Hospital Southampton (£5,000,000), at a total contract cost of £10,500,000 excluding VAT. The framework allows the Trust to use the services at the hospitals without commitment as to volume. Approved by the Chair on 8 September 2021.

3 Recommendation

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